This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

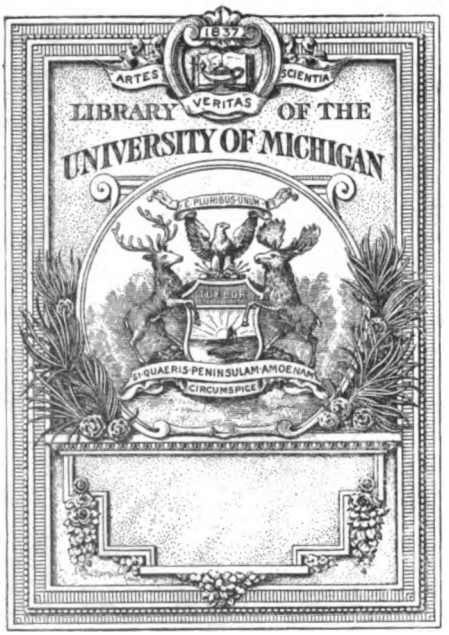
About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

The North American journal of homeopathy

American Medical Union

Digitized by Google



Digitized by Google

H 6105
P19

Digitized by Google

Digitized by Google

Pam-Library

THE

NORTH AMERICAN JOURNAL

OF

HOMŒOPATHY.

VOLUME XII.

In Certis Unitas.
In Dubiis Libertas.
In Omnibus Charitas.

S. LILIENTHAL, M.D., EDITOR, 228 West 34th St., New York.

BOERICKE & TAFEL,
NEW YORK: 145 GRAND STREET. PHILADELPHIA: 1011 ARCH STREET.

Subscription Price per Year, $4.00. Single Numbers, $1.00.

Digitized by Google

Digitized by Google

CONTENTS OF VOL. XXX.—NEW SERIES XII.

ORIGINAL AND TRANSLATED PAPERS.

ARTICLE.	PAGE.
I.—Cures with Fluoric Acid. By C. Hering,	1
II.—Ascites Chylosus. By J. Montfort Schley, M.D.,	8
III.—Planetary Perihelia and Epidemics. By E. R. Eggleston, M.D.,	17
IV.—Myotonia Congénita. By Dr. Adolph Strumpell,	35
V.—Malandrinum in Small-Pox. By Rudolph Straube, A.M., M.D.,	44
VI.—A Clinical Lecture on Diseases of the Heart. By J. W. Dowling, M.D.,	53
VII.—Cases from Practice. By S. L.,	63
VIII.—A Critical Examination of our Materia Medica. By T. F. Allen, M.D.,	77
IX.—Phosphorus in Pneumonia and Softening of the Brain. By Dr. W. Arnold,	89
X.—An Investigation into the Etiology and Pathology of Syphilis. By Ch. F. Ring, M.D.,	99
XI.—Lesions of the Brain with General and Focal Symptoms. By Prof. Bergmann,	129
XII.—A Study of Kreasotum, Eupion and Carbolic Acid. By S. L.,	153
XIII.—Eczema. By M. Deschere, M.D.,	177
XIV.—On the Erythræmalysis produced by Picric Acid. By Samuel A. Jones, M.D.,	192
XV.—Galvanism or Faradism? Which is to be Used, and When? By Roberts Bartholow, M.D., LL.D.,	203
XVI.—Cases from Practice. By S. L.,	214
XVII.—The Medical and Surgical Diseases of Women,	238
XVIII.—Cases of Chronic Disease.—Cured. By Thomas Skinner, M.D.,	247
XIX.—A Critical Examination of Our Materia Medica. By T. F. Allen,	259
XX.—Ailanthus Glandulosus in Malignant Puerperal Fever. By Samuel A. Jones, M.D.,	280
XXI.—M. Pasteur and his Nosodes, or Attenuated-virus. By Thomas Skinner, M.D.,	283
XXII.—Tuberculosis. By Prof. Rindfleisch,	288
XXIII *a*. Hamamelis Virginica. By Drs. Daniel and Réné Serrand,	300
b. Clinical Proving of Natrum Bicarbonicum. By Thomas Skinner, M.D.,	353
XXIV.—Medical Progress, No. III. By Eldridge C. Price, M.D., of Baltimore,	356

Digitized by Google

XXV.—Cases from Practice. By S. L., ... 377
XXVI.—Cases of Chronic Disease—Cured. By Thomas Skinner, M.D., 405
XXVII.—Cuprum Aceticum. By G. Schmidt, M.D., Vienna, ... 418
XXVIII.—Dentition and Homœopathic Posology. By M. Deschere, M.D., 425
XXIX.—Comparison of Sepia and Kali Carbonicum. By Dr. H. Goullon, 431
XXX.—On Murrain and Miliary Tuberculosis. By Dr. Aufrecht, Magdeburg, ... 444
XXXI.—The Medical and Surgical Diseases of Women. By R. Ludlam, M.D., Chicago, ... 451
XXXII.—A Critical Examination of Our Materia Medica. By T. F. Allen, M.D., ... 459
XXXIII.—Keratitis Parenchymatosa. By Geo. S. Norton, M.D., ... 529
XXXIV.—On the Value of Mental Symptoms. By Dr. Gallavardin, . . 550
XXXV.—Nitrate of Uranium in Two Cases of Saccharine Diabetes. By L. Hallock, M.D., ... 562
XXXVI.—Two Cases of Large Uterine Fibroid Tumors Treated by Electrolysis. By John Butler, M.D., New York, ... 566
XXXVII.—A Case of Perityphlitis. By George M. Dillow, M.D., ... 569
XXXVIII.—Cases from Practice. By S. L., ... 579
XXXIX.—Cases of Chronic Disease—Cured. By Thomas Skinner, M.D., 602
XL.—The Single Remedy. By W. S. Searle, M.D., ... 613
XLI.—On Alternation of Remedies. By Drs. Martin and Bernard, . 626
XLII.—Angular Curvature. By Geo. H. Taylor, M.D., New York, . 629
XLIII.—Nosodes. By Thomas Skinner, M.D., ... 640

Digitized by Google

GENERAL RECORD OF MEDICAL SCIENCE.

ARTICLE.	PAGE.
On Moral Insanity,	165
Protracted Tepid Baths in Typhus,	165
Scarlatinous Exanthema after the use of Natrum Benzoicum,	165
The Thermo-cautery in Chronic Bronchial Catarrh,	165
Papayotinum, a good Resolvens of Croupous and Diphtheritic Membranes,	165
The Vertical Position of the Leg in Hyperæmic or Inflammatory States, or in Hæmorrhages of the Leg, by Dr. Wolff,	166
Changes of the Sympatheticus in Parenchymatous Nephritis, by Dr. Banti,	166
Urinary Reflex Paraplegia, by Dr. Dieu,	167
On Local Analgesia as a Therapeutical Measure,	167
On Nerve Stretching,	167
Chemical Restraint and Alcohol, by Dr. Prichard Davies,	167
Pilocarpin against Foul-Smelling Foot-Sweats,	168
Pseudo-Croup a Symptom of Infiltration of the Tracheo-Bronchial Glands,	168
Treatment of Hæmorrhoids by Forced Dilatation,	168
Death from Gas in the Large Veins and Heart after Grangrene,	306
Hypodermic Injections of Distilled Water in the Paroxysms of Cough of Phthisical Patients,	306
On Pathological Changes and the Functions of the Olives of the Medulla Oblongata,	306
Considerations on Certain Forms of Morbus Basedowii,	307
Rheumatismus with Cerebral Manifestations, by Dr. Woillez,	307
Hiccough Cured by Compression,	307
Asphyxia of New-Born Infants,	308
A Case of Fatal Acute Poisoning with Carbolic Acid, by Dr. Friedberg,	308
Quinine as Poison to Protoplasma, by Prof. Binz,	308
Convallaria Majalis; its Action Pharmacologically and Clinically Considered,	308
Paralysis from Fright, by Dr. Brieger,	309
Carbolate of Soda in Pruritus,	309
Short Extracts from Foreign Journals,	486
On Pulmonary Syphilis, by Dr. Pancritius,	486
On Pulmonary Syphilis, by Dr. Ph. Schech,	487
On the Mode of Action and Indications of Digitalis, by Prof. Leyden,	489
Psychoses in Consequence of Acute Somatic Diseases, by Dr. L. Mendel,	491
The Therapeutic Uses of Nitro-Glycerine,	492
Therapeutics of some Important Skin Diseases, by Prof. Oscar Simon,	656
On the Treatment of Atonic Ulcers, by Dr. Brockmann,	659
Therapeutic Uses of the Juices of Carica Papaya and Papayotinum,	659
Naphtol in Skin Diseases, by Prof. Kaposi,	660
Aconite in Remittent Fever, by Gerald Bomfort,	660
Mental Disturbances from Renal Affections, by Dr. Hagen,	660

Digitized by Google

Digitized by Google

INDEX TO VOL. XXX. NEW SERIES, XII.

Aconite in Remittent Fever, ... 660
Ailanthus Glandulosus, ... 280
Allen: Critical Examination of our Mat. Med., ... 77, 259, 459
Alternation of Remedies, ... 626
Amaurosis, ... 391
Amberg: Kali phos., ... 396
Angina Spastica, ... 216
Angular Curvature, ... 629
Arnold: Osteomalacia, ... 383
" Phosph. in Pneumonia and Softening of Brain, ... 89
Ascites Chylosus, ... 8
Asphyxia of New-born Infants, ... 308
Asthma Millari, ... 216, 596
Aufrecht: Murrain and Miliary Tuberculosis, ... 444

Bartholow: Galvanism or Faradism, . . . 203
Barti: Changes of the Sympatheticus, . . 166
Bergmann: Lesions of the Brain, ... 129
Binz: Quinine as Poison to Protoplasm, . 308
Bomfort: Aconite in Remittent Fever, . . 660
Botkin: Convallaria Majalis, ... 308
Brain, Lesions of, ... 129
Brieger: Paralysis from Fright, ... 309
Brockman: Treatment of Atonic Ulcers, . 659
Butler: Uterine Fibroid Treated by Electrolysis, ... 566

Cancer, ... 226
Carbolate of Soda in Pruritus, ... 309
Carbolic Acid, ... 153
" " Poisoning from, ... 308
Carica Papaya, ... 659
Cases from Practice, ... 63, 215, 377, 579
Catarrh, Chronic Bronchial, ... 165
Catarrhus Vesicæ, ... 65
Cephalalgia, ... 70
Chemical Restraint, ... 167
Chronic Diseases Cured, Cases of, 247, 405, 602
Convallaria Majalis, ... 308
Croup, ... 222
Cuprum Aceticum, ... 418

Daniel: Hamamelis Virginica, ... 300
Davies: Chemical Restraint and Alcohol, 167
Dentition, ... 425
Deschere: Eczema, ... 177
" Dentition and Hom. Posology, 425
Diabetes, Nitrate of Uranium in, ... 562
Dieu: Urinary Reflex Paraplegia, ... 167
Digitalis, ... 489
Dillow: Perityphlitis, ... 569
Dowling: Lecture on Diseases of the Heart, ... 63

Eczema, ... 178
Eggleston: Planetary Perihelia and Epidemics, ... 17
Epidemics, ... 17
Erythraemalysis, produced by Picric Acid, 192
Eupion, ... 153
Extracts from Foreign Journals, ... 486

Faradism, ... 203
Fibroid Tumors, treated by Electrolysis, . 566
Fielitz: Lachesis, ... 63
Fluoric Acid, Cures with, ... 1
Friedberg: Poisoning with Carbolic Acid, 308

Gallavardin: On the Value of Mental Symptoms, ... 550
Galvanism, ... 203
Gas in Large Veins and Heart, Causing Death, ... 306
Glands, Tracheo-Bronchial, Pseudo-Croup a Symptom of Infiltration of, . . . 168
Gonorrhœa, Sequelæ of, ... 398
Goullon: Sepia and Kali carb., ... 431
Gross: Pleuritis, ... 385

Hæmorrhoids, Treatment of, by Dilatation, 168
Hagen: Mental Disturbances from Renal Affections, ... 660
Hallock: Nitrate of Uranium in Diabetes, 562
Hamamelis Virginica, ... 300
Heart, a Clinical Lecture on Diseases of, . 53
" Lesions of the, ... 402
Helminthiasis, ... 595
Hering: Cures with Fluoric Acid, ... 1
Hiccough, ... 307
Hirsch: Asthma Millari, ... 596
" " " and Asthma Spastica, ... 216
Hirsch: Helminthiasis, ... 595
Huber: Mercury and its Preparations, 321, 497, 673

Jones: Ailanthus glandulosus, ... 280
" Erythræmalysis produced by Picric Acid, ... 192

Kaeseman: Amaurosis, ... 391
" Menstruatio Devia, ... 377
Kafka: Laryngitis Exudativa, ... 71
Kali carbonicum, ... 431
Kali phosph., ... 396
Kaposi: Naphthol in Skin Diseases, . . . 660
Keratitis Parenchymatosa, ... 529
Koeck: Intermittent Neuralgia, ... 584
Kreasotum, ... 153
Kunkel: Lesions of the Heart and Sepia, 402
" Paralysis Agitans, ... 389
" Sepia in Sequellæ of Gonorrhœa, 398

Lachesis, ... 63
Laryngitis Exudativa, ... 71
Leeser: Menière's Disease, ... 582
Leg, Vertical Position of, in Hyperæmic States and Hæmorrhages, ... 166
Leyden: Digitalis, ... 489
Lilienthal: Cases from Practice, 63, 215, 377, 579
" Kreasotum, Eupion and Carbolic Acid, ... 153
Lilienthal: Sepia and Kali carb., ... 431
Local Analgesia, ... 167
Ludlam: Diseases of Women, ... 451

Digitized by Google

Malandrinum in Small-Pox, ... 44
Mania Puerperalis, ... 379
Martini: Alternation of Remedies, . . . 626
Mat. Med., Critical Examination of, 77, 259, 459
Medical Progress, ... 356
Medulla Oblongata, Pathological Changes in, ... 306
Mendel: Psychoses, ... 491
Menière's Disease, a Case of, ... 582
Menstruatio Devia, ... 377
Mental Disturbances from Renal Affections, ... 660
Mental Symptoms, on the Value of, . . . 550
Mercury and its Preparations, . 321, 497, 673
Metritis Puerperalis, ... 380
Metrorrhagia after Abortus, ... 378
Meyer: Scirrhus Ventriculi, ... 227
Miliary Tuberculosis, ... 444
Morbus Basedowii, ... 307
Moral Insanity, ... 165
Muller: Tuberculosis Pulmonum, ... 233
Murrain, ... 444
Myotonia Congenita, ... 35

Naphthol in Skin Diseases, ... 660
Natrum Benzoicum, Scarlatinous Exanthema, after the use of, ... 165
Natrum Bicarbonicum, Clinical proving of, 353
Nerve Stretching, ... 167
Neuralgia, Intermittent, ... 584
Nitrate of Uranium in Diabetes, ... 562
Nitro-glycerine, Therapeutic uses of, . . 492
Norton: Keratitis Parenchymatosa, . . . 529
Nosodes, ... 641

Osteomalacia, ... 383

Papayotinum, ... 165, 659
Pancritius; Pulmonary Syphilis, ... 486
Paralysis Agitans, ... 389
Paralysis from Fright, ... 309
Paraplegia, Urinary Reflex, ... 167
Pasteur and his Nosodes, ... 283
Perityphlitis, ... 569
Phlegmasia Alba Dolens, ... 380
Pilocarpin against Foot-sweats, ... 168
Planetary Perihelia, ... 17
Pleuritis, ... 385
Pneumonia, Phosphorus in, ... 89
" Two Cases of, ... 67
Price: Medical Progress, ... 356
Pruritus, Carbolate of Soda in, ... 309
Psychoses, ... 491
Puerperal Fever, Ailanthus in, ... 280
Pulmonary Syphilis, ... 486, 487

Quinine as Poison to Protoplasm, ... 308

Remittent Fever, Aconite in, ... 660
Renal Affections, Mental Disturbances from, ... 660
Renal Catarrh, ... 579
Rheumatismus with Cerebral Manifestations, ... 307
Rindfleisch: Tuberculosis, ... 288
Ring: Syphilis, ... 99

Schech: Pulmonary Syphilis, ... 487
Schley: Ascites Chylosus, ... 8
Schmidt: Cuprum Aceticum, ... 418
Schroenn: Catarrhus Vesicæ, ... 65
" Pneumonia, ... 67
" Tic Douloureux, ... 587
Scirrhus Ventriculi, ... 227
Searle: The Single Remedy, ... 613
Segen: Cases, ... 70
Sepia, ... 431
Simon: Therapeutics of some Skin Diseases, ... 656
Single Remedy, The, ... 613
Skin Diseases, Naphthol in, ... 660
" Therapeutics of some, . . 656
Skinner: Cases of Chronic Disease, Cured, ... 247, 405, 602
" Clinical Proving of Natrum Bicarbonicum, ... 353
" M. Pasteur and his Nosodes, . 283
" Nosodes, ... 641
Small-Pox, Melandrinum in, ... 44
Softening of the Brain, Phosphorus in, . 89
Solipeds, ... 99
Straube: Melandrinum in Small-Pox, . . 44
Strumpell: Myotonia Congenita, ... 35
Sympatheticus, Changes of in Parenchymatous Nephritis, ... 166
Syphilis, ... 99

Taylor: Angular Curvature, ... 629
Thermo-cautery in Bronchial Catarrh, . 165
Tic Douloureux, ... 587
Trinks: History of a Torpid Croup, . . . 222
Tuberculosis, ... 288
Tuberculosis Pulmonum, ... 233
Typhus, Protracted Tepid Baths in, . . . 165

Ulcers, Atonic, Treatment of, ... 659
Uterus, Fibrous Polypus of, ... 585

Variolinum, ... 214

Water, Hypodermic Injections of, in Cough, ... 306
Weil: Acute Renal Catarrh, ... 579
Woillez: Rheumatismus, ... 307
Wolff: The Vertical Position of the Leg in Inflammatory States or in Hæmorrhages, ... 166
Women, Diseases of, ... 238, 451

Digitized by Google

NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

New Series. Vol. XII, No. I. | AUGUST, 1881. | Whole No. CXVII. Vol. XXX.

Original and Translated Papers.

ARTICLE I.—Cures With Fluoric Acid.

By C. Hering.

(Translated from Stapf's "Archiv," Vol. XXIII, Part I, p. 121.)

BY M. DESCHERE.

An old, paralyzed lady, somewhat demented, discharged her nurse, without whom she could not exist. She scolded her nieces, did not want to tolerate their presence, and worried the whole house without any cause whatsoever. After two doses Fluor. ac.^{30}, morning and night, she had a running of muco-purulent water from her eyes; it ran down the cheeks like a stream. She at once became more tolerable and remained so until shortly before her death, which took place after six months. She died with softening of the brain, especially right-sided, and gangræna senilis of the left leg. This discharge from the eyes points to an observation of Dr. Fr. Husmann, that in scrofulous glandular ulcerations on the neck, where *Silicea* had somewhat improved, the ulcers commenced to "discharge profusely" after the administration of Fluor. ac.^{30}, without any improvement whatever. Similar observations were made in other cases. Such symptoms which are produced

Digitized by Google

by a remedy are very important, for they indicate the next following one, either from correct or incorrect selection of the former. Fluor. ac. produced this symptom so frequently, mostly when wrongly selected or in incurable cases, that it is either one of those symptoms which a remedy may have but which it will never cure, or will cure only in a different combination. The future must decide about this question. For there are symptoms which are produced by drugs, but never cured by them, just as there are many which they cure, but which they never have produced nor can produce, because this would be quite impossible.

The dark spot before the eye, especially while reading, which disappeared within the first hour of the proving and did not reappear for fourteen days, deserves to be mentioned especially, (although Fluor. ac.^{30} had been in glass) because it had been present for six years, as a remainder of a severe intermittent fever. But also because several symptoms of this remedy reappeared intermittingly, being decidedly postponing. Whatever removes the sequelæ of intermittent fever can also cure it.

A lachrymal fistula on the left side, which had been there for many years. There was a light-colored, elongated scab, with very little redness, and very slight pain on pressure, almost an inch below the left canthus, on the zygoma. Every third or fourth day it commenced to itch intensely, and to exude moisture; thus it remained for three or four days, and then seemed to heal again. Before the attack there sometimes was a pain as described in symptom 171. (Behind the left eye, towards the temple, in the left nostril and forehead, there is a pain which seems to be in the bone, as if, very deeply in the interior, something sharp pointed was moving about; at 1 P.M., 9th day. After the 30th this pain at once returned at quite an unusual time. Then everything healed and only left a cicatrix.

This is not the only case which I have treated, where we found periodical increase and decrease. Only in very few cases did I not succeed to cure a lachrymal fistula. Mostly, especially on the right side, *Petrol.* was of service. I could never force a cure with lower preparations, if the 30th failed. Besides *Petrol.*, *Calcar.* was sometimes serviceable, especially

Digitized by Google

alternating with the former. In other cases: *Ruta*, *Staphis.* or *Stannum* with *Pulsat.* did well. I have had no cases suitable for *Chelid.* But sometimes *Silic.* was useful.

A dental fistula above the right upper eye-tooth, of three years standing, which had appeared at the root after frequent severe pains, and was always sensitive to strong pressure, disappeared during the proving of the 3d to 30th. The tooth was carious, of course remained so, and broke off later, but the gums remained healthy for years after.

Several painful ulcers on and under the tongue disappeared from the 30th after eighteen hours, and remained permanently cured. But it did not do anything against ulcerations in the mouth, palate and pharynx of the same patient.

A very painful little ulcer in the mouth, at the junction of sup. and inf. maxilla, on the right side, and in an otherwise healthy man, which was very troublesome while eating and on other occasions, disappeared after taking the acid by the next morning.

Pain in the splenic region, spreading to the hip, disappeared after 30th in glass, corresponding to symptoms produced by a preparation which had not been in glass.

Instead of a diarrhœic, thin, small stool, with tenesmus and prolapsus ani, every morning after drinking coffee, and late in the evening, there were regular normal stools after nine doses of 30th.

Summer diarrhœa, at 4 A.M., with pains running upwards towards the chest, aggravated after stool, was cured in a young man who felt improvement after three-quarter hours, and entirely well within six hours after one dose 30th.—*Doctor Campos.*

In chronic metrorrhagia, which was combined with difficulty of breathing or alternating with it, *Fluor. ac.* did more than any other remedy; although the polypus that produced them had to be removed at last, after which health remained unimpaired.

In two cases of incurable hydrothorax it greatly relieved, in one case extraordinarily so. (6th in glass; 3d not in glass).—*Doctor Jeanes.*

Digitized by Google

Perspiration of palms of hands, after effect of *Lobel. infl.*, disappeared after 30th in glass. (The same symptom was produced by the acid not in glass).

A pimple with spread inflamed base, disappeared from the nose three-quarter inches above the tip, within two days during proving; the 3d in silver.—*Doctor Jeanes.*

Herpetic eruptions in the faces of two year old children, with the formation of small exuding pimples on a red base, which itched severely, inducing scratching, were cured in two cases which had opposed all other remedies. One of the children got an eruption on the forearm and the lower leg, two days after taking the acid.—*Doctor Haeseler.*

Eruptions on head and face, a kind of crusta lactea, in children below 18 months, were cured by Fluor. ac.[30], in four cases, when the eruptions had become dry, scaly and very itchy after the administration of *Dulcam.*, *Mercur.*, and *Rhus tox.* In one of those children *Sulphur.*, *Staphis*, *Silic.*, *Calcar.*, *Lycop.*, *Psorin.* had been used without any marked effect; after *Fluor ac.* the entire symptom disappeared.—*Doctor Lippe.*

Several cases of dry itching, biting, burning herpes.—*Doctor Lippe.*

A dry, biting herpes, in large irregular red patches upon the neck and chest; the skin of the fingers is brittle, chapped after washing, and then very sore; the finger-tips feel as if empty, the nails are brittle and bent in at their corners, was cured in a woman after two doses of Fluor. ac.[30], within six weeks, after she had been taking *Sulphur*, *Graphit.*, *Petrol.*, *Sarsap.*, *Natr. carb.*, *Mercur.*, without success.—*Doctor Lippe.*

A chronic syphilitic ailment was so much improved by it, that *Nitric acid* took away the rest afterwards. It had a good effect in several mercurial ulcers.—*Doctor Haeseler.*

In caries of the bones of the feet, after abuse of mercury and suppressed syphilis, it improved the pus. In another case it caused severe nightly bone-pains without subsequent relief, which was not afforded by any other remedy.—*Doctor Lippe.*

A boy got caries of the petrous portion of the temporal bone, after scarlet fever, which periodically opened and discharged fetid pus and closed again, during five or six years. The en-

Digitized by Google

tire left half of the cranium had been retarded in growth, it therefore appeared much smaller as well as the left eye being smaller than the right one. The mental functions of the boy were undisturbed. Several remedies improved the caries but did not cure. After *Fluor. ac.* the attack came sooner, more intense, but never repeated again. Since that time the left half of the cranium grew surprisingly and the difference commenced to decrease.

With several old ulcers on the leg, especially around the ankle, with more or less affection of the bones, tophi on the tibia, etc., it had a remarkably good influence.

The first and second phalanx of the left index finger had enlarged to four times their size, especially the first, so that the finger had the appearance of a pear. At the back of the finger an opening would sometimes appear, discharging ichor. The whole mass is very hard to the touch. Skin is unchanged; causes could not be discovered; sometimes pains. Besides some derangements in digestion the condition of the patient was good. Received *Silic.*[30], two doses. After twelve days she returned, thinking it was improved, which, however, could not be observed. Received two doses *Fluor. ac*[30]. She did not come until twelve weeks after. *The index finger was almost like the one on the other hand.* She returned because her gastric troubles annoyed her again. She received two doses of *Silic.*[30] and was seen no more.

A patient having been treated at long intervals, who was sometimes much improved, and who was subject to liver complaints and mercurial symptoms among other things: as fulness in the head, pressure above eyes, fulness in chest, pain between the shoulders, pain in the region of the liver, being always worse after catching cold and in damp weather, especially in the open air, worse after partaking of vegetable acids (also a mercurial symptom), worse in the evening and at night, and worse on the right side; again had an aggravation of her troubles in March, 1843, when she complained about a swelling above the right clavicle, with pain in the right ear. This pain extended from the ear through the throat into the left breast; at the same time a cough was produced by a pressure

Digitized by Google

towards the larynx, accompanied by great sensitiveness of the chest, and a disagreeable dryness in the throat, especially at night. Headache worse after lying down, preventing sleep. Neck stiff, painful on the right side; the right side of the face slightly swollen. The pains were all dependent on the ear-ache, with which they increased and decreased. This pain extended to between the shoulders, during deglutition, especially in the open air. When she has more pain (in the ear, throat or elsewhere) the swelling above the clavicle decreases, but as soon as this swelling increases along with the swelling of the face, the pains become easier.

At the same time her old fulness and heat in the head and chest reappeared, which are especially bad during the afternoon and evening. The pulse was normal, only quicker, up to 96 beats per minute, after walking in the afternoon. Nothing could be seen inside or outside the throat and neck. The swelling was neither red, nor hard, nor elastic, nor throbbing or purring, neither œdematous nor movable; the touch could only discover something swollen with indistinct borders, and one could see the great difference with the left shoulder, and the patient distinctly felt the swelling. The hands became red when ironing; the right ear became very red frequently, and red spots appear in the middle of the forehead, soon after the first remedy. She received *Aurum*[3], and later *Baryta. carb.*[12], which were selected according to the action of related remedies prescribed formerly; and she improved so much, that she did not come until a year after.

March, 1844, she reappeared with her complaint above the clavicle; but besides she had swelling of the right inferior maxilla; the external parts are swollen, also the bone appears to be. She has a peculiar crawling sensation in the maxilla, and a drawing in the right ear, and from the parotid gland into the mouth and the right half of the tongue; in the latter a tickling with the inclination of rubbing it against the teeth and gums. The tongue seems to her to be swollen at the root, and therefore less moveable. She had had a swelling in the right ear with subsequent discharge; it is red and swollen and she has a sensation as if air was blowing out of it. In the

Digitized by Google

right side of the throat soreness when talking and swallowing. Nothing abnormal can be seen. The pain on swallowing extends to between the shoulders, slightly improved after hawking up phlegm. She has always a feeling of constriction in her throat. There is also some swelling above the eyebrows, with soreness on being touched. She feels heat there combined with a pressive pain, and fulness to both sides and above both eyes. Severe dryness and heat in the nose. The right clavicle and the surrounding parts are slightly swollen with pain worse on pressure; this pain extends to the shoulder, decreasing down the arm towards the wrist. All her pains are worse in damp, cold weather; worse evening, and improve while perspiring, which is seldom the case. Besides the above, she has a pain in the occiput, and *on pressure there, she feels pain in the forehead.* A pain in the region of the heart towards the left side; very bad appetite, and an œdematous swelling of the left foot, hindering very much in walking. She received *Silic.*[30], two doses, to be taken morning and night, and was a little better after a few days; later she received *Fluor. ac.*[30], at the next aggravation which came in the second week. From that time everything improved one after another, so that she did not want to take any more blank powders. After three months she said that she had nothing more to complain about, except some crawling in the tongue during hot weather. She received two doses *Hepar.*[3], to be taken only when aggravation would set in. The following year she had slight complaints again, but the symptoms which were removed by *Fluor. ac.* never returned.

My reviewers are all cordially invited to exhaust their fury against this poor history, just as if *I* had made it up, but not toward the Fluor. ac., which is entirely innocent of it. Perhaps I have left all pathological nonsense away out of spite! But if I should get the good advice to study pathology by all means, I should thankfully receive it and act accordingly, just as I did ten and twenty years ago.

Varicose veins and large varicose ulcers, which had opposed all other remedies (in strong doses!) improved greatly after repeated doses of *Fluor. ac.*[6], in glass or not.—*Dr. Neidhard.*

Digitized by Google

ARTICLE II.—Ascites Chylosus.

By J. Montfort Schley, M.D.,

Professor of Theory and Practice at N. Y. Medical College for Women, Attending Physician at Hahnemann Hospital, etc.

Mr. W. C. H., æt. 66, of Conn., consulted me on the 17th day of Oct., 1879, for asthma (?). Patient was well nourished, weighing about 175 pounds, and measuring about 5 feet 8 inches in height. He complained principally of dyspnœa on exertion and cough. He was stripped and carefully examined. On physical examination I found bronchitis diffusa, mitral insufficiency with enlargement (slight) of left ventricle, it extending a few lines beyond mammary line and insufficient tricuspid valves (or dilatation of walls of right ventricle). On percussion found liver normal in size and occupying its usual position. Slight œdema pedum and albuminuria were detected. On examination of pharynx, a very much elongated uvula was discovered and removed.

In about a week's time patient came in to see me again. His cough, which had harassed him continuously during the night, had nearly left him, and in many ways he was improved. The œdema (pedum), however, had extended, and the cellular tissue was very much infiltrated up to the thighs. Some ascites was also present. From this his condition rapidly grew worse.

I here give the statement of Mr. H's daughter, who has been constantly in attendance upon her father for eighteen months, and to whose untiring efforts and good nursing, he no doubt in part owes his life.

"Father was taken ill with asthma (?) about the 15th of February, 1879, having had asthma for parts of the three preceding winters, but seeming well during the summer. On the 7th of May, 1879, he was taken in church with a violent attack (asthmatic), when it seemed as though he could not live for want of breath. He was helped by inhaling chloroform. The asthma continued bad until about the middle of July, when he had another attack similar to the one on the 7th of May. On the

Digitized by Google

1st of August he went up to a small country place, near New Canaan, (Conn.) where he had very hard nights but better days. He returned to his home the last of August. The last of September he had another attack, and 1st of October he came to you. From that time the dropsy came on rapidly. The swelling began at his feet and went up till it reached his eyes. In December he commenced to take vapor baths, at first twice a week, then every night till June, 1880. His greatest size was 54 inches. He began to decrease in size until he reached 43 inches, in March. Then he filled up again and was reduced by the baths and Digit., etc. In May and the forepart of June, he was very comfortable, except for great weakness. In the latter part of June he took cold, and from that time he increased in size. He went to New Canaan middle of July. He took a Digit. mixture twice and three times a day, which kept him from increasing in size. He measured about 47 inches. He returned home August 18th, 1880. In September he began to take Elat., after which he was comfortable for about two weeks, then took it again with the same result. The third time after its administration there were no beneficial results, but great prostration followed. He went until Oct. 9th, when the measurement of abdomen at greatest circumference reached 47 inches. He was tapped then for first time, and his size reduced immediately after the evacuation of effusion, to 38 inches; fifteen quarts were removed. Tapped Nov. 19, size 47 inches, reduced to 39; thirteen quarts evacuated. Feb. 20th, tapped, size 45 inches, reduced to 40 inches; twelve quarts removed, weighing twenty-five pounds. January 15th, size 45 inches, reduced to 39; twelve and three-fourths quarts drawn off. Again February 12th, size 47 inches, reduced to 39½; thirteen and one-half quarts removed, weighing twenty-seven and one-half pounds, and finally on March 17th, he was tapped again, measuring 46 inches, reducing his size to 40, and removing twelve and one-half quarts, weighing twenty-five pounds.

He has walked to the bank every pleasant day for two weeks, and to-day he walked twice. (This communication was dated March 8th, 1881.) The case when first seen by me

Digitized by Google

presented nothing unusual. The ascites followed the anasarca. If we had an accumulation of chyle in the abdominal cavity, from the first appearance of the ascites it is hard to understand how the treatment employed could have reduced his measurement from the maximum point reached 54 inches, to the minimum found immediately after puncture, 40 inches. It certainly could not be accounted for by the process of absorbing the watery portion of the chyle, as the fluid first drawn off by me ran out freely through the small trocar. As the fluid ran out into the aspirating bottle, its color and consistence astonished me. The patient laughingly suggested that I had tapped his milk reservoir, as he had been in the habit of drinking two or three quarts daily. Two or three days after its removal, it was shown at a monthly meeting of the Medico-Chirurgical Society, of New York, and Dr. Searle then suggested that it might be chyle, having seen or heard of a case which had been observed during life in Brooklyn. Dr. Geo. M. Dillow examined the fluid chemically and microscopically, and found it to be chyle. It presented the appearance of rich Alderney milk after its removal, and on standing a few hours would separate into two different layers. The upper layer about one-half inch thick, would be whiter than that below. March 25th, 1881.. Patient presented himself at my office for examination. He had been tapped eight days previously. On his approaching you the only striking feature is his protuberant abdomen. He also bears the appearance of one suffering from a burdensome ailment. He can walk three or four blocks slowly without feeling much shortness of breath or experiencing much weakness. On removing his clothes his abdomen presents the condition of one suffering from ascites, with the exception that the veins are not perceptibly distended. He measures 40½ inches at the greatest circumference. Twelve and a half quarts more were removed at the last tapping, weighing twenty-six pounds, and immediately after the withdrawal of fluid he measured 40 inches. On inspecting the thorax we notice a bulging of the lower portion of the left side in and near the region of the heart. The pectoral muscles seem somewhat thicker than those on the right side. He is right handed.

Digitized by Google

The left side measures an inch more in circumference than the right at a corresponding point. On deep inspiration the left lung moves much less than the right, and that portion of the left lung making any excursion is limited to the clavicular region. There is no swelling of the left arm. The veins over the left thorax are much enlarged; on the right side they do not vary from the normal state. On percussion the right side is resonant throughout. There is slight dulness from the lower border of the fourth to the under surface of the sixth rib, on the right side adjoining sternum. On the left side in the supra-clavicular and infra-clavicular space, there is clear resonant percussion sound. Below the third rib, about one and one-half inches from sternum, a duller percussion tone is met, and this gradually passes into a flat sound as we go downward and outward. Beyond the mammary line, towards the infra-axillary space, the flatness is most marked. It is a difficult matter to define the exact limits of the heart, as this region of dulness lies immediately adjacent. If the pericardium had been enormously distended (with effusion) and had completely pushed the lung aside, one might picture himself a similar condition. The dull percussion sound falls gradually and stops at the posterior boundary of the axillary region. The heart can be distinctly felt pulsating, and the apex is in a direct line with the mammary. It is enlarged both to the left and right. When examined, eighteen months ago, I think the apex beat beyond the mammary line. On auscultation in the infra-clavicular space we hear harsh breathing. From the fourth rib down in front and in the axillary region we hear no respiratory murmur. Vocal fremitus and resonance are absent. With the first sound of the heart there is a systolic murmur at apex, second sound not markedly altered, aortic sounds weak. Between the fifth and sixth rib, on right side, we get a distinct systolic murmur, not propagated to the left, upwards or downwards. There are slight undulatory movements in the veins of the neck; no pericardial friction sound; no pain about the chest. On the left side, on passing the posterior axillary line, we find on the posterior wall of thorax the percussion sound dulled, and this extends up to middle of

Digitized by Google

scapula. The vocal fremitus and resonance slightly increased, and at the base we get mucous râles. No pleuritic rubbing. From middle of scapula up, percussion sound normal and breathing harsh. Vocal resonance and fremitus as on right side. In front intercostal spaces bulge. This condition on left side has been noticed for six or seven months, and has been gradually growing larger, etc. On right side percussion sound is slightly tympanitic throughout, except where the right side of heart has pushed lung away from thoracic wall. Breathing is harsh, vocal resonance and fremitus normal. For the past few days there has been cough; ordinarily patient is free from any desire to cough. Pulse is regular, 72, suspiciously full in its feel and compressible. When patient is on his feet the greater part of a day, his limbs swell some as far as the knee and pit on pressure. No œdema scrote and penis. Effusion in abdominal cavity reaches to umbilicus. Bowels regular, appetite good, and until the accumulation of fluid in his abdomen, presses up diaphragm to an uncomfortable degree; he can lie down and sleep well. Patient suffers from hemorrhoids, when abdomen becomes much distended. Patient's urine has been highly albuminous from its first examination, varying from 10 to 40 per cent. Until three months ago I had been unable, after repeated microscopic examinations, to detect any kidney cells or casts. Since then I have on several occasions found granular and epithelial casts. He passes about twenty ounces urine daily.

The most interesting point to me in this unique case is to know when the rupture of the thoracic duct occurred, or when the leakage from many small lymph channels commenced. I think I am safe in asserting that the thoracic duct itself is torn, lacerated, for we have found by measurement and weight, that this gentleman makes a pint or one pound of chyle daily, which escapes into the peritoneal cavity, producing there no harm, no inconvenience, except its loss and cumbersome pressure. Notwithstanding this enormous and continuous drain upon his system—the loss of a pint of chyle daily, the albuminous urine and occasional bleedings from his rectum, this patient is slowly gaining flesh since I tapped him the first time

Digitized by Google

in October. He partakes largely of pure country milk, and no doubt much of it is absorbed immediately in the stomach, and finds its way directly into the blood circulation, without passing through the lymph channels, etc.

Bearing upon this point we find some interesting experiments by Dr. Anrep, cited in the February number of the *Medical Record*. "The question of the manner of absorption by the stomach is an open one, to decide which Dr. Anrep undertook a series of carefully and ingeniously conducted experiments. After having made a gastric fistula in a dog, he allowed it to recover entirely from the result of the operation. Then he introduced into the pyloric opening of the stomach and down into the duodenum an apparatus resembling Barnes' dilator, completely shutting off the cavity of the stomach from the rest of the alimentary canal. He then placed in the stomach a determined quantity of different substances, and after a lapse of time he examined it to see how much of them was left. He found that saccharine substances were absorbed more quickly than anything."— *Vratch*, No. 46.

The condition about his chest has changed little since I first saw him, nineteen months ago. Of course the patient has lost much flesh. His cough relieved by the amputation of his palate, and his bronchitis have disappeared. His pulse is not as full as it was then, and his heart has been pushed over an inch or more into the right thorax. At one time both pleural cavities and pericardium contained large quantities of serous effusion. His liver, after being tapped, has not been found appreciably enlarged.

There are many points about this case of great interest. The first question one may ask himself, is, what caused this intense anasarca, ascites, hydrops pericardii, etc.; and secondly, in what relation does this growth (or encapsulated pleuritic effusion?) stand to the rupture of the thoracic duct? May the condition of the circulation be such that when these different serous effusions were at their worst, that the laceration in the chyle channel occurred? For more than nine months he has been free from any anasarca worthy of mention, and that which does occur may be caused by his anæmic state. He lost his

Digitized by Google

cough entirely six weeks after the removal of his palate. The albuminuria (kidney disease, did not exist at that time) could not account for it. I have finally come to the conclusion that it was caused by the unsatisfactory state of his circulation.

If the vitium cordis be the sole cause of the anasarca, etc., we may congratulate ourselves upon the length of time it has remained away. May it be possible that the Phosphor. and Arsen., which he has taken diligently for six months or more, has so strengthened his heart-muscle and equalized his circulation, that as yet we have no return of those ominous signs?

Tapping was employed as a last resort, as patient complained so bitterly of the dyspnœa, and was too weak to take vapor baths, Elat., etc. The treatment used, consisted of hot vapor baths, a Digit. mixture, Elat., and for the past eight or nine months he has been on Arsen. and Phosphor, 2d trit., and occasionally Collin., 2x trit., for hemorrhoids.

I have no doubt but what I will be granted an autopsy. Whatever the result may be it will find its way into print.

We read the following in the *Berliner Med. Wochenschrift:*

Dr. Guttmann brought before the Berlin Medical Society a milky fluid, which he evacuated by aspiration from the abdomen of a boy ten years old. Even the superficial appearance of this fluid, which after standing some time, deposited on the top a perfectly white and thick layer of cream, proved its large quantity of fat, and it must be therefore considered a fatty emulsion. We diagnose such a case as *ascites chylosus*, because chyle is in most cases discharged into the abdominal cavity. Only a few cases have so far been observed, and the obduction showed either perforation of chylous vessels or their compression by tumors, etc., and Quinke, in an essay on fatty transudations (*Archiv. für Klin. Medicin*, Vol. XVI), collected all the cases published.

My young patient enjoyed perfect health up to 1877, when an accumulation of fluid in the abdomen was detected, which gradually increased, afterwards diminished, then again increased, so that in February, 1880, he was brought to the clinic of Prof. Langenbeck, where the aspiration of the abdo-

Digitized by Google

men was performed. The fluid discharged had a milky appearance. The abdomen soon increased again in size, so that March 30th he was admitted into the hospital, and April 4th Guttmann aspirated again and evacuated 6,350 grammes of milky fluid. It consisted largely of fat and albumen, and the microscope demonstrated that the fluid consisted of very fine pointed molecules, which could not be measured and which, by the addition of ether, changed into fat drops. The fluid, therefore, was clearly chylus. After the aspiration the boy, who still looked well nourished, felt perfectly well and was always out of bed. Two weeks later he complained of pains in the head and neck, some somnolency, and died after a few days suffering, May 4th. At the autopsy we found an abscess of the size of a walnut in the posterior half of the left occipital lobe of the hemisphere, and also a meningitis basilaris in the region of the medulla oblongata toward the chiasma, but no tubercles. In the abdominal cavity we found over 2,000 grammes of the same fluid, which we used for our examination. The abdominal organs showed, with the exception of a chronic (not tubercular) peritonitis, which led to many adhesions of the intestines between themselves and the neighboring organs, nothing abnormal. The chylus vessels, closely examined, were nowhere full, perhaps because the patient during the last days of his life took very little nourishment. Even the ductus thoracicus, dissected freely up to the point where it enters the vena subclavia sinistra was empty, and its lumen free. In other cadavers I examined chylus vessels from the intestinal walls up to their entrance into the swollen mesenteric gland, and always found them full. I mention this emptiness of the chylus vessels, because Quinke found them full in his case, and considered this fulness caused by the thickening of the mesentery, thus compressing the chyle vessels and leading to a transudation of their contents through their walls. There can be no doubt that such a compression of the chyle vessels may lead to ascites chylosus. But this cannot be the sole cause as notwithstanding the frequency of chronic peritonitic processes with their manifold adhesive entanglements in the intestines, which must produce some compression of the chyle

Digitized by Google

vessels, ascites chylosus is a rare affection. We may perhaps deal in such cases with a morbid affection of the chyle vessels, leading to an abnormal transudation of the chyle through the walls of the vessels, as according to Cohnheim, we find the same in œdema, where degenerated walls of the vessels allow an exosmosis of the fluid.

In relation to the physical qualities of chyle it may be mentioned that it gives a neutral reaction, is odorless and of 1022 specific gravity. Microscopically (350) we meet very fine pointed, closely standing granules, between which round cells are found in small numbers (not more than one or two in the field of vision). We deal here with chyles which has not yet passed the lymph glands, or else the number of round cells (lymph corpuscles) would be greater. In relation to their chemical qualities we find that this fluid contains 5.25 per cent. fat, gained by extraction with ether, and which is then evaporated. The fat is yellow and firm at the usual temperature. There is also 3.3 per cent. albumen, showing that not all the albumen introduced into the stomach is changed into peptone, and as such absorbed, and that some albumen reaches the chyle unchanged. No peptone was found in the chylous fluid, whereas Quinke found traces of peptone, demonstrating their presence by the violet color of the fluid, deprived of its albumen by the addition of a solution of potassium and sulphate of copper. I could not get a trace of such a reaction in the fluid deprived of its albumen, whereas the one containing albumen became of a bright violet color by the addition of Kali caustic. and sulphate of copper (peptone gives a purple violet color). A sugar forming ferment is not found in chyle, mixed with starch and exposed for twenty-four hours to a temperature of 35° to 37°C; neither the Trommer nor the Bism. first showed any reaction on sugar.

Digitized by Google

ARTICLE III.—Planetary Perihelia and Epidemics.

By E. R. Eggleston, M.D., Mt. Vernon, O.

The influence of the heavenly bodies upon the earth is not a new matter, nor is it new to the science of medicine; but that its phases, or applications, or meanings have of late become so, may be safely said, and, too, that its present status is not generally understood. Whether it ought to take a higher place in the estimation of the profession as an etiological factor, or whether it ought to be relegated to the chaos of ancient superstition as part and parcel of priestly craft, or whether its importance justifies a consideration at our hands, it will be the aim of this paper to show.

The ancient history of planetary influence upon the earth is quite extensive. Had it not been by the practicality of later authorities, whether wisely or unwisely, shelved among the litter of necromancy and astrology, it might long ago have had its proper value. But until this day so much has been preserved on the subject that there is no lack of data upon which to build a case that shall reach very far backward along the course of the world's history. To say nothing of prognostications upon the fate of men and nations which, among the ancients, were based upon the signs of the zodiac, and upon the conjunctions, oppositions and other aspects of the planets, we come at once to the beginning of medical history. Hippocrates, the father of medical science, was a consistent believer in these influences upon health. So consistent was he in this that, prognosticating on-coming evil atmospheric influences, he journeyed to Athens to meet the results, and did meet them according to his anticipations, in the mortal plague which devastated that city in 407 B. C. From Hippocrates, who, in this as in many other things, had the clearest perception of its connections, has it passed through the hands of physicians and historians, until nearly, if not every epidemic since his time, has had its chronicler and marks a chapter of history. The coincidence between epidemics and planetary configurations, was observed very early, but in the absence of knowledge of

Digitized by Google

the constitution of the heavenly bodies, and, in fact, to a large extent of the earth also, and having neither means nor methods to determine the delicate relations existing between members of the solar system, the knowledge of the fact could be little utilized, except in the manner of the astrological predictions of that day.

But later history is more complete. Science has demonstrated the relations existing between the forces of gravitation, light, heat and electricity, as they exist upon the earth; it has demonstrated the constitution of the heavenly bodies; it has demonstrated the medium by means of which the forces which hem in the members of the solar system gain their interdependent power; in short, a broad, unquestionable basis is laid out by these means, upon which to build a rational etiological theory. Nor is the world's current history, impeachable as it is held to be, to be despised as a supporting argument in this matter, as will be seen by and by.

It is now very generally known that within the five years next after 1880, four of the large superior planets are to make their perihelion passages—that is, will pass at their nearest point to the sun, their times being more nearly coincident than has before transpired during the Christian era. Jupiter made his passage in Sept. 1880; Uranus will pass in Aug. 1882; Neptune in Dec. of the same year, and Saturn in Sept. 1885. A similar event has occurred, beginning in 1702, with Jupiter, which was followed by Saturn in 1708, and again by Jupiter and Uranus in 1714, and by Neptune in 1718. This period of sixteen years is recorded as the most mortal of the 18th century. Now, while in the latter case the space of time covered by the near conjunction of the planets was sixteen years, in the case now impending it will be but five years—being a nearer approach to a synchronous adjustment than has before occurred during the Christian era, as before stated.

Now the question is: *Will the position of these planets when in perihelion, so affect or disturb the atmospheric or other conditions of the earth, as to cause disastrous consequences?*

In answer to this question let us first appeal to the authoritative utterances of men learned in these matters.

Digitized by Google

Of the historical Black Death, Hecker wrote: "Of the planetary influence which was considered to have originated the great mortality, physicians and learned men were as completely convinced as of the fact of its reality." Dr. Goad, an eye-witness of the London Plague, of 1665, in a published work upon it, emphatically referred to planetary influence as a proximate cause of the epidemic. Noah Webster, in his *History of Pestilence*, establishes, beyond peradventure, pestilential periodicity, although he traces no connection between it and planetary configurations or other causes. Rev. Cumming, an eminent Scotch divine, says: "At two different times during the Christian era there has been a concurrence of the perihelia of three of these five planets, and these dates were marked by awful and destructive pestilence." Prof. B. G. Jenkins, F. R. A. S., says: "During the last thirty-nine years, I find that the perihelion and aphelion of Jupiter corresponded in a very remarkable manner with the period of low death rate. On the other hand, the evidence seems to point to a rapid and persistently high death rate commencing in 1882." Dr Trail, of Philadelphia, says: "The obvious deduction from the fact of the coincident perihelia and the theory regarding it is, that the changed condition of the atmosphere consequent on this interference with, or abstraction of, the usual amount of light and heat will be increasingly unfavorable to life and health on our globe, from the present time to 1880, and from that time to 1885, the adverse influences will be greater, after which they will gradually diminish." Dr. Knapp, of Chicago, has published a lengthy paper on the subject, which is a somewhat extended appeal to the past three hundred years of history in proof of the ground taken, that "pestilential periods are always coincident with the perihelia of the larger superior planets, especially of Jupiter and of Saturn."

In *Science of Health*, 1878, is an article on this subject from which the following is extracted: "But soon we are to have, for the first time in two thousand years, all four of these planets against us. They will be at their nearest approach to the sun in or soon after 1880, so that for a few years, say from '80 to '85, the vitality of every living thing will be put to a se-

Digitized by Google

vere and trying ordeal. We do not write to alarm, nor to make a sensation; we state the facts which all history attests. That the conjoint perihelion of all large planets of the solar system, one of which, Jupiter, is one thousand times as large as the earth, must disturb our atmosphere and temperature to a very considerable degree, is probable; that this disturbance must be injurious to health and life is certain; and that these periods have heretofore been pestilential, is a matter of record." Prof. Proctor, in his work, *Our Place among the Infinities*, uses these words: "Not an atom in the remotest orb can move a hair's breadth without producing in every other atom throughout the universe an effect." Prof. Lockeyer, the eminent English astronomer, who has studied the sun as perhaps no other living man has, makes known the curious fact that hydrogen is disappearing from the corona of the sun. This means a decrease of solar heat; yet at the same time the heat upon the earth is increased, because the gases thrown off from the sun ordinarily, have acted as protecting media, and these disappear as the heat of the sun becomes less. Prof. Jenkins again says, in a paper before the Royal Astronomical Society: "Within the next seven years there will happen that which has not happened for hundreds of years—all the planets at or near their nearest point to the sun about the same time. It is true of the earth that its magnetic intensity is greatest about the time when it is near the sun; the same is probably true of all the planets, therefore we may expect extraordinary magnetic phenomena during the next seven years; and great plagues, which will manifest themselves in all their intensity when Jupiter is about three years from his perihelion, that is, in 1883."

Periodicity is a marked feature of the phenomena indicated, and as we shall see, is maintained in many relations.

Jupiter makes his perihelion passage at intervals of about twelve years; *Saturn* makes his at intervals of about thirty years; *Uranus* follows at intervals of eighty-four years and *Neptune* at intervals of one hundred and sixty-four years. It is claimed as proven by historical records that epidemics of greater or less severity have invariably occurred at times corresponding with the perihelion passage of Jupiter, or every

Digitized by Google

twelve years; that they occur with still greater severity, or under more unfavorable conditions, at periods corresponding with the contemporaneous passage of Jupiter and Saturn, which transpires with five periods of the former and two of the latter, or every sixty years; that they occur in greater intensity still, and under fatally unfavorable conditions, at periods corresponding with the near perihelial coincidence of Jupiter, Saturn and Uranus, which transpires, with sufficient nearness of precision, with seven periods of the first named, three periods of the next, and the one then present of the last; while with the near coincidence of the four planets named, now impending, the conditions are to be prejudicial to life and health to a degree never before known.

It is well understood that an appeal to history is an appeal to an impeachable witness, so we turn to a mathematical science—astronomy. Here we should expect to find unimpeachable and harmonious testimony, yet we fail. Even upon such questions of fact as the relative positions of the planets during the time covered by the prediction, astronomers do not agree, and barring that, their opinions as to the probable effects upon the earth of the impending perihelial coincidence, are as widely separated as affirmation and negation can make them. Prof. Colbert, of Chicago, admits the near coincidence of the planets named, adding to them Mars, who is in perihelion in 1881, but denies the possibility of such effects upon the earth as are predicted, and he is substantially endorsed by Prof. Watson, of Ann Arbor, and Prof. Harkness, of Washington. I condense his opinions, being careful, however, to give the sense of each unbroken, as follows:

"1. The perihelion of a planet's orbit is not a substance or thing that can exert an influence, nor is its relation to the stars always the same. If a planet's passage of its perihelion exerts an influence, it is because it is then *nearer* than in any other part of its orbit, and the effect may be mathematically demonstrated."

Now as to this first proposition. All must agree that a perihelion is not a substance or thing that may exert an influence; it is, rather, a *position*, and that, admittedly, a change-

Digitized by Google

able one as regards other planets. This, however, must be remembered: that when in perihelion a planet invariably affects the sun and other planets just in proportion to its nearness to each, and in proportion to the mass, diameter, and density of the bodies affected. With this in mind we are prepared to adopt the possibility which he states, that "if any effect be due to the passage of a planet through its perihelion, it must be simply because the planet is then *nearer* than when in any other part of its orbit."

"2. This deals with the fact that the interdependence of power and distance between the planets and the earth is that the effect varies inversely as the square of the distance. This relation existing in the cases of gravitation, light and heat, there is no good reason to suppose that any other ratio prevails in the cases of magnetism or electricity."

This proposition states a fact from which to draw an inference, or, as he expresses it, "a reasonable supposition." The relation existing between power and distance in the cases of gravitation, light and heat, is the fact stated, while that the same ratio prevails in the case of magnetism or electricity, is the supposition. According to Pynchon, the generally accepted hypothesis regarding the nature of electricity, is as follows: It is the "result of a special modification made in the state of bodies, depending upon a peculiar vibration of the particles of matter communicated to the same ether, whose undulations produce light and heat." Under the molecular theory, molecules of every substance are suspended in the ether, each with a method characteristic of the substance, as regards composition, proximity and velocity. Now if to these common conditions there be added a "special modification," which, through a "peculiar vibration" not heretofore recognized, affects the ether in a special manner, and which, even now, resists all attempts at classification, how does it become possible, or even probable, that a known fact regarding gravity, light or heat, may be predicated regarding electricity? It is true that in conformity with the law of conservation of force, it may be converted into heat, light and motion, but this explains nothing, for like other forces it is first made a power to be trans-

Digitized by Google

formed by mechanical means. The insurmountable obstacle to a measurement of its power independently of hampering machinery, is its unstableness—its varying present quantity. Gravitation also varies, but with determinate regularity; light varies, but under conditions well understood; heat varies, but in a manner easily demonstrated. But auroral phenomena, electrical discharges attending thunder-storms, and the ordinary variations in the quantity present in the atmosphere, all represent perturbations or vicissitudes of this force, explanations of which must be consigned to the limbo of hypothesis, along with the theories regarding its nature. What ground is there, then, for the "reasonable supposition" so confidently put forward, that this subtile power is but one of a series to be measured by formulas proven for other forces? A second objection to the proposition is that "electricity is only found on the outer surfaces of conductors," which utterly destroys the analogy claimed, for that deals only with densities. A third objection is that "electricity concentrates on points and projections;" a proof of its irregular distribution, which destroys again the analogy claimed between it and the other forces under consideration. And lastly, "electricity is never manifested or transmitted apart from ponderable matter." This being true, there can be no conduction between the earth and any planet or the sun, for the ether is not a ponderable body—at least within the meaning of the fact stated. So the whole claim of the proposition falls to the ground.

"3. The planets are always shining, always attracting their fellows away from the average path around the sun, and it would be absurd to suppose that they do not always act magnetically or electrically, if they do so when in perihelion. It is therefore a logical inference that the disasters referred to, if due to perihelion passage, must be due to the excess of the perihelion force above the average force—that is, the difference of the two."

I dislike to believe a dishonest intention on the part of the Professor, in bringing into prominence such a misapprehension of the conditions, or claims regarding them. No claim is made, as I understand, that electrical attraction exists during

Digitized by Google

perihelion and at no other time, nor that there is such attraction at any time. No claim is made, that I am aware of, that the position of perihelion generates electricity, or gravitation, or light. It is claimed, though, that the *excess* of the perihelion force above the *average* force, is to work disastrously; not, however, by generation and transmission of increased electrical force, but by inaugurating vicissitudes of such forces as are known to increase or decrease or become disturbed in known ratio to proximity; or as regards the case in hand, terrestrial, electric and magnetic forces are disturbed. He claims that the excess is equal to the difference between the average and perihelion forces, which is very nearly equal to the eccentricity of the orbit divided by half the product of the perihelion distance and the mean distance. Figures, again, which depending on the illusory "reasonable supposition," are unreliable.

"4. The gravitating influence of a planet, for equal distances, is directly proportional to the quantity of matter it contains; which for equal densities, is proportional to the cube of the diameter. If distance and luminosity be both equal in any two or more cases, then the light received would be proportional to the surface—that is, to the square of the diameter. In the case of magnetic or electric excitation, the ratio of exerted force must certainly not be outside these limits. The superior planets have in their quantities of matter and intrinsic luminosities, the above mentioned ratios, so that, without glaring error, the same reasoning may be applied to their electrical and magnetic powers."

This proposition is, in different terms, but a restatement of the previous one. It is insisted upon that what *is* true of certain forces, *may* be true of another, although by what means the dissimilar are made to answer to the same methods does not appear.

"5. Is the influence of these planets on the earth a direct one—that is, does it vary with their varying distances from our planet? If so, then the differences between their mean and least distances are less than the distance of the earth from the sun. The earth, therefore, in each annual revolution, changes her distance from each of these bodies more than the

Digitized by Google

change of distance between them and the sun, which should give a pestilential visitation every twelve months. In the case of Jupiter, which is claimed as most potent of all, the difference of distance is only about one-quarter, the square of which gives a difference of only one-sixteenth as much every twelfth year, due to his period, as it is every year, due to the earth's annual motion. If, when the earth is in line between the sun and Jupiter, we can detect the least excess of electric, magnetic, or actinic force above the mean, we may, perhaps, be justified in asserting that an augment of one-sixteenth part more will cause dire disasters. Figures easily show that the combined excess of all four of the large planets would not be more than one-tenth of that due to the earth's yearly change of distance from Jupiter alone. On this showing the whole thing is manifestly absurd."

"6. The most plausible hypothesis, and which has been advocated by some great men, is that the planets will act on the earth indirectly—through the medium of the sun; that they will excite him to unusual energy—luminous, magnetic, or otherwise. The relative power of the mass of each of the planets on the sun, is as follows: Earth, 1; Jupiter, 11.40; Saturn, 1.02; Uranus, 0.04; Neptune, 0.02. The result of this with other tables, shows that the effect due to Jupiter is only about one-fourth greater than that due to the earth. The effect upon the sun due to the combined perihelion passages of the four greatest planets in the solar system, is only about one-third greater than that produced by the earth at the beginning of each calender year, when she is in perihelion."

His fifth and sixth propositions, while bearing faces of frankness, really deceive, whether intentionally or otherwise. They deal with such complications as can only be familiar to accomplished mathematicians, while professing to be within the popular understanding. "Is the influence of these planets on the earth a direct one?" is his question at the outset. Now, in view of the indisputable fact that "every particle in the universe attracts every other particle with a force directly proportioned to the mass of the attracting particles, and inversely to the square of the distance between them," we feel bound to

Digitized by Google

answer the question affirmatively, while his answer impliedly denies, or admitting, heaps upon the earth a pestilential visitation every twelve months. It must be true that the attraction between the earth and the sun is at its maximum when the former is in perihelion, once every twelve months; it is likewise true that it must be at its minimum during the aphelion passage. Granting this, we are prepared to believe that a prime condition of the earth's existence is that it shall endure a vicissitude whose extremes are marked by the lowest and highest points in its aphelion and perihelion circuits. It follows, then, that the inhabitants of the earth are so constituted as to endure all the degrees of change between these extremes without being overwhelmed by a "pestilential visitation every twelve months." Upon the earth these forces are never at rest; because, simply, the earth is never at rest, either as regards itself, the sun, or other bodies, so that it may be fairly said that man is in a state of constant resistance to changing conditions, which we, as physicians, only too well know, tax his powers of endurance to the utmost. Now if to this state of things there be superadded vicissitudes of the forces which depend upon disturbing influences from without, or, in other words, if new conditions are imposed to which our powers are strange and perhaps unequal, might it not be expected to be calamitous? Are there such outside influences? The Professor says there is a difference, on account of Jupiter, of one-sixteenth, which as a perturbing factor must be added to those to which the earth is conditioned. He says, too: "If, when the earth is in line between the sun and Jupiter, we can detect the least excess of electric, magnetic, or actinic force above the mean, we may, perhaps, be justified in asserting that an augment of one-sixteenth part more will cause dire disasters." Now, if it is admitted that the equilibrium among the forces which hedge about the earth depends for its stability upon the great centre of the solar system; if it is admitted that each planet is so placed and controlled as to itself; if it is admitted that an irregularity as to orbit, distance, density, and magnitude among the planets exists, with the consequence that each is to that degree independent of his fellow; if it is

Digitized by Google

admitted that, in the natural order of things, an arrangement may occur among the planets which, without deranging the celestial system, may prove disastrously disturbing to the local conditions of any one of them, then we are prepared to quote again from the Professor, and to fully endorse his opinion, as follows: "The effect due to Jupiter is only about one-fourth greater than that due to the earth. The effect due to the combined perihelion passages of the four greatest planets in the solar system is only about one-third greater than that produced by the earth at the beginning of each calendar year, when she is in perihelion." But he, in effect, admits that the earth at perihelion is at one extreme of its fundamental condition, and the extreme will prevail at least four times during the period covered by the prediction. Then if to this be added one-third, or one-fourth, or one-sixteenth, or as he expresses it, "the least excess" of attracting force, is our fear of disastrous consequences a groundless one? Call the disturbing element attraction, or what not, a disturbance is inevitable. The disturbance admitted, it matters little whether it is mediate or immediate—whether from the influence of the planets directly or indirectly through the sun, which he admits as a plausible hypothesis, "which has been advocated by some great men,"—for the effects would be alike calamitous.

Numerous practical material facts may be adduced in proof of the intimate relations existing between members of the solar system. For instance: At one time astronomers became convinced from conditions present in known members of the solar system, that influences were in operation which could not be accounted for except on the hypothesis that other body or bodies existed which were, as yet, undiscovered. In accordance with this belief the heavens were carefully scanned, when on the far borders of the system the planet Neptune was discovered, and the riddle was solved. Now, if it is true that the existence of this planet was suspected from its effect, can there be stronger proof of the interdependent relations of the heavenly bodies about us? If such influence is true of Neptune, must not the influence of the other planets upon him be similar? If Neptune is thus affected the same must be true of

Digitized by Google

the earth—that it feels the power emanating from each member of the system of which it forms an insignificant part. Forced, then, to these admissions by incontrovertible demonstrations, we are alike forced to couple with them those equally attested of the constantly varying positions of the planets, which leads on to the further certainty that the force exerted varies inversely as the square of the distance, and further to the admission that such combinations of position may obtain that the earth, the conditions of which are adjusted to a mean, may be disastrously affected.

But I am not prepared to give an unqualified adhesion to this theory and all that it claims. Outside of the questions of assumed fact which are represented by the recurring epidemics and terrestrial disturbances, which will bring their own demonstrations, if true, there appears to me a weak point in the argument which, if a valid objection, must greatly degrade the force of it, as well as bring the asserted historical epidemic repetitions to the low level of accidental coincidences, inexplicable as they may be as such. It is this: Granting that Jupiter in making his perihelion passage causes terrestrial disturbances by increased attraction, it follows that as he passes away upon his more distant aphelion circuit, the attraction becomes correspondingly less, being, in fact, as much below an assumed average, as the attraction in excess was above it. Then the case as regards this one planet would stand thus: He makes his orbital circuit once every twelve years; at intervals of six years he is in either ahelion or perihelion; if at the point of nearest proximity to the sun his disturbing influence inaugurates pestilence from excess of attraction, it follows that when at the point diametrically opposite, he disturbs in the same proportion by reason of deficiency. We have, then, terrestrial vicissitudes at their maximum when the planet is either at his aphelion or perihelion, and not at the latter only, as claimed. Now, if we include Saturn, whose perihelion circuit coincides with that of Jupiter at intervals of about sixty years, we should expect still greater disturbances at that period—as seems to have been the case; but upon the ground that there is a certain average of conditions, and that

Digitized by Google

departures from it, either in the direction of increase or decrease, must bring corresponding disturbances, we should expect that when these planets make their aphelion circuits coincidently, which must occur at the same intervals, there would be terrestrial disturbances of equal severity, because the attraction has become less than the average standard—which is not shown to have been the case. Now it is seen that if all the other planets are included, each of different mass and orbit, and each exerting different degrees of attraction upon the earth and upon each other, complications of coincidences and oppositions must be such as to preclude the possibility of arranging them into determinate cycles which shall show rythmical increase or decrease of attraction. Or, to vary the statement, it must often transpire that the excess of attraction on the part of one planet is neutralized by deficiency on the part of another or others. This view seems nearer in conformity with the methods of the universe by which the planets are so fixed that a perfect equilibrium, or nearly so, prevails between their influences upon each other.

Yet this cannot be held as disproving the possibility of a coincident arrangement, either aphelial or perihelial, through which excess or deficiency might become extreme, with just such disastrous consequences as are promised from 1881 to 1885, for there are some stubborn facts that have to be admitted, which uncompromisingly upset the most carefully-spun theories. Some of these I proceed to notice.

From the time of Galileo, who first discovered sun-spots, and whose theory of solar imperfection was unhesitatingly denied by the schoolmen, the dispute has gone on until their solar character is unquestionably demonstrated; and further, that their size and position depend upon demonstrable variations in the positions of the planets. The cycles of the sun-spots are found, moreover, to correspond very exactly with Jupiter's perihelion, and the period, from the sun-spot point of view alone, is universally admitted to be one of pestilence, drought, famine, and unusual meteorological disturbances. That the intensity of solar heat is subject to variations which depend upon solar activity; and that the activity occurs with predict-

Digitized by Google

able regularity in periodic cycles of about eleven years, no one ventures to deny; so that, with this premise accepted, there remains to be shown the nature of the terrestrial changes which result from the variations, and to trace their connection with the other celestial phenomena under consideration. They occur under three forms: (1). Variations in magnetic and electrical activity. (2). Variable present quantity of ozone in the atmosphere. (3). Thermal and barometric vicissitudes.

Now as to the first class. Besides the ordinary diurnal variations of the magnetic needle, it is subject to abrupt irregular deflections, which cannot be allied to the daily oscillations. As far back as 1785, Van Swinden dimly perceived the periodicity of these irregularities. Between 1834–7 Gauss made similar observations. Arago, between 1820–30, arrived at the same conclusion. Lamont, in 1851, indicates the existence of such a cycle. Sabine, from records made between 1852–64, showed the same connection. He, too, fixes the maximum of auroral displays at periods corresponding with the sun's greatest activity. Wolf and Gautier, in 1852, agreed with Lamont. Prof. Loomis, of Yale, in 1865, gives his support to the facts, both as regards the auroral displays and magnetic irregularities, believing also, that at the period of sun-spots there is an emanation from the sun which at once impresses itself upon the earth. But to Prof. Balfour Stewart is due, perhaps, the greatest honors for work in this field. In 1877, he reviewed the whole matter, conclusively showing the coincidence between sun-spots, magnetic deflections, and auroral displays, and was the first to point out the connection between them and periodical planetary configurations. In the paper of Prof. Jenkins already referred to, he says in regard to the recent plague in Russia (1869): "The magnetic lines in which the greatest power are manifested are advancing west at the average rate of about one-seventh of a degree annually over the regions which are the present epidemic-stricken quarters of the globe—Russia, Persia, United States, Brazil and Western China. As the magnetic poles advance, these lines advance, and epidemics on man and beast accompany them." Five hundred years ago, the middle of the 14th century, similar magnetic conditions

Digitized by Google

obtained, and with them came the Black Death of that period. Mr. Cooke, of the Astro-Meteorological Society, says that the nearer a planet is to the sun the greater is the interference with electrical conditions of our atmosphere and the temperature of the earth's inhabitants.

These references seem sufficient to establish the facts thus far claimed: That sun-spots are due to planetary influences; that at the sun-spot period magnetic and electric conditions of the earth and its atmosphere are disturbed or interfered with; that there is a remarkable coincidence in the appearance of all these conditions; and that the combined phenomena are cyclical.

Of the second order of effects much may be said, although there is yet much to be understood. The character of ozone has been very accurately determined; its normal quantity in the atmosphere has been ascertained; that its present quantity is variable, like electricity, is well known; that its present quantity varies according to locality, is also known; and that its variableness depends greatly upon the variableness of electricity, all acknowledge. Diverse opinions exist as to its modifying power in conditions of health and disease, and especially in regard to its power of neutralizing morbific states of the atmosphere. But if it is present in a normal degree, and if its presence is protective in the manner claimed, and if its present quantity varies according to electrical and meteorological conditions, we may be prepared to believe that whatever disturbs its normal range of variability, so that its present quantity is excessive, or far below the ordinary minimum, must prove disturbing if not disastrous in effect. It is known that ozonic states ebb and flow with the electric tides of the atmosphere; the electric tides have a measured pace with the tides of the seas; the tides of the seas respond to the attracting forces of the heavenly bodies. Now, if the forces operating at the celestial end of the scale do so with a fixed regularity, it must result that variations from the normal in any of the steps below would depend on local causes; but if it is shown that variability is characteristic of the ruling forces it must result that disorder and irregularity would follow in all the steps

Digitized by Google

below, and ozone, the atmospheric scavenger, might disappear, leaving localities reeking in foul vapors, or reappear in floods to superoxydize.

We come now to notice the third order of facts—thermal and barometric vicissitudes. It seems almost supererogatory to make prominent these, for they have been brought out in a degree in the foregoing, and besides the phenomena are, at this day, more or less familiar—at least so in a general sense. And yet for the sake of completeness it may be well to make a special application of them. If we assume that every widespread epidemic is either preceded by or accompanied with one or other of the celestial or solar phenomena indicated, it must be true that each is marked by premonitory or consentaneous departures from the normal standard which are predictable with a reasonable degree of certainty. It is upon such considerations that the following becomes important: Dr. Southwood Smith, medical adviser to General Board of Health for Great Britain, says upon the general subject of epidemics: "Among the premonitory indications of their approach will be found a disturbance of the regular and ordinary condition of the atmosphere; an inversion of the seasons—summer in winter, and winter in summer; long continued drought, followed by protracted rain-fall, causing rivers to overflow and seed to rot in the earth; clouds moist, and fog, forming excessive dampness which penetrates everything. These conditions favor the generation of locusts, caterpillars, flies and frogs, which cover the face of the earth. As a sequence of these follow dearth and famine, closing the long series of calamities. Such, in all ages and countries, have been the recognized portents and precursors of a coming year of pestilence." It is true no periodicity is claimed here, nor is any reference made to the causes of the e conditions, but that they must have a cause, is certain, and if the observation of that day can be linked to its cause at this day, no mean step has been made in advance. There is another fact in connection with the above which adds to its importance, and that is the diffusiveness of the conditions which precede epidemics, which is found to bear a very exact relation to their intensity, as well as maintaining a ratio with

Digitized by Google

the intensity of causes. To such facts, however, which are matters of more ordinary observation and record, there are others to be added which for their demonstration require the nicety of instrumental and other calculations. It has been ascertained that approaching pestilence is heralded by an increasing pressure of the atmosphere; by an increased density of the atmosphere which does not depend upon an increase of watery vapor. In a given measurement a cubic foot of air was found to contain one-twentieth less water, but its weight was increased two grains. There are, also, unusual and extreme alternations of heat and cold. This fact becomes especially suggestive if there is excessive heat at night.

Just here it may be well to gather up the scattered points for the sake of a more unobstructed view of them.

1. The influence of the celestial bodies upon the earth has been held to be true, in either a superstitious or practical way, ever since astronomy rose to the dignity of a science.

2. The influence of the planets upon conditions of health and disease has had its more or less enthusiastic adherents since the time of Hippocrates.

3. The later exact sciences have demonstrated that intimate relations exist between the terrestrial forces and the forces of the celestial bodies.

4. The influence of the heavenly bodies upon terrestrial meteorological conditions has long been acknowledged.

5. Deviations from a mean of any of the terrestrial forces, to a certain degree, are characteristic and normal, and the earth's inhabitants are adapted to the deviations.

6. Deviations of these forces which extend beyond the normal maximum, or minimum cannot be accounted for without calling into the account influences from without.

7. The external influences are believed to depend upon the variable positions of the planets, and the unstableness of solar heat.

8. Extended observations have proven that disturbing influences from without are periodical; that the periods correspond with planetary changes of position, and variations in the in-

Digitized by Google

tensity of solar heat; and that the disturbances on the earth correspond with the changes in the heavens.

9. It is shown that four of the large superior planets and the sun are the responsible factors in these changes.

10. Jupiter passes at his nearest point to the sun at intervals of twelve years; Saturn passes at intervals of thirty years; Uranus at intervals of eighty-four years; and Neptune at intervals of one hundred and sixty-four years. Combinations of these periods of nearest approach represent the periods of terrestrial disturbances.

11. It being true that one of these planets when in perihelion is the cause of disturbed conditions on the earth, it naturally follows that a coincidence in perihelion of two or more planets will be followed by disturbances of commensurate intensity.

12. Historical records show that such has been the case. At every perihelion passage of Jupiter during the Christian era, terrestrial conditions have been so disturbed that epidemics of disease have followed; at every coincidence of Jupiter with one or more of the other planets, conditions have been proportionately intensified, and epidemic diseases have been in the same degree aggravated.

13. Between 1880 and 1885, the four planets named will make their perihelion passages. This has not before occurred during the Christian era at so near a coincidence.

14. It can be demonstrated by the methods of astronomers that the excess of the attracting force exerted upon the earth at this time will exceed one-tenth above the ordinary maximum —such excess being admittedly a probable source of disaster.

15. It is fully substantiated that these peculiar planetary configurations mark the periods of sun-spots, and are likewise attended with unusual electric and magnetic disturbances.

16. Resulting from the deviations last named, the presence of ozone in the atmosphere will be so modified that its purifying power will be lost, or it will act excessively.

17. The heat of the sun is being rapidly reduced, by which, in the manner explained, terrestrial heat will be proportionately increased.

18. Striking meteorological deviations from the ordinary

Digitized by Google

standard are impending—violent storms, sudden and excessive changes of temperature, and inversion of the seasons.

The subject of epidemics has invited a large share of discussion in all ages, and it must be confessed that results, except negatively, have been anything but satisfactory. It is true that the theory under consideration deals only with generalities, indicates neither mode nor matter; but it is just that qualification which determines its importance. Other well-conceived theories have proven delusive for the very reason that they were framed to meet the demands of special applications, having no parallel in general natural law, there being instead, only widely-separated points of contact, and these, perhaps, only apparent. A general principle, or law, if proven, becomes a starting point from which springs explanations of unnumbered minor principles, the course of reasoning being from cause to effect. But have we here a law—an invariable rule of nature's method? Eighteen centuries, with regularly recurring coincidences of epidemics with the positions of certain planets, with sun-spots and meteorological inharmonies, should weigh on the side of its probable truth, and yet is claimed by opponents of the theory that in every one of the one-hundred and fifty-five perihelion passages which Jupiter has made during this time, the coincidences claimed were accidental—mere chance! Disclaiming the law and regarding the accident as to the one planet, how shall we otherwise account for the wider areas, the greater malignity and frightful fatality of epidemic diseases at times corresponding with the actual or near coincidence in perihelion of two or more planets? History as significantly points to the relation in one case as in the other.

ARTICLE IV.—Myotonia Congenita.

By Dr. Adolph Strumpell, Leipzig.

Several years ago Dr. Thomsen (*Arch. f. Psych. und Nervenkrankheiten*, VI) described a peculiar affection observed on

Digitized by Google

himself and numerous members of his family, consisting in an abnormal action of the muscles during voluntary movements, which had been observed from earliest childhood. The muscles fail to obey in the usual manner to the will-power, but show an abnormal stiffness and tension, passing over into a regular tonic spasm, under the influences of mental influences, which may reach such a degree that the person thus affected falls down. These manifestations usually appear during the first movements, after the body had been resting, the most severe; during the continuation of these movements the muscles generally lose their tension, and finally, even difficult and laborious muscular actions can be normally performed.

Seeligmüller's case (*Med. Wochenschrift*, 33, 1876) also dated from early childhood, and a sister of the patient suffered from the same disease. There was a remarkable stiffness and tension in the extremities, which rendered impossible every rapid and precise execution of complicated movements, as e. g., the handling of a gun. Here also a continuation of the movements gradually rendered the muscles more soft and pliable.

Leyden (*Rückenmarkskrankheiten* I, 128) publishes another case, and Erb (*the same*, II Edit., 817) gives a clear picture of this affection. Bernhardt (Virchow's *Arch.*, Vol. 75) collected all the cases and added one of his observation, and comes to the conclusion that the basis of this affection is nearly always a *congenital anomaly of the voluntary muscular system.*

Prof. Wagner and Strumpell lately observed a case, and the latter prefers to give a description of this affection in the words of the patient: "I am (1880) 36 years old, merchant, and suffer from infancy of an affection which gets worse day by day; two of my sisters are also affected by it. My muscular activity is disturbed, so that with every voluntary effort the muscles, intended for the respective action, turn spasmodically tense. It seems as if the tension is kept up by some inhibitory influence, as if we stretch an elastic object, but which fails to return to its original size when let loose. The affection extends over the whole body, is not always of the same degree, but when very severe I feel thoroughly exhausted, and my limbs as heavy as lead; it seems as if all my will-power was

Digitized by Google

suppressed. I feel worse in the forenoon, better after a good noon dinner, worse during the hot summer or during a cold winter. Normal temperature and air, especially the evening hours, are the most comfortable as then the muscles feel more free and elastic. If I hold anything in my hand and thus close it, I can either not open my hand at all or only in a stiff and inapt manner. After adducing the leg I cannot stretch it, and vice versa. In turning the head the neck becomes stiff; when closing the eyelids I cannot open them immediately again. The muscles of mastication as well as the tongue are inhibited in their mobility. The evil even extends to the thoracic and abdominal muscles, especially after a strong concussion from coughing or sneezing. It is peculiar that I can ameliorate this state for a short time, by a continuation of the motion. Thus, in ascending stairs, my greatest trouble is on the first few steps; I limber up then, as it were, and finally I can run up the remaining steps as fast as anybody. I had the same experience in dancing, swimming, and formerly in gymnastic exercises. When very bad I fear to cross the street, and really fell down already, and all my muscles become so stiff, as if of stone. Otherwise I am healthy, of good constitution, with a good appetite, but cannot bear stimulants nor smoking. Every dietary error causes congestions to the head, headache, sometimes even vomiting. Formerly I suffered greatly from headache, especially from any emotion. It is also peculiar that I cannot rest if I put one hand upon the other or under my head, or generally on any uncovered part of the body. I have to put something neutral between them, or they telegraph one another which disturbs me. Sometimes there is also a kind of internal titillation in the thighs and legs. Many physicians treated me; the blood, the nerves, even helminthiasis was blamed. My last physician considered it venosity and Kissingen was ordered and failed to relieve, just as electricity failed."

We see thus that the peculiarity in all such cases consists: *That every voluntary muscle, which had been at rest, when put in motion, becomes affected with a slight tetanus, so that the faculty necessary to coördination is inhibited to procure immediate relaxation of the contracted muscles.* This abnormity of muscular

Digitized by Google

contractions extends to all voluntary motory muscles, whether they be innervated by spinal nerves, as also to facial muscles, oculomotorii, the muscles of the tongue and of deglutition. After having been silent for some time, the first words are difficult to pronunciate, when taking water there is at first a sensation of constriction in the pharyngeal muscles. As soon as a movement is several times repeated, it becomes easy and normal. Thus the patient when ascending stairs, has the greatest trouble at first. It must be a sensation akin to nightmare, when we feel that we are in danger and still unable to fly from it.

The question is of importance, whether this abnormal muscular contraction appears only during voluntary innervation of the muscles, or from any other stimulus. In relation to reflex movements it can be shown that the cutaneous and tendon-reflexes were normal, neither increased nor diminished. The muscular twitchings offered nothing peculiar. Still, in severe reflex-movements, in coughing, sneezing, swallowing, our patient distinctly observed corresponding manifestations on the thoracic, abdominal muscles or on those of deglutition. After every fright muscular contraction set in, the whole body became stiff and the patient fell down. It is not the physical cause alone which may be blamed, but also the abnormal course of the muscular contractions, and we need not wonder that such an accident renders the patient anxious and full of fear.

Seeligmüller already demonstrated, that tetanus produced by electrical stimulation continues yet for a long while after the action of the electric stimulus had ceased. The same manifestation, though not in such a high degree, we observed in direct as well as indirect muscular irritation. Quantitatively the electric irritability was normal. The direct mechanical irritability of the muscles was in our case not increased. All muscles showed themselves unusually developed with a relatively slight panniculus adiposus, reminding one clearly of a genuine muscular hypertrophy, and corresponding to it the muscular power of the patient was considerable. Sensibility normal, internal organs sound, defecation and micturition in order.

Digitized by Google

So far we cannot find any reason to consider this trouble a nervous affection, or of spinal or cerebro-spinal origin. To consider the abnormal muscular contractions as sequelæ of abnormal irritation of the will-power, and thus to blame the beginning of voluntary movements as the cause, fails to be entirely satisfactory, as the same anomaly is seen when the muscles are irritated by reflex or from their peripheral nerves. It appears more natural to consider it as *a congenital anomaly of the muscular system, though with our present aid we fail to demonstrate a visible anatomical anomaly in the structure of the nerves*, and it is still impossible to decide whether the unusual development of the muscles, so far observed in every case is an expression of the disease itself or a mere secondary sequela.

We would be happy to hear from other physicians, who observed similar cases.

Let me repeat this request and the NORTH AMERICAN would be pleased to hear from physicians of our school, who observed similar cases, especially as all treatment in the cases reported failed to be of any benefit. Certainly any first year student would think of Rhus tox., Caustic., even Nux vom. Let us study our Materia Medica, according to different authorities.

Rhus tox.—Bayes' (*Applied Homœopathy*, 146) says: My experience fully bears out the value of the indication that the greatest rigidity and pain is experienced on first moving the joints after rest and on waking up in the morning. In these cases the higher dilutions have proved of most service in my hands from 6 to 30. The mental depression of the patient corresponds well with Rhus, also its feeling of helplessness and profound despondency. Heaviness and pressure felt in the muscles, in the limbs, in the head, eyes and eyelids. The great and characteristic peculiarity of Rhus, as given by Bayes', is well explained by Dunham (III., 127): "These rheumatic symptoms come on with severity during repose and increase as long as the patient keeps quiet, until they compel him to move. Now, on first attempting to move, he finds himself very stiff, and the first movement is exceedingly painful. By continuing

Digitized by Google

to move for a little while the stiffness is relieved and the pains decidedly decrease. But this improvement does not go on infinitely. After moving continuously for a longer or shorter period and finding comfort therein, the paralytic symptoms interpose their exhausting protest and the patient is compelled from a sensation of powerlessness and lassitude to suspend his movements and to come to repose. The amount of it is that the pains of Rhus are aggravated by repose and relieved by motion. But the paralysis and languor of Rhus, like all such symptoms, always, when real, are relieved by repose and aggravated by long-continued motion.

Analyzing the symptoms of Rhus, in comparison with the symptoms of this myotonia congenita, we find: Heaviness of head, there is a sensation when stooping as if a quantity of blood shot into the brain, especially in forehead, temples and post-orbital regions; sensation of heaviness or of paralysis in the lids, so that they can hardly be kept open; a cramp-like pain in the maxillary joints, as if beaten, as if it would break, and on each motion of the jaw it cracks and snaps audibly; aching pain when speaking or swallowing; sensation of soreness in the muscles of the root of the tongue; stiffness of the nape and entire neck, with tensive pain and crying out when moving; tearing, sticking pains in limbs, worse by hard labor.

We see that Rhus covers the totality of symptoms, minus one which is just of the greatest importance—*heredity.* The affection is not only congenital, but the mischief lies deeper; as in several cases members of the same family suffered from the same affection, and the old question looms up again in all its mystery: What is heredity, and how does it work its fearful influence? Rhus also fails to be applicable, as in no case, though lasting for years, not the slightest symptom hinting even to paresis could be detected.

Will we fare better with *Caustic.?* Several great objections start up immediately: the pains are worse in the evening, and the pains of Caustic. are tearing and piercing, not crampy as in myotonia, compelling constant motion, which does not relieve. Like Rhus, a tendency to paresis prevails in this drug; here perhaps from excessive tissue waste, a state far

Digitized by Google

different from the disease in question, where all internal organs perform their functions normally.

Let us examine some remedies, which may have some influence on such hereditary diseases, showing themselves as hydrogenoid affections, with all the symptoms aggravated by telluric influences and Grauvogl's Natr. sulph. (Sodium sulphate of Schüssler) deserves our study, as it gives stiffness of neck, feeling of heaviness in the limbs, with tearing crampy pains; the pains in the joints more numerous while walking than while at rest; motion of the painful joints affords relief for the moment, but the pain returns after the motion ceases; *trembling of the whole body with spasmodic, visible motion of the muscles*, with great apprehension and fear of a misfortune; weariness with dulness of the head, towards 9 A.M.; no pains in the evening after lying down, or during the night; most symptoms ameliorated after dinner. Hints enough to think about this remedy, if a case corresponding to its pathogenesis should offer.

Tetanic stiffness reminds us of Nux vom., and Grauvogl recommends Nux vom. and Ipec. in alternation, in order to facilitate the tissue change and to strengthen and recuperate the nervous system in hydrogenoid constitutions, or also in the carbo-nitrogenous one, for one constitutional anomaly may gradually pass into another one. Hughes (*Pharmacodynamics*, 4th edition, 682) quotes Pereira in relation to Nux vom.: "The action of Nux vom. is on the spinal cord, or rather on the cranio-spinal axis. In its first degree it manifests itself by the patient becoming more susceptible to external impressions. With this there are tremors and twitchings of the limbs, with sense of weight and fulness and some *rigidity of the muscles if attempt is made to put them in action;* if the action go farther, a true tetanic condition is induced. In its mental sphere it shows anxiety, irascibility, unfitness for mental exertion. Thus we see that, instead of reducing the regidity of the muscles by continued motion, we find in Nux a true tetanic condition induced. Just like in Rhus we find also in Nux vom. more than three symptoms corresponding to the symptoms of myotonia congenita, and still we can only consider such remedies palliatives, as they do not cover the totality of the symptoms, which includes the mysterious heredity.

Digitized by Google

One of my friends, well versed in the intracies of our Materia Medica, considers Ignat. far more probable in giving relief than the related Nux vom., or the former suits especially the higher grades of an excitable and nervous temperament; but here also Hahnemann's remark about this drug, that it is seldom useful in the treatment of chronic affections and can only be used in such cases as an intermediate remedy, seems to contraindicate its application, though we find the muscular twitching and jerking characteristic of Ignat., and, secondarily, excessive feeling of weakness and exhaustion.

Clotar Müller, in his repertory, mentions for rigidity of the muscles, moderated by motion: Capsic. and Carb. veg.; after sitting: Carb. veg. and Silic.; spasmodic rigidity: Cicut., Sanguin., Secale and Strychnia.

C. Lippe has Sepia in italics among other remedies.

Allen, in his repertory, gives for tetanic stiffness: Absinth., Hyosc., Sanguin., Zincum; convulsive stiffness: Duboisia, Ether, Sanguin.; worse from sitting: Carb. an. and veg. Thus two authorities recommend Sanguin. and Carb. to our attention. We read in Allen under *Sanguin.* (viii, 494): Stiffness of neck, soreness down the muscles of the back; convulsive rigidity of the limbs; tetanic rigidity of the limbs and even of the whole body; stiffness of limbs and rheumatic pains with headache; slight involuntary motion of muscles; sensation of weariness and lassitude throughout the system; a long ride in the country seems to aggravate the symptoms; the headache is relieved by walking; most symptoms aggravated mornings and evenings.

At last we come to a class of drugs indicated in constitutional dyscrasiæ. According to Arndt and Hempel (I, 660) *Carb. veg.* acts upon the blood, restoring its vitalizing purity, and upon the nervous system, whose sinking energies it rouses. We find under *Carb. an.* (Dudgeon's *Hahn. M. M. Pura*, 347): Vertigo in the morning when getting up; drawing and tearing in the muscles of the thigh; painful tension in the calves when walking; and under *Carb. veg.*: Headache relieved by raising up the head, but going off completely on rising from bed; tearing by jerks in the face and internal ear; twitching

Digitized by Google

in upper lip; difficulty in speaking, just as if the tongue were difficult to move; aching, tearing pain in the cervical muscles; cramp-pain in thighs when walking or going up stairs; when walking, numbness of thighs; heaviness in lower extremities; want of energy in the muscular movements; exhaustion. Allen, II, 585, gives us: Weariness, especially noticed after walking, less when sitting, mostly in the arms while writing; sudden weariness while walking in the open air, which, however, soon passed away; weary and unrefreshed in the morning on rising from sleep, but after a few hours she became stronger.

Constantine Lippe recommends *Sepia*, of which Dunham (II, 139) teaches that its action pervades almost the entire organism and is very enduring, the effects of a single dose often lasting for many weeks. Upon the vital force and the organic substance it acts with equal energy. We read among its symptoms (Allen, VIII, 657): On waking depression, anxiety, vertigo, pain, and weakness in hip-joint when rising from sitting; heaviness, drawing, jerking in the limbs; sensation of stiffness and coldness of the limbs—but, alas! venosity lies at the root of the evil, where Sepia is indicated, and of this we find very little or nothing at all in myotonia congenita.

An old Jewish proverb says: The last is the best, and we are of the opinion, that at least here it becomes true, for the salts of lime are not only the great regulators of malnutrition, but we find them to represent far better than any other remedy the pathogenesis of this myotonia, it is not the idem, but only the simillimum, a difference which our allopathic brethren too often forget, when they try to hurl their innocent arrows at us. We find in *Calc. carb.* not only a grand remedy to set aside the evils, implanted from the ascendants as an heirloom to the descendants, but among its symptoms we read: Twitchings of the muscles; unusual weariness, which was better when walking; he becomes tired very soon from bodily exertion; a feeling of painful tension over the whole body; stiff sensation in the neck; great weakness and weariness of all the limbs, which lasts till he goes to bed; after walking, vertigo; pain in chest, pain in muscles, though the former weariness often passes off when walking. By comparing Rhus tox. with Calc. carb.,

Digitized by Google

we find many points of similitude, and might it be permissible to ask, whether the salts of lime may not be often indicated in chronic affections, where Rhus is indicated in acute troubles. And again the symptoms of Calcarea and Silic. are often closely resembling one another, and it has truly been said that often Calcarea is given where Silic. is the remedy, especially when we consider the peculiar action of the latter on the nervous system, as Dunham (I, 333) so classically describes it: With evidence of exhaustion, furnished by sensation of weakness, paralysis, etc., there is an exalted condition of susceptibility to nervous stimuli; there is an erethism conjoined with exhaustion, lasting for some time, and while it lasts, easily inducing spasm, and clinical experience has taught us that general spasms occur on slight provocation in case of this Silic. erethism.

We hope to have shown that our Materia Medica promises to eradicate such cases of myotonia congenita, and the different journals of our school would be most happy to publish cases of this kind cured homœopathically, as the usual treatment so far failed to be of any benefit to the poor sufferer.

ARTICLE V.—Malandrinum in Small-Pox.

By Rudolph Straube, A.M., M.D.

About eight months ago, Dr. Raue called my attention to a remedy for small-pox, which had been proposed to him by Dr. Boskowitz, of Brooklyn, N. Y. From the well known fact, that the virus of the malanders of the horse, if brought in contact with a sore or cracked spot on the udder of a cow, produces the genuine cow pock, Dr. Boskowitz argued, that it must be an efficient remedy in variola, and advocated its use. He potentized the virus and presented some of it to Dr. Raue, who in turn supplied me with a graft of the 30th potency of the nosode in question, to which the name Malandrinum may be given. Having made a series of provings with it, I shall

Digitized by Google

endeavor to give a concise statement of the provings obtained, and also a terse account of the cases treated with it:

1. Myself. Maland.[30], produced a frontal and occipital headache, backache, weariness and chilliness, lasting one day.

2. Margaret W. Dizziness, (as if drunk).

3. Fanny H. Black, foul smelling diarrhœa.

4. Thos. B. Frontal headache, no appetite, bilious vomiting and weariness.

5. Charles G. Terrible itching of the back, with a breaking out simulating incipient small pox eruption.

6. Edward M. Dizziness, nausea, black, foul smelling diarrhœa, weariness.

7. Miss R. Terrible headache, bone pains, vomiting (bilious) chilliness, diarrhœa, malaise.

8. Fred K. Black, foul smelling diarrhœa, weariness.

9. Mrs. K. The same.

10. Emil K. The same.

11. Louis K. The same.

12. Mr. D. Dark brown, foul smelling, almost involuntary, diarrhœa, pains in back and abdomen.

13. Eva D. Dark brown, painless diarrhœa.

14. Mrs. Sp. Terrible headache and backache.

15. Mrs. C. Splitting headache in the forehead, chilliness, salty taste in the mouth.

16. Mrs. S. Headache and backache.

17. Mrs. Ko. Frontal headache, backache and weariness.

18. Blanche A. Yellow, foul smelling, almost involuntary diarrhœa and weariness.

19. Clara A. The same.

20. Mary A. Temporal headache, dizziness, backache.

The above provings were made by persons, who were continually within the sphere of infection, and to whom I had given Maland. as a prophylactic.

The following fifteen cases show the action of Maland. in conditions indicating incipient small-pox. I have selected the cases of such persons only, as were in immediate contact with variola patients.

Digitized by Google

Case 1. Aching in the limbs, of several weeks standing, disappeared shortly after the exhibition of Maland.

2. Mary B. Vaccinated long ago. Headache for over one week, disappeared within a few hours after the exhibition of Maland.

3. Magdalene K. (Vaccinated.) Had frontal headache for some time, disappeared after Maland.

4. John Sh. (Vac.) Pain in the forehead, left after Maland.

5. Minnie G. (Vac.) Had what seemed to be incipient varioloid, from the description of it given me by her mother. The eruption was repercussed, and the child complained ever after of pains in the left side of her head, coupled with a feeling of great debility. These symptoms disappeared within twenty-four hours after the exhibition of Maland.

6. Richard Sp. Had pains in back, head and abdomen, coupled with general debility. Maland. removed these symptoms within half an hour. The four children of the Sp. family have been troubled with pustular eruptions. Maland. given as a prophylactic, caused a renewed and more violent outbreak on all four.

7. Willie Sm. (Vac.) Complained of pain in the head and back, felt tired, chilly and like vomiting. Received Maland., upon which all symptoms disappeared within twenty-four hours. Two days afterwards, all of the Sm. family, (to whom I had given Maland. as a prophylactic) had hallucinations. I gave Stramon.^{30}, and the hallucinations disappeared.

8. George Ko. (Vac.) Complained of headache and backache, stiff neck, no appetite, constipation, and had felt so weak for several days, that he could not go up stairs without holding on to the balusters. I gave Nux vom., first without any effect. I then gave Maland., which was immediately followed by amelioration, and subsequently by total disappearance of all symptoms.

9. Sarah S. (Vac.) Complained for some time of frontal headache, backache, lazy, weak feeling and occasional bilious vomiting. Maland. removed these symptoms in one day.

10. Mrs. Si. (Vac.) Felt bad generally, with heaviness in the head. Maland. relieved her completely.

Digitized by Google

11. Samuel S. (Vac.) Convalescent from small-pox; complained of terrible itching. Maland. stopped itching in a few hours.

12. Mrs. Sm. (Vac.) Has felt badly in general for some time. Maland. removed all symptoms.

13. Mrs. Anne K. (Vac.) Pains all over, head and backache. All symptoms subsided within twenty-four hours after the exhibition of Maland.

14. Mr. F. Headache and backache, felt like vomiting, foul smelling diarrhœa, chilliness, weak, tired feeling. Maland. removed these symptoms in one day.

15. Mrs. B. Headache and backache, pain in the abdomen, feels like vomiting, foul smelling diarrhœa, tired feeling. All symptoms disappeared after Maland.

The following eleven cases fully illustrate the action of Maland. in variola.

CASE 1.—Richard S., æt. 12, vaccinated four years ago. I was called to see him on Jan. 24th, being the eighth day of his sickness. He complained of great pain around the navel, sore aching in all the bones and tired feeling, inability to sleep, has had no appetite as long as sick. I sent Maland. and visited him on the next day.

Jan. 25th.—Slept well, got an appetite, felt well, pains all gone, pulse 102; the pustules emit a great stench.

Jan. 26th.—Slept well, feels well, good appetite, natural passage, pulse 102. The pustules are confluent on the face, and are commencing to dry off.

Jan. 28th.—As before. Drying off on chest and stomach, pulse 88. No complications followed. He is badly pitted.

CASE 2.—George S., vaccinated four years ago, but did not take. I first heard of him on the fifth day of his sickness. He complained of pain in the back and head, no appetite and inability to sleep. I sent Maland. and visited him the next day.

Jan. 25th.—Had slept well and feels better in every respect, pulse 118.—Sac. lac.

Digitized by Google

Jan. 26th.—Slept well, no pains, good appetite.—Sac. lac.

Jan. 27th.—Slept well, no pains whatever, great appetite, itching, pulse 118.

Jan. 30th.—The same, pulse 118, confluent, *no smell.*

Feb. 1st.—The same, drying off, pulse 91. He is slightly pitted here and there. No complications followed.

CASE 3.—Angeline S., æt. 11 months, vaccinated three weeks before taken sick; commenced on Sunday. She is crabbed, crying continually, no appetite, does not sleep; received Maland. on Tuesday.

Wednesday.—Seems much better.—Sac. lac.

Friday.—Seems rid of all symptoms, pocks out well.

Sunday.—Drying off. No pitting, no smell.

CASE 4.—Charles W., vaccinated twenty-four years ago. In this case the stadium invasionis commenced with hallucinations, for which I prescribed Stramon.[30], upon which the eruption made its appearance, with a subsidence of all brain symptoms. I then gave Maland.[30], and although the case was of the confluent type, I could not detect any smell during any of its stages, and only a slight rise in the fever during the period of suppuration. There was no pitting.

CASE 5.—Emma S., æt. 23, vaccinated long ago. Taken sick on Monday. Was called to see her on Wednesday, Feb. 8th. She complained of frontal headache, pain in the stomach, vomiting, pain in the back extending down into the heels, soreness of the abdomen, every bone in the body ached, and her bed seemed to turn in a circle with her. I gave Maland.

Thursday.—Much better for a time; her skin was covered here and there with pale, pinkish rings, within which were each a smaller whitish ring, containing a darkish spot in the centre. These disappeared again, and her condition became worse again, the brain symptoms (hallucinations) especially being more pronounced. Gave Stramon.[30].

Friday.—Much better.

Monday.—All brain symptoms gone. Gave Merc. viv., for a certain dyscrasia.

Digitized by Google

CASE 6.—Willie G., æt. 3, not vaccinated. Eruption made its appearance on Monday. Was called to see him on Friday, and found him covered with pocks, confluent on face, arms and legs. Gave Maland.

Saturday.—Seems bright, has changed altogether, has appetite, had a natural stool. Sac. lac.

Sunday.—The same. Took a sudden change in the afternoon and died in convulsions. I am confident that the patient would not have died had he received Stramon. in time and been properly cared for by his parents. Profiting by this experience, I always left a dose of Stramon. with every subsequent case of variola, to be given as soon as brain symptoms supervened; as a metastasis to the brain proves fatal within a few hours. Maland. does not cover the brain symptoms of the present epidemic, howsoever exact a similimum it is for the true developed variola.

CASE 7.—Charles G., æt. 16 months, never vaccinated. The history of this case shows the great virulence of small-pox, if coupled with a certain "congenital dyscrasia." I commenced treatment with Laches. on Thursday, Feb. 24th.

Friday.—The symptoms had changed, indicating Zinc. met. Gave Zinc.

Saturday.—Eruption appearing. Sac. lac.

Sunday.—Eruption out well. Maland.

Monday.—Has slept well for the first time since the onset of the disease, has good appetite, with a decided general improvement, pocks are confluent on face, arms, legs and back. Sac. lac.

Tuesday.—The same. Left Maland. and Stramon. in case of a metastasis. On Tuesday afternoon, according to the mother's statement, Charles seemed to be going into convulsions in the same manner that Willie did before he died. She gave Stramon. as directed, and assured me that it acted "like a flash." All untoward symptoms soon disappeared and she continued Maland.

Wednesday.—Slept well, no pains apparent, has appetite,

Digitized by Google

had natural passage, throat inflamed. Gave Bellad. with no effect.

Thursday.—Throat the same, pocks are drying off, slept well, likes to eat but can't on account of soreness of the mouth. Maland.

Friday.—Slept well, appetite good, drinks milk, no passage, itching. Sac. lac.

Saturday.—Slept well, seemed better in the morning. At noon his eyes became glazed; at 2 o'clock spasms commenced with clenching of the hands, trembling and boring the head backward; at half-past four, about two tablespoonfuls of yellow and purple corruption rushed out of its right ear and spread over the pillow; at half-past seven the child was dead. There was *no smell* noticeable until the day after its death. The *immediate* cause of the child's death is undoubtedly to be found in the fact that over two-thirds of its skin was involved in the suppurative process, thereby ending life in the same manner as an extensive scald or burn.

Case 8.—Clara A., æt. 16, vaccinated. This case commenced with Sulphur symptoms. Gave Sulphur on Saturday, Jan. 29th.

Sunday.—Eruption out on forearms and thighs, with Maland. symptoms. Gave Maland.

Monday.—All symptoms gone. Monday, Feb. 7th.—All pocks which had made their appearance before the exhibition of Maland., were of the hemorrhagic type, and subsequently left slight pits, while those which appeared after the administration of Maland., were mild and perfect, leaving no pits. The pocks were confluent on the face, but there was no suppurative fever and *no smell.*

Case 9.—Bertha K., æt. 5, vaccinated four years ago. Taken sick on Saturday with headache, bilious vomiting, pain around the navel and malaise. I sent Maland. on Sunday.

Monday.—Much better, appetite and sleep good, pulse 156, much slower than on Sunday, less fever. Sac. lac.

Tuesday.—Slept well, seems bright, has appetite, pulse 136, black stinking stools, eruption out well. Sac. lac.

Digitized by Google

Wednesday.—Slept well, appetite good, stools hard and whitish, slight pain in throat on swallowing. Sac. lac.

Thursday.—Slept well, throat pains on swallowing, tongue coated yellowish, with raised red papillæ, light hurts his eyes, stools loose, brownish, pulse 128. Gave Bellad.

Friday.—Slept well, great appetite, no pains whatever, itching, no stool, pulse 130. Pocks are confluent on the face. Gave Maland.

Saturday.—The same, itching.

Sunday.—The same, pulse 146.

Monday.—Drying off, slept well, appetite good, two hard stools, pulse 122, sitting up in bed playing. Sac. lac.

Tuesday.—Slept well, good appetite, pulse 114. During the course of the disease there was *no smell* to be perceived, and no pitting subsequently.

CASE 10.—Mary A., æt. 3, never vaccinated. Confluent on face, arms and legs. Stramon. first and Maland. afterwards, quickly removed all untoward symptoms and pains. There was slight suppurative fever, but *no smell*. Nose and forehead slightly pitted here and there.

CASE 11.—Emil K., æt. 8, and vaccinated five years ago. This is the worst case that has come under my observation. He was taken sick on Monday, March 7th, with pains around the navel and backache, coupled with great weariness.

Tuesday.—Delirious.

Wednesday.—Delirious, pulse 150. Gave Stramon.

Thursday.—Eruption is appearing, delirium gone, no pains, feels well, pulse 128. Gave Maland.

Friday.—The same. Sac. lac.

Saturday.—The same. Sac. lac.

Sunday.—Sore throat. Gave Bellad., and left Stramon. and Maland. Stramon. to be given if delirium (hallucinations) should supervene, and Maland. as soon as soreness of throat had disappeared. Soreness disappeared in a few hours, and Mrs. K. gave Maland. again.

Monday.—Slept much all day, has appetite, no pains, stools black and thin mixed with whitish pus, pulse 138. Sac. lac.

Digitized by Google

Tuesday.—Slept well, tongue yellow on the sides, with a broad red stripe down the centre, and a deep crack extending longitudinally and seemingly ulcerating. Feels tired in the limbs (from incipient synovitis). Sac. lac.

Wednesday.—Slept well, little appetite, no stool, stitch pains in chest and region of the heart, pulse 128. Pocks are confluent on the face, arms and legs. The whole head is one blister. The extensor side of the right arm is covered by a blister eight inches long, three inches wide, and raised over half an inch above the cutis in the centre. Upon the left arm there is another blister slightly smaller. Both heels are capped by blisters, covering about four square inches of surface. Gave Sac. lac.

Thursday.—Slept well, pulse 136, pustules commencing to dry, tongue clean, with a slight crack in the centre, synovitis, pleuritis, pericarditis, great oppression of chest, inability to move, dry brown lips, great thirst. Gave Bryon.

Friday.—Slept well, inflammatory symptoms almost all gone, appetite good, pulse 130. Maland.

Saturday.—Slept well, appetite good, passage natural, passes great quantities of normal looking urine, pulse 120. Sac. lac.

Sunday.—Slept well, great appetite, no stool, still passes much water, pulse 120, itching. Sac. lac.

Monday.—Slept well. Gave Sulphur to stop the itching with hardly any effect. I did not visit him again until Saturday, when I was told that on Wednesday and Thursday preceding he had had a passage every fifteen minutes, smelling terribly foul, accompanied with great straining, and mixed with clear blood and whitish pus. Had I been present then I should have given Mercur. On the day of my visit, however, the just narrated symptoms had disappeared and *run-a-rounds* had become developed around the nails of his fingers and toes, with no accompanying symptoms. I gave Maland., which had a most marked effect, and led me to infer that the prestated symptoms, following the exhibition of Sulphur, would not have come on had I continued Maland. in lieu of Sulphur. During the whole course of the disease there was *no smell to be perceived*, not even by lifting the bed covers and smelling close

Digitized by Google

to the body of the patient. On the face he is slightly pitted; worse on the nose and centre of forehead. On the arms are numerous shallow pits, as also likewise on the legs and feet. He had always been a sickly child, but now enjoys perfect health.

In conclusion, I wish to call attention to the fact that in no case which I treated with Maland. from the beginning, there was any smell perceptible. Maland. must then have caused such changes in the character of the disease as may, among other things, have deprived it of its infectiousness. To prove this, I took pus from one of my cases and smeared it into the eyes of a cat with no effect. From this one trial we can, however, draw no conclusion. I, therefore, propose further experiments of the same kind to those who should have the opportunities of using Maland. in small-pox.

ARTICLE VI.—A Clinical Lecture on Diseases of the Heart.

By J. W. Dowling, M.D., of New York.

Delivered before the New York State Homœopathic Medical Society, February, 1881.

Some weeks since when your Secretary wrote me to know if I would prepare a paper to be read at this meeting, I replied that I would, and selected for my subject "The Pathology and Physical Signs of Acute and Chronic Pulmonary Diseases." I postponed the writing of my paper from day to day, and from week to week, and as the time drew near for the meeting of the Society, and no opportunity offered for its preparation, I became anxious regarding the fulfilment of my promise, and was almost tempted to remain away, when happening to think of some very beautiful pathological cardiac specimens in my possession, and knowing that the subject was an interesting one, and that it was rare that the general practitioner had an opportunity to actually handle such specimens and note the changes in valvular diseases of the heart, I concluded, instead

Digitized by Google

of sending a letter of regret, to come, to bring these specimens with me, and if agreeable to the Society, to say a few words with regard to them, and other remarkably interesting cases which have recently come under my observation.

My attention has been particularly called of late to the large number of cases of endocarditis—some resulting in permanent valvular lesions, which have originated, apparently, without any cause, at least so far as previous disease was concerned. We all know that in the large majority of cases of valvular disease, there is a rheumatic history, in other words nearly all cases of endocarditis, whether they result in permanent cardiac derangement or not, are preceded or complicated by articular rheumatism. So general is this, that if a rheumatic history is denied we are almost tempted to doubt the statement. It is true we do have endocarditis as a complication of Bright's disease, septicæmia, and other conditions in which there is a dyscrasia, but I refer to cases where these conditions can be excluded. From careful observation and enquiry, I have come to the conclusion that all such cases are, either the primary manifestations of, or are consecutive to rheumatic attacks, and that rheumatism in a mild form is far more common than is supposed, and that endocarditis particularly in a subacute form is quite as liable to complicate these mild attacks as it is the more severe. A child complains of muscular pains, desires to remain from school, and prefers the recumbent position; but little attention is paid to his complaints; the physician is not consulted, those mild illnesses are forgotten, and subsequently an unaccountable valvular disease of the heart is discovered. Are not these so-called "growing pains" rheumatic in their character, and is not the cardiac disease associated with them? I can call to my mind no less than half a dozen such cases which I have been called upon to treat; and believe that many of you who have such cases under your care will learn by careful investigation that during childhood the patients suffered in this way.

A case in point occurred in my practice a few weeks ago. I was invited by a professional brother to be present at the autopsy of a young man who had died of what had been cor-

Digitized by Google

rectly diagnosed, stenosis of the mitral orifice, with insufficiency of the valves, complicated with constriction of the aortic orifice. The history of the case with the pathological lesions found at the post-mortem are so interesting that I shall endeavor from memory to relate them, and demonstrate the cardiac changes by one of the specimens I have with me to-day.

In a few words the history of the case was this: Some eight or nine years ago this patient, then a boy of ten or twelve years of age, came under the observation of my friend, a graduate of the New York Homœopathic College. He had been examined by one of the most prominent specialists of New York—old school; the case had been correctly diagnosed and the prognosis given that it was utterly impossible for him to live longer than twelve months. He was then placed under homœopathic treatment, and was kept in comparative health for some eight years; whether this was owing to the treatment he received, or whether the specialist was unguarded in his prognosis, I am hardly prepared to say. I think we are liable to give too unfavorable a prognosis in cardiac diseases generally. Upon the discovery of a heart murmur we are apt to conclude that the patient has but a short time to live. I know of a number of cases, which have been under my own observation and that of other physicians, where the patients have lived in comparative comfort for many years after the discovery of serious organic lesions of the heart—proper care having been exercised as to habits of life, diet, etc.

In the case to which I am referring there was no history of previous rheumatism or other serious disease. At the time he came under the care of my friend, he was blanched, anæmic, emaciated, and suffering from a catarrhal condition of the stomach and intestinal canals. The physical examination showed an enlarged and dilated heart, the cardiac dulness extending about an inch to the right of the sternum, and to the nipple line on the left. Upon auscultation a loud presystolic and systolic murmur was heard, taking the place of the first sounds of the heart; heard most distinctly at the apex, and with considerable intensity at the base of the heart, the sec-

Digitized by Google

ond sound at the aortic orifice being remarkably feeble. The pulse at the wrist almost imperceptible. There was no evidence of pulmonary disease, although the patient suffered from a cough, probably resulting from bronchial hyperæmia. The patient was sent into the open air, his diet was regulated and he was placed under remedies indicated by his condition. Among others, Cactus, Digit. and Arsen. Marked improvement showed itself shortly after he came under the doctor's care. He remained in comparative health, occasionally consulting the physician, until a few months before his death, when he began to decline. The pulsations of the heart which had been irregular became more so; the urine became scant, scarcely exceeding in quantity half a pint a day, and contained albumen and hyaline casts. The area of cardiac dulness had increased, the action of the heart became feeble, the pulse grew weaker from day to day, until finally he died with general dropsy—the œdema commencing as it always does in these cases in the lower extremities. As I said, I was present at the autopsy.

Upon opening the thorax we found an accumulation of serum in both pleural cavities—more in the right than in the left. I have noticed this latter point before in other cases when I have made post mortem examinations, and in the living subject, but have generally found upon inquiry that the patient had been in the habit of lying upon, or inclining towards the right side; the fluid naturally gravitating towards that side. But from the fact that some authorities state it as the rule, there may be causes other than the one I have given.

The lungs were congested and œdematous, and upon making a section of the lower lobe of the right lung, we found it almost solid from hypostatic engorgement, and discovered two or three small abscesses near the surface posteriorly. These were undoubtedly the results of hæmorrhagic infarctions. Owing to the valvular obstruction on the left side, and the feeble action of the heart, clots of fibrin had formed in the right auricle and ventricle, and small particles of these had been washed with the current through the pulmonary artery and its branches, and had gone on and on until they reached a

Digitized by Google

point where it was impossible for them to proceed further, clogging the artery and obstructing the circulation at that point, and producing a hæmorrhagic infarction beyond. These infarctions are frequently very small, but sometimes assume quite large proportions, of course depending upon the size of the embolus occluding the artery. Differences of opinion exist as to how this condition, which is a true pulmonary apoplexy, is produced. The most plausible is this: The embolus producing the obstruction does not immediately cut off the entire supply of blood to the parts beyond, although it is of course greatly diminished; the current is, however, lessened, the blood globules become adherent in the capillaries, their progress is arrested; with each systole of the ventricle more and more blood is sent beyond the obstruction, and consequently these vessels and capillaries become more and more engorged; the capillary walls rupture and the blood is poured into the vesicles, into the extremities of the bronchioles and into the interstitial tissue in the immediate vicinity; finally the embolus becomes so firmly wedged that the hæmorrhage is arrested. In some cases the coagulum resulting is absorbed; in others an abscess results, as in the case to which your attention has been called. While alluding to the subject of abscess as a result of hæmorrhagic infarction, I wish to call your attention to quite a number of cases we have seen lately reported in our journals as abscess of the lung, in some cases discharging quarts of pus. An abscess of the lung of any size is one of the rarest of pathological conditions, and never occurs except as the result of a croupous pneumonia, or of the occlusion of one of the larger branches of the pulmonary artery; and I have failed to find the record of a well authenticated case where its dimensions were greater than a good sized orange. Of course, in such cases, around the tissue from which the abscess is to be formed, an interstitial pneumonic inflammation must be established by which the abscess is wholly incapsulated. The cases reported to which I allude were undoubtedly cases of empyema. But to return to our post-mortem. The pericardial sack contained three or four ounces of serum. The heart was enormously hypertrophied and dilated, but the enlargement

Digitized by Google

was confined to the right auricle and ventricle and to the left auricle; the left ventricle being even smaller than would have been expected in a healthy heart from an individual of such size. The edges of the tricuspid valves showed no evidences of disease, although thickened as if they had had an extra amount of work to do. So with the semilunar valves at the pulmonary orifice. The interesting features of the case centred in the left ventricle and its orifices. As I said before, the ventricular cavity was even smaller than normal, the walls were not hypertrophied, as were the walls of the other cavities of the heart. The segments of the mitral valve were thickened and adherent, so that they formed a diaphragm between the auricle and ventricle, and in this diaphragm was a small slit surrounded by a cartilaginous ring, so small as hardly to admit the passage of an ordinary sized lead pencil. The semilunar valves at the aortic orifice were also the seat of disease, containing calcareous plates and so thickened that the passage of blood from the ventricle into the aorta must have been seriously interfered with during life. The aorta seemed contracted.

We examined the liver and found it hypertrophied, indurated, engorged, and in the condition known as nutmeg liver. The stomach was dilated and distended with gas. The kidneys were enlarged and congestive, but otherwise showed no evidences of disease. The brain was not examined.

Now, from the pathological conditions found in this case, I contend every symptom from which the patient suffered during life could be accounted for, and the state of the valves of the left side of the heart would account for the changed condition of every organ examined. It would account for the hydrothorax; the engorgement and œdema of the lungs, the hydropericardium, the dilatation of the left auricle, the hypertrophy and dilatation of the right ventricle and auricle, the condition of the liver, stomach, intestinal canal and kidneys, and for the albuminuria. It would also account for the diminished size of the left ventricle and the thinness of its walls.

The heart taken from this subject, which weighed seventeen ounces, was unfortunately destroyed by the evaporation of the alcohol in the jar which contained it, but I have here another

Digitized by Google

specimen which corresponds so accurately with the one described, that it will be well for you to look at it.

You will please note the thickened walls of the right ventricle, the dilated auricles, the thickened mitral valves stretched across the auriculo ventricular orifice, and containing calcareous plates, the thickened segments of the aortic valve and the narrowing of the orifice, also the diminished size of the left ventricle and the comparative thinness of its walls.

If this constriction at the aortic orifice had existed uncomplicated with mitral disease, we would have found the left ventricle dilated and enlarged, and so long as the hypertrophy remained sufficient to compensate for the diminished size of the outlet, there would have been no pulmonary engorgement, neither would there have been increase in the size of the other cavities of the heart, and the various organs of the body would not have suffered. But this constriction of the mitral orifice prevented the free passage of blood from the auricle into the ventricle, dilating the auricle, overloading the pulmonary veins, engorging the lungs, and giving the right heart so much extra work to do that its cavity was dilated, its walls necessarily thickened.

When the walls began to degenerate, as they always do where the death process is slow, the systemic venous circulation became overloaded, which accounts for the engorgement of the liver, spleen and kidneys, and the catarrhal condition of the stomach and intestinal canal.

The small quantity of blood permitted to flow through the mitral orifice accounts for the diminished size of the left ventricle and the thinness of its walls. Muscles always become atrophied when they have less than their normal amount of work to do. The small quantity of blood discharged with the systole of the left ventricle accounts for the blanching of the skin, and the greatly diminished quantity of urine.

In contrast with this hypertrophied heart, I now show another taken only yesterday from the body of a patient who died of phthisis. A male adult measuring five feet eight inches in height; not much reduced in weight owing to the protracted and wasting disease from which he died. As you

Digitized by Google

will see, although much diminished in size—weighing but six ounces—it shows no evidences of disease. The normal weight of the adult heart is from nine to ten ounces. If the quantity of blood in the body becomes gradually diminished, the labor of the heart is reduced and it consequently atrophies. A short time since I was present at the autopsy of a patient who had died of carcinoma of the rectum after an illness of some years duration. The heart, which was the smallest I had ever seen taken from an adult, weighed but three and three-quarter ounces.

In this specimen, which I hold in my hand, you will see entangled in the trabeculæ of the right ventricle, one of those fibrinous clots to which allusion was made a short time since. I have one of these anti-mortem clots preserved at home which entirely filled the pulmonary artery at its origin. Imagine a small piece of this clot detached and washed with the blood current, you can understand how it will form an obstruction to the flow of blood in the locality where, owing to the diminished size of the arterial branch, it lodges. If from the right side of the heart the embolus would result in a hæmorrhagic infarction of the lung; if from the left, it may find a lodgment in the spleen, in one of the cerebral arteries, cutting off nourishment to the part supplied by the vessel, and unless a collateral circulation is established producing necrosis with softening of the part, or it may find a lodgment in one of the vessels of the lower extremities. Only a few weeks since a brother of one of my patients had his leg amputated for mortification resulting from the lodgment of an embolus in one of the large arteries of the extremity.

I wish now to call your attention to these delicate membranes which form these valves. You will see this little valve is almost as thin as a spider's web. I stretch it over the end of my finger, it is almost transparent, and scarcely perceptible to the sight. This is a segment of the semilunar valve at the aortic orifice. We can but be astonished at the strength and resisting power there is in these web-like valves. The subject from which this heart was taken was injected with a mixture of plaster of Paris and red lead for dissecting purposes. The

Digitized by Google

nozzle of the syringe was passed into one of the carotid arteries. I hold in my hand a cast of the root of the aorta, showing the form the valves assume when stretched by the column of blood in that vessel during the diastole of the ventricle. Here are perfect casts of the sinuses of Valsalva, and these two small projections show the origin of the coronary arteries. Notwithstanding the fact that the preparation has penetrated the most minute branches of these vessels, requiring all the force which a strong man could bring to bear, these delicate valves remained intact, and not a particle entered the ventricle. This injected specimen illustrates a very pretty physiological point, which is that the heart is supplied with blood—not during its systole as is the case with every other organ of the body, but by the recoil of the blood during the diastole of the ventricle.

You will see that upon the contraction of the ventricle when these semilunar valves fly back against the walls of the aorta, they cover and effectually close the orifices of the coronary arteries, then owing to the recoil of the blood and the elasticity of the aortic walls the blood rushes back against the valves closing them, and at the same time filling coronary arteries, while the heart walls are in a relaxed state. You can readily see what a wise provision of nature this is. It would be utterly impossible for the organ to be supplied with blood during systole, while its arteries were compressed by the contraction of its muscular fibres. Another point: If the mouths of these coronary arteries were not covered by the segments of the valves during this ventricular systole, from the fact that they run in an opposite direction to the blood current in the aorta, their contents would be sucked out by the force of the stream in that vessel.

In aortic insufficiency, owing to regurgitation into the ventricle from the imperfect condition of the valves, the blood is not sent with proper force and quantity into the coronary arteries, consequently the heart is poorly nourished, and where in this disease the patient does not die of apoplexy resulting from rupture of a cerebral vessel, one of the most common causes of death is fatty degeneration of the heart arising from faulty nutrition of the organ.

Digitized by Google

Here is another heart which weighs eighteen ounces, with somewhat similar valvular derangements. Before closing, I wish again to call your attention to the diminished size and thickness of the left ventricle in this heart, which arose from the obstruction existing at the mitral orifices, and to this specimen where the left ventricle owing to incompetency of the aortic valves and stenosis of the orifice is enormously hypertrophied. There is no mitral derangement in this case, consequently the right side of the heart is not materially altered in size.

[A member of the Society asked the doctor if he had seen many cases of fatty degeneration of the heart. In reply the doctor said]: Fatty degeneration of the heart, uncomplicated with valvular disease, is not so common as is supposed. Where it does exist it is generally in the aged, and you will find fatty degeneration of other portions of the body, of the nerve structures—of some of the viscera, and of the muscular tissues generally, and particularly the well known arcus senilis, which arises from fatty degeneration of the edge of the cornea. You will also find in the majority of cases ossification of the cartilages of the ribs which as with ossification of the arteries is but a later stage of fatty degeneration, and is always preceded by it. A distinction must be drawn between fatty heart and fatty degeneration of the heart. In the one case we have with general obesity a deposit of fat upon the heart and between its muscular fibres; in the other actual degeneration of the muscular tissue of the organ. In the first condition the action of the heart is labored and materially interfered with. In the other it is permanently impaired, and is equal only to the most gentle exertion. The patients suffer finally from pulmonary engorgement with œdema, and die either from this œdema or from anæmia of the brain, owing to inability on the part of the heart to sufficiently supply the brain with blood.

Only recently I was in attendance upon a case of this kind, in consultation with a physician in New York. We found the arcus senilis well marked, the ribs immovable from ossification of their cartilages; the action of the heart feeble; the sounds of the heart almost imperceptible, although pure; the

Digitized by Google

pulse hardly distinguishable at the wrist, and the lungs œdematous. He raised himself suddenly from a recumbent posture at night while in bed and fell back in a state of syncope from which he did not rally. The heart in its degenerated state was not equal to the increased exertion necessary to supply the brain with blood in this changed position of the body.

ARTICLE VII.—Cases from Practice.

By S. L.

(Continued from Vol. XI., page 589.)

11. Lachesis, by Dr. Fielitz, Halberstadt.—*Hygea IX*, 78.

A young, strong woman suffered every year from angina, appearing suddenly, attacking the velum palati, uvula, tonsils and posterior wall of the pharynx, which was very painful at deglutition, with a constant urging to swallow and dryness in the throat. The parts attacked were so swollen that patient could hardly get anything to pass downwards, the tonsils gradually suppurated with steadily increasing salivation and pain. At a renewed attack, Fielitz found after 24 hours: The above-named parts red and inflamed, tonsils considerably swollen, constant urging to swallow, the fauces narrowed as if by two lumps, great painfulness. Laches.[29]. Next day the inflammation considerably reduced and a total cure after two doses, taken during three days.

A young man, of a very scrofulous diathesis, caught cold and an angina tonsillaris followed. Vel. pal. and tonsils red and swollen; tongue swollen at the root, covered with mucus, copious secretion of mucus and saliva with foul breath; constant urging to swallow, which is very difficult, only fluid could be passed; speech nasal and hoarse. Mercur. in different medium potencies failed, the trouble increased, deglutition nigh impossible, and everything taken escaped through the nostrils. Hepar sulph.[3], for two days, without benefit. Laches.[30], morning and evening a dose, cured in seven days without suppuration setting in.

Digitized by Google

Remarks:—The characteristic symptoms in both cases are: The sudden setting in, the extreme painfulness, the great difficulty, nay impossibility of swallowing. Though Griesinger remarks that in cases, similar to the second one, he often witnessed great benefit from Merc. viv., let us study why it and the Calc. sulph. failed to give relief, notwithstanding that the symptoms show so much similarity. An explanation may be found by individualizing the patient, and we will find that in all inflammatory cases, suitable to Lachesis, the nervous element prevails, there is a hyperæsthesia, a "much ado about nothing," as often solids are easier swallowed than fluids; constant desire to swallow; pain worse from the least external pressure; suffocating spells worse on awaking from sleep; there is in Laches. hardly any tendency to benign suppuration, it also shows in malignant cases its influence on the nervous system by producing and healing gangrene. In the œdematous condition, calling for Apis, we find already more tendency to suppuration, the secretion of pus being a higher degree of inflammation than the vesicular formation or serous infiltration, so characteristic of the poison of the bee; the pain of Apis is burning stinging, whereas Laches. and Mercur. show stitches, Hepar a scraping, as if a splinter of a bone or a fishbone were sticking in throat. In Mercur. the tendency to suppuration is still greater, for we deal here with a genuine phlegmone, and Mercur. follows well therefore, after Bellad. broke the first onset of the disease. Apis on the contrary shows in all its symptoms an opposite character to Bellad., torpor and hence less sensitiveness being its characteristics, whereas Bellad. everywhere vies with Laches. in its hyperæsthesia. It is a true remark of Teste, when he calls Laches. the chronic Belladonna.

In relation to the second case of Dr. Fielitz, the vis medicatrix naturæ may be credited with curing the case, perhaps aided by the mercurial prescription, as two weeks passed before a normal state was recovered. Post hoc is not always propter hoc.

Digitized by Google

12. Catarrhus Vesicæ by Dr. Schrœnn.

1. A healthy man, of about sixty years, complained already for a long time of frequent urging to urinate, the urine showing a mucous deposit. There was hardly an hour where the patient did not desire to urinate, though he passed only a few drops, with severe cutting pains in the region of the bladder and burning sensation in the urethra. The urine came in drops through the urethra and the patient used a urinal, made from strong leather, to catch it. The urine had a brownish color and looked jumentous. After passing during the night twenty or thirty ounces, a third of it was in the morning mucus deposited at the bottom of the vessel and firmly adhering to it when the watery part was emptied. The patient visibly emaciated, the want of sleep at night and the constant tendency to catch cold reduced him daily more and more. Many remedies, as Cannab., Canthar., Mercur., Lycop., Stannum, Petrol., had been given without the slightest benefit. I thought on stricture of the urethra, especially as the urine did not pass in the natural manner and because blenorrhœa is often connected with stricture. But the introduction of the catheter was perfectly easy and the patient denied ever having had gonorrhœa. Studying my Materia Medica (the only reliable guide), I found under Sulphur. the following symptoms: feeling in the urethra as if he were constantly obliged to urinate; burning in urethra while urinating and even when not urinating; constant desire to urinate, with scanty discharge; frequent desire to urinate, which he could scarcely resist a moment; frequent urination, about every hour; urine turbid when passed; urine like yeast, muddy, turbid, scanty, etc., etc. He was therefore ordered to take a drop Tinct. Sulph. morning and evening. After 24 hours an amelioration could be shown, the constant urging and the pain during micturition lessened. After three days he only got up twice during the night. The quantity of mucus gradually diminished, and after three weeks hardly a trace of mucus remained and micturition was painless. As three years have passed since he came under treatment, the patient may be considered cured.

Digitized by Google

2. A woman, æt. about 60, suffered for several months from constant urging to urinate, though she passed only a few drops each time. A decoction of Semin. Lycop. relieved her from time to time, but did not cure her. She complained of constant painful urging to urinate and of a still more painful discharge of the few drops of urine. After micturition there was a drawing along the course of the ureters, so that she had to bend over. During 24 hours she was forced to pass water thirty or forty times. The urine was brown, turbid and deposited a white mucus in the bottom of the vessel. Defecation was also very painful. The woman was downhearted, had a febricula towards evening; the appetite was gone and emaciation constantly increasing. The former case taught me the value of Sulphur, and in two weeks every trace of her troubles had disappeared.

3. Last October (1838) the weather was changeable, damp and co'd, and I treated three ladies at the same time, all of them suffering from acute vesical catarrh, with nearly the same symptoms in each case: Cutting pain in the umbilical region, extending to the ovaries; urging to urinate and scanty discharge of a turbid mucous urine, which made a mucous deposit. Labor-like pain in the course of the ureters extending to the upper part of the thighs, with burning in the urethra. They have to urinate every hour and the cutting pain in the bladder is nearly constant. During defecation also some tenesmus and cutting pains; appetite slight; evening fever. Sulphur failed entirely, but Coloc. cured these cases quickly. At first the cutting pains in the umbilical and vesical region decreased, and then the frequent urination with all its unpleasant symptoms. The urine became clear without any deposit. We read under this drug: urging to urinate, with scanty emission; frequent tenesmus vesicæ, with scanty micturition; urine on standing becomes thick, like coagulated albumen, etc.

Remarks:—Sulphur failed in these last cases, though triumphant in the former ones. The failure cannot be ascribed to the acuteness of the latter, nor to the success of the chronicity of the former. How then shall we explain it? Allen's repertory gives us about two hundred drugs for scanty urina-

Digitized by Google

tion, but during frequent desire only: Arnic., Natr. carb., Pallad., Serpent.; constant desire: Merc. sol.; with gelatinous sediment: Berber., Dulcam., Pulsat., Spira; urine cloudy: numbers of drugs fill thirteen lines, and really our armamentarium is so great, that it will be found a task to select the right remedy; after all we have to consider the cause, the origo mali for the selection of the remedy. If this is a fatal error, I would beg for instruction and would feel grateful in receiving it, and may we not consider the cause of the attack one of the most characteristic symptoms of the case. Thus only can we explain the beneficial action of Coloc. in the third case. Baehr says that Coloc. is often indicated in the transition seasons, when the air is cold, but the sun is still powerful enough to heat the blood, and the third case happened in October. Aggravation readily induced by cold and damp hints to Dulcam., Coloc., Rhus and others, but the pain in the umbilical region extending down to thighs gives it in this case its specific indication. May we not find a reason of the beneficial effect of Sulphur in the chronic cases, because according to Sir Henry Thompson (Reynolds III, 745), gout is one of the causes of affection of the bladder, and Ackworth (Hughes' Pharmacodynamics, 4th edition, 843) knows no better medicine for the gouty diathesis than Sulphur and Calcar., and Russel commences the treatment of chronic rheumatism by the administration of Sulphur in some form. In all cases defecation was also painful, on account of the portal stagnation, so characteristic of the drug. Kafka (Therapie II, 892) considers Sulphur one of the greatest remedies in chronic catarrh of the bladder, as it removes this tenesmus just as surely as it does the same in chronic dysentery, regulating quickly and permanently the sensitiveness of the mucous membrane. Under its use we see the mucous deposit disappear, the urine becomes clearer and loses its acrid smell.

---

13. Two Cases of Pneumonia by Dr. Schrœnn.—*Hygea* X, 50.

During the winter of 1838—39 I treated two healthy and robust country-lads, suffering from pneumonia. They never

Digitized by Google

had been sick before. The first one was taken down after driving his team against a severe North-East wind. After arriving home, he complained of stitches in the left side and had a severe chill, followed in an hour by heat and general malaise. At the painful point, percussion was more dull and the expiratory murmur weak. High fever (pulse 100). Acon. in water and for the thirst as much water as he desires. The second day brought no amelioration, breathing was short and painful, the stitches severe, percussion dull and bronchial rales could be heard; bronchophony when talking, some cough with watery, bullar expectoration; pulse 110. Acon. in alternation with Bryon. No relief on the third day after a poor night; stitches the same, with oppression over the whole chest, percussion-sound dull, no respiratory murmurs, only sometimes some mucous rattling. Much coughing with bullar, bloody expectoration; repeatedly bilious vomiting; anxious and downhearted. Fifth day, state the same, but the skin becomes moist, followed by a better night; treatment continued. On the sixth day less stitches, breathing more free, herpes labialis, great perspiration, urine still jumentous, pulse 90. On the seventh day, after a quiet night, no fever any more, only some slight stitches when taking a deep breath, copious perspiration. Urine makes a deposit, but is clear on top; pulse 75, crepitation, herpes labialis increasing, some vesicles burst and covered with yellow, nearly transparent crusts; expectoration of yellow mucus, sometimes with streaks of blood. Ordination always the same. Diet carefully regulated, and dismissed cured on the tenth day.—To the second patient Schroenn was called on the second day. The same symptoms were found, only more anguish with the request to be bled. In order to compare two cases so alike in every respect, he yielded and abstracted twelve ounces. Though he received the same treatment, the disease did not run the same course. Physical examination revealed the same symptoms, the stitches were far less severe, the fever was milder, the patient more quiet. The sound organism failed to react fully, hence no herpes, no perspiration, no bilious vomiting. The bloody expectoration continued, the pulse daily became smaller and softer. On the

Digitized by Google

seventh day, after severe tussiculation, a dirty-brown watery expectoration, which is often swallowed. The patient replies slowly and with exertion. He complains of nothing, but his tongue shows a dry brown coating, abdomen slightly bloated. On account of this nervous debility Acon. was omitted and Bryon. alone given. After the fourteenth day the skin became moist and perspiration increased the whole day; the tongue also became moist at the edges; cough frequent and short with little expectoration; urine makes a deposit, the upper part clear. But the twenty-first day saw him still in bed, recuperation was so slow, and China was ordered. He still coughed for some time, although his lungs may now be considered sound.

He then adds these reflexions:—1. In two cases of exquisite pneumonia in two subjects of perfect health, who took sick at one and the same time, a venesection changed the course of the disease. 2. Under purely homœopathic treatment, without venesection, the symptoms steadily increase for a few days, but these not weakened natural symptoms of reaction carry the disease quicker through its stages and lead the way to a perfect crisis, which in most cases consists in that phlyctænous herpes labialis. Towards the seventh to the ninth day the urinary crisis sets in, and as long as this is absent, the disease is not yet conquered. The involuntary bilious vomiting is very frequently observed from the second to the fourth day and offers a good prognosis, though often wanting where Bryon. is given. 3. Venesection plus Acon. acts too depressingly. A moderate venesection has often been made without such deleterious consequences, and repeated venesections are dangerous.

Remarks:—May we not be allowed to say with Kafka (I, 199) that croupous pneumonia, and such these cases were, can be shortened, which was not the case here, where either one passed through the different stages, as it also does in the expectant mode of treatment? We also believe with Kafka that Acon. is of no use whatever, as soon as the disease organizes itself; it may prevent a pneumonia, but it never cures one; hence the long continued alternation of Acon. with Bryon.

Digitized by Google

was a mistake in both cases and nearly a fatal error when preceded by a venesection. The Jodum treatment of Kafka has certainly not received that attention from the profession which it deserves as coming from such authority, and the same neglect is too often heaped on our own Veratr. vir.

---

14. Cases by Dr. Segen.

Cephalalgia.—A boy, æt. 12, suffered for several days without any known cause from most excruciating attacks of headache, especially in the forehead, with great sensitiveness to light. During such attacks, which appear repeatedly during the day, he moves the head constantly to and fro, or presses it with full force against some hard object, as the wall or a piece of furniture; when the attack is over, he feels entirely well, only tired and exhausted, he wishes for rest; thirst, appetite, stool, sleep normal. Bellad.[12] was given on account of a perhaps threatening inflammation of the brain, but failed to relieve. Being present at such an attack, I saw that as soon as it was over, the boy wanted something to eat, and the mother had it already prepared for him. Arsen.[12], three doses, but one dose sufficed to banish the pain, which never returned.

A similar case happened in a woman, æt. 30, who lived in a malarial region. She had not quitted her bed for two weeks, was irritable and quarrelsome and suffered daily from several attacks, of which every one lasted several hours. She took emetica, purgantia, China and quinine, but without benefit. Arsen., once or twice daily, cured her, after having taken six doses. In this case it was also remarkable that notwithstanding the painful attacks, she enjoyed a better appetite than in her normal state of health.

Remarks:—We looked in vain for the symptom: great appetite after the paroxysm is over, under Arsen.; we cannot find it in Allen, nor in the Guiding Symptoms; we confess that in the first case our attention was drawn to Cina, which with a clear tongue and good appetite has severe attacks of frontal headache (see Allen I, Cina, symptoms 23 to 33). Was malaria also the cause of the attacks in the first patient, as it certainly

Digitized by Google

was in the second case, where Arsen. was clearly indicated, especially on account of the abuse of quinine, though we acknowledge to have thought of Natr. mur., but in consulting Allen on intermittents, page 164, we find that in differentiating Arsen. from Natr. mur. he has hunger after the attack in the former and loss of appetite in the latter. It is at any rate a clinical symptom worth remembering.

---

15. LARYNGITIS EXUDATIVA BY DR. J. KAFKA.—*Hom. Viertel-jahrsschrift*, 2, 412.

A blonde, strong boy, who never had been sick, showed January 21st, 1851, a dry, barking cough. Called next morning, we found the following state: face full of anguish, cheeks somewhat flushed, lips bluish, tongue partly bright-red and moist, partly covered in parts with a yellowish croupy exudation; deglutition easy; great thirst; inappetency; voice hoarse, breathing difficult and panting, so that it could be heard in the second room, as in laryngostenosis; at every inspiration, which is only possible with open mouth, the larynx, which is not very sensitive, is strongly drawn towards the root of the tongue, and the sternum and pit of the stomach drawn in; percussion normal; cough dry, short, painless, barking, setting in every 5 to 10 minutes; abdomen free, bowe's regular, urine scanty, skin moderately warm, slightly perspiring, pulse 100. R. Acon.^{6} and Spongia^{3}, in alternation a dose every hour.

January 23d. State the same. Spongia^{3} with Hepar^{3}, in alternation.

January 24th. Patient rather worse. Kal. hydroj.^{1}, every hour a drop in tablespoonful of water. On the evening of the same day suffocation threatens and I found head and face pale and full of anguish, covered with cold sweat, nose pointed, lips cyanotic, aphony, no thirst, respiration very rapid, labored and panting; at every inspiration, about 90 to the minute, sternum and epigastrium drawn nearly to the vertebral column; cough without timber or sound, dry and short, returning every 3 to 5 minutes; lungs and bronchi free; beat of heart and arteries very strong, 160 to the minute; urine very scanty,

Digitized by Google

stool yesterday; extremities cool, bedewed with cold sweat. The little patient sits up every minute in his bed, partly from anguish, partly to relieve his breathing, but immediately falls back exhausted. R. Phosphor, 2d centes., and Musk[1] (1 : 60), alternating every quarter of an hour.

January 25th. They reported that the child was nearly dying up to 2 A.M.; in the greatest fear of suffocating, he stood straight up in bed, wanted to get out of bed, to be carried about, to be brought into the fresh air. About 2 A.M. he became more quiet and fell into a deep sleep, from which he awoke about 6 A.M., covered with warm perspiration and desired soup. At 7 A.M. I found him quiet and friendly, no anguish, the lips rosy, the breathing still somewhat panting, but not so labored, sternum and epigastrium far less drawn in, cough loose, not so often and less barking, pulse 96, general diaphoresis. R. Phosphor.[2], a dose every hour; Musk to be given as soon as orthopnœa appears.

January 26th. Amelioration continues; respiration 52; cough loose, though still croupy; in the stool to-day traces of croupous exudation.

January 27th. During the night considerable orthopnœa with danger of suffocation, which ceased after taking six powders of Musk, followed by sleep. In the morning the little fellow is bright and playful, but still somewhat panting; cough loose, but still has the croup sound. With the stool large masses of exudation, looking like pieces of tænia, are discharged.

January 28th. Steady improvement. Treatment continued.

January 29th. Towards midnight another attack of orthopnœa, but a single powder of Musk suffices to allay it. In the morning the cough had lost its croupy sound, breathing natural, appetite good. The exudation on the tongue, which so far remained the same, becomes thinner and paler; still aphony. Phosphor, four times a day a dose.

January 31st. All the symptoms of croup gone, but aphony persists; the croupous exudation on the tongue gradually passes off.

February 15th. Spongia, Carb. veg., Hepar, Drosera, every drug for three or four days, fails to relieve aphony.

Digitized by Google

February 16. Kali hydroj., 10: 100, three times a day two drops in a tablespoonful of water, and by the 20th, the boy could talk loud, though still somewhat hoarse. Towards the latter part of the month his voice had fully returned.

This case gives us a high-graded croup, which threatened to extinguish life by suffocation. Phosphor. and Musk conquered the enemy. If we critically examine croup in its last stage, we meet on one side laryngostenosis in consequence of the plastic exudation and on the other side the entire motory apparatus of all respiratory organs in consequence of the excessive labor forced upon them in order to breathe, overloaded with work, especially is this the case with the diaphragm, where enormous contractions force the sternum and epigastrium to be drawn towards the spine, and with the larynx, where excessive muscular labor evinces itself by the severe rise and fall during every breath. An external inspection of the thorax shows how much the thoracic, dorsal and intercostal muscles take part in every inspiration. Experience teaches that where the contractile factor of a muscular apparatus is exposed to severe and long continued exertion, we will have spasm or paralysis.

Whether that high-graded orthopnœa, witnessed in the last stage of croup, can be solely ascribed to the exudation, or whether there exists already a considerably spasmodic affection therefrom, and whether paralysis may not set in every moment, cannot be ascertained with certainty at the sickbed, and we have therefore the urging indications:—1. to render the plastic exudation in the larynx more fluid, so that it may be absorbed; 2. to quiet the spasmodic state of all respiratory organs when present, or prevent its appearance; 3. to keep off the threatening paralysis as quickly as possible. Where Hepar, Spongia, Jodum failed, we must use Phosphor., which corresponds entirely to the first and third indication. But the second indication is of equal importance, and therefore the simultaneous use of Musk necessary. I saw cases, where the exudation had already been rendered fluid and discharged by the loose cough, and still the children perished from suffocation, because the contraction of the respiratory organs, increased to a spasm,

Digitized by Google

was not brought back to its normal state. Cases are reported, where croupy children died, and at the autopsy no plastic exudation was discovered in the larynx, or the laryngostenosis was so trivial that the air necessary for breathing could be taken in sufficient quantity, proving that the spasm plays a considerable part during the last stage of croup and that Musk must be given simultaneously with our usual remedies. In order that both remedies, the Phosphor. as well as the Musk, may act energetically and quickly, it is necessary to give them in the first or second potency, and we can assure our readers that the one does not interfere with the action of the other.

Remarks.—A most instructive case, teaching me the reason why I lost several cases of membranous croup, which might have been saved, if with the regularly indicated drug a nervine could have been used. Raue fails to mention this spasm or paralysis; Guernsey, ditto; Hoyne, Hughes, and this editor in his therapeutics, are alike guilty of this neglect, and we therefore wish to lead the attention of our readers to this important point. It is true that Kafka mentions it incidentally in his Therapie, where he says: "For the spasmus glottidis which may be recognized by the crowing inspiration at and during every paroxysm of cough, we use in febrile cases Bellad.[3], or where simultaneously symptoms of cyanosis appear, Ipecac.[3], in alternation with the remedy indicated for the croup. In febrile cases we give immediately Moschus, 3, 2, 1, according to the severity of the case, every one-fourth, one-half, one or two hours, in alternation with the croup-remedy, and can assure that the antispasmodic action of the drug shows itself quickly. The remedies for the spasmus glottidis are only adjuvantia and aid the other remedies in curing the case.

Bæhr (Therapie 2, 133,) goes more deeply into the subject, he remarks: "Some remedies must still be mentioned which have nothing to do with the croupous exudations, but are of importance in another way. The danger of suffocation often lies in a spasmodic closure far more than in the mechanical obstruction or inflammatory infiltration of the rima glottidis. Our diagnosis will be clear, when the dyspnœa appears only at intervals, and we find intermediately a considerable decline,

Digitized by Google

and where there are no rattling murmurs in the larynx. It may be, perhaps, wrong to call this closure of the glottis a spasmodic one, because a paralysis of the muscular apparatus plays a considerable part here, whereas a spasm could hardly be explained. If we consider that the infantile glottis forms a small, even rima, whose walls incline together from outside and below inwardly and upwards, in an oblique direction, we easily understand why, when tension is absent, these walls are pushed together, so that the glottis will be stenosed or closed. Thus we also see, how children may die from croup, notwithstanding that no membrane is found after death, and why grown persons, whose glottis has larger dimensions and another form, do not succumb so easily to this disease. Against this threatening paralysis we find valuable remedies in Cuprum, Moschus, Nux mosch., Ipecac. and Arsen. Cuprum is certainly the most important and its effect is partly confirmed by the benefit where Cuprum sulph. is given as an emetic. In a most desperate case Arsen. removed the dyspnœa and saved life. But we are again forced to give them in alternation with the regular croup-remedies, interpolating a dose every few hours." (See also Bartholow *Practice of Medicine*, page 434, Niemeyer, etc.)

Are Kafka and Bæhr to be considered mere eclectics (everybody may be proud of this designation, which means that he selects and holds fast to the valuable, wherever found, there certainly can be no disgrace attached to such a nickname) and is it a fatal error to follow such high authorities. We are sorry to see this spasm of paralysis omitted in Guernsey and Raue, and hope they will make a note of it, for certainly cases have been lost on account of not giving importance enough to this paralysis. Alternation is another fatal error, though admitted by all that they rather use only the single remedy in its minimum dose, whatever that means; but how to get out of this quandary, is a query more easily asked than answered. Let us look up the pathogenesis of these drugs, let us go back to our materia medica, and if we fail to solve the question, may we not request those better learned to come to the rescue and to show us how this alternation can be prevented, or what

Digitized by Google

remedy covers the totality of all the symptoms. How many of us have lost dear children from this too fatal disease, therefore we beg you to help us out of this dilemma.

Hahnemann (*Chronic Diseases*, III, 109) remarks of *Cuprum*, that most of those violent symptoms of poisoning usually appear in groups, lasting half an hour or an hour, and *recurring from time to time* in the same form of combination, and gives among others the following symptoms: Continual hoarseness, which prevents him from speaking a word; spasm in the throat which hinders speech; cough with interrupted, almost suppressed breathing; quick, hurried breathing; paleness of face; bluish face with bluish lips; changed features, full of anguish; spasmodic distortion of the features; cold sweat for several hours, etc. etc. According to Heinigke, Rademacher considered it indicated when there was premature exhaustion of strength in illness, and that it rapidly showed when doing good by the sense of being better which the patient experienced.

Of *Moschus*, Hughes remarks in his Pharmacodynamics, p. 679, that Moschus is occasionally useful in laryngismus stridulus, affecting nervous children, and Guernsey considered it indicated in such conditions by the presence of great coldness. Allen mentions among other symptoms: a sudden sensation in the upper part of the larynx, as if it closed upon the breath, almost as if he had inspired sulphur vapor; oppression of breathing, she was obliged to take a deep breath; redness of the face, without perspiration; paleness of face; facial muscles very much drawn, so that he could not be recognized.

We find suffocative spells also under *Ammonium Causticum*: deep, weak voice, can scarcely utter a sound, cough with copious expectoration, especially after drinking; suffocative spells with difficult, labored, rattling or stertorous breathing; uvula drawn up and covered with white mucus; paleness of face, etc. etc.; and under *Arsenicum*: larynx sensitive to pressure; hoarseness in day time, suffocative spells at night; cough always worse after drinking, after midnight, with sense of constriction and suffocation; great prostration, etc. Where Cuprum is indicated, Ant. tart. cannot be the remedy, and we see,

Digitized by Google

therefore, that emesis cannot be their chief indication. In the former, spasm prevails, in the latter paralysis with extreme prostration and collapse; hence Cuprum may suit an earlier stage of the disease, or one might say: Bellad., Ipecac., Cuprum, when the inflammation reigns supreme; Am. caust., Ant. tart., Arsen. and Moschus, where suffocation threatens from paralysis and Hromada's case (Allen) proves that rapid repetition may be sometimes necessary.

We thus see that our armamentarium is not small in combatting this last stage of membranous croup, and cases may never reach such a dangerous point with those who adhere strictly to the minutiæ of homœopathic prescribing, but suppose it does with any of us, whether we treat the case from the beginning or that the case comes to us second hand, what then? Our pages are freely open to comment, and with our readers we would be glad to be enlightened upon this and similar points.

ARTICLE VIII.—A Critical Examination of the Materia Medica.

By T. F. Allen.

(The following pages have been presented as an Inaugural Thesis, to the New York Medico-Chirurgical Society.)

Agkistrodon.—The symptoms reported by Mr. Arnold correspond well enough with those given by Dr. Schaeffer in the *Field and Forest.* Of the origin of the latter as well as of the former, there can be no doubt. The speedy vomiting and symptoms of collapse remind us forcibly of *Crotalus horridus*, from which, indeed, there seems no difference either in mode of action, or, so far as present accounts go, of minute symptomatology.

Agnus Castus.—Of all the large natural order *Verbenaceæ*, comprising 69 genera and about 700 species, this is the only species about which we know anything. The Verbenas, Lantanas, Lippias, and species of Vitex (the four largest genera)

Digitized by Google

have never been analyzed; nor, with this exception, proved. This seems unfortunate; but our Materia Medica is already too large for most students, and additions to it will be made slowly. Here then we have no opportunity to reason by analogy, concerning the value of our provings, nor do we possess any knowledge of active principles to help us in the present study.

Hahnemann was doubtless induced to prove the drug by the great celebrity it had enjoyed for centuries as a remedy for venereal disorders. Pliny mentions it as an antiphrodisiac; Dioscorides devotes a chapter to it; and following him, writers on Materia Medica celebrated its virtues or warned against its use. Authors have held divers opinions; some recommending it for quenching venereal desire and promoting chastity, asserting that, if it were eaten or drunk in infusion, or even placed under the bed, it would destroy the acridity of the semen and the consequent irritation of the sexual organs and nightly phantasies; others on the contrary (among whom was Simon Pauli) asserted that there were some, whose venereal appetite was aroused by its use. All authors since Dioscorides have united in recommending it for allaying hysterical spasms and nymphomania, and for paroxysms of hypochondria in men.

The first provings are published in the *Archiv für hom. Heilk.*, XI, 177. The provers are Hahnemann, Franz, Gross, Herrmann, and Stapf. It is directed to mix the expressed juice of the berries with alcohol; Stapf, in the introduction to the pathogenesis, states that he has found the sixth potency serviceable.

The fourth symptom of this pathogenesis, "confusion in the head above the eyes;" "observed in a young man of 25, who was subject to a weakness of the genital organs," should be omitted from the Encyclopædia. Symptoms 21 and 22: "Biting itching in various spots on the scalp, after three-quarters of an hour, *Gross.*" "Fine stitches followed by sticking itching of the scalp, momentarily relieved by scratching, *Franz*;" were by the fault of the copyist condensed into s. 21 of the Encyclopædia, (giving the first part of one and last part of the other symptom, evidently by the omission of the intermediate line or lines). Also Stapf's symptom: "Relaxation of the sexual power, which usually is very vigorous; the penis is small and relaxed, after a few hours (primary action in a healthy man)," is not found in the Encyclopædia as it should be.

The most important of these provers is Stapf (who seems to

Digitized by Google

have originated the proving), and we turn naturally to his symptoms of the genital function, as a starting point in our investigation. After a few hours, and, as Stapf says, owing to the primary action of the drug, the sexual power was depressed, the penis became small and flabby and the testicles felt cold; the morning erection, usually very vigorous and associated with desire for coition, did not occur; the parts were relaxed and unresponsive: after 20 hours, however, there occurred unusually violent erections with a kind of sexual fury (he ground his teeth on account of the sensation), lasting half an hour on rising from bed: after three days there was greatly increased sexual desire, with constant erections and a voluptuous feeling throughout the genitals. Stapf also reports excessive absence of mind, etc. (Encyclopædia, s. 6); but very few other effects, of which he fails to note the time. The paucity of symptoms, the great primary depression of the sexual powers followed by an equally great re-action, lead us to the conclusion that he proved large doses of the crude drug or tincture. Neither Hahnemann, Gross nor Franz report sexual symptoms, but Herrmann records "frequent erections," and Seidel, in *Archiv* 13, had an experience similar to Stapf's, namely, "Weak erections without sexual desire, after five to six hours, but on the fourth, fifth and sixth evenings frequent erections with a larger penis than usual and more voluptuousness." Helbig also reports "great relaxation of the penis, which no images excite, and after 14 hours painful morning erections; also discharge of semen without ejaculation, on the fourth day." It would seem that all these provers took similar and tangible doses. Stapf, in his *Beiträge* (the compilation which we followed in a youthful and too confiding spirit), omits *six* of Seidel's and *four* of Helbig's symptoms: this is singular as Seidel published only 16 altogether and Helbig only 35 of his own and associate provers; we are unable to discover any ground for the omissions and it was doubtless an oversight. Seidel's omitted symptoms are: "Pleasant warmth of the left hand and forearm, after half an hour.—Some red, transient, itching spots on the inner surface of the left forearm.—Fine stitches in the right inguinal region, after 12 hours.—Acute drawing in

Digitized by Google

the region of the left parotid gland, after 9, 12 hours.—Slight pressure in the upper abdomen after dinner, the first day.—Rumbling in the intestines, painless, first day.—Drawing pain in the metacarpal bones, first day." The omitted symptoms from Helbig are: "Cracking in the dorsal vertebræ, like rubbing the thumb along a board, *sw.*—Stitches above the crest of the ilium, near the spine on the right side.—Tearing in the lower extremities for half an hour —He fell asleep early in the evening and, contrary to custom, did not wake till morning."

These omitted symptoms are needed by us to illustrate the *collateral* symptoms of these provers, which consisted of neuralgic sensations similar to some of Stapf's experiences, for example: "Stitches in one spot on the outer portion of the right sole, while standing still, Stapf."—In addition, these provers experienced sensations of heat.—"Burning of the eyes when reading in the evening; dry mouth, etc., Helbig." "Heat over the whole body, like a creeping fire, but with cold knees, evening in bed, Stapf." "Heat in the left outer ear; warmth of left hand and forearm, Seidel."—We mention these not so much on account of their intrinsic value as their importance in showing a general similarity of action between these three provers, who took large doses and developed sexual symptoms, and to point out the close similarity between these collateral symptoms and the only symptoms of Gross, Franz and Hahnemann, who experienced no sexual disturbances and who doubtless were either less susceptible to the drug (Gross) or took smaller doses (Franz, Hahnemann and Herrmann). Especially important are two mental symptoms, one by Hahnemann and one by Franz, which seem to be necessary for the accurate selection of this remedy in sexual disturbances; these we have verified. It seems to us that this drug is worthy of a thorough development; a drug capable of producing such profound effects on function and nerve, such violent pains, such chills with tremblings, etc., would not disappoint the earnest seeker after truth.

Agrostemma githago.—The observation concerning *Githargine* recorded in the encyclopædia under *Agrostemma* (spelled with two *m's*), should be transferred to *Saponine.* It is now known

Digitized by Google

that *Githargine*, *Senegine*, *Quillajine*, *Polygaline*, and some other active principles of the natural orders, Caryophyllaceæ, Polygalaceæ, Rosaceæ, etc., are identical with *Saponine*.

It is interesting to observe that the provers of *Saponine* experienced the same smarting and rawness in the throat and on the palate that we find under Githargine; this serves to establish the physiological as well as the chemical identity of Githargine and Saponine, as well as the value of the provings of the latter.

It now remains to consider the reliability of the symptoms recorded in vol. I. under *Agrostemma*. The symptoms there recorded were observed by Dr. Palm (*Würtemb. Corr.-Bl.* 1852), in three cases, after eating bread made from grain in which were found seeds of the corn cockle. Poisoning from eating bread results, in the vast majority of cases, from the smutted grain (ergot of rye, wheat or corn); such cases are characterized by numbness and formication of the extremities in connection with coldness, profound prostration, etc., etc. Alvine evacuations occur, but are rarely accompanied by tenesmus; thirst is immoderate and constant. Corn cockle is the most poisonous of all the numerous plants which contain *Saponine*, but while it would be inadmissible to refer all the effects it produces to Saponine, we may reasonably look for a close similarity between the action of Saponine and all plants containing it. It was this view which prompted the advice to Dr. A. T. Hills to prove Saponine, which he did so creditably. As between ergots and Saponine then we need not hesitate. We find symptoms of the acrid poison and muscle-paralyser Saponine in *Agrostemma;* heat and burning, diarrhœa with tenesmus, *et cetera*. Here, again, we may call attention to the confirmations of the provings of Saponine.

Ailanthus (not *Ailantus*), belongs to the natural order Simarubeæ, which contains the nearly related Quassia, Cedron, Brucea (antidysenterica), etc. All these vegetables contain a strong bitter principle and are celebrated for virtues chiefly anti-malarial. We have but a very meagre knowledge of the active principles of this group of plants, and no satisfactory

Digitized by Google

knowledge of the constituents of Ailanthus.* The bark of the root of this tree has great repute (probably just) for the cure of dysenteria in India, China and the East generally. *The bark of the root* (obtained in early spring) *should be used instead of the flowers*, and we earnestly propose this preparation, feeling sure that success with it in the treatment of scarlet fever, dysentery, etc., will be much greater than with any other.

The case of poisoning of Dr. Well's daughter by the bark of the twigs (Am. Hom. Rev. 4, 385) was witnessed by the writer, and seems to be perfectly genuine; we are inclined to consider the *eruption* of secondary importance (as unimportant as the appearance of an urticarea after partaking of some indigestible or irritating substance), and the fever and headache with drowsiness, tendency to delirium, small rapid pulse, etc., of chief interest. Many cases of similar poisoning by Ailanthus might happen without the appearance of any eruption. The origin or cause of an exanthema still continues obscure, the skin seems to attempt the elimination of certain morbific products or poisonous substances, and in consequence it becomes affected by a rash, which in the present instance consists of an alteration of the capillary circulation; this poison might in other cases be eliminated by the kidneys or bowels and the skin escape disturbance.

Before examining the provings, let us glance at the injurious effects, experienced by persons sensitive to the stench arising from the male flowers.

Dr. John J. De Wolf in The Philadelphia Journ. of Hom. 2, 575, speaks of the effects upon himself and others, condensing them all as follows: "Nausea, vomiting, diarrhœa, and spasmodic abdominal pains."

The next year in the U. S. J. of Hom., Dr. J. T. Alley records the effects of the odor of the blossoms on two persons. One a woman suffered from a sore throat with secretion of greenish matter, incipient ulcers, violent fits of coughing last-

* The analyses of M. Payen in Annales de Chim. et' de Phys. 1824, p. 239, and of M. Hétet in 1859, seem to demonstrate the presence of an aromatic resin and an essential oil. O. Réveil (Dict. des sc. Med.) extracted a very bitter resinous substance, soluble in ether; but these analyses are far from conclusive.

Digitized by Google

ing till expectoration becomes free, thirst, dull headache, oppression of chest, etc. A man always experienced "occipital headache, vertigo, ringing pain in forehead, swelling of left side of face, puffed erysipelatous face, nausea at intervals, sleepiness and heaviness."

Dr. Wells in Am. Hom. Rev. 6, 269, speaks of the annual Ailanthus diarrhœa which afflicted "most of us," associated with a feeling of "uncertainty," and Dr. Wells also speaks of the dull frontal headache which affected him every year during the blossoming of the Ailanthus; both the headache and the diarrhœa were promptly relieved by Aloes.

Hétet (l. c.) says: "If a fragment of the bark be eaten, one perceives a very bitter taste and is soon affected by general malaise, increasing weakness, vertigo, cold sweats and nausea; in a word, the effects of a hyposthenant comparable to those produced by tobacco or hyosciamus."

M. Robert in Archives de Med. Navale 1874, while remarking upon the great value of Ailanthus in dysentery, speaks of its effects as follows: "The infusion (of the bark) is excessively bitter, and its ingestion is almost always followed by nausea and sometimes vomiting. After an hour there is a notable diminution (of 10) in the number of pulsations; this continued about half an hour, after which the pulse rose somewhat above the normal. Was this effect dependent on the nausea with which it coincided? I do not think so. M. Vaffier and I never experienced nausea nor vomiting, and yet noticed the slowness of the pulse."

M. Decaisne has reported that the gardeners employed in trimming Ailanthus trees suffer from nausea and sometimes from vomiting with prostration.

M. Giraud, in his Thesis on the Ailanthus (Paris, 1875), commenting on M. Robert's experiences with the infusion and his question whether the drug acted directly on the circulatory apparatus, or whether the diminution of the pulse was caused by the nausea, says: "We had been perplexed a long time, since in one of our experiments, after taking *two* spoonfuls of the infusion we noticed an elevation of temperature and a rise of the pulse. It is true that for an hour we had suffered from

Digitized by Google

nausea and some vomiting: phenomena not experienced by M. Robert. Possibly the slight rise of temperature was due to the agitation accompanying the vomiting (indeed on continuing our observations we succeeded in verifying the diminution of pulse); only in our experiment the hyposthenia of the drug was confounded with the state of depression which always succeeds vomiting. On one occasion we took a smaller dose and noticed as did M. Robert no nausea, but a diminution of pulse. Following are the provings spoken of. *First:* We took two spoonfuls of an infusion of Ailanthus; pulse 68, temperature (axillary) 37.2 C. (98, 96 F.); the medicine has an excessively persistent and bitter taste. After a quarter of an hour nausea, accompanied by a state of anguish more distressing than that produced by *Ipecac.*, a feeling of tightness at the temples. All these symptoms became worse till, after half an hour, vomiting of a sour substance mixed with the Ailanthus occurred. Pulse 76, temperature 37.3 (99.14). After vomiting there was a short period of repose; when the nausea returned but was not followed by vomiting. A peculiar sensation of emptiness in the pit of the stomach. The pulse and temperature rose, and an hour after the dose attained their maximum; pulse 80, temperature 37.7 (99.86). Half an hour after this the thermometer fell to 37 (98.6) and the pulse to 64; at this time there was a cold feeling over the whole body. In the afternoon some colic, followed by an easy stool. *Second:* About 4 P.M. took one spoonful of an infusion, pulse 78; no nausea, in three-quarters of an hour the pulse fell to 70, associated with a feeling of coldness; the pulse then rose to 76, above which it did not go. After four hours slight colic and an easy stool. In another experiment, confirmative of the last, a person took one spoonful of the infusion and noted a slight fall in the pulse; he also had the same feeling of coldness, but more marked, with some moisture of the skin.

We have noted colic and a certain laxative effect; in M. Hetet's experiments on dogs it amounted to active purgation; but it should be stated that the preparation employed was the powder in substance which probably acted somewhat as a foreign body in the intestinal canal. We have witnessed the

Digitized by Google

same purging after the ingestion of *Ipecac*, which, independently of its local irritating properties, possesses what may be called a special tonic action on "muscular fibres." *Local action.* M. Reveil (loc. cit.) states that gardeners are obliged to protect their face and hands when trimming the trees, else they suffer from vesicular and even pustular eruptions. The same author also affirms that the resinous substance extracted from the bark by ether, produces vesication when applied to the skin. M. Giraud applied to the skin, compresses saturated with the infusion of the bark, and found that it produced "a large number of small elevations, circumscribed, surrounded by a very small inflamed areola and filled with a turbid liquid looking like pus."

It is interesting in this connection to know that the juice of the young twigs, especially in spring, often produces black, indellible stains on the skin, like the juice of Rhus venenata and Anacardium; though the action of Ailanthus is less caustic than either of these.

We have now examined the cases of poisoning and the effects of large doses of the bark and find perfect accord in prominent symptoms, with the exception of Dr. Alley's first case of poisoning (the lady who suffered from sore throat and violent *cough*). In order to determine the value of this observation (apart from the three cures of cough reported by Dr. Alley) we must appeal to the provings.

I. Dr. Alley's experiments made upon himself and two young men, with a tincture prepared from the flowers. Dr. Alley made three provings, with intervals of nearly a year; each continuing about three weeks; the first two with the tincture, drop doses four times a day; the last with the first dilution. The marked features of these symptoms are the affections of the conjunctiva, the throat and chest: the soreness and tenderness through the lungs; the tired-aching in the chest; the burning pains, etc., are very pronounced. We miss nausea and vomiting, but notice looseness of the bowels.

II. Dr. Minton's provings (N. A. J. of Hom. X., 358). Dr. Minton prepared a tincture by macerating the flowers, leaves, bark and wood, and took drop doses every hour for twelve

Digitized by Google

hours, when he was obliged to stop on account of confusion and pain in the head. Subsequently he took two drops every two hours for two days. The first effects were nausea and giddiness, followed in a few minutes by severe, darting pains through temple and occiput, with confusion of ideas. On subsequent days he experienced constriction and tightness of the chest, numbness of extremities (left side), and *soreness and pain in the lungs*, etc.

A young man took three drops of the tincture, repeated in an hour, and experienced fulness and burning in the brain, sneezing, feeling of a cold in the eyes, a *gnawing in the chest*, a prickling or tingling in the skin, etc.

Another young man, perceiving no marked effect from drop doses, took about a teaspoonful; he became giddy, had nausea, cold sweat, tingling of fingers and of whole body as if asleep; staggered and fell almost unconscious, and was restored by a large dose of whisky.

III. P., a student of medicine (Pub. of Mass. Hom. Med. Soc. IV., 119), took drop does of the first centess. dil., every hour. His first symptoms were also felt in the head, "lancinating pains in temples," then weariness of limbs—chills over body, *aching in left lung*, nausea, bleeding from nose, rawness of mouth, which becomes very sore with bleeding of the gums, ringing in ears, constriction of throat, trembling of legs and faintness.

These provings, certainly seem to substantiate each other and teach us what to look for in genuine provings of Ailanthus.

We are unable to find fault with any of our contributions; even the unique case of the lady reported by Dr. Alley, seems to be supported by the lung and chest symptoms of other provers; and though no other observer reported *cough*, we are inclined to admit her case as it stands. We cannot forbear calling attention to the remarkable similarity of some of the Ailanthus symptoms to those of its botanical ally *Cedron*. Our attention was first called to this similarity by the *numbness* produced in so many provers of Ailanthus, and which we know to be so marked in *Cedron*, as to be almost characteristic, especially indicating the drug in intermittent fever. If the stu-

Digitized by Google

dent, with the "points" of Ailanthus fresh in mind, will turn to the pathogenesis of *Cedron*, he will be surprised at finding such a remarkable similarity of action on nearly every organ of the body. We notice, however, in *Cedron*, fewer catarrhal symptoms and more febrile disturbances; but neither drug has been thoroughly proven, and further investigations will doubtless develop more points in common and define more clearly the differences. *Ailanthus* seems to prefer the left side and *Cedron* the right; but the uni-lateral character of *Ailanthus* is much more marked than that of *Cedron*. The few symptoms of *Quassia* known have also a general resemblance to both *Ailanthus* and *Cedron*. It is always interesting to find such analogies between plants nearly allied botanically, for it serves to deepen the conviction that they have had a common origin not far distant, comparatively; and that they have not become widely separated in habit or chemical composition.

There remain now to examine, some symptoms contributed by Drs. Hering, Lippe and Williamson to the pathogenesis, and first published in the resumé of Dr. S. A. Jones, in the Am. Hom. Obs., for 1874. Dr. Hering vouchsafes no information as to how these symptoms were obtained, preferring, evidently, to place pathogenetic and clinical symptoms on the same footing (a procedure characteristic of the early and dogmatic fathers of Homœopathy, but which has been productive of evil rather than good). Dr. Hering contributes 17 symptoms, Dr. Williamson 3, and Dr. Lippe 1. Dr. Hering's are as follows: 1. "Heaviness of the head with pain over the eyes, relieved by pressure. 2. Pain in centre of forehead, more to left, in five minutes. 3. When deglutition is painful the pain always extends to the ears. 4. Redness of the throat with or without pain during deglutition. 5. Every morning nausea, and during the day a febrile heart. With this nausea (but frequently without it) a diarrhœa set in, four or five stools daily, with pains in the abdomen; sometimes vomiting with the diarrhœa. 6. With the nausea an oppression and pain below the hypochondria, in some like a stricture below the short ribs. Some find this symptom very debilitating. 7. Excessive nausea, but no vomiting during the headache. 8. In women, nau-

Digitized by Google

sea, similar to that of pregnancy. 9. Morning nausea with diarrhœa, which is sometimes attended with vomiting. 10. Dysentery; frequent, painful stools, little fæcal matter, much bloody mucus, with very little fever. 11. Pain in the right scapula, deep inside (in six minutes); this pain prevents motion of the arm. 12. Pain in the right foot prevents walking (in one hour). 13. Great sleepiness and fulness of the head after a glass of wine. 14. Great sleepiness in morning or forenoon: sleepiness the whole day, but this is not refreshing. 15. All asthmatics who are exposed to the odor feel worse during the blossoming period. 16. The odor affects women and children more than men, and old people least of all. 17. If odor gives any indication, Ailanthus should prove a good remedy in malignant puerperal fever." An examination of these symptoms reveals to us the fact that they were not observed by *one* prover; but we are convinced that they are genuine effects of Ailanthus, and are inclined to accept them as *observations of patients suffering during the blossoming of the tree.* Symptoms 8 and 9 look that way, so does 10; 15 and 16 are evidently of this nature. We are also supported in this view by a reference to article Ailanthus in Hering's Guiding Symptoms, in the introduction to which, he does not mention any provings of his own, as he certainly would have done had he proved it, especially as most of these symptoms are there quoted by him. The last observation, (17), is *made into a symptom* without any apology, and boldly, without any reason (even empirical), added by Dr. Hering to his miscellaneous collection termed "guiding symptoms."

Dr. Lippe contributes one symptom, a tooth-ache on the second evening. Since no other prover of Ailanthus suffered from tooth-ache, and since this is an isolated symptom occurring on the second day, we must condemn it; but as Ailanthus is imperfectly proven, let it be bracketed and marked doubtful.

Dr. Williamson's three observations "nausea and vomiting, burning in stomach and bowels, colicky and griping pains in the bowels," are certainly genuine and were experienced either from doses of the crude drug or the exhalation of the flowers.

Turning now to the encyclopædia we advise the removal of

Digitized by Google

all the clinical matter to works on therapeutics; the bracketing of symptom 80 and 208; the erasure of symptom 203, and the addition of the new symptoms (from the French) given in this article.

(To be continued.)

ARTICLE IX.—Phosphorus in Pneumonia and Softening of the Brain.

By Dr. W. Arnold.

(*Hom. Vierteljahrschrift III.*, 161, 1852.)

There must be an internal as well as an external similarity between the morbid manifestations and the action of the drug. As an example for our study let us take Phosphor. This drug offers so many symptoms, which according to the law of similarity hint to its application in inflammation of the respiratory organs. It has been recommended in pneumonia complicated with bronchitis, in pleuritic exudations, in exudations into the parenchyma of the lungs, in hepatization, even when well advanced, in pneumonia during the course of tuberculosis, in great depression of the vital force, a weak cough, when pulmonary paralysis threatens, when nervous symptoms appear or are already present, in lung-fever during typhus epidemics, in those of old people, especially when they were troubled already for a long time with chronic nervous cough and shortness of breath. I acknowledge that such indication are of not much importance to us, though nobody denies that Phosphor. did good work in some such cases, but too often in similar cases other drugs are better indicated, and the reason of it is, because such expressions fail to show a state, evincing itself as a pathologico-therapeutical specialty. Cl. Müller truly designates Phosphor. only suitable for those cases of pneumonia where with the dyspnœa and difficulty of breathing we meet also pains, especially stitching, caused or increased by coughing and breathing, or in pleuro-pneumonia, where the scanty ex-

Digitized by Google

pectoration contains mucus or bloody mucus and breathing is rendered difficult even in the pulmonary parts free from inflammation. In such cases we also meet depression of the mental faculties, light bland deliria with carphologia and subsultus tendinum, rapid loss of strength, cold clammy sweat, with rapid pulse, lustreless eyes, sunken hippocratic face, dry lips and tongue without thirst, short labored respiration with slight and difficult cough and expectoration, oppression and anguish, involuntary defecation. In his essay on pneumonia (*H. V., I.*, 158) the same author leads our attention to the changes in the blood produced by Phosphor., and I may be allowed to add that Phosphor. not only diminishes the coagulability of the blood, dissolving the blood-corpuscles and changing the color of the blood into violet, but it also causes a discharge of it into the tissue of the organs and hemorrhage by its exitus from the blood-vessels. We must not forget that Phosphor. cannot produce an inflammation in its strict sense in order to understand fully when Phosphor. is indicated in pneumonia. Because Phosphor. produces in animals poisoned by it redness of different parts of the body, some physicians considered it as a stimulant indicated in different inflammations. In all my experiments in the cadavers of animals killed with Phosphor. I never witnessed an unusually strong development of the capillaries nor a stagnation of the increased bloodmass accumulated therein, I rather found in the lungs of these animals livid spots, often more than usual filled with blood, which hyperæmia caused in some cases a firmer state of the lung-tissue, so that on some parts crepitation was absent. I never observed a fully formed hepatization of the lungs, but *Bibra* observed hepatization and partially tubercular formation, perhaps because he used the Phosphor. in the form of vapor immediately on the lungs for some time. The blood accumulated in the lungs was darker, violet, of a bad color and fluid. He found also larger and smaller spots of the same color, caused by the exuded blood, which were also in the pulmonary mucous membrane, and the mucus was often mixed with blood. Totally different are the changes in the lungs after the action of Acon. I found considerable accumulation

Digitized by Google

of blood in the lungs after the application of Acon. or extract of Acon., especially in strong, well nourished animals; far less so in weaker or illy nourished animals and none at all after loss of blood. I found the blood accumulated, especially in the blood vessels, in the arteries as well as in the veins, where it coagulated, so that copious coagula could be found in either one. The quantity of blood in the pulmonary blood vessels was often so large, that decided pulsations and lateral movements could be seen in the pulmonary arteries, when opening the chest of such animals during life. Exitus of blood in the tissue of the lungs or upon the mucous membrane is more rarely observed with Acon. than with Phosphor. Hence, the cases suitable for Acon. are diametrically opposed to those suitable for Phosphor. By comparing the changes in the lungs with the manifestations which these drugs produce during life and with observations on the sick bed, we find a great similarity, and to find out the internal changes of the organ affected must be therefore of great importance, and only thus the selection of the drug can be justified. According to commonplace expression we might say that Acon. corresponds to pure, genuine inflammations, Phosphor. to the so-called typhoid ones with dissolution of the blood. But I do not consider such differentiation of great importance, as it is neither scientific nor practically of great importance. Every physician, practicing according to the specific method, knows that besides Acon. other remedies may be indicated in pure pneumonia, and that Phosphor. is not the only remedy in the so-called typhoid pneumonia. We discard, therefore, all such nomenclature, and also that old misleading definition of inflammation. We keep in view rather the hyperæmia and then by studying all the cases of intoxication we find Phosphor. indicated ac cording to the law of similarity where the following state is present: Fulness of blood in the lungs, fluid quality of the blood, diminished caliber of the blood-corpuscles, or more or less their dissolution, decrease or loss of the coagulability of the blood, its exit in the tissue of the lungs, pleura or pulmonary mucous membrane, admixture of dissolute and miscolored blood with the bronchial mucus, bloody expectoration, especially

Digitized by Google

such of bad quality; fulness of blood with the presence of pulmonary tubercles. The degree, the duration and formation of the hyperæmia gives no hint for or against the use of the drug, it is applicable in hyperæmia, stasis and hepatization, when the blood is of the quality just mentioned. Where physical examination, observation of the sputa and of the quality of the blood exuded from this or that part of the body, where the state or mode of life of the patient as well as the noxæ to which he was exposed, or the endemic and epidemic influences prove that the lungs are the part affected, and if we then also find the manifestations produced by Phosphor. on the healthy body, showing a dissolution of the blood and a peculiar hyperæmic state in the lungs, we may in such a case prescribe this drug with the greatest confidence, and its effect will leave nothing to be desired. I succeeded best, where with the characteristic symptoms in the lungs I also found more or less: sensation of oppression, rendering breathing difficult, complaint of weakness in the chest which with the impossibility of taking a deep inspiration causes a fear that breathing may stop entirely; sensation of fulness in the chest, of increased heat, sometimes of burning; stitches here and there in the chest (not so very characteristic, but not contraindicating the drug), respiration with rattling murmurs and difficult expectoration of mucus mixed with blood; rare dry cough and labored expectoration though the chest may be filled with bloody mucus, which in other cases may be easily and copiously expectorated; cough followed by oppression and anguish; hemorrhage from other parts, especially epistaxis, with the same bad quality of the blood; dull pain in the head, especially in forehead, dulness of head, stupefaction, even loss of consciousness, deliria; great lassitude, a paretic loss of power in the extremities; cool, placid skin, especially coldness of the extremities with heat of the head; cool sweat with the sensation of malaise, accelerated pulse, more frequent than rapid, mostly soft, sometimes small, easily suppressed. In such cases a rapid cure followed its application, though it also acted well in other cases where its peculiar blooderasis was not so fully developed, and where, therefore, the manifestations during life

Digitized by Google

were not so decided. This is especially remarkable in so-called pneumoniæ when typhus is prevailing; whereas, many cases undoubtedly need Phosphor., other ones show no such characteristic symptoms so that the prescriber may hesitate to select it and still they find in Phosphor. their best remedy. Such observations might have been the cause of the general recommendation of Phosphor. in pneumonia, but they ought only urge us on to study diligently the epidemic constitution.

In *softening of the brain*, Phosphor. is also of great value. In my experiments on animals, I constantly observed softening of the central parts of the animal nervous system, especially of the brain, less so of the cord (Hygea 23). This is nothing astonishing, as Phosphor. acts as a resolvent on different organic tissues, especially albuminous matter, and as it is an essential part of the central mass of the animal nervous system. This is not only of great interest in relation to science, but practically I demonstrated its great value in softening of the brain.

A farmer, æt. 40, rather delicate from infancy up, and who could well stand the hard labor of a farmer's life, is married for ten years, but never had any issue. Since his marriage his bodily vigor is still more failing; coition always weakens him for several days, and latterly even for weeks; but only the last twelve months he is really sick. His morbid state developed gradually, and his attending physician diagnosed it as an incurable softening of the brain. I saw the patient for the first time in February, and found him paralyzed on the left side. The paralysis attacked especially the extremities of the left side, the upper and lower one, less the face and the tongue, though speech was somewhat difficult. Paralysis was not total, as the patient could make some motions, had sensitiveness to the touch, and without any cause he felt pain, which sometimes became severe in the affected arm and leg, with short, involuntary movements. There is a kind of stiffness in the affected parts so that it costs some effort to flex or to move them. He complains of paroxysms of vertigo, dulness of head, the faculty of thinking is not free and memory imperfect and slow. When questioned it takes him a long time to answer,

Digitized by Google

which is short and imperfect, as much from the inhibition of the mental faculties as from the heaviness of speech. Little appetite, defecation rare and labored, so that he used purgatives frequently. Sleep restless, often interrupted, and after awaking patient felt the worst, whereas formerly, when he passed most of the time out of bed, he arose usually very late. The right non-paralyzed side could be moved, but he never felt safe in his movements; if he wanted to grasp something he did it tremblingly, and had no power to hold it with firmness. The patient showed everywhere the picture of lassitude and powerlessness. Vision had decreased, he complained as of a veil before his eyes. Features pale, only overspread by a transient redness after an exertion or when taking some hot nourishment. The change of temperature was remarkable, heat and cold was equally disagreeable to him, and when chilly he felt like stretching out, in which also the paralyzed limbs participated. I prescribed Phosphor., 2d dec., in solution, to take ten drops three times a day in water. After sixteen days I saw him again and found him remarkably improved; the right extremities felt stronger and more moveable, and also more sensitive to impressions; the head was more clear; he replied more easily and quicker, and expressed hopes of returning health; he looked better, ate better, and was able to be up each day for a few hours; well supported he could walk about the room, though he dragged the left leg considerably. Medicine repeated twice a day. Amelioration progressed steadily for the next two weeks, but the patient complained of pains in the affected limbs and the skin over them was covered with red spots, similar to scarlatina. Phosphor. was now omitted and Bellad.^{6x}, given twice a day, one drop, and after five days changed it to the fourth. The pains and redness disappeared, I do not know whether to ascribe it to the Phosphor. or to the action of Bellad. As no amelioration followed I returned to Phosphor., twice a day ten drops of the third decimal solution, but still improvement was slow, but steady. He perspired copiously every night, and pocks appeared here and there on the skin. After ten days I found the patient greatly changed; he was up nearly the whole day, walked about with-

Digitized by Google

out support in his garden. All medicine omitted and good nourishing diet with plenty of fresh air recommended, and he hoped soon to attend again to his business. Six months have passed, and though not entirely cured he feels comfortable and satisfied with his present state of health.

A delicate girl, æt. 19, not fully developed, with scanty, watery menstruation or amenorrhœa, had chlorosis for the last two summers. She lives with her mother and two sisters in a small, damp room, has to work hard notwithstanding her insufficient nourishment. For the last two weeks her strength entirely left her; she complains of dizziness, restless sleep, general malaise, is forgetful and replies slowly. Nov. 20th. She fell from her chair, was unconscious for quarter of an hour, made some spasmodic motions, felt somewhat stiff when consciousness returned, and complained of vertigo, so that she feared to fall. Nov. 24th. She had another attack, moaned in breathing, the left side moved spasmodically, the right side was stiff. She got Pulsat. After two days consciousness returned, but the whole right side was paralyzed, motorily as well as sensorily. The paralyzed limbs were stretched out and it took some force to bend them; the lower maxilla could only be moved with difficulty, for if requested to put out her tongue, she pressed the lower jaw-bone down with her hand, and then succeeded only imperfectly; the tongue could hardly be protruded and she could only utter inarticulate sounds; the faculty of speech was lost. Phosphor.^{3x}, four times a day, ten drops in some water. Dec. 6th. I observed the first traces of sensation and motion in the paralyzed thigh and leg. Dec. 8th. She could move the leg slightly, though only with great exertion; the mouth could be opened a little and the tongue somewhat protruded, rather more to the right side. Dec. 10th. The right hand was more sensitive to the touch, and she tried to move it; she also could pronounce some words, as apple, bread. Dec. 15th. Sensitiveness had returned nearly to the upper arm, motion was easier but not perfect, supported she could walk a little about the room, but hardly any improvement in speech. Dec. 24th. Amelioration had steadily progressed, though there was some weakness still in the axillary

Digitized by Google

joint. Walking was nearly perfect, speaking easier, only she complained of a weakness in the larynx, and she could not open her mouth fully. She looked well though it took her some time yet to feel well. Jan. 10th. Menstruation appeared with some pains, after having been gone for six months. It lasted a few days, showed no influence on the motory apparatus, but speech was a trifle less clear during its continuance. Sometimes the girl could not find the right word and used a similar expression instead. Towards the latter part of January she could speak plain enough when quiet, and only some emotional disturbance prevented her from speaking plainly. She took the Phosphor. up to the 15th of December when she complained of some frontal headache and pain at the upper part of the right arm, when the drug was omitted for five days and resumed on the 20th. From that time forward all medicine was left off.

In both cases according to mere external similarity many more drugs might seem to be indicated and considering only the superficial appearance of these manifestations, the selection would be difficult. But keeping in view the origin of the disease, which in its symptoms hinted to softening of the brain and knowing from my experiments on animals that Phosphor. produced it, I prescribed it in both cases with confidence in as much as the external manifestations corresponded well.

In reading these cases and pondering over them, I asked myself whether I would not have selected Rhus tox. as the simillimum in the last case. Why is it, I asked again that during this spring of the year 1881, with its backwardness, with its chilliness alternating with roasting hot days, with its malarious influences surrounding us everywhere, that in many diseases the remedy selected merely according to the external manifestations fails and Rhus tox. acts so promptly in procuring relief whether we deal with an intermittent, typhoid, typho-malarial fever or a pneumonia. We are here in full accord with Dr. Arnold that mere symptom-covering must often fail, that we must individualize the patient as well as the cause of the diseased state and its effect on the patient, and that these

Digitized by Google

two factors combined with the individuality of the drug as third factor will give us the best hint for the selection of the potency. What a humbug, what a narrow mindedness it is, to confine one's self exclusively to high or to low dilutions, when the whole boundless continent is ours, and we have the freedom of action under the law to select that potency, which then and only then suits the case. At our next visit we might have to go lower, we might have to go higher and it just shows that nearly at every visit a renewed examination of the patient is necessary, to find out whether that same potency is still desirable, and not so much whether we have to change our prescription from this drug to another one, or whether placebos are indicated. The whole question of posology is so simple when looked upon in such a manner that I often wondered why so much fuss is made about it and why such a simple question should threaten to divide our friends in different factions.

But to return from this discussion. Arnold's both cases happened in broken-down subjects, really pitiful objects to behold, whose health was undermined for a long time before the final catastrophe, the disease, set in. Here Rhus tox. might have palliated, but it could not go deep enough, for Rhus suits far better robust, strongly built persons *who have been hitherto healthy* (Dunham II., 141); the disease (like typhoid, rheumatism) comes on suddenly and reaches in the course of a few days a high degree of development. We read again on page 154: "The paralysis for which Rhus is appropriate is not that form which results from a lesion of the spinal cord. It is rather of the motor than of the sensitive nerves, for I believe sensation is not much impaired. In the form known as rheumatic paralysis Rhus is especially called for. So likewise in cases resulting from undue exposure to cold and dampness, especially exposure of the back and limbs."

Let us see whether Arnold was right in his diagnosis of softening of the brain, which Bastian (*Reynolds' System of Medicine* I., 857) describes as essentially a manifestation of decay, a waste of tissue, unbalanced by repair, arising either from the long continuance of work—old age—or from the un-

Digitized by Google

healthy severity of work and its undue relation to rest. It most frequently appears in persons whose health has been for some time below the average; we often find in such patients a dull headache, dulness of sight and hearing, numbness, obscure pain in extremities, slight confusion of thought, sleepiness, weakness of purpose, hesitation in judgment, irritability of temper, deficiency of muscular power, a stooping gait and tendency to cramps in the limbs. In all cases of cerebral softening the connective-tissue elements undergo a fatty and granular degeneration, and as intoxications with Phosphor. as well as experiments on animals have shown the same symptoms during life and the same degenerative processes after death, Arnold was justified in his diagnosis and in the selection of the remedy. If that girl would have been in normal condition the post hoc might be brought up in judgment against the propter hoc, but as the case stands, due credit must be given to the steady use of Phosphor.

What a benefit it would be to the student of Homœopathic Materia Medica, if we could always refer to the day-books of the prover and of the physician reporting a clinical case. Reading the symptom "congestion to the head," how do we know whether it was active or passive, whether combined with pale, red or even livid features, whether it is of frequent occurrences or a mere accidental symptom, and thus even the earnest seeker after the simillimum often becomes bewildered and distrustful of his choice. Still in Arnold's cases every symptom found in the patient was covered by the drug, and we feel even to-day grateful to the doctor for the important lesson he gives us: (1). In relation what constitutes the "totality of symptoms." (2). In the steady application of a well selected remedy; and (3). In convincing proof, that the selection of the remedy is of more importance than the strife about the potency, for we doubt that in such degenerative cases the highest potencies could have acted more satisfactorily than the lower ones employed.

It appears to be nearly a paradox to compare Acon. with Phosphor. in pneumonia, as Arnold has done. Acon. is *the* remedy, before tissue change took p'ace, in fact only in the

Digitized by Google

prodromal stage before the disease became settled, Acon. may and does prevent inflammation, but its use is too late to cure it. In threatening pneumonia, where the cough is dry and frequent and especially troublesome at night, where the fever runs high with a rapid and small pulse (high tension) (Veratr. vir. pulse full, hard and frequent) where the skin is hot and dry Acon. will allay the storm and bring on a revolution through perspiration. The remedies for the true inflammation, especially in robust persons are rather Bellad., Cactus, (Ferr. phosph.,) Bryon. and Mercur.; where notwithstanding our treatment or through neglect the disease did run its usual course to a later stage, where the former tension gave way to oppression and exhaustion, Phosphor. comes in as the great vivifier, able and willing to stop the sclerosis with its retrograde metamorphosis, able and willing to allow oxygen again to enter the liberated air-cells and to strengthen the heart so that this wonderful engine can perform its wonted work. Really Phosphor. often is our sheet-anchor in pneumonia, but it is not applicable in every case, because it is pneumonia, nor does it suit every stage of this interesting affection.

ARTICLE X.—An Investigation into the Etiology and Pathology of Syphilis; including Chancroid and Gonorrhœa and the new Venereal Disease of Solipeds.

By Ch. F. Ring, M.D.

Preface.

The following essay is an attempt to throw some light on the etiology of the venereal diseases of man and the lower animals, and to assign to them their proper and specific places in pathology which, in spite of all the study that has been brought to bear on these subjects, has not as yet been satisfactorily accomplished.

Our pathology in this respect is exceedingly complicated

Digitized by Google

and intricate, and each additional investigation—by confounding with them (venereal) other diseases—has only tended to render it more so.

The question whether syphilis is of modern or ancient origin, is as yet by no means settled.

The isolation, satisfactory, of one form of venereal disease from others, has only been recent since 1860, and since then it, in a measure, has lost its identity by being confounded with other diseases.

The venereal affections of solipeds will be included in this study, on account of the interest they are exciting in veterinary circles; (almost as great relatively as yonder epidemic of the fifteenth century [1494] and the same loss is experienced to account for its origin, the old story of the juxtaposition of planets, etc., being invoked over again); but more especially do they interest us on account of their bearing on human pathology, and the veneral diseases of the human species, which have most to do with our attention.

In reviewing then, the venereal diseases from earliest history to the present time—in order to establish, if possible, the time of accession to the human family of these maladies—it will be necessary to fortify our views with the accepted opinions of those high in authority, and to do this we will be obliged to quote largely, from time to time, until the period of the epidemic is reached (1494), which we consider to be the *fountain head* of the modern chancre syphilis; after that time, when there is no longer reasonable grounds for holding that syphilis is an ancient disease, we will introduce our theory to account for its origin on that particular time and not before.

This theory, we believe, has never been broached before (only a *shadowed hint* having been made, which was soon suppressed by suitable [?] logic), and will steer widely clear that heap of unmeaning nonsense which has brought things to the turn they are.

An advantage held out by this theory above all others is this, viz: that a few scientifically, conscientiously conducted *experiments* can decide for its validity or otherwise, without the possibility of a doubt. For this reason, if for no other, we think it deserving of respect and trial.

Digitized by Google

> May time which solves or suppresses all problems throw glad light on this.
>
> *Sartor Resartus.*

History; with Critical Discussion.

The epidemic which ushered (?) in this disease (syphilis) appeared first (according to all the testimony we have) in the army of Charles VIII, at the siege of Naples (1494–5), from whence it soon spread, losing virulence with age and its epidemic character, over Italy, Germany, France, and ultimately the entire world.

Volumes, nay libraries, testify to the unwearied search and toil of those who would throw light on the etiology of this epidemic disease, but in vain, each investigator having a theory of his own, which, when brought to compare with others, failed to accord and rendered the confusion only worse confounded.

Not long since, the eminent Mr Hutchinson, surgeon and author, advanced in stragetic form the old theory (in a new dress) that scrofulosis was only a remote sequel or sequence of syphilis, and develops this strange logic to sanction it.

The notched appearance of the upper central incisor teeth, it will be remembered, were first pointed out to the profession by Mr. Hutchinson as a diagnostic mark of an antecedent inherited syphilis. This condition he now finds where no *trace* of this disease can be made out; and to make his former sweeping assertion still plausible, we are treated to the glittering generality "that scrofulosis is only an offspring or remote descendant of syphilis."

To render matters a little more interesting, another writer *hints* that possibly also carcinomata may owe *its* origin—in ages far back to syphilis. And so on, and so on, vagueness and dullness without end.

The possibility of the metamorphosis of syphilis into scrofulosis is thus treated pointedly by Jahr: "There are physicians who not only persist in asserting that syphilis can pass into scrofulosis, even during the life time of the organism, but likewise in believing that children, born of syphilitic parents, may be born *scrofulous* instead of syphilitic; some even go so

Digitized by Google

far as to assert that scrofulosis is nothing else than hereditary syphilis. A physician who starts such doctrines, neither knows the history of diseases, nor is he acquainted with what is understood by a special disease depending upon some *specific* principle; otherwise he would know that scrofula has been just as frequent as it now is, even prior to all syphilitic manifestations, and that a specific disease cannot be transformed into another specific diathesis, any more than a cat can be changed into a dog." (*Venereal Diseases*, p. 354.)

Let us now see when syphilis first really began, and what is understood by syphilis, for in this way only can the aid of exclusion be satisfactorily and logically applied, and if it can be shown by argument or experiment that syphilis is a modern disease, the parentage of scrofulosis, carcinomata, etc., will have to be traced to another source, if such exists, which does not at present concern us.

The pretended Biblical knowledge of syphilis which is held by some writers who contend for its antiquity, we shall have very little to say about; suffice is to admit, that they are welcome to consider the diseases of Job, David, the Baal-Peor plague, the affections mentioned in Leviticus, etc., as syphilitic. Yet all those who demand tangible information, must view these conclusions with distrust. So we pass this by, as it also, with the others, will come in later for exclusion.

The physicians of the Greeks and Romans: Hippocrates, Celsus, Ætius, Actuarius and others speak of *ulcers* and *excrescenses* on the sexual organs, and of *rhagades* on the male parts, the anus and pudendum. The historians and poets mention the same, but nowhere is there evidence—the slightest—tending to show that a constitutional disease ever resulted therefrom.

"The writers of the middle ages," says Renourd, "are more explicit than those of antiquity." William de Salicet who lived in the thirteenth century, which is about two hundred years before the outbreak of the syphilitic epidemic, says buboes often occurred after an impure coition qúum accidet homini in virgá corruptio, propter concubitum cum fœdâ muliere, ant ob aliam causam. Lofranc expresses himself

Digitized by Google

more clearly still: the "ulcers on the penis," he says, "proceed either from hot pustules which burst or acrid humors, or from commerce with a woman who has been previously affected in the same manner."—(*History of Medicine*, 1856, p. 344).

The epochs we have just gone over, we will now let Jahr who has made as exhaustive a study of the history of these diseases as we have met with, review for us and ably criticise: "What seems to be strange, is that in spite of the corrosive ulcers of which all make mention, and which seem to have been known to the Greeks and Romans, not one author seems to have directed attention to the consecutive phenomena that these ulcers may be followed by others in the mouth and throat and which would not have escaped the attention of those earlier authors any more than that of the physicians of the sixteenth century, more especially since many of these consecutive phenomena, in the present chancre syphilis, do not manifest themselves at such a remote period after the primary symptoms, but that every observer must be struck by their internal pathological connection."—(Ibid, p. 282).

Later still, the regulations in force governing the "houses of pleasure" in London in the years 1162 and 1430 for the suppression of venereal diseases, tell us nothing beyond the bare fact that these affections existed, and to a considerable extent, and surely, if secondary phenomena had followed any of these maladies, descriptions of syphilis had certainly not been wanting.

Marcy and Hunt tell us: "This disease was unknown to Greek and Roman physicians, as no allusion is made to it in any of their medical authors, historians or poets; and much discussion has taken place respecting its first introduction into Europe. All modern authors who first described it (collected by Linsinus, Astruce and Gertannor) in the later years of the fifteenth century, comment upon it as "morbus novus," "morbus quotus." Peter Pinator traces the origin of the disease to the time of the conjunction of Mars, Venus, Jupiter and Mercury, A.D. 1483, at which time he thinks the disease must have originated; but Fulgosi dates it at October, 1492; Sanchez and Hensler in 1493. Others contend that it originated in Hispan-

Digitized by Google

iola. It is certain, however, that it was first distinctly recognized, says Dr. Simpson, of Edinburgh, during the invasion of Italy by the victorious army of Charles VIII. of France, and it first broke out extensively at Naples when the French took possession of that city in the spring of 1495. This army carried the disease with them to France, Switzerland, Germany, Flanders, etc. In 1497 it had reached Aberdeen in Scotland. Six months later the new disease was made subject of municipal regulation in Edinburgh.

Gunbrecht and Brandt wrote in 1496, that the disease had already invaded France, Germany and Britain. During a great portion of the sixteenth it was so contag ous in some parts of Europe that it was communicated by lying in the same bed, by the clothes, gloves, money or breath of the patient. A variety of syphilis also prevailed in Canada some years ago, of so virulent a nature that it was communicated by the breath and by contact.

Professor Simpson, from a historical review of the earliest notices of syphilis on record arrives at the following pathological opinion:

I. That syphilis was a species of disease new to Europe when it first excited the attention of physicians and historians in the last years of the fifteenth century.

II. That it is a species of disease distinct and different alike; first from gonorrhœa; and, second, from Greek leprosy (with both of which affections it has been occasionally confounded); for both of these maladies existed and were abundantly recognized in Britain long before the date of the introduction of syphilis.

III. When the disease first broke out it was regarded by physicians and the public as communicable, and constantly communicated from the infected to the healthy by the employment of the clothes, vessels, baths, etc., used by those suffering from it, and by the slightest contact, or even breathing the same air with them, etc.

"*For many years after its outbreak, sexual intercourse does not appear to have been suspected as the mode of its propagation; the primary affections of the sexual organs were not noticed as constant*

Digitized by Google

*symptoms.** Their attention was chiefly directed to the secondary symptoms, such as: the hideous eruptions on the skin, ulcers of the throat, the exostoses and nocturnal pains in the bones, etc. The rapidity with which it spread over Europe led men to suppose that it travelled as an epidemic without waiting for the slow process of communication by contact." (*Theory and Practice*, Vol. II, p. 300.)

Mr. Druitt, the eminent surgeon and author, but repeats in substance the same thing: "On the other hand" he continues, "the opponents of its antiquity contend, that although ulcers or pustules in the genital organs and sundry discharges were not unknown, still, that neither in Celsus, nor in any other ancient writer, do we find mention that such maladies were solely the produce of sexual commerce, or that they were particularly difficult to heal; or that they were frequently or indeed ever *followed by constitutional diseases.*

But the most potent argument of all is this, viz.: that all at once, towards the close of the 15th century, whilst the French army was besieging Naples, a new and terrible disease sprung up, rebellious to every known method of treatment, attacking high and low, rich and poor, sparing neither age nor sex, consisting of ulcers on the parts of generation in both sexes, which was speedily followed by affections of the throat and nose; by corroding ulcers over the whole body; by excruciating nocturnal pains and frequently by death. Whereas, not one word that can be construed into any similar affection is to be met with directly stated in any writer before this period. (*Surgery*, p. 177.)

Professor Keys writes: "That syphilis was not recognized as a morbid entity until the end of the 15th century, at and after the period of the siege of Naples (1494–5) by Charles VIII. That then and for a considerable time thereafter, the disease behaved with unwonted virulence, attacking all classes of society, and killing a large number of its victims. From that time to the present day, syphilis has been a subject of peculiar interest to all classes of medical men." Again, "when syphilis first began to be written about, after the outbreak at

* Italics are my own.

Digitized by Google

the end of the 15th century, when it went under the name (generally) of the French disease, it was uniformly recognized as a new malady. It was not confounded with other venereal maladies known at that date, but was uniformly described as a *morbus* novus, inauditus, incognitus, etc. The writers who described it gave vent to their surprise in their words, and were unanimous in that expression.

As Bassereau puts it: "There was one point upon which there was not the least difference of opinion between them; upon which the oldest, the youngest, the wisest, and the most ignorant were of unanimous accord, namely: that none of them had ever observed anything analagous or similar to the *French disease* before the arrival of Charles VIII in Italy." (*Venereal Diseases*, p. 55–7.)

Professor Otis distinguishes between the "new disease" and the contagious venereal ulcers that were known to the older and oldest writers most clearly as follows: "The literature of that time ascribed the locality of origin to various regions, and designated it as "mal anglais," "morbus gallicus," "maladie de Naples," "pox la qrosse virole," "lues venerea," etc. *It was then recognized as distinct from the contagious genital ulcer, the action of which was simply local*, and had long been known, *and also from gonorrhœa, and was appreciated as a constitutional disease* capable of hereditary transmission.

Within a comparatively short period, however, the distinction between syphilis, the local ulcer (or chancroid) and gonorrhœa were lost sight of, and all were accepted as of common origin, differing only in development, from some constitutional idiosyncracy or predisposition, until the latter part of the eighteenth century, when Benj. Bell, of London, claimed a distinct origin for gonorrhœa, and M. Phillip Ricord, of Paris, in 1831, proved the fact by a long series of ingenious and conclusive experiments. M. Bassereau, a pupil of M. Ricord, in 1852, demonstrated a distinct and characteristic difference between the local contagious ulcer (the chancroid) and the lesion (chancre), which was followed by constitutional syphilis, and proved by a large number of observations that the local contagious ulcer (the chancroid) was not followed by, nor was it

Digitized by Google

capable of producing, any constitutional disease, while the true syphilitic sore (chancre) was *always* followed by constitutional manifestations of syphilis.

Mr. Acton. a valued English authority, writes (on the *Urinary and Genital Organs*, London, 1860, p. 279–347) we must, however, frankly admit that in the present state of science, it is impossible to determine where or under what circumstances the virus or its effects first appeared. My opinion is that syphilis originally arose from some poison introduced into the economy from animal or decomposing matter, and that thus produced it has been transmitted from one individual to another." (*Johnson's Encyclopædia*, last ed., article, Syphilis).

We would ask that the reader please keep in mind Mr. Acton's theory of the origin of syphilis, as its meaning will be considerably enlarged upon later on, and its significance fully pointed out.

Jourdan, who has written a celebrated pamphlet (*Historical and Critical Observations on Syphilis*), thus endeavors to clear up the confusion. "The question is generally put, did syphilis appear for the first time towards the end of the fifteenth century? The terms are not sufficiently explicit, since, as a preliminary matter, it is necessary to explain what is meant by syphilis. Now this definition, which has been neglected by all writers, is the only way of duly appreciating, judging, and reconciling the different opinions successively advanced on the subject. By the term syphilis, therefore, is to be understood: 1., a general affection of the system, which presents itself under a most frightful aspect, with many peculiar modifications, assuming a real epidemic character. In this sense the word designates the disease, which broke out towards the end of the fifteenth century. 2., it may serve to express morbid symptoms arising from an intercourse with a disordered person, communicated in the same way to other individuals, and having with each other a more or less internal connection. Now, if we use the word syphilis in this last sense, it can be incontestably proved, that from the remotest antiquity the disease which it designates were known."

We have no disposition to find fault with the above defini-

Digitized by Google

tions, when they are confined to their proper places; there they will be acceptable to all. As it is, they are not only unintelligible but misleading. For instance, who would think of applying the first definition to syphilis at any time since the epidemic, or call the "diseases" in the "last sense" syphilitic? Jourdan forgets here to use the words general or constitutional disease, and also that syphilis cannot be used in the plural, to signify more than one form of affection; hence these maladies cannot be called syphilitic but venereal.

It has been admitted all along that sundry venereal affections were known to the remotest antiquity, only that no *constitutional* (syphilitic) disease was recognized until near the close of the fifteenth century. Does not Jourdan know this?

Grauvogl tells us (*Text Book of Homœopathy*, 2nd part, p. 348), that he has "found in the results of coitus with all precision *from one and the same cause* three fold effects, which certainly here as well as there are only referable to the different variety of the conditions, to the variety of the bodily constitution. Thus before such a disease can develop itself, the conditions for it must first be given, and only within, and in connection with the hydrogenoid constitution does the vaginal poison become the cause of the sycotic secretion of the so-called gonorrhœa. It can produce gonorrhœa as well as ulcers; but these are not cured or benefited by mercury, but are aggravated, and, if the gonorrhœa is removed by injections of nitrate of silver, and such ulcer is cauterized or otherwise removed, not radically cured by internal remedies, the gonorrhœal dyscrasia is always produced; as by cauterizing the syphilitic chancre the so-called *chancre dyscrasia* is produced upon the soil of the oxygenoid constitution," and so forth.

From this, it will be clearly seen that Grauvogl looks upon the syphilitic poison only as a *relative* poison, and not as a specific one, as modern science inclines to view it. Also that (just here) he is in full accordance with the doctrines of the chimerical "physiological school," which, in this department at least, is tottering (or *has* tottered) to its fall.

When Benj. Bell of London, in 1831, and M. Bossereau of Paris, in 1852, claimed a distinct origin respectively for gonor-

Digitized by Google

rhœa and syphilis, both theories "confirmed by a long series of ingenious and conclusive experiments" by M. Ricord, at a later date, it forever settled much against the *will* of many, the utter fancifulness of such hypotheses as these (of the physiological school), and brought us back to the period from whence we started nearly four hundred years ago, when the distinctions between these various venereal affections and the epidemic disease were abundantly recognized, but which, in the confusion that attended in the advance of the new disease, were soon, for so long a time, lost sight of. Verily do we make haste slowly!!

We come now to consider the relation of syphilis to leprosy, with which it has been associated by many, and which theory, in the place of a better, holds no little weight at the present day.

Bäumler writing in this connection argues the question as follows: "An attempt has been made recently to establish the theory of the development of syphilis from leprosy. A. F. Simon calls it the offspring of leprosy and claims, too, that under certain circumstances it may become its parent. What we see of the leprosy in the east and various other lands at the present day, certainly bears but slight resemb'ance to syphilis; and it is noticeable too, that in the commencement of the sixteenth century the lepers were evidently afraid of infection from those who were syphilitic (leprosi nolebant habitare cum hoc morbo infectes, says Laur, Phristus, aphr; I. p. 344) and that this was not groundless fear, that is, that lepra afforded no immunity against syphilis is shown conclusively by the inoculation tests of Danielssen."—(Ziemssen Cyclopædia, vol. 3, p. 12).

"At all events," says Jahr, in the same strain, "whatever may have been the pathological nature of that remarkable epidemic, it is certain that, at a period when the world was shaken by the mighty invention of a Guttenberg, and the old creeds and institutions began to totter to their foundations, the nations of Europe were visited by a terrible febrile convulsion, that swallowed up one of the most ancient plagues, as by a volcanic eruption, and substituted in its place a new and desolating disease."—(Ibid, p. 286).

Digitized by Google

The same remarks made concerning the transition of syphilis into scrofulosis will apply equally well here. For it is no more possible for a *special* form of disease to lose its identity and become transformed into a *specific type* of malady, entirely unlike it, than it is for figs to grow upon thistles, or any other absurd comparison. All analogy bears out this assertion.

If, again, as some writers claim that symptoms of leprosy were mingled with those of the plague it would only seem to show—in our estimation—that the *lepers* were susceptible to the new poison, and were suffering and dying from it—and if as some German writers hold that lepra had begun to disappear before the appearance of the epidemic—the only conclusion available is, that the new disease helped to *hasten* its demise. But, be this as it may, whether leprosy had begun to disappear or not, one thing we are satisfied with, viz.: that the closure of the many thousand leper houses outside the gates of cities in France, not many years after the epidemic broke out, was due rather to the lepers dying from the new plague—than to its metamorphosis into and thus giving rise to it.

Another theory, that of the colonization of syphilis from America yet remains to be studied, although this is no longer—to any extent—held at the present day; yet it may be worth the while to more fully clear our way for uninterrupted research later on.

Renouard says: "Unhappily for the veracity of the Spanish historian" (meaning Oviedo) "it is certain from authentic testimony, that the pox broke out in Naples toward the close of the year 1493, or in the beginning of the following year, that is, two years before the arrival of the Spanish fleet. * * * If there were other proofs needed to invalidate the narrative of Oviedo, we might add that he exhibits in many places a manifest prejudice against the inhabitants of the New World. He likens them to the Canaanites, and the Spaniards to the people of God, so as to give a color of justice to the atrocities which he inflicted upon the unhappy Indians during his government."

Other later writers have pretended that it was on the first return of Christopher Columbus, that his sailors and soldiers

Digitized by Google

carried into Europe the syphilitic infection; but this assertion falls to the ground, like the preceding, before a serious examination. In fact it is known that on his return in his first voyage this bold navigator was assailed by a tempest that forced him to put into Lisbon, where King John II. retained him seven days in the midst of continual festivals. Thence he made sail to Palos, where he landed in the course of the month of March, 1493. From this city he went by land to Barcelona with eighty-two men of his equipage and nine Indians. There he met King Ferdinand with Isabella and the whole court. After remaining some weeks at Barcelona he started for Cadiz, to prepare for a second expedition. Now, at none of the points where he touched during his route, in none of the cities where he stopped with his retinue, did the slightest symptom of the venereal poison manifest itself for several years, while from the year, even of his arrival in Europe, or the year following, numerous attacks of a venereal nature were observed in many and very distant places in Italy, France and Germany. —(Ibid, p. 342).

We have now reached at last the period of greatest prevalence of the famous epidemic, but before saying anything under this head it may be well to state more clearly what is to be understood by the dual nature of the syphilitic poison (which is being so much discussed at the present day) and here we will ask Professor Bumstead that excellent observer and writer to help us out. He says:

"I. The chancroid is entirely distinct from syphilis.

"II. The chancroid, however, *does not depend upon a specific virus of its own*, incapable of being developed *de novo*.

"III. The chancroid, in many cases met with in practice, is derived from a chancroid, but it may arise, especially in persons debilitated from any cause, from inoculation of the products of inflammation, either simple or syphilitic, and subsequently perpetuate itself from one individual to another as a chancroid."

Again, "The poison of soft chancre may, under certain circumstances, be produced *de novo* without the intervention of the syphilitic virus."—(*Venereal Diseases*, 4th ed.)

Digitized by Google

The same writer in an article (*N. Y. Med. Record*, June 17th, 1876) criticising some of Mr. Hutchinson's expressions of views on this subject, asserts that the term "duality of syphilis" really signifies a duality not in syphilis, but in what had been known as syphilis, and called by that name. Otherwise, he observes, we must adopt the ridiculous supposition, that so-called "dualists" believe in two kinds of syphilitic virus, whereas they have simply maintained that there exists, independent of the syphilitic virus, another contagious principle giving rise to a local sore known as the chancroid. If Mr. Hutchinson intends to limit the power of producing the soft chancre to contagion with inflammatory products arising from *syphilis*, Dr. Bumstead considers him in error, since sores precisely similar to the chancroid have been produced by other inflammatory products. Mr. Hutchinson's view however, that the chancroid, instead of being dependent upon a specific virus, incapable of spontaneous generation, is the result of inflammatory products, and hence that, if every chancroid now existing were exterminated, new chancroids would arise; this, Dr. B. thinks, has strong arguments in its favor, and may be looked upon as a step in advance, suggesting an interesting analogy with the history of gonorrhœa during the last fifty years. Finally, Dr. Bumstead declares his belief that the "dualism" still lives, and that Mr. Hutchinson is, in fact, one of its most advanced apostles.—(*Helmuth's System of Surgery*, 3d ed., p. 168).

Let us now briefly recapitulate before proceeding further the principal points we have already considered.

I. It has been shown by a preponderance of evidence that the theory of the antiquity of syphilis is not sufficiently well founded; that it indeed rests upon no substantial argument whatsoever, and that the so-called Biblical knowledge of syphilis is to all intents and purposes a myth.

II. That the supposed metamorphosis of lepra into syphilis, is not only highly improbable, and can in no way be substantiated, but the weight of evidence and *experiment* as well as all precedent is entirely opposed to such a view.

III. That syphilis originated in Europe near the close of the

Digitized by Google

fifteenth century, at or about the time of the siege of Naples by Charles VIII, and came, not from America as was for a time supposed.

IV. That the plague out of which ultimated the syphilitic disease, was not in its inception of a venereal nature, but only became so after a long time, and in the manner hereafter described.

V. That there are two (at least) entirely distinct and separate kinds of venereal products—the one leading on to syphilis and constitutional disease—the other to no more than local mischief, and is comparatively harmless and capable of originating *de novo*.

VI. That venereal diseases in a *local form* have undoubtedly existed from the earliest antiquity—being due, principally, to a want of cleanliness, ill health, and various exciting causes, (and we might add here, have their perfect analogues in the gonorrhœa and chancroid of the lower animals, especially bovines and solipeds.)

The Genesis of Syphilis.

With this much then, by way of prefactory preparation and protection, we are now prepared to study unimpeded the evolution of this singular and mysterious epidemic; to trace it if possible to its source, and to show how and in what manner it ultimately became a venereal disease, which it certainly was not at first.

Jahr writes, that "although we cannot consider the so-called epidemic syphilis of the last years of the fifteenth century, as a venereal disease *in itself*, nevertheless we have to view it as the fountain head of our modern syphilis. In this respect, whatever has reference to the originating causes and the phenomenal forms of that epidemic, must be as valuable to us as the ulterior history of syphilis itself.

Forms of the So-Called Epidemic Syphilis.

The first and worst characteristic of this epidemic was its *volatile contagium*, which, according to the testimony of all contemporary writers, not only infected persons by simple contact,

Digitized by Google

but likewise by the air, and, consequently, more especially during the act of coition.

Of the malady itself, Petrus Pintar reports to Pope Alexander VI: "The prevailing epidemic is characterized by a variety of symptoms, more particularly by keen and excessively violent pains. Some do not have any pains, in the place of which they are attacked by *pustules* of various shapes and sizes, being very numerous on some individuals, and on others more scanty. Sometimes the pustules break out only in the face, or on the head, while the other parts of the body remain free; in other cases they are only seen on the abdomen; most frequently they break out on the thighs and legs, but may likewise spread over the whole body. Grenbeck states, that the disease commenced with languor and debility of the limbs, after which the pustules break out with intense fever; he adds, that, whenever these pustules or tumors burst open, they sometimes become converted into frightful phagedenic sores.

This epidemic we are told "was a characteristically *pustulous disease*, distinguished by the breaking out of large, ugly, purulent pocks, and accompanied by horrid bone pains; and more particularly communicated by intercourse with women who were attacked by the disease. Those authors, however, do not state, and yet it would have been of great importance for us to know, whether these pustules first broke out in the pudendum, or on the face, or on the whole body; nor do they state whether the first signs of a recent infection were first seen on the sexual organs. If this was not the case, and if, according to the universal testimony of contemporaries, the infection was caught by simply touching the epidermis, or by inhaling the breath of such an infected individual, such a cause must have operated much more powerfully owing to the act of coition, which, if true, would not by any means justify the idea that this plague was venereal. In addition to this we have a right to argue, that, if this plague had been, strictly speaking, a venereal disease, the sexual organs ought to have shown the first symptoms of a recent infection, whereas, as Grenbeck justly observes, they only become affected incidentally, in consequence of the general spreading of the pustules over the surface of the body.

Digitized by Google

"Astruc, distinguishes *seven* periods in which he divides the course of syphilis as so many transition stages to the present chronic form of this disease, and Fernelius, who was a contemporary witness of that epidemic, regards the subsequent chancre—syphilis, as a gradual weakening and the precursor of a final and complete effacement of that epidemic."—(Ibid, p. 287-295).

If now it be clearly shown that syphilis is the lineal descendant of yonder famous epidemic, we will at once turn our attention to the more important portion of our subject, viz.: To the consideration of the causes or cause—for there must have been at least a specific one, giving rise to the epidemic itself, and hence to syphilis.

The Etiology of Syphilis.

We cannot better consider this portion of our subject than by taking as a clue, for future investigation and study, that "curious idea" promulgated by Leonardo Fioravanti, an Italian alchemist, which is as follows: "The length of the siege of Naples having caused a famine among the French and Spanish troops, the merchants who brought food to the soldiers sold them various articles prepared from human flesh, and all those who made use of the horrible aliment were soon affected with syphilis, which was disseminated by contagion through Italy, France and Spain." (*Helmuth's System of Surgery*, p. 145.) Lord Bacon, it is known, "credited the story, and endeavored by his writings to render it more plausible."—(Ibid.)

That it could hardly have been due to the human flesh alone that caused this epidemic must be at once apparent to all medical men, for unless the dead had suffered from some specific disease—only a pyæmia or a septicæmia at most, could have resulted therefrom. What then could have been the nature of the food or poison taken; for we must at least credit the alchemists story of the famine—which only agrees with what many others have written upon the same subject.

Now it is *not* the most natural thing to suppose that recourse was first had to human flesh, when food far less repulsive to the feelings, if not to the palate, was not difficult to obtain;

Digitized by Google

and we cannot but consider that it was horse flesh instead of human that was furnished by the butchers, and that this was diseased—diseased with the *Glanders* or *Farcy*.

We are strengthened in taking this initiatory step when it is known that glanders prevailed to a considerable extent among the horses employed at the siege, and also during the epidemic which followed, and was at one time supposed to have originated coincidentally with it; but this theory was soon dispelled when the antiquity of the disease became known, glanders having been described by Aristotle fifteen hundred years ago.

Mr. Gollman, an eminent German physician writes (*On Diseases of Urinary and Genital Organs*, p. 143) "as regards genuine syphilis it is not by any means impossible that this disease, like glanders and small-pox, may have been transmitted to man by the brute creation. It is well known that many diseases are ingrafted upon the human species by animals, and are afterwards developed among mankind as a disease peculiar to them."

And the distinguished Professor Bollinger reflects: (*Ziemssen Cyclopædia*, Vol. 3, p. 314). "When we consider the diseases capable of being transmitted from animals to man, we cannot fail to be impressed with the fact, that in this respect, the relation between the two species, is much more intimate than is generally appreciated. In addition to the more important maladies to which our attention is most frequently attracted, (*glanders*, *malignant pustule*, hydrophobia) it has been shown by numerous observations that another less formidable affection, *foot and mouth disease*, not unfrequently gives rise in man to a specific disorder. The communicability of *cow-pox* to man, for the knowledge of which we are indebted to Jenner, has proved one of the greatest boons ever conferred to mankind through the medium of the medical profession.

Let us now consider what effect the eating of meat specifically diseased will have on a community, in the way of giving rise to sudden and general appearance of symptoms. Professor Law writes: (article, malignant anthrax, *Veterinary Adviser*, p. 33) "Eating of the flesh of animals killed while suffer-

Digitized by Google

ing in this way has often conveyed the disease in spite of the cooking to which it was subjected.

Fifteen thousand of the inhabitants of St. Domingo once perished in six weeks from this cause, and a whole family was poisoned a few years ago in Aberdeen, Scotland. The Tartars perish in great numbers from eating their anthrax horses.

The following interesting article "On the Etiology of Typhoid Fever" (The *Hahnemannian Monthly*, March, 1881, p. 12) may also serve to illustrate this point still further. The writer, after considering defective water supply as a cause, continues: "Again, a most remarkab'e epidemic of typhoid fever took place in Switzerland, in 1878. It was reported by Dr. Walder (*Braithwaite's Retrospect*, part 79, p. 27). A choral festival was held, which was attended by about seven hundred people. Two public meals were given on the day of the festival, and of those who partook of them nearly five hundred were taken ill, some within a day or two, but more on the fifth or sixth day, and some still later. They all presented to a greater or less extent the symptoms of typhoid fever. A number of cases of secondary infection took place among those nursing the sick or otherwise brought in contact with them. The post mortem results as shown in several instances permit of no doubt as to the disease having been typhoid fever. We now come to the probable source of infection of those persons who took part in the festival at Klotue. The greater part of the meat eaten on this occasion was supplied by the village inn-keeper, who was also the village butcher, and all of it (veal, pork and beef), had been pronounced by a professional inspector perfectly healthy, with the exception of forty-three pounds of veal, which were sent from a butcher at Seebach two days before the festival, and had not been examined by the inspector. The calf from which it came belonged to a peasant. It was only a few days old, and was probably killed because it was certain to die very speedily from illness. It would not suck; it lay in the straw, cried out when touched as if in pain, and at the same time kept lowing loudly. The evidence that the flesh of the calf caused the epidemic is very strong. Not only the partakers in the feast who ate the particular veal

Digitized by Google

stewed with the other healthy meat, were attacked, but families who took no part in the feast, and in which the children had had meat and sausages given them by persons who could not get through what was served out to them, suffered. The lungs of the above unfortunate calf were sold to a lady at Seebach, and the brain to the clergyman of the parish. Three persons who dined off the lungs made into a stew were taken ill exactly like the members of the choir, and the clergyman's family were similarly affected.

The evidence that the epidemic was caused by eating this particular calf's flesh is strengthened greatly by the discovery a little later by Dr. Walder that two calves had been infected by typhoid fever germs, their probable source being the evacuations of a man, suffering with enteric fever, who attended to the cattle during the early part of his sickness, and who unquestionably passed some diarrhœic stools in the neighborhood of the animals.

A post-mortem examination of one of these animals showed intense swelling of the Peyers patches throughout the whole of the small intestines, but especially in the lower part, with swelling of the retro-peritoneal and mesenteric glands. The spleen was enlarged.

Another case in which a calf was almost certainly infected by a human being occurred later on. Here a bucket which had been used for washing the viscera of two patients who had died of typhoid fever, and on whom a post-mortem was made, was soon after filled with water for the calves to drink, and it seems probable that some blood which remained on the outside was licked up by the calf, or else it was transferred to the stockings of the cow-boy, which the animal was in the habit of licking. After an incubative period of exactly ten days the calf was taken ill and it was killed four days later. The pathological changes were exactly the same as in the other case, and microscopically the calf's intestines in both cases were indistinguishable from a human intestine in the same stage of typhoid fever.

There can be no doubt, says Bollinger (Ibid, p. 300), "but that glanders may be produced by *eating the meat* of glandered

Digitized by Google

horses, which, according to my experience, owing to the imperfect sanitary regulations for the inspection of meat, is not unfrequently used as food. The common process for preparing the meat for the table would naturally tend, it is true, to destroy its virulence; but meanwhile the risk of infection is incurred by the manipulations involved in preparing it."

The lesson to be learned from the results of this exceedingly unfortunate dinner, together with that from the experience of the Tartars in eating their anthrax horses, and the opinion of Bollinger in regard to the danger likely to result from eating the flesh of glandered horses, is so self-evident that we need not suggest even to what purpose it may be applied.

Now, it would be presumption merely, were we to attempt to describe how this *glandered* meat was served to the soldiers during the famine of which we have been speaking, or that it even constituted a part of their diet at all, for we have nowhere read of anything that would justify us in making a statement like this; yet one thing we think will be admitted by all, viz., that we have theoretically, at least, accounted in the first place for the sudden outbreak of the epidemic in question, and secondly, for its singular and destructive nature, and it now only remains to be judged from what follows if this plague could have been produced by glanders conveyed from the horse to man after the manner indicated.

What glanders is, and what are its effects on man and solipeds will next occupy our attention, but it may be well to state in the beginning that the subject is considered at such length (and necessarily so for its proper understanding) in *Ziemssens' Cyclopædia*, and especially in *Flemings' Veterinary Sanitary Science and Police* in the horses, that we must refer those who wish more minute information to this source, and content ourselves with the more important points of description.

Glanders in Horses.

"The most formidable of all the diseases to which the horse is subject, says Tonate (*On the Horse*, p. 121) is glanders. It is described by writers fifteen hundred years ago, and it was then and is now, not only a loathsome, but an incurable disease."

Digitized by Google

A description of the chancre of glanders reads very much like that of syphilis, to wit: "The chancre of acute glanders may sometimes cicatrize; but the mucous membrane is never regenerated at the spot it occupied, being replaced by a very dense white tissue, thicker than the membrane for which it is substituted, and it consequently stands above the surrounding level; the cicatrix is composed of fibres which radiate from the centre towards its circumference in a stellate fashion. The presence of this indelible cicatrix always betrays the loss of substance that has taken place in the membrane.

Again, "The chancre is sharply cut in the membrane as if it had been stamped out by a punch; this is surrounded by a very narrow indurated border, and has a *hard resisting base*, the bottom being gray and unhealthy looking; the character of the borders and centre being due to the continual production of new cells," etc.—(*Fleming, Veterinary Sanitary Science and Police*, Vol. 1, p. 510).

An interesting question to know is, can glanders develop *de novo;* and if so, what are the circumstances most likely to bring this about? The following is an answer to the point: "In the expedition to Quiberon the horses had not been long on board the transports before it became necessary to shut down the hatchways (we believe for a few hours only), the consequence of this was that some of them were suffocated, and that all the rest were disembarked either glandered or farcied." —(*Coleman*, quoted by *Tonate*, p. 124).

Fleming says, that "of all the contagious maladies affecting man and the domesticated animals, perhaps glanders is the disease which would be selected as an example of the spontaneous or direct development of a virulent or infecting element. Those who maintain that a contagious malady can never be generated, but that its appearance must depend on the presence of a previously existing germ, have had but little or no experience among horses or of this disease. The highest continental veterinary authorities and those who have most attentively studied the etiology of the affection are absolutely unanimous in their opinion as to its being at times developed directly, and without contagion having anything to do with it. The

Digitized by Google

innumerable facts derived from many years observation, afford perfectly conclusive evidence that under the influence of certain causes of an appreciable character, glanders will develop itself without the intervention of a contagium.

We certainly have it produced when hygienic measures are neglected and the laws of health ignored; and in localities or districts where it had not previously been seen, perhaps for years. It is almost certain to break out among army horses during a campaign; and in recent times, as in the Crimea, the Franco-Italian struggle with Austria, and the Franco-German war, we have had ample proof of this. In the last mentioned instance, the magnificent German cavalry that invaded France took the field after every care had been exercised that no glandered horses should be in the ranks; and yet at the end of the campaign every regiment, it is reported, was more or less infected, the necessities and hardships of war having, as usual, engendered it. Their return to Germany spread the malady in that country to an unheard of extent."—(Ibid, vol., p. 482).

We quote the above to show how exceedingly easy it would be for glanders to break out during a siege where the horses are subjected to all manner of hardships and privations and made to endure the most unhygienic surroundings and filth.

Glanders in the Human Subject.

"The stage of invasion, or the premonitory stage, commences with a feeling of indisposition or depression, and with peculiar wandering pains, followed by febrile excitement, shivering, great heat and uneasiness; soon afterwards there is pain affecting the muscles simulating rheumatism and often mistaken for it. The pain generally attacks the extremities, and more especially the bend of the groin, the axillæ and neck," (symptoms of the epidemic) "where upon careful and minute examination, swellings may be detected, which are sometimes diffused and sometimes circumscribed, indicating glandular complication; these may disappear suddenly or be altogether absent. The fever soon assumes a more inflammatory character, the pulse being full 92–96, the skin is hot and dry, the face flushed, and the head heavy; there is want of sleep, the

Digitized by Google

tongue is foul, the urine scanty and high colored. Sooner or later the second stage, that of eruption, takes place and at once develops the specific character of the disease. In acute cases this appears almost at once soon after the invasion, but in chronic cases there may be an interval of weeks. The eruption consists of a crop of pustules, remarkably hard, resembling the small-pox, and attacking the skin like an exanthem; it is said to be specific and pathognomonic of the disease."—(Holmes' System of Surgery, vol. i, p. 701).

Two interesting plates which accompany this description illustrate this eruption well. Immediately on seeing it, one is reminded of the vulgar name "big pox" which was at various times applied to the epidemic.

Also in these same plates are shown subcutaneous tumors which remind one very much of descriptions of syphylitic gummetæ; they are probably the so-called "farcy sores" or "buds."

"Among the less frequent concomitants of the disease may be also mentioned specific tubercles and abscesses of the *glans penis*, testicles (Sarcocele, Mallosa, Virchow), and *kidneys*, specific papules of the choroid coat of the eye and, furthermore, inflammation of the parotid gland.

In the nose the cartilages become exposed and necrosed, the septum, vomer and palate bones are disorganized. In the pharynx, larynx and trachea are frequently found papules and ulcerations. The growths and ulcers in the larynx may lead to œdema of the glottis. The *cartilages* and *bones* are often involved secondarily in the destructive action of the adjacent specific affections, the ulcers and abscesses. In rarer instances the bones and periosteum are the primary seat of the specific growths and inflammatory process. In cases running a *chronic* course, with moderate ulceration of the nose and larynx, glanders may acquire a very strong resemblance to certain forms of syphilis.

The contiguous parts become involved in the diseased process; for instance, if the disease is situated upon the head, the bones of the skull and face and more frequently bone," (syphilis) "are all affected becoming necrosed; while even upon the inner surface of the skull, between the bone and the *dura mater*,

Digitized by Google

purulent collections may be formed (*pachymeningitis externa*). In other cases tubercles may appear in the periosteum of the skull, in the *dura mater*, and even in the *plexus choroides*. In the *human subject*, just as in the horse, the *nasal affection often fails to appear until the later stage of the illness* (syphilis), which affords convincing evidence that in both species these symptoms cannot be regarded otherwise than pathognomonic.

Of the remaining tissues of the body, the *muscles* form unquestionably the most frequent seat of specific changes. According to Küttner the specific nodules are mostly situated in the biceps, *the flexors of the forearm*, the rectus, and the pectoralis, and finally at the point of insertion of the deltoid."—(Ziemssen, Cyclopædia, Vol. III, Art. Glander).

Let us now see what the effect of *syphilis* is on the same muscular tissues.

"The syphilitic disease may locate itself in the most various muscles. The diffuse form has been found more especially in *the flexors of the upper extremities*, while the gummy tumors occur in the gluteus, trapezius, sterno-cleido-mastoideus," etc.—(Ziemssen, Cyclopædia, Vol. III, p. 179).

It would be an interesting study to be enabled to carry out this comparison through the different organs and tissues, affected more or less alike by the two diseases but as yet glanders has not been sufficiently well studied to permit of this being done to any great extent.

Let us, however, briefly recapitulate the points of resemblance we have just gone over, which the reader can confirm and enlarge upon if he chooses. It has been seen that the bones, special and otherwise, fall a prey equally to the two poisons. To wit: the bones of the skull; palate, vomer and nasal; the larynx, pharynx and trachea; eye, urinary organs and testicles; lungs, soft palate and tonsils; mouth, fauces and mucous membranes; ligaments, cartilages and joints; liver, spleen and nervous system; muscles, skin and lymphatic glands; and the almost perfect identity of the characteristic chancres.

In regard to the so-called volatile nature of that epidemic, so strongly insisted upon by the earlier writers and which we are not, unconditionally, inclined to dispute, the following may

Digitized by Google

not be amiss, "under the second class of modes of infection," continues Bollinger, "occurring without known local inoculation may be observed the cases of individuals who groom and have the care of glandered horses, who sleep in a stall with the diseased animals—without in any way coming in contact with them—or who become infected by sleeping on straw upon which, shortly before, glandered horses have been standing." Again, "some fillies have received the infection from the matter blown by the wind across a lane, when a glandered horse, in the opposite field, has claimed acquaintance by neighing or snorting. It is almost impossible for an infected horse to remain long in a stable where there are others without irreparable mischief."—(Tonati, p. 126).

Seen how easily in this manner glanders may be contracted without known local inoculation with diseased products, it will not be at all wondered at that soldiers (let us imagine) in a state of famine and degredation, compelled as they are, to mess and sleep together, could impart to one another a disease like this with the most frightful and alarming rapidity, thus probably giving rise to the belief that the epidemic could be communicated alone by the air.

This rapid imparting of the disease, from one individual to another has even taken place in private families. "For example, where one has eaten from the same dish with a diseased individual, or where an entire family, consisting of man, wife, and four children, have been rapidly attacked, one after another with the malady," glanders, (*Ziemssen's Encyclopædia*, article, Glanders).

Venereal Disease of Solipeds.

We now come to consider the last division and closing argument of our study, without which our investigation would not be complete, viz.: to a consideration of the venereal disease of solipeds, and its relation to human syphilis, and hence to glanders.

We quote the following from Bollinger (*Ziemssen's Cyclopædia*, Vol. 3, article, Glanders).

"For a long time before the communicability of glanders to

Digitized by Google

man was recognized, the disease had acquired a certain interest as regards its bearing upon human pathology, from the circumstance that Van Helmont (1682) sought to refer to it the origin of syphilis, a theory adopted at a later date by Ricord. The source of this erroneous idea has been traced by Virchow to the report, at one time accepted as true, that glanders first appeared, together with syphilis, at the siege of Naples, towards the end of the fifteenth century. More recent observations have since demonstrated that the virus of syphilis, when introduced into horses, never produces glanders, and it is still more significant that syphilis as such, is never known to occur in domestic animals."

It is rather surprising that a veterinary professor and author should make an assertion like this in the face of so much testimony of an opposite character. He certainly cannot be unacquainted with the new venereal disease of solipeds to which the distinguished Fleming allots so much space (36 pages) in his *Veterinary Sanitary Science and Police.*

Professor Law, in a much smaller work (*Farmer's Veterinary Adviser*) speaks of a serious constitutional disease of a venereal nature existing "in the horses of Arabia, North Africa and Central Europe, bearing a strong resemblance in many points to *syphilis*," and of a comparatively recent origin.

The statement of Bollinger "that the virus of syphilis when introduced into horses, never produced glanders," is in weight of argument about as *mal apropos* as the assertion that the poison of syphilis never produced a disease like the epidemic, and hence could never have been derived from it.

Professor William Williams, calls this new disease of the horse, the "maladie du cóït" and says, "it was first seen in Russia in 1796, and that it has since invaded Africa, Egypt, and the majority of the European countries. No mention, however, has been made of it in Great Britain, Spain or Belgium." (*Veterinary Surgery*, Edinburgh, second edition, Vol. 1, p. 249.)

After giving in a most comprehensive manner the geographical distribution of the new disease to the present time, Mr. Fleming comes to consider its character.

Digitized by Google

"The disease" he says, "is peculiar to solipeds—asinine as well as equine; and is transmitted in the act of copulation. It chiefly affects the generative organs, though it is not confined to these, but produces serious general disorders of a peculiar character, which most frequently terminate in death.

Nature.

"Very little is known of the nature of this affection. Some anthorities have imagined it to be allied to human syphilis, basing their supposition on the course of the local symptoms, some of the pathological alterations, and the serious character of these." * * *

Causes.

The primary cause or causes of this disease are as obscure as its intimate nature, though there is no lack of hypothetical reasoning on the subject. Radloff gives, as a general cause, an atmospherical, epizoötic constitution, which gradually modifies the animal economy, until the evolution of the disease is possible. He also invokes cosmo-telluric influences, and asks if the frequency of the storms in the mountains of Bohemia and Silesia has not contributed to render the malady more common than in previous years. This distinguished veterinarian also believed that hereditary tendency, a catarrhal condition, cutaneous eruptions betraying a lymphatic dyscrasy, are all so many predisposing causes!

There are always men enough ever ready with learned *spectacles* but no *eye* to bolster themselves up with such heterogeneous rarified nonsense as this, in order to *appear* erudite and profound, and make the vulgar stare.

"Hertwig and Renner attributed its production to fornication or bestiality; and Dumas mentions that the Arabs, believing it to be contagious and incurable, think that the male ass infects the mare, the former acquiring it from the female ass, which is diseased through an abominable offense committed upon it by the Arabs suffering from syphilis, and who fancy that this odious practice will cure them." This theory is beyond comparison, the most plausible and reasonable of any of the many offered, and we shall follow it out to the close.

Digitized by Google

Symptoms.

The symptoms of this equine disease are accordingly numerous, and we can mention only a few of them—the most important.

"The general symptoms appear in the following sequence: emaciation, lameness, nervous derangement, paralysis, marasmus, *glanders and farcy* and death."

Besides the *indurated sores* of the genital organs, swellings of submaxillary, axillary and inguinal, lymphatic glands, there is a "hideous marasmus." "The debility is so extreme that the victims can no longer stand, and their hinder limbs dropping under them, leaves them sitting like a dog, vainly endeavoring to maintain their equilibrium; the face haggard and the countenance pinched; the sunken eyes, expressive of terrible agony, which is made all the more sad by the futile attempt to rise; we have a startling picture of the effects of an equine venereal disease."—(*Fleming*).

And yet we are told "syphilis as such is never known to occur in domestic animals."

The reader will please to bear in mind that "*glanders* and *farcy* not unfrequently accelerate the final catastrophe." The remarks made concerning the metamorphosis of certain diseases into others in the commencement of this article will have their significance here. Our opinion is that this venereal disease is only a glanders (or a syphilis) in a mild form, which in time comes to assume its old proportions. No specific disease can ever change its character or type any more than a leopard can change its spots; although it may, so to say, become milder (fainter) or more apparent as the nature of circumstances may, or may not, favor it.

Let us now examine for a moment into some of the experiments made in this new disease, for after all experiment is the touch-stone of fact.

It is said, "That human syphilis is not transmissible to the horse by inoculation," and this fact (?) is brought forward (at least we will suppose it is) to overthrow the theory of Hertwig and Dumas and Renner, that syphilis contracted by the horse

Digitized by Google

from the Arabs after the manner named was the source of the disease.

Fleming writes: "The disease" (lues venerea equinis) "is produced only by actual contact of the diseased with the healthy. Inoculation is rarely successful in producing it; Lafosse and many other experimenters have not been able to transmit by puncture, nor yet by rubbing the mucus of the generative organs of an infected into those of a healthy animal; though Hertwig has succeeded once in doing so. Perhaps *if the attempts were made at the period of œstrum they would be more successful.*"—(Vol. 2, p. 330. Italics are my own).

This admission and results are highly significant, for it will be seen that the opposers of the theory of the transmission of syphilis to solipeds are caught in their own argument, to wit: That *while neither the new disease or syphilis can be communicated by puncture*, yet upon resorting to another method the former disease has been transmitted.

This would seem clearly to prove that syphilis also could be communicated in the same manner, and more particularly at the time most favorable.

Besides it must be remembered that this "new disease" may remain latent in the system for months before showing itself, and for this reason give rise to the belief that the disease had not been transmitted.

The *local diseases* of the generative of the lower animals, especially bovines and solipeds, we need not stop to consider. Suffice it to say they are perfect analogues of the same disease in the human species, and like them have long been recognized.— Vide, *Fleming, V. S. S. and P.*, Vol. 2, p. 337).

And now, in bringing our subject to a close, we feel justified in arriving at the following conclusions:

1. That the local diseases of the sexual organs of solipeds, unlike those of the human species, have ever been considered separated from the constitutional disease, and in this respect much could have been learned from veterinary authors.

2. That there are now no longer any good grounds for justifying a belief in the unity or oneness of the venereal contagia.

3. That *lues venerea equinis* is a comparatively recent disease

Digitized by Google

as is likewise human syphilis (which antidates it) and between which there seems to be the most intimate relationship.

4. That theoretically, at least, the etiology of human and equine venereal diseases has been successfully accounted for.

5. That the argument against the theory of the transmission of syphilis to the lower animal is most inconclusive and weak.

6. That the existence of a veritable syphilitic disease of the horse is now no longer open to dispute.

7. That syphilis is a glander, modified by various circumstances that could not obtain in the horse, and the new venereal disease of solipeds is a syphilis which gradually becomes a glanders for obvious reasons.

8. That gonorrhœa and its ally chancroid, being local diseases, capable of originating *de novo* without the intervention of specific virus, will *ever* be present in one form or another in a greater or lesser degree as a disease of the human race.

9. That the syphilitic virus coming originally from a source foreign to the sexual act, and incapable of spontaneous development in man, will, unless renewed again from a glanderous origin, gradually pass away and *ultimately* become extinct.

With this our task is ended. We have endeavored in a brief space to include as much as possible of the written as well as the *unwritten* history on this subject. Should our effort be deemed worthy of consideration from those who are laborers in this field of study, may our conclusions be tested after the manner that to them shall seem best suited to confirm or annul. If this be done, we hesitate not to say that what we have here offered as hypothesis the future will acknowledge as fact.

ARTICLE XI.—Lesions of the Brain with General and Focal Symptoms.

By Prof. Bergmann, Wurzburg.

(Volkmann's Klin. Vortraege 190.)

In most cases of lesions our diagnosis is plain. We examine which organs of the cavities of the body, which bones and

Digitized by Google

vessels of an extremity were injured, and we know by experience the disturbances following the lesion of this or that organ. Where femur or tibia are fractured, the patient falls down because their support is taken away; when the axillary or femoral artery is divided, a current of blood swiftly rushes out, endangering the life of the wounded; when the trachea becomes punctured it fills itself up with blood coagula, preventing the entrance of air and suffocation threatens.

In all such cases our indications are clear and precise, but where they are absent, i. e., where no symptom indicates the lesion of the organ hit, where nothing hints to the fracture, to the injured blood vessels or to the opening of the trachea, our treatment must be temporizing.

In injuries of the head the question arises, How is it with that central organ closed up by the skull? The decision about its co-affection is more difficult than that of the participation of the pleura or the lungs in a wound of the thorax; of more importance and more critical for the life of the patient as well as for our own actions. Severe cerebral symptoms may indicate an operation, though it does not appear that the brain is injured. The brain need not be visibly injured or wounded at some point. and still suffer more from the trauma of the skull than in another case where its surface was destroyed to a considerable extent and depth. The most dangerous cerebral symptoms may appear in a person wounded on the head; all cerebral functions may be stopped, and even a microscopical autopsy may fail to demonstrate any injury in the brain. Another time we may have to deal with patients where every cerebral symptom is absent; where neither psyche nor general sensorium, nor sensibility nor motility suffered, and still the greater part of a hemisphere is crushed. We never would believe the dimension of the injury if the patient would not have succumbed to another simultaneous or rapidly following wound, as e. g., an intestinal rupture or a pneumothorax. At the cadaver the injury to the brain appeared so immense that we are tempted to consider this rather as the cause of death, than the peritonitis around a small perforation of the intestine. And still we can assure the coroner that the crushed brain did

Digitized by Google

not cause death, and during life hardly gave a symptom of a disturbance. We find the brain visibly wounded, crushed and destroyed, and still we affirm that this did not endanger life, whereas, at another time, the most pains-taken obduction fails to detect anything in the brain, and still we consider the cerebral disturbance as the cause of death. Let me give you a few examples:

A middle-aged man is brought to the hospital half dead. Intoxicated as he was he was thrown upon rocky ground. The right side of his occiput was fractured in several fissures below the external wound. Nobody knew how long he laid there; when raised up he was unconscious, did not move, as if in deep sleep. Pulse slow, respiration sometimes intermitting. At the hospital the pulse changed; the beats became small, rapid, hurrying, breathing rattling. During the examination he died. After removing the cranium we found an enormous blood-coagulum, which in the posterior lateral part of the cavum cranii had pushed the dura from the bone. Dura sound, the brain not in the least injured. The posterior branch of the meningea media was ruptured at one of the fissures. (*Intelligenzblatt*, 1880).

The second patient, a laborer of 22 years, fell from the upper story of a house to the ground. Perfectly unconscious; in the deepest sopor he was brought into the hospital. Pulse 56, breathing superficial, intermitting; temperature 36.4. On the head a deep wound, laying bare the skull. Patient recovered himself slowly. Only during the third day he became fully conscious; whereas, his pulse was already normal in the first evening of his admission. He died in the beginning of the second week from pneumonia. We found the skull not fractured, the brain uninjured. Only the pia at the base from the pons to the upper part of the cord was infiltrated with blood.

Cases like these just narrated, are well known, the former as *cerebral compression*, the latter as *cerebral concussion*. This was satisfactory in olden times, but now-a-days the pathology of the brain has taught us so much, that we are now enabled to take both from the clinical standpoint as identical, whereas

Digitized by Google

formerly, the cerebral compression was studied from an ætiological standpoint, and the concussion from an anatomical one. We well recollect the experiments of Haller and Astley Cooper, who, after trepanation, pressed their fingers upon the dura and brain of a dog. The animal objected at first, but with increased pressure it fell asleep; coma and slowing of the pulse; hence they concluded that pressure upon the brain deprives the animal of its consciousness and retards the pulse, and therefore the cause of the unconsciousness and retardation of the pulse in injuries of the head must lie in a pressure, extensive or circumscribed, acting upon the brain; otherwise in concussion of the brain. Littre dissected a suicide who, fearing the capital punishment decreed for him, ran his head with full force against the wall of his prison-cell and fell down dead. At the post-mortem the brain did not fill up the cavity of the skull any more, caused probably by the concussion experienced by the head of the prisoner. The brain has sunk, just as corn sacks itself in a bundle while shaking it together. That such an internal condensation must cause immediate death, seems clear. During the first decennia after Littre only such rapidly fatal cases of injuries of the head were considered as concussions, where no discharge of blood into the cavity of the cranium, no apoplectic focus in the brain could be found, but where everything apparently was found intact and undivided. A further development took place, when some cases which recovered were put in the same category. Holding fast to the fact of this sinking in, two possibilities were thought of. Either the depression of the brain did reach such a degree, that its elastic qualities failed to suffice for the recovery of its tonus and the case necessarily was fatal, or they did suffice for its recuperation and the patient recovered just to that degree in which the brain filled up again its wonted space. About that time the doctrine of oscillations of the skull hit by some force, played an important part. The wave-motion extending over the skull was pushed over to the opposite side of the ball, where they met on opposite sides, and then the total of its action either broke the continuity of the bone or the brain itself received such a tremendous shaking up that it sank in its receptacle.

Digitized by Google

Clinicians tried faithfully to explain by a more rational mode the symptoms of pressure and of compression of the brain, but after all the differential diagnosis will be found very deficient in most text-books. Thus we read from good authority, that in cerebral pressure the pulse is retarded, in concussion accelerated; and another one affirms the retardation of the pulse in both; but in pressure it is full and tense, in concussion empty and easily compressible; a third one teaches the very opposite; in pressure the pulse is only slightly retarded, but small and can hardly be felt; but in concussion full and greatly retarded; and equally deficient is their diagnosis whether the patient in his sopor and coma suffers from compression or concussion. If the patient slowly replies to repeated loud questions, then they suppose it is a concussion, but where every experiment fails to get out of him a sign of life, it is probably compression. If he, like one intoxicated sleeps, with a red face, once in a while stretches out an arm or a leg and laboriously turns himself in bed, it hints to compression; but when he sleeps, cold and motionless, as in deep narcosis, we have to deal with a concussion. All these most exquisite points of differentiation fail to elucidate the question.

Now-a-days, we consider Littre's sinking in of the brain a post-mortem manifestation, depending on the flow and division of the liquor cerebro-spinalis after death, nor are the oscillations of the brain brought about in the manner our ancestors thought; physic teaches us differently. That the head, after every shock which it receives, passes through a series of oscillations, till it again returns to its equilibrium, is clear enough; the first shock which the brain suffers is the cause of the traumatic insultus, for the oscillations of the head, following a shock or a fall, are soon gone as they only appear under the influence of considerable opposition, which diminishes its amplitude immediately and continually. The oscillations following the first shock cannot act any more with the same force on bones, nerves, blood and lymph.

The clinique teaches us differently and considers only the totality of all manifestations connectedly. Such a patient is found to be unconscious, vision, hearing, feeling is lost; he

Digitized by Google

seems to be in a deep sleep. But not only the higher physical functions are prostrate, the automatic apparatus, hidden in the medulla oblongata, also suffers, which we see in the disturbances experienced by the respiratory motions and by the circulation. The patient breathes hastily, irregularly, deep inspirations alternating with superficial ones, or it stops from time to time, to be renewed after the pause with a deep, spasmodic as it were, inspiration. The pulse is retarded, its frequency may fall to forty or less in the minute. But where the fatal end approaches, the pulse beats more rapidly again, only they are weaker and finally stop entirely. Where improvement sets in, the pulse recovers itself first and becomes normal, whereas for a long time yet the sensorium remains benumbed.

Clinically we have only a unit before us in its development, succession, in its progress and retrogression, at the beginning and at the end. The most striking symptom is the unconsciousness and next to it the retardation of the pulse. The loss of consciousness whereas the other life continues, hints to an inhibitory process in the cortex of the hemispheres, for it brings on account of its manifold relations to the sensory and motory processes of the bodily periphery, to the cerebral ganglia and to the cerebellum, all processes, which produce conscious ideas, in connection. For that very reason we consider it the organ of consciousness. A loss of consciousness must therefore be considered as a morbid state of the whole cortical substance of the brain, depotentizing and paralyzing it. The nutritive process of the cerebral cortex is as active as its sensitiveness is great. Slight effects may put the entire function out of order or destroy it, even where no other parts of the brain are touched. It needs the most active tissue change to keep up at its height the pretentious life of the cortex. If the heart is the ultimum moriens, the vertex is the primum exhaustum, for the heart keeps on beating, if any poison, as, e. g., the deficient aeration of the blood in a pulmonary disease has long ago lulled asleep the sensorium. This most sensitive part of the brain suffers the first. After a fall on the head the patient is confused, incapable to take up the impression of the senses, weak, exhausted, dull and in a severe case as if intoxicated and somnolent, they are soporous and comatose, consciousness is gone.

Digitized by Google

In the midst of this night of the senses the automatic apparatus in the medulla oblongata is awake. Instead of paralysis we meet here irritation. The retardation of the pulse is a manifestation of irritation. Weber's experiment is well-known, that irritation of the vagus retards the pulse, its division accelerates it. At the same time that one part of the brain, the cortex, is paralyzed, another one, containing the pneumogastric centre, is irritated. Paralysis and irritation are both the effects of one and the same cause. This coincidence is an undoubted fact, but many experiments of rapid and sudden disturbances of nutrition were necessary to elucidate the relations of the spasm-centre of the vaso-motory and vagus-centrum.

Every encroachment, which finally suspends the functions of these important centres, irritates them at the beginning of its deleterious action, as, e. g., the anæmia or carbon-poisoning. The corresponding effect of sudden anæmia has been demonstrated by Kussmaul-Penner in their experiment for the spasm-centre. Landois showed it for the vagus. If we decapitate an animal with preservation of both vagi and thus produce the greatest possible anæmia of the brain and spinal cord, we meet retardation of the pulse at first, but followed by acceleration of the pulse.

Even by another experiment it can be shown that anæmia of these parts slows the pulse and only after some time, when the paralysis becomes complete, an acceleration follows, terminal, a symptom of exhaustion leading immediately to the fatal issue. Bartgen showed when cerebral anæmia is caused by extensive capilliary embolism, as after the injections of fat in the peripheral end of the carotis, a few seconds afterwards a retardation of the beats of the heart sets in, so that the frequency of the pulse after two minutes is only 0,25 to 0,53 of the normal number of pulsations. Simultaneously the arterial blood-pressure increases, also reaching its highest point in about two minutes. After that the phenomena changed. There was a moment, when the circulation of the animal seemed to regain its norm, but instead of keeping it up, the pressure sank down to the odd line, whereas the frequency of the pulse rose rapidly and only stopped in death. Such experiments clearly prove

Digitized by Google

that cerebral anæmia, caused by fat-embolism, produces a first period with increase of arterial pressure and retardation of the pulse and a second one with diminution of the blood-pressure and acceleration of the pulse, the same cause producing irritation at first and then paralysis.

We know that from all parts of the brain the cortex cerebri is the most sensitive one, hence it may be already for some time totally paralyzed, when the centra behind the pons are only in a state of irritation and everything depends on the magnitude, intensity and energy of the simultaneously paralyzing and irritating influence.

Thus we easily understand the contradictions of authors, who described the differential diagnosis of compression and concussion of the brain. One patient may feel only faint, weak and obtused without retardation of the pulse. The stroke which hit them has only attacked the cortex, its action was too slight to affect the vagus-centrum, which did not feel it at all and therefore the heart kept up its wonted work. In other cases the patient is fully stunned, the frequency of his pulse greatly diminished, here we deal with a stroke so powerful that it sufficed to paralyze the cortex and to irritate the vagus-centrum. From a still more powerful attack the patient is forced in deep coma, deprived of all sensitiveness and with great acceleration of his pulse. The chasing pulse becomes more rapid, trembling and filiform, till it ceases to beat. Here both portions, the cortex, and after a short and hardly discernible stage of irritation, the vagus-centrum, are paralyzed. These are the most severe cases, where formerly concussion of the brain was diagnosed, because the patient was found in deep narcosis and with a rapid pulse.

The clinical picture shows us in all cases a state depending on processes, which render difficult, inhibit or suspend the functions in the brain. The same curtailing process, corresponding to its unequal need of nutrition and to its varied sensitiveness, will paralyze the cortex at a time, when it only irritates the centra for the heart's movements and blood-pressure. The greater part of injuries to the head remain in this stage and therefore we usually meet this combination of unconsciousness and retardation of the pulse.

Digitized by Google

Clinical studies characterize the processes in the brains of our patients as disturbances of nutrition in the entire organ; they also assert, that the brain was not only attacked in its totality, but also that it is equally affected everywhere, in as much as the same intensity of the disturbance according to the irritability of the different parts of the nervous system and strictly corresponding to it, manifests itself here as paralysis, there as irritation.

In surgical cases, coming under our observation we deal with traumatic actions on the skull. A force may have produced such an effect immediately or mediately by hurting at first other parts than the central nerve-mass and acting through the former on the latter. In fact, directly as well as indirectly the brain can be equally influenced by the mediation of the circulation. Every stroke, hitting the bony hemisphere, changes its form immediately, though it may not be fractured, but by its elasticity it returns immediately to its pristine form. It may happen that the brain tears at the point of attack or is squeezed in such a manner that visible traces of the injury remain. But this is not necessary. Where the stroke fell over a broad surface but with little force it may not come to destruction. Neither effusion of blood nor a trace of crushing reveals the insultus which the whole mass certainly received. A stroke on the trunk of a peripheral nerve, as the ulnar, need not produce visible or tangible changes in the substance of the nerve and still it paralyzes the conducting power for a time, and the parts so affected feel numb. Just so we may consider the brain benumbed, dormant, paralyzed after a stroke or fall on the head. It is a well known fact, that many, very many recuperate quickly, after a few hours from the unconsciousness, pallor, coldness and retardation of the pulse and remain well. No physician will think then of a severe injury to the brain, for otherwise the patient would not have recovered so quickly. Where fleeting moments suffice for the return of consciousness, the changes in the brain cannot be coarse anatomical and palpable ones. At a post-mortem, as in the case mentioned, where the poor fellow succumbed to a pneumonia, the cerebral paralysis remains hidden from the pathological anatomist.

Digitized by Google

The most severe cerebral symptoms, unconsciousness and retardation of the pulse, lasted two days; he then recovered, but the new complication killed him and still the autopsy found the brain intact. There can be no doubt that cortex, vasomotory, respiratory and vagus-centrum suffered severely, but in a short time everything had returned to its normal state. No vessel could have been torn, for no effusion is absorbed without leaving a trace behind in the short space of five days, no nerve-fibres could have been torn, as they do not grow together so quickly.

Considering in such a case the direct action of the trauma on the totality of the nervous substance of the brain, we accept it as an example of an indirect traumatic injury. The mode of injury is in both cases the same, general and equal. But the mode of its action differs, though the position of the brain in a firm and unyielding box has to do with the disturbance. The peculiar relations of the cranial space, its solid occlusion are the causes that throughout the brain the circulation may suddenly become altered and inhibited. The injury which immediately attacks the nerve-mass, acts through the elasticity of the skull by the change of its form, but the injury, mediately attacking the brain through retardation or inhibition of the circulation, acts through a forced movement of the space inside of the skull containing the brain and its adnexa.

In the unchangeable space of the skull brain, blood and liquor cerebro-spinalis are closed in, when something else is added, some foreign body, it must compress or push aside the usual contents of the skull. The brain cannot be compressed without bursting the skull at the usual degrees of pressure, hence room can only be procured for tumors and accumulations in the cavum cranii by removal of blood and cerebro-spinal fluid. Both fluids can go out of way, the blood into the extra-cranial blood-vessels, the liquor cerebro-spinalis from the unyielding skull into the yielding vertebral cavity. We have reason to believe that it is the latter process which especially and when necessary, takes care of the needed space. Suppose that by some mechanical act the arteria meningea media bursts

Digitized by Google

in the uninjured skull, a blood-coagulum will accumulate around the ruptured blood-vessel, which in our case weighed more than 180 grammes. This coagulum could only procure the space which it occupied, by recession of the liquor cerebro-spinalis from the all over firm cranium into the articulated and therefore dilatable vertebral cavity. But the dilatability of the latter also has its limits, as it depends on the elasticity of the ligamentous apparatus, which keeps together the different osseous segments. If put in tension it presses back by its elasticity the flowing lymph and thus increases the pressure which it already had to bear. A moment will necessarily arise, when the tension of the liquor cerebro spinalis reaches the tension of the blood-column in the capillaries or excels it; immediately then a contraction of the capillaries, everywhere surrounded by the cerebro-spinal fluid, sets in, producing a considerable retardation of the movements of the blood in the inside of the skull, therefore also in the brain. Thus always and everywhere the retardation of the circulation in the brain happens, thus its inhibition and stoppage. The retardation of the circulation, just like the immediate traumatic insultus, affects all cerebral functions. With the decrease of the celerity of the motion of the blood every nerve-centre is successively attacked, and on account of their peculiar organization in the same succession and intensity as in the immediate traumatic affection. At first the cortex suffers and at last the medulla oblongata. Consciousness is already gone before retardation of the pulse shows itself and vice versa the pulse recovers first and return of consciousness follows only slowly.

On animals we can demonstrate most easily the relations of the heart's action and of blood-pressure. Koch and Filehne benumbed a dog by a series of strokes on its cranium and convinced themselves at the dissection that no visible lesion took place in the brain or spinal cord. But the trauma reduced all functions of the nerve-centres, which could be judged by the expression of their activity, to nothing, and if the attack was interrupted at an earlier stage, slight grades of the so called concussion of the brain were observed. One of their curariced animals had a pulse of 40 beats every quarter of a minute and

Digitized by Google

a blood-pressure of 154 mm. Hg. in the femoralis. When the trauma began to act, the frequency of the pulse fell to 15 every quarter minute, whereas simultaneously the blood-pressure rose to 200 mm. I tried a similar experiment. I wounded an animal by narrowing the space of its cranial cavity, injecting through a very small hole a quantum of congealing fluid between bone and dura. Before the injection the frequency of the pulse was 30 to the quarter minute and blood-pressure 120; four minutes afterwards the pulse fell ten beats in the same time and blood-pressure rose to 200 mm. What we observe in cerebral concussion and compression is the same complex of symptoms, based on one and the same elementary process; the weakening or inhibition of the most important cerebral functions. Only in one case it happens in consequence of a traumatic insultus, in the other case indirectly through the circulation.

At the bedside we diagnose from the general symptoms the diffuse affection of the brain which endangers all its functions. In such a case, no matter how it happened, the disease is a unit, because its next cause, the disturbance of nutrition in the nerve-centres and the clinical picture, is the same.

But practically it may be of the greatest importance to know in every case the remote cause of the diffuse, traumatic cerebral affection, the transitory change in the cranium or the more or less lasting narrowing of the space in the cavity of the cranium. The greatest limitations of space are caused by intra-cranial blood-extravasations spreading between bone and dura. It is clear that the removal of the extravasation preceding the opening of the skull may save the life of the patient, which otherwise might be lost in consequence of the steady increase of the effusion. We must, therefore, in every case give account to ourselves whether thus we can help our patient or whether the supposition of the space-narrowing blood-extravasation holds good.

In some cases the mode of injury gives us the response. Where, e. g., after a stab of a knife in the direction of a sinus of the dura our general cerebral symptoms follow, we may consider with certainty a large endocranial blood extravasation

Digitized by Google

caused by it. The acting force was here such a one that it could not produce a change in the form of the cranium, but it was well suited to open a blood-vessel and to cause an effusion.

In all dubious cases we must consider the increase or decrease of the complex of symptoms. Specifically different or pathognomonic symptoms for the different causes of the same process, are not to be thought of because, not the instrument, but the processes themselves give us the clinically observable functional disturbances. The processes in the nerve-substance itself and their sequelæ, i. e., the manifestations of disturbed activity are the same in concussion, in cerebral pressure and sudden cerebral anæmia, only their temporary course may show differences which render us valuable hints.

Where the dangerous symptoms rapidly diminish and retrograde, we are justified in excluding all space-narrowing extravasations, whereas vice versa, in all cases where the manifestations become more grave from hour to hour, the pulse more slow, the coma more deep, the respiration intermitting, a constantly increasing extravasation is to blame for the constantly increasing disturbance.

For the so-called pure concussion of the brain there is only one criterium: the transitory character of its symptoms. This the experiment on animals proves. Even the progressing stage of paralysis disappears after a few hours without leaving any injurious effect. In all experiments the same result followed: either the animal died rapidly or it recovered rapidly; the paralysis either passing over into death, or subsided rapidly into perfect restoration; a consequent illness never followed.

The changes in the nerve-substance in our cases are certainly open to rapid retrogression. A complete anæmia, leading already to irritation of the spasm-centre, may be removed by transfusion. A similar state is shown in compression. When injecting under a certain pressure a solution of starch below the cranium of a dog, till the blood-pressure in the femoralis rose from 160 to 210, and the frequency of the pulse fell from 60 in half a minute to 56, and we then aspirated the fluid

Digitized by Google

thrown in; we witnessed then immediately the blood-pressure to sink to 180 and 165, and the frequency of the pulse increase to 50 and 65. If we succeed in removing the supposed acute disturbance of nutrition, the brain immediately takes up its former activity. Where no other noxa acted than a stroke or fall on the head, and where death did not follow immediately or soon after, people recover just as quickly as the animals did in Koch's experiments, and vice versa, where protracted unconsciousness is observed, we have the right to blame for it a still acting cause, a something present in the cranium, and this in our case can only be a space-narrowing, intracranial extravasation. It may be possible that in the first hours after an injury of the head the unconsciousness is produced by the cerebral concussion, but where it continues for days we may be sure of something else, and that is, the compression. All such cases where the patients are carried into the hospital unconscious and with decided retardation of the pulse, recover themselves after a little while under repeated vomiting. Their pale face reddens, the superficial respiration becomes deeper and the pulse regains its normal frequency, but consciousness does not yet return. They remain asleep and in mental obtusion for many days, yes weeks. I believe that in such cases the symptoms of the first stage were the consequences of that immediate insultus which the nervous substance of the brain experienced through the trauma, and the effect of it lasted just so long as the pulse was retarded and disappeared when it rose again. A short time afterwards the unconsciousness would have also ceased, if not during that time from ruptures in larger or smaller vessels of the meninx a blood-quantum had oozed out, which gradually grew and occupied just sufficient space for the narrowing of the intracranial circulation. Where the extravasation was trifling, the retardation of the circulation remains also trifling, but still sufficient to be felt by the intracranial circulation, though not copious enough for the vagus centrum, or else it would have felt it also. The retardation of the pulse therefore, did not reappear, but ceased with the cession of the effects produced by the concussion of the brain, whereas the unconsciousness and somnolence continued,

Digitized by Google

and only disappeared after days, when the extravasation which caused them was finally absorbed.

In order to decide whether there is an intracranial extravasation, most authors advise an examination of the fundus of the eye. When tumors are inside the cranium of the size which disturbs the circulation similar to a large blood extravasation, clinicians usually find in the ophthalmoscopic picture great dilatation and filling of the retinal veins, swelling and inflammation of the optic nerve at its point of entrance, the picture of the so-called stagnation papilla. They know that in such a case cerebro-spinal fluid was pushed into the inter-vaginal space of the opticus and by compression, and perhaps, maceration, the papillitis and papilla-retinitis was produced. A similar relation exists in the acute, traumatic space-limitation of the skull. On this point our autopsies so far failed to instruct us, but the absence even cannot be taken as a proof against the existence of an endocranial extravasation. The liquor cerebro-spinalis discharges itself mostly in the sheaths of the nerves coming out of the cranio-spinal cavity, along the olfactorius and opticus. Its current runs from the cranial cavity to the peripheric nerves. If here the conducting roads are in order and active the effusion of more liquor need not necessarily produce stasis, which is more apt to show itself when the conducting channels are obstructed, or for some cause stopped their work.

That stagnation-papilla has been observed in some cases of traumatic compression of the brain does not prove accumulation of liquor cerebro-spinalis in the sheath of the opticus, for the anatomical examination is wanting, but Berlin in his valuable critical labors, hints to the possibility of another reason for the stasis-papilla. A fissure at the basis cranii which, as it is often the case, crosses or ruptures the canalis-opticus, may inside of it tear the sheath and thus cause the entrance of blood from the ruptured spot into the inter-vaginal space. This blood would act just like a hydropic extension of the nerve-sheath compressing the central veins of the opticus and procuring a swelling of the papilla. Stagnation-papilla, after a cranial trauma neither proves nor excludes the diagnosis of an endocranial extravasation.

Digitized by Google

A far better reason for it remains yet to be given. Angerer and Kunkel have shown that during the absorption of large blood-extravasations, the urine shows a peculiar and decided reaction. This appears everywhere, where the coloring matter of the blood is deposited in the tissues and absorbed. Where other causes for the presence of hæmatin in urine, as e. g., febrile temperature, are absent, we may conclude that absorption of blood-extravasation took place. But this does not prove that the extravasation must be deposited inside the cranium, as with the trauma on the head simultaneously a rupture of the spleen or in the liver might have happened and escaped our observation.

But my theme is not to differentiate between concussion and compression, but to show them up as a unit. Let us first diagnose the morbid state induced and caused by the trauma. It relates equally well in both cases to the whole brain, so that clinically they must be considered a unit. The diseases which were separated on account of their ætiological difference belong clinically together and therefore they differ from localized injuries.

Every trauma of the skull, whether caused by a sharp or dull weapon, whether penetrating or merely hitting, may embrace either at once the whole brain or it may loosen only a single part from its connections and destroy it. In the latter case the injury embraces one or several parts, but not the whole brain. Between the localized and the general affection, anatomically as well as clinically, exists the greatest difference. The general symptoms caused by a lesion affecting the entire brain, are everywhere and always the same. The peculiar manifestations depending on an injury to a part of the brain, always differ in accordance to the functions possessed by the particular central point. Our diagnosis must therefore hold firm to the contrast between focal and diffuse symptoms.

For two reasons surgical cases offer great difficulties here. Firstly because most injuries of the brain are seated close below the skull, therefore attack the cortex; and secondly because localized injuries of the brain are seldom observed alone and usually appear in connection with diffuse, traumatic cerebral affections.

Digitized by Google

Only till lately the doctrine of the functions of the cortex cerebri taught very little for the diagnosis of a focal affection. The entire cortex was considered the material substratum for the different mental processes, but not in that way that its expressions emanate from certain specified portions of the cortex. If physiologists had the idea that a small part of a lobe, left behind in an experiment of extirpation, could perform the totality of its functions, then it was clear that clinicians had to give up the diagnosis of the part injured and had to acknowledge that cerebral wounds could only be known through ocular inspection of the gaping wound of the soft and hard parts. But recently the physiology of the activity of the cortex has changed. They learned that no element of the nervous system produces specific actions, but that the form of its function depends on its connections alone and we know therefore that in dissolving certain connections, certain functional disturbances can be expected. From experience and observations we divide now the cortex of the hemispheres in provinces, corresponding to the different organs of sense and to the motory tools of the body. It is true that as yet a large part of the hemispheres, the frontal and temporal region, appears perfectly indifferent to injuries, but we cannot affirm the same of the parietal and occipital region, where with the destruction of certain parts we see the loss of certain functions.

The supposition of a localization of cerebral functions, i. e., of a certain spot in the central organ, where every solitary action emanates and arises, does not stand in contradiction with the absence of symptoms in numerous and extensive cerebral lesions, as we presuppose that the brain is built up not only according to the principle of localized function but also according to that of representative function; that therefore for any part whose function is suspended, other parts are able to take it up. Large portions of the brain may be destroyed and still no symptom gives us cognizance of it, whereas others which for their representation possess not so favorable connections, make their destruction known by the loss of a particular function. The destructions of the former we are unable to diagnose, but the latter we do, for from the manifestations at the bedside we

Digitized by Google

can localize the part of the brain injured. Only through such a local diagnosis do we know that the brain is injured. A limited lesion of the brain gives only focal, not general symptoms. As large and extensive portions of the brain may be destroyed without giving symptoms we must as yet forego the diagnosis of lesions in these parts. Best known are the destructions and irritations of the so-called motory region on the surface of the brain, situated on both sides of the central fissure and may be divided from the vertex down to the region of the concha auris in a mosaic of motory centres. Mostly upwards to the median line are the centra for the lower extremity of the opposite side, followed by those for the upper one, lower down those for mimicry and finally those for the tongue and before the latter, in nearly the same height, that for speech. From an exact combination of paralysis and irritation of certain parts of the body we diagnose the part injured in this region of the brain. Thus, at least, it was in a case which was cured in our hospital.

A young girl æt. 20, fell from a second story down on a heap of stones. Consciousness was only lost for a few minutes, then she rose and went to the physician who brought her into the hospital. The sensorium of the patient was free, she answered correctly the questions as to how she was injured. No disturbances of motility or sensibility. She complains of pains in several, rather copiously bleeding wounds of the head and frequent vomituritions. Pulse 90, respiration 36 to the minute. Vision not altered, pupils react well. On the right side of the forehead, close to the median line a wound extending over the inner end of the right eyebrow into the upper eyelid and crossing at the height of the upper margin of the orbita with a second wound going horizontally from the temples to the root of the nose. The edges of both wounds are freely crimped, strongly contused and undermined for a great distance, so that two flaps come together, under which the bone is exposed. The inner side of the flaps and the surface of the bone are covered with particles of sand and lime. A second similar ragged wound begins over the right concha and extends obliquely upwards nearly to the vertex. From this greatly

Digitized by Google

gaping flap several torn places are seen, between which the skin is suggillated and raised. In the centre of this wound the bone is exposed and shows a deep, but small impression, the bone is pressed in, funnel-shape, in a circumference of 3 to 4 cm. The impression is taken from a piece of hardened mortar which fills up the gap. The depressed bone is broken in three larger and some smaller parts. The fractured parts lie close together. Backwards and downwards this depressed and fragmentary fracture is surrounded by a concentric fissure. In every such case trepanation is indicated, which changes the unfavorable fracture into one more favorable to a cure. The pressed-in fragments of bone are not only separated from neighboring parts by gaping fissures, but they are also bared of their periost. Its nutrition is therefore greatly endangered. In such a splintered fracture the tabula interna is often as much splintered as the tabula externa, so that we have a fracture before us, very difficult to heal. Three fragments had to be removed with difficulty from the tabula interna when we found in the ragged dura a hole from which particles of brain came and with them hair and mortar. After their removal no more brain followed.

The operation was performed under chloroform narcosis and according to the principles of antisepsis. Coming out of the narcosis the patient complained of the pressure of the bandage and great pains in the wound, which soon got better. The motions of the extremities were for the first few hours after the operation, normal, but six hours afterwards, in the evening of the day when the operation was performed, the patient could not stretch the fingers of the left hand, which were tightly closed in the palm, nor could she extend the hand which remained constantly in the position of flexion. This hand felt numb and heavy, but she could clearly localize pricks in the fingers. The following morning the facialis was also paralyzed and in the evening the palsy had extended to the forearm. When changing bandages we saw that the eyelids were not paralyzed, but that only the lower branches of the facialis suffered. She gradually improved so that a month afterwards all movements were free and strong.

Digitized by Google

In this case the brain was certainly injured for we removed particles of it, but we also know the seat of the lesion. Broca recommended a simple procedure for fixing the position of the sulcus rolandi on the living person. Two strips are sewed together under a right angle and there supplied with a little ball which fits the right meatus auditorius. One strip is carried over the upper lip to the left ear, the other runs upwards over the vertex. Thus it touches the connection of the sagital and coronal suture. By going backwards in the median line about half a centimetre we reach the heights from the upper end of the sulcus we seek. Considering this point as the summit of an angle of about 65 degrees, open behind, we have the course of the central sulcus nearly correct. Trying this experiment on our patient we find the anterior border of the gyrus centralis anterior where it borders on the gyrus frontalis tertius the place injured and hence we were able to prognosticate palsies of the left hand and left facialis.

Every cerebral wound, be it subcutaneously open, cut or bruised, is followed by a concentric swelling of its surroundings. As the vascular net of the pia, supplying the convolutions of the brain, abound in a great many branchlets as required for the nutrition of this sensitive organ, a coarse destruction of the nutrient covering must necessarily make itself felt. We always witness at the dissection of such wounded persons the arachnoidea filled with blood-extravasations far beyond the limits of cerebral destruction, and as far as this goes, this disturbance of the circulation will show itself in the form of acute stasis and serous imbibition of the brain.

That part of the brain and especially the cortex, which thus becomes œdematous, becomes insufficient and quasi paralyzed. Where this œdema exstagnatione progresses from the injured, perhaps functionally indifferent part of the cortex, so that it reaches a motory centre, the paralysis of the peripheral part of the body supplied by it will follow. Where the paralysis is only the sequel of a circulatory disturbance, it will pass off, if the circulatory disturbance can equalize itself. Where general cerebral symptoms are absent it happens more quickly than where we deal with general and focal symptoms, as in

Digitized by Google

the latter case the whole circulation in the skull suffers. Hence the difficulty or sometimes the impossibility of equalization, a case which by the increase of the cerebral œdema may become easily fatal and where we must use every means to procure the absorption of the disturbing intracranial extravasation. Because in our patient all symptoms of cerebral pressure were absent, I hoped for a retrogression of the paralysis. Experience taught me that where the paralysis immediately follows the trauma, the prognosis is worse than where it appears at a later period in consequence of the progressing œdema around the trauma. In one case the twitching of the paralyzed muscles were also characteristic, and it is well known that the faradic irritation of the cortex leads to clonic spasms.

We already mentioned that prevalence of general cerebral symptoms renders the diagnosis of cerebral injuries more difficult. Where the wounded is unconscious, without motion and sensation, we cannot find out whether anything is paralyzed, as the diffuse disturbances entirely cover the focal symptoms. We here meet several possibilities: The patient is deeply comatose, his pulse retarded, his breathing accelerated and intermittent. At the post-mortem we find the apices of both anterior cerebral lobes, the frontal regions destroyed. In another case the third frontal convolution is mashed, especially where it rises to the crus anterior of the fossa-sylvia. The patient would have been aphasic if he had been in a state to make known this disturbance. But he slept so deeply that this loss of speech could not be observed. If he were conscious we could from the symptoms indicate the seat of injury, but unconsciousness covers everything as with a heavy veil. In some cases a few days pass before this veil is lifted. Only when after the absorption of the space-narrowing extravasation the patient recovers himself, when his pulse is again normal, the local cerebral lesion, which till now remained latent, shows itself clearly. In other cases again we witness that, notwithstanding the unconsciousness, some cerebral symptoms can be dimly recognized, in other cases more clearly. Here the most insignificant, but still reliable, cerebral symptoms may lead us to the diagnosis of the part of the brain injured. Let me give you another example.

Digitized by Google

A laborer fell from the top of a house, five stories high, into the cellar. During transportation it was seen that he had a spasm. Blood ran from the nose, and accumulated in the mouth and fauces without being expectorated. Brought to bed he tosses about moaning. On the right side of the head in the region of the coronal suture the skin is raised like a bag, bluish red and superficially abraded. Similar abrasions on the right upper and left forearm. Face pale, temperature 36, pulse 54, respiration regular, 28; blood in the urine. The eyes of patient are constantly turned to the left, both bulbi turned to the same side. This position is kept up constantly. The pupils equally wide react to coarse impressions of light. The fundus of the eyes normal. No paralysis of extremities; it seems as if the patient does not move the right arm, but when pinched he withdraws it, and when raised he keeps it in that position. During the first nights the patient was restless, tried to leave the bed and had to be carefully watched; involuntary defecation and urination; pulse fell to 44, but the temperature rose to 38.6 on the evening of the third day. Urine taken with the catheter showed urobilin. During the day he was more quiet and reached for the tumbler and chamber. On the fourth day the pulse rose to 64, with a temperature of 33–39°. Ophthalmoscopic examination reveals a remarkable fulness of the veins at the entrance of the left opticus, a hyperæmia per stasis, which is more clear because absent on the other side. The conjugated deviation of the bulbi to the left is the same. He is greatly troubled with accumulation of blood and mucus in the cavum pharyngo-ovale, and he cannot bring it up. The mouth has to be forcibly opened and cleansed, but soon afterwards the rattling and the dyspnœa begin again. On the evening of the fifth day temperature 39, pulse 64. The tracheal rattling increased and he died on the morning of the sixth. Post-mortem showed bronchitis with œdema of the lower lobes, and in the left pleura a moderate quantity of a reddish serum. Between the skin and galea aponeurotica over the whole vertex a blood-infiltration, extending anteriorily over the forehead, laterally to the ears and backward to the centre of the occiput. The right

Digitized by Google

temporalis bruised and full of blood. The skull fissured, the fissure beginning over the right eye, extending inward and upward to the middle of the parietalis of the same side. After removing the cranium we found a thin coagulum, covering a large part of the dura. Between the meninges on the left side an extravasation from rupture of veins at the sinus longitudinalis. A large part of the left temporal and occipital lobe around the most posterior part of the fossa sylviæ destroyed and full of blood-coagula. This place destroyed lies just opposite the part struck. We here see that a large part of the brain can be destroyed without remarkable symptoms. We met in this case only the symptoms of the limitation of space in the cranium. Unconsciousness and retardation of pulse were caused by the large coagula between the bones and dura, and over the right uninjured hemisphere and in the cavities at the base; only these caused it, the destruction in the temporal and occipital lobe had nothing to do with it. There was no paralysis of the extremities. The destroyed focus left the motory region untouched, as it reached only the posterior border of the Gyrus centralis posterior. On that account we failed to observe paralysis of the extremities of the opposite side and of the facialis. Whether sensory disturbances were present, whether sight or hearing suffered, we could not find out on account of the unconsciousness. The only focal symptom which we observed was the constant position of the bulbi to the left, as if the patient stubbornly wished to look at something in that direction. How do we explain this conjugated deviation of the bulbi? Was it an accident or do we know its origin?

French physicians long ago observed that in some cases of cerebral apoplexy the paralyzed patients look to the side opposite to the palsy, or as they expressed themselves, they looked at the apoplectic focus in the brain. Afterwards reports came in, where the patients looked to the paralyzed side. Generally it was considered a symptom of irritation of the surface of the brain, when the eyes looked at the injured part of the brain and turned vision from the paralyzed extremities. Only the studies of Duval on the origin of the oculomotorius led to other ideas. According to this author not all fibres of

Digitized by Google

the oculomotorius originate from the so-called nucleus of this nerve. Its innermost fibres rather come from the nucleus of the abducens of the opposite side. We may, therefore, suppose that just there fibres go laterly in the periphery to the rectus internus of the eye provided for by third nerve. The experiments of Duval and Laborde agree with it, who demonstrated, after destruction of the right abducens-nucleus, paralysis of the musc. rect. dexter externus and of the rectus internus sinister, but after irritation of the same nucleus a lateral motion of both eyes to the right. The fibres which further connect this ganglion with the brain, cross like all connections between the grey substance in the cortex and the ganglia situated in the medulla oblongata. Where a cerebral lesion is seated close to the surface of the brain or in it, a paralysis of the ganglion of the opposite side will be produced, a paralysis liberating the function of the antagonist. The eye deviates to the non-paralyzed side and that is just that side of the brain which was injured or destroyed. Considering also the result of ophthalmoscopic examination, in our case made on the fourth day, where it found a decided hyperæmia of the left retinal veins in comparison with the right side, our suspicion is again led to the left side, and blood coagula had to be suspected in the arachnoidea or between pia and dura of that side. The excoriations and suggillations on the right side of the skull clearly showed that he struck that side. But where broad attacking forces hit, deform or fracture the skull, the place of contusion will be usually found on the opposite side or on both sides.

The number of cases, degenerations of the cortex, where a conjugated deviation of both eyes to the side of the morbid focus has been observed, are still rare. And even here we find contradictions, whereas Ferrier affirms, that by a destruction at the base of the second frontal convolution the oculomotorius suffers, Landouzy and others made parietal and occipital convolutions responsible for paralysis of these nerves.

In our case the combination of general symptoms with an exquisite focal symptom allowed us to diagnose diffuse and localized disturbance. Where such a combination is absent, we diagnose in a given case only the former or the latter of a traumatic cerebral lesion.

Digitized by Google

ARTICLE XII.—A Study of Kreasotum, Eupion and Carbolic Acid.

By S. L.

KREASOTUM and Eupion are oils distilled from tar, the former being the heavier, the latter the lighter oil. Carbolic acid is won by distillation of the dead oil of coal tar. In order to find out whether Kreasote contains any Carbolic acid, the ferric chloride test is now considered the most reliable. A clear watery solution of beech-wood tar Kreasote acquires with little ferric chloride a blue, then brown, and finally yellowish or yellowish-green turbidity; a similar solution of Carbolic acid gives a blue or violet coloration. On adding a strong solution of ferric chloride to a strong alcoholic solution of Kreasote, a blue and then a green color is produced; with a similar solution of Carbolic acid the coloration will be at first blue, then brown, or in certain proportions green; if now six or eight times the bulk of water be added, the Kreasote mixture will become dingy brown with the separation of minute oil drops, but the Carbolic acid mixture will remain perfectly transparent and acquire a beautiful blue color. Frœhde's Reagent, prepared by dissolving one part of molybdic acid in hundred parts of sulphuric acid, has been found to be a reliable test for detecting an admixture of Carbolic acid in Kreasote; the former producing with the reagent a yellowish or brownish tint, passing into maroon or reddish-brown, and finally into beautiful purple; the latter causes a brown or reddish-brown color, which becomes fainter and finally light yellowish-brown. The test is applied by adding one or two drops of the aqueous solution of the substance to three or four drops of the reagent; warming the mixture gently will hasten the production of the final coloration. If the Kreasote contains but a small quantity of Carbolic acid, ten drops of it are dissolved in half an ounce of water and the solution distilled. The first portion of the distillate will give the Kreasote reaction and the last portion that of Carbolic acid (*Stille and Maisch, Nat. Dispensatory* 466).

In cases of poisoning with Kreasote saccharate of lime, or

Digitized by Google

lime is probably the most efficient antagonist from a chemical point of view (*Th. Husemann*). There is no chemical or physiological antidote to Carbolic acid after absorption has taken place. Hence, toxic symptoms should be treated on general principles as they arise. The local caustic action is lessened by vegetable demulcents, but not by oils or glycerine (*Bartholow Mat. Med.*, 511).

Regarding the action of Kreasote on the human body Koehler (*M. M.* 429) teaches:

1. The skin coming in contact with Kreasote corrodes; its epithelium is destroyed.

2. The mucous membranes are still more severely affected and turn white; there is further proof needed that its action is that of an anodyne.

3. Kreasote causes pain in the tongue; salivation sets in in man and beast with nausea, vomiting, colic and diarrhœa. On the contrary small doses of Kreasote given for some time may produce constipation. Where Kreasote is taken undiluted in large quantities internally, it acts as a caustic on stomach and intestines.

4. Small doses taken internally increase the frequency of the pulse; a few drops injected into the circulation bring on a fatal result by coagulation, hence its use as a hæmostatic.

5. Kreasote directly applied to an exposed large nerve-trunk brings on death; if brought in contact with the nerve of a carious tooth it kills it immediately.

6. Small quantities of Kreasote, after being absorbed, paralyze nerves and muscles among the muscular organs.

7. The heart also becomes paralyzed; larger doses produce death instantly.

8. Its action on nerve centres shows itself by headache, vertigo, dullness of the head, twitching of the muscles and convulsions before death (in animals).

9. Respiration becomes irregular, labored, moaning; the air expired smells strongly of Kreasote.

10. Diuresis is increased; the urine shows a black color and smells of Kreasote.

Symptoms of carbolic poisoning in man are: In acute in-

Digitized by Google

toxication with larger quantities of the poison after a few minutes loss of consciousness and of voluntary mobility. Such poisoned persons pass into a comatose state, wherein frequently sensibility and reflex movements are abolished; breathing is mostly stertorous, where consciousness is not entirely abolished labored and dyspnœic. General convulsions were so far never observed in man, though frequently seen in animals. Death usually follows coma without any other especially remarkable manifestations. A nearly constant symptom is excessive contraction of the pupils, which fail to react to the stimulus of light. The cool skin covered with sweat shows livid color. Obstinate retention of urine and fæces. Vomiting is nearly constant, especially at the beginning of intoxication. The pulse is remarkably slow during the first stages of the poisoning, later usually greatly accelerated. The accumulation of mucus in the mouth observed by Jeffreys and Hainworth is probably caused by the salivation, which we observe in most persons killed by asphyxia. Whether the poisoning arises from external application or from internal use the retention of urine always necessitates catheterization, and the urine will gradually assume a dark-olive green color. Sometimes albuminuria was observed, but this is an inconstant symptom, as also the pain in the renal region. Immediately after the poisoning severe pains in the course of the œsophagus under the sternum and in the gastric region were observed; the vomiting during the initial stage may also be considered a local effect, though vomiting also took place from merely external use.

In cases of slight intoxication with Carbolic acid the patients complain of headache, vertigo, nausea, inappetency and similar manifestations.

The white color of the mucous membrane of the mouth and fauces, the crusts in the neighborhood of the mouth or on other parts of the body, the appearance of the urine and the odor of the poison, are diagnostic hints not to be neglected. (*Ziemssen G. E.*, 15, 230).

Digitized by Google

THERAPEUTIC APPLICATIONS.

Old School.

Kreasotum is recommended in diabetes because it diminishes the sensation of hunger and thirst, but recent authorities discard it.

It has been used per anum in dysentery on account of its antiseptic qualities.— *Willmott.*

Inhalations of kreasotic spray were given in chronic pulmonic catarrhs. (*Hufeland's Journal*, April 1834). According to Stillé it only diminishes the profuse bronchorrhœa.

Elliotson recommends it in obstinate vomiting, even when depending on inflammatory affections, and in the vomiting of pregnancy and of nervous persons. Elliotson and Weber in the vomiting of arsenic poisoning and in cholera; Payer in the vomiting in Bright's Disease; Neligan gives it in sea-sickness.

Basedow and others (*Schmidt's Jahrb.*, 17, 268) claim great benefits from it in cholera-infantum, even where gastromalacia has taken place.

As an anthelmintic it had great reputation. Tænia was expelled by five to eight drops of Kreasote in Ol. Ricini cum Ol. Crotinis gtt. ½ to 1, and for pin-worms children received injections with aqua Kreasote.

Formerly some physicians used it in nervous palpitation of the heart; in epilepsy, prosopalgia and other necroses.

As an hæmostatic it gained some reputation by its power of coagulating the blood. The aqua arterialis balsamica Binelli, or ten to twenty drops Kreasote to thirty grammes water were usually prescribed, but the opinions of surgeons is divided in relation to its value. The same may be said in relation to blenorrhœas. Virulent fluor albas, the second stage of gonorrhœa and gleet were the diseases where it found most application. The same may be said of burns and chilblains, of gangrenous ulcers and of parisitory cutaneous affections.

The antizymotic and disinfecting power of Carbolic acid has frequently been used for therapeutical purposes, but its real value becomes questionable, as too often tincture of Jodine is

Digitized by Google

given at the same time. The usual formula was: Acid, carbol., Spir. vin. aa 1,0, Aqua. destill. 5,00, Tinct. jod. 0,5, for local application in diphtheria and scarlatina. Others applied it per os and per anum in cholera, typhus, variola, with more or less success. More frequent is its use by inhalation or hypodermically. Thus a carbolic acid spray is recommended in chronic nasal catarrh, hay-asthma, chronic bronchitis and whooping cough. In pulmonary phthisis with profuse and foul-smelling expectoration; in gangrene of the lungs the one per cent. solution of Carbolic acid or Rothe's mixture of the acid and Jodine are recommended for injections or spray. Dr. Tessier of the Maritius reports intermittents rapidly cured by the hypodermic injection of three-quarters of a grain of Carbolic acid dissolved in twenty minims of water, a fact which failed totally in other hands. Nausea and vomiting, due to an irritable state of the stomach-nerves is relieved by Carbolic acid. Attacks of cholera-morbus and cholera-infantum are often very promptly arrested by it. Rothe gives: ℞. acid carb. dil. 0,4; Aq. Menth. pip. 30,0; Tt. Jod., tt. Opii simpl. aa, gtt. ij, Mucil. g. Min., Syr. Dyacod. aa 10,0, every two hours a teaspoonful or ℞. acid carb. gr. ij, Bismuth subnitr. ℥ij, Mucil. acaciæ ℥i. Aq. Menth. pip. Ds. A tablespoonful every two, three or four hours. Eructations of gas, due to the fermentation of food and the vomiting of yeast-like matter, especially when due to the presence of sarcina, are often arrested by this remedy, and based on its power to arrest the action of ferments it has been used with temporary good results in diabetes of hepatic origin. Pruritus cutan. et pudendi as well as other parisitory affections are said to yield to the power of this acid, but as several persons were thus poisoned, most dermatologists prefer to use less dangerous, but equally efficacious applications. Listering is too well known to need more than a mere mention, and even here doubts have been raised about its necessity, and even the open air treatment of wounds finds many adherents among surgical celebrities.

Homœopathic Uses.

There are very few remedies where the Homœopathic indi-

Digitized by Google

cations of two drugs tally so much with those of the so-called physiological school, as we find it in Kreasote and Carbolic acid. Hughes (*Pharmacodynamics*, 4th ed., 590) praises it for sympathetic vomiting, for the dynamic influence it possesses over foul discharges and putrescent processes, sustaining at the same time the patient suffering from exhausting diseases, and with Teste, lauds it for the affections arising from teething, especially in delicate cachectic children.

Teste in his excellent Materia Medica, page 122 (a work which richly deserves to be re-issued by some one of our enterprising publishers) considers Kreasote but calculated to remove affections of the female sex and more particularly of children in the cradle, of slender make, chilly leucophlegmatic, with bad humors and disposed to constipation. Anxious sleeplessness in the night; congestive headaches with dizziness, especially in the morning on waking; difficult teething of children; caries of teeth, foul breath; nausea and retching before breakfast, as during pregnancy; diabetes insipidus; infantile enuresis nocturna; passive metrorrhagia; corrosive leucorrhœa. The most marked effects of Kreasote often only show themselves after the use of the drug is discontinued; the symptoms which it removes, often show a tendency to re-appear. According to Teste and Chanet Kreasote acts excellently in syphilis neonatorum and in tertiary syphilis of adults.

Hayes (*Applied Homœopathy*, 108) confirms the power of Kreasote in corrosive leucorrhœa and prescribes it successfully in some obstinate cases of dyspepsia, with great and constant nausea and inclination to vomit, but without actual sickness. The patient complains of a cold feeling at the epigastrium, sometimes as if cold water or ice were there, internally.

Dunham (II., 165) quotes Bœnninghausen in calling attention to the value of Kreasote as a remedy in cases of incontinentia urinæ nocturna, where the patient dreams he is urinating comme il faut. In women Kreasote has a discharge of bland yellow leucorrhœa preceding each urination, with frequent desire to urinate, micturition is attended and followed by much smarting and burning of the pudenda. The urine is often turbid and offensive, depositing a reddish sediment. In rela-

Digitized by Google

tion to the female sexual organs it ought to be compared with Sepia and Murex, as it causes: pain in pudenda, stitches in the vagina preceding from the abdomen; intolerable itching in the vagina, the labia swell and become excoriated, smarting during and after the frequent urination. The leucorrhœal discharge is very acrid, excoriating the parts which it touches; menses too soon, too copious, the flow being dark and thick, accompanied by nausea, deafness and abdominal colics. The menstrual flow often ceases on the third or fourth day and after a few hours or a day re-appears. The menses are followed by leucorrhœa, which is at first very acrid and dark brown in color and quite offensive, in a day or two it becomes deep yellow and has a peculiar odor, like that of fresh green corn when it has just been husked. Along with the leucorrhœa there is much pain in the back, a dragging pain from above downward, a pain as if something would come out, or after long stooping. This pain is relieved by motion and is worse during rest; hence it has proved of great value in prolapsus uteri. The Kreasote cough is noteworthy. It is spasmodic, fatiguing and wheezing, excited by a sensation of a crawling below the larynx or as from mucus in the bronchi which cannot be dislodged. Only the master-mind of a Dunham could grasp so fully the spirit of a drug and present it to us in clear-cut indications. When will we see his like again?

Hoyne (*Clinical Therapeutics*, II., 568) quotes Cooper, who cured a girl, presenting well-marked traces of syphilitic dyscrasia, of her deafness which had afflicted her all her life, thus confirming the statement of Teste, though Hughes partially declines to accept this indication. We copy Raynaud's indications for phthisis pulmonalis: stitches below the left mamma, proceeding thence as with a sharp knife and like an electric shock across the pit of the stomach, the chest, the right side of the abdomen, thighs, down to the tarsal joints; striking across the middle of the chest from morning till noon; acute stitches in the middle of the chest, worse during an inspiration, attended with a feeling of lameness and extending to the elbow-joint across the right shoulder, where the pains are most violent on lifting the arms. In bronchitis when the patient complains

Digitized by Google

of pain as of heavy pressure under the sternum with copious and light colored expectoration. Kreasotum meets those cases of dysentery and diarrhœa, which are accompanied by vomiting, fetid urine, putrid stools, burning pain in bowels and in cholera infantum its sphere is in the second or third stages, with bloody, shreddy, mucous evacuations, with or without oppressiveness, gagging, dull, leaden countenance, somnolence, incipient hydrocephaloid (Stevenson). It proves curative in many cases of chronic vomiting, and Raue recommends it in cancer of the stomach for painful hard place on the left side of the stomach, sensation of contraction in abdomen; constipation; stools hard and dry; she cannot bear tight clothing around her waist. In syphilis it is indicated by low spirits and longing for death; painfulness of scalp, with great falling off of the hair; the scalp is painful when brushing the hair; livid complexion with swelling of the cervical glands; burning of the genitals, with impotence; burning between the labia during micturition; itching in vagina, inducing rubbing in the evening, succeeded by swelling of the external parts; worse in the morning, in the open air and on moving. Eggert mentions it for prolapsus uteri, especially after menses; all uterine complaints aggravated after menses; painful coitus; ill humor and low spirited, worse from music, causing her to weep; complaints of climaxis. Kreasotum has proved curative in acne, herpes, urticaria and ulcers, especially gangrenous, cancerous and putrefying ulcers. It is especially adapted to putrid diseases, characterized by itching, with violent burning after scratching; carbuncles; scaly pustular diseases; eczema capitis et mammæ.

We thus see that our school makes good use of Kreasotum, but clinical experience of Carbolic acid is still wanting, whereas the old school has nearly discarded it and transferred all its medicinal power to Carbolic acid. Eupion lies neglected by both schools. Let us now compare the pathogenesis of these drugs, in order to find out their dissimilarities.

Carbolic Acid.	Kreasotum.
Feeling of sadness with disposition to sigh and yawn, not in humor to think or speak.	Very despondent, constantly wishes to cry; longing for death; fretful without cause.
Feels dull and stupid, disinclination	Weakness of memory, her thoughts

Digitized by Google

CARBOLIC ACID.

to mental exertion; stupor and complete unconsciousness.

Vertigo, staggering as if drunk, better in the open air; heaviness of head, especially when leaning forward, better after breakfast; expansive pain in head with swimming before eyes; burning headache in forehead, worse in a hot room; dull aching pain in occiput and temples; dull heavy pain through temples, with tight band across forehead, and tightnesss in the nose between the eyes.

Eyes rigid, insensible to light, pupils much dilated; very severe orbital neuralgia; eyes sensitive to light; while reading or writing the letters look blurred; a constant dark spot in front of the left eye.

Constant humming-buzzing sound in the ears, though hearing is not affected.

Both nostrils plugged up; sense of smell very acute; watery discharge from nostrils while in the open air, ceasing in-doors.

Face pale and bathed in perspiration; face livid with cold, clammy perspiration; trismus.

Burning, biting sensation on tongue; mucous membrane of mouth, lips, throat white; burning on lips, throat and œsophagus, with heat rising up from the stomach; constant discharge of saliva from the pale lips; horrid, pungent, metallic taste; inability to speak or to walk.

Hawking of clear white mucus while in the open air; choking feeling in throat, with disposition to hawk up mucus; soreness of throat on empty deglutition, after tea throat better for a time; spasmodic contraction of œsophagus with inability to swallow.

Anorexia; thirst; felt as if a little more whiskey would do him good; constant belching of large quantities of wind; nausea with desire to eructate; aggravated feeling of sickness about stomach, pain and dragging feeling in stomach and low down in abdomen;

KREASOTUM.

vanish; profound stupor, from which she could only be roused for a few minutes, then relapses again into unconsciousness.

Rotary vertigo, on account of which she could not stand or walk; general weariness of head, worse from emotional disturbances; headache as if she were drunk, with weakness of memory; headache as if the head were too full and would burst out forward; jerking, tearing, stitching pains in anterior part of head, semilateral and extending to the cheeks, jaws, teeth and neck.

Dim-sighted, as if looking through gauze, as if something was floating before the eyes; burning heat in eyes, with tears, worse from bright light; discharge of hot, acrid, smarting tears. Staring, dull, stupid look.

Hard hearing; roaring in head; humid tetter on the ears, with swelling of cervical glands and livid gray complexion.

Offensive smell before the nose, especially in the morning when awaking; nosebleed with heaviness and throbbing in forehead; frequent sneezing without a trace of catarrh.

Paleness and puffiness of face; suffering expression; *old looking children;* wants to moisten the lips frequently, without being thirsty.

Bad odor from decayed teeth; *teeth wedge-shaped;* toothache extending to temples and ears; very painful dentition, teeth begin to decay as soon as they appear; scorbutic, spongy, ulcerated gums; tongue clean, but pale, as if withered; burning in mouth, throat and stomach; flat taste; everything she eats tastes bitter on swallowing; putrid odor from mouth.

Diphtheritic appearance of throat, the burnt parts sloughing away; constant hawking, after a while expectoration of whitish, sweetish-tasting mucus; scraping in throat, dryness of fauces.

Great appetite or complete loss of it; water, after it is swallowed, tastes bitter; worse from eating cold food and better from warm diet; great desire for liquors; belching and hiccough, especially when sitting up or being carried; sour, empty eructations, after

Digitized by Google

CARBOLIC ACID.

burning in stomach with heat rising up in œsophagus.

Abdomen bloated, especially in epigastrium, but neither hard, nor tense, nor sensitive to pressure; emission of large quantities of putrid flatus; a feeling of goneness in abdomen, yet with a heavy weight about the stomach. Abdominal muscles and bowels feel sore on walking.

Constant feeling of desire to pass a stool and sensation as if there was a quantity in rectum; the anus itches and feels as if the skin was rubbed off.

Diarrhœa, three watery evacuations, with pain and sick stomach; sluggish stool and insufficient.

Frequent micturition; unusual free flow of urine, normal in color, odor and quality; greenish tinge of urine and disappearance of all deposits of lithates; urine dark smoky, alkaline, depositing a sediment of granular urate of ammonia; urine almost black, but not turbid.

Prickling pains through the glans penis and urethra; sexual organs relaxed during the day, at night lascivious dreams with seminal emissions which weakened him greatly.

Pain in region of left ovary, when walking in the open air, soon subsiding; menses more profuse and darker colored than usual, followed by headache and great nervous irritability.

Feeling of soreness in larynx and bronchi, with some hoarseness; tickling irritating sensation in upper part of trachea and fauces, causing a short, hacking, dry cough; respiration stertorous and rapid (80), room feels close and hot.

KREASOTUM.

dinner with throwing off of frothy saliva and scraping roughness in throat.

Painful sensation of coldness in abdomen; ulcerative pain in abdomen; labor-like pains in abdomen with drawing in upper abdomen extending to small of back; abdomen distended and tense, but neither hard nor painful; flatus, smelling like bad eggs.

Cramp-like pains in rectum, so that he was obliged to walk bent over; drawing, tearing and stitching in rectum, with frequent pressure to stool, but none follows, disappearing after a stool.

Watery, papescent, dark brown, putrid stools, containing undigested food; ineffectual painful urging to stool; constipation, stool hard and expelled only after much straining.

Excessive urging to urinate with constrictive pain in vagina; frequent emission of hot urine; wets the bed at night, wakes with urging, but cannot retain the urine; frequent urging, especially at night, passes only a small quantity.

Burning in genitals and impotence during coition, with swelling of penis the next day.

Menses too early, too profuse and too protracted, more or less pain during the flow, but much worse after it; flow intermits, at times ceasing, then recommencing; flow succeeded by an acrid smelling, bloody ichor, with itching and biting in the parts; dark and offensive metrorrhagia with fainting, pulseless; offensive smelling in large clots; bearing down and weight in pelvis; violent burning sensation deep in pelvis, with constant moaning and whining; violent itching between the labia and thighs; corrosive itching within the vulva, with soreness and burning after scratching.

Scraping and roughness in the throat, with hoarseness, ceasing in the morning, after sneezing; cough with retching, but only a discharge of some saliva; cough difficult to loosen, with expectoration of a very firm gelatinous mucus; respiration difficult, as if the chest were compressed, she is constantly obliged to take a deep breath; periodical blood-spitting.

Digitized by Google

Carbolic Acid.	Kreasotum.
Feeling of narrowness in the chest, as if the diaphragm oppressed the chest; while walking out-doors, feeling of expansion and of lightness in lungs.	Anxious feeling of heaviness in chest; pains in chest, better from pressure; stitches in chest, interrupting breathing.
Heart's action irregular, the beat of the heart as well as of the pulse can hardly be felt.	Stitches over and in heart; pulsation in all the arteries, when at rest; heart's action slow and weak; pulse small and labored, suppressed.
Great sense of weight and tenderness on the neck, tender even to touch; soreness of muscles of neck, back and limbs; tired sensation in renal region.	Glands of neck swollen; rheumatic stiffness of back and neck; pain in small of back, as if broken; spasmodic drawing from behind forward, also in the genitals and down the thighs.
Profound prostration; physical exhaustion; great languor; complete anæsthesia.	Restlessness and uneasiness all through the body; twitching of muscles; shocks through the body causing her to start; weakness and prostration.
Formication in extremities, burning of skin; intense burning itching in different parts of the body, especially genitals. Vesicular and pustular eruption with excessive itching, and burning after scratching.	Wheals like urticaria; large greasy looking pock-shaped pustules. Dry and moist eruptions all over body, with much itching; old painful putrid ulcers.

It is well known that from Carbolic acid an essence of bitter almonds is prepared which in its action is equal to the original article, and some authorities compare the action of Carbolic acid with Hydrocyanic acid. We cannot therefore feel astonished to see the permanent influence which this acid exerts on the whole cerebro-spinal nervous system; everywhere lassitude and in higher degrees prostration prevailing, as it attacks with equal force the sensory as well as the motory part of the nervous system. Herein it differs decidedly from the Kreasote, which has less prostration, but nutrition and assimilation are obstructed. In many of its symptoms it reminded us greatly of the lime preparations, and we must dissent from Dr. Heinigke, who considers Carbolic acid the active ingredient of Kreasote, for there is something in the latter which acts in a far different direction. In fact, we consider it a bioplasmic remedy, and thus of such great power in infantile diseases, suffering from a hereditary dyscrasia. In its rapid emaciation it reminds us of Jodum; we meet here the same keen appetite and greedy drinking, but it differs from the latter in that the nerves of digestion are exhausted, hence the vomiting, the lienteric stools, the foul belching and flatus. Senility is only a second childhood and we meet therefore, similar indications for its use in that advanced age. Let us before we go farther

Digitized by Google

cast a glance at that lighter oil of the beech-tar and see wherein it differs from both. Even a superficial examination of the pathogenesis of Eupion will convince the reader that it has more in common with Kreasote than with Carbolic acid; the mental symptoms are the same, but in the eye-symptoms we find under Eupion an œdematous swelling of the eyelids, worse in the fresh air, which we miss in Kreasote. The toothache of Eupion is also a different one: a kind of numbness in the left upper and lower carious molars, appearing immediately when lying down and disappearing when she arises and moves about in her room, a symptom found neither in Kreasote nor in Carbolic acid. The tongue of Kreasote is clean, pale, withered, that of Eupion red, covered with raised nodules, like herring-roe, tongue and palate pain as if sore; the back of the tongue covered with a thin, dirty, white coating, the anterior part dry and rough like a grater. In its intestinal symptoms Eupion stands half-way between Carbolic acid and Kreasote; sometimes spasmodic pains prevail. Eupion has leucorrhœa more decidedly than either of the other two drugs, the discharge gushing out abruptly, covering the linen yellow, with great lassitude, emaciation of the whole body and trembling all over the body, felt only during rest; menses too soon and too copious, with bruised sensation in the chest, pruritus proceeds with pain in sternum, as if it were raw. Examining carefully and comparing the pathogenesis of Eupion, we acknowledge that in toto the differences between it and Kreasote are hardly enough to stamp it as a necessary drug, and it may perhaps, be eliminated from our materia medica. In fact it is nowhere mentioned, except where it necessarily must find a resting place, in Allen's Encyclopædia. Requiescat in pace. A far different state is met in studying Kreasote versus Carbolic acid, which in some way might be compared to the disparity between Lachesis and Crotalus, thrown together by some English writers and throwing Naja in as a bargain, whereas the dissimilarity is too great to be overlooked. Kreasote is by most physicians too much neglected, though cures can be made, have been made with low and high potencies. Infancy and women! a remedy working beneficially in that direction deserves our highest praise and frequent application.

Digitized by Google

General Record of Medical Science.

On Moral Insanity.—P. Grilli says that in all forms of mental diseases we meet cases, where there is far more alteration of character than a disturbance of intelligence, at least during some stage of the disease, during which such a patient may be considered morally alienated; but genuine moral insanity is a congenital degeneration, characterized by want of judgment and a morbid depravation of impulses, and in its legal aspect must be taken in that strict sense.—*Centralbl. d. Nervenheilkunde*, 6, 1881.

Protracted Tepid Baths in Typhus.—Afanassjew confirms the benefit of protracted tepid baths in typhus, as recommended by Riess and Manassein. Baths of 25° R. (about 88° F.) were used twice daily, each of three hours. The temperature always fell during the bath 2° to 2,5° C., in some cases only 1° to 1,5° C., but enough to reduce the fever to a strongly remittent or intermittent one. The frequency of the pulse also decreased in the same ratio. A truly typhus state was never observed, the tongue always remained clear and moist and appetite good. The position of the patient in the bath can be made perfectly comfortable in the manner described by Riess, and the doctor hopes that the cold bath can be done away with.—*Petersb. Med. Wochenschrift*, 7, 1881.

Scarlatinous Exanthema after the use of Natrum Benzoicum.—Dr. Hampéln observed in a boy æt. 8, after the use of 5,0 Natr. benz., which was given for about twenty hours on account of a slight tonsillary mycosis, a scarlatinous exanthema, diffusely covering neck, trunk and upper arm. As it disappeared the following day, 0,3 grm. Natr. benz. was again given every three hours, and the same evening the exanthema again appeared, this time not diffusely, but in large plaques. Ehrenhaus in Berlin observed the same exanthema from this drug.—*Petersb. Med. Wochenschrift*, 3, 1881.

The Thermocautery in Chronic Bronchial Catarrh.—Peter treated in the Hôpital de la Pietè a girl æt. 20, who for three years suffered from severe and extensive bronchial catarrh, emphysema and constant severe dyspnœa. The cough-paroxysms with their copious expectorations, threatened, especially at night, to suffocate her. Everything failed to relieve her. He then applied over her whole back superficial cauterisation, applying the thermocautery to many different points. Improvement followed already the next day and a repetition of the treatment during three weeks, twice a week, brought entire relief, so that she could be considered cured, when discharged from hospital.—*Berlin Med. Wochsch.*, 12, 1881.

Papayotinum, a Good Resolvens of Croupous and Diphtheritic Membranes.—Dr. J. M. Rossbach experimented at the Pharmacological Institute of Wurzburg with different substance, but unsatisfactorily, and solutions of brom-bromkalium showed that only the margins of the membrane became softer, the other parts shrinking but not dissolving. A few months ago he succeeded to get a small quantity of

Digitized by Google

genuine Papayotin in the form of amorphous, purely white, not hygroscopic pieces which were without taste or smell. As Papayotin according to different authorities digests and dissolves in a short time albumen and meat, a solution was made of 1 to 20 water for experiments. When taking a small piece in the mouth, the sensation is as if chewing some chalk and not the least change takes place in the epithelium of the mucous membrane. In another experiment a piece of lung of a freshly killed rabbit was put in the solution (0,05; 1,0) and after several days no change could be observed, it only looked paler and more shrunken. A piece of meat became soft in half an hour and the single fibres could be drawn out. A thick, croupous membranous tube, thrown up after tracheotomy was cut into pieces and a pretty large piece of it put into a concentrated solution of Papayotin (0,1: 2,0). An hour later it had already fallen into small particles, showing themselves as a light greyish white cloud at the bottom of the watch-glass. After six hours they were gone, and even under the microscope not even a vestige of corporeal elements could be seen. Provings with different solutions showed that it needs a five per cent. solution to be effective. Succus Carica Papayæ acts a great deal weaker, and it took twelve hours to dissolve the same quantity of membrane. The drug ought to be applied every five minutes, a few drops to be put on the tongue or into the nostrils, so to keep the membranes in constant contact with the Papayotinum.—*Berlin Klin. Wochsch.*, 10, 1881.

The Vertical Position of the Leg in Hyperæmic or Inflammatory States, or in Hæmorrhages of the Leg, by Dr. Wolff (Silesia).—That high position of an inflamed part moderates the inflammation, as it renders the part anæmic, is an old experience. Thus Volkmann recommends the vertical suspension of the forearm in inflammations, suppurations and œdema of the forearm and hand, and he reports a case where in a hæmophile the vertical suspension of the arm stopped the bleeding from the palm of the hand, after all other attempts had failed. Wolff found the same benefit from the vertical position of the leg in all hyperæmic or inflamed states of the leg or foot, especially in phlegmone, suppuration, ulceration or œdema, and he reports a case to substantiate this claim, adding that the patient did not experience any inconvenience from such a position of his leg. In ulcers of the lower extremities a more rapid closing of the ulcer followed such a position which can easily be made by a planum inclinatum simplex. It may be rational to attempt it also not only in traumatic cases, but also after operations (amputations of the thigh or leg).—*Allg. Med. Centralbl. Zeit.*, 22, 1881.

Changes of the Sympatheticus in Parenchymatous Nephritis, by Dr. Banti.—In four cases of acute nephritis parenchymatosa and in two cases of nephritis interstitialis Banti found changes in the ganglia of the sympatheticus of the renal plexus and of the renal nerves in fresh preparation, or when hardened with Osmium acid. He considers the atrophy and destruction of the ganglia-cells by lymph-infiltration as the primary cause of the disease. Bernard, Vulpian, Knoll and others already acknowledge the great influence of the sympatheticus on renal secretion, albuminuria, etc., and explain thus the primary œdema, the early vomiting and the cutaneous symptoms; similar changes in the vasomotory nerves may be the cause of renal manifestations after burns, congelations or after suppression of cutaneous

Digitized by Google

excretions. In diabetes mellitus, morbus Addisonii, in some forms of anæmia we meet the same anatomical changes, which Brigidi also found in three cases of morbus Brightii. The medullary fibres as well as those of Remack are changed in the renal nerves; lymph-infiltration and increase of interstitial connective tissue, hence atrophy of the ganglia; the nerve-cells full of pigment and fat. In the interstitial form we miss the degeneration of the nerve-fibres of the rami renales, in the ganglia-cells, especially in the semi-lunar ganglia more or less infiltration of the lymph-cells.—*Med. Chir. Rundschau I*, 1881.

Urinary Reflex Paraplegia, by Dr. Dieu (Algier).—A man, whose gonorrhœa lasted already six or seven weeks, was attacked with difficulty in urinating. Dieu diagnosed after catheterisation a considerable stenosis, indicating internal urethrotomy. He failed to accomplish it, as he could not get the instrument through the narrow part. By and by a numbness of the large toes and of the lower extremities set in, so that he could neither walk nor stand, all he could do was a little flexion. Renewed exploration revealed an urethral calculus in close position to the stenosis, which was clearly the cause of the reflex paraplegia. After several trials he succeeded to push the stone into the bladder, from where it was removed by lithotomy, which entirely removed every trace of the paraplegia.—*Prog. Med.*, 2, 1881.

On Local Analgesia as a Therapeutical Measure.—Dumontpallier of Paris produces local analgesia by irritating the nerve of the side of the body opposite to the affected one. He looks for the exact point corresponding to the painful point of the affected side and then injects subcutaneously a syringe full of common water, which, as well known, suffices to produce a local irritation. Experiments were thus made in ischias, pleurodynia, lumbago and especially in acute articular rheumatismus. The results were highly satisfactory. The pain ceased immediately, though the affected joint remained red and swollen. The patients unanimously declared that the pain disappeared, but that the joint feels stiff yet, preventing motion. Old and new cases were thus benefited.—*Med. Neuigk.*, 15, 1881.

On Nerve-stretching.—Witkowsky examined microscopically the stretched nerve-trunks of living and dead animals, and found that nerve-stretching does not act only, as formerly supposed, dynamically or by changes in the circulation, but also by inhibiting the conducting power in a number of fibres, causing a process of degeneration, which extends to the periphery and which is soon followed by manifestations of regeneration. Nerve-stretching may therefore be considered a regenerating process.—*Arch. f. Psych. and Nervk., XI.*, 2.

Chemical Restraint and Alcohol, by Dr. Prichard Davies (Maidstone).—The mechanical restraint of former ages is now-a-days changed to a chemical restraint, mostly produced by bromide of potash and hydrate of chloral. It is questionable whether the present method is not as bad as the former one, and it is certain that by and by it will be relinquished. The use of alcoholic stimulants is also an abuse, which deserves to be abolished. Barming Heath with its

Digitized by Google

1200 patients (Kent County Asylum) gives a good example that the thing can be done, and though patients and nurses were at first opposed to the abolishment of the usual evening dose of chloral, all opposition ceased by prescribing for it some indifferent mixture, and now there is no more restlessness or disturbances in the asylum than formerly.—*Journ. of Ment. Science, Jan.*, 1881.

Pilocarpin Against Foul-smelling Foot-sweats.—Armaingaud cured three cases of foul-smelling foot-sweats with subcutaneous injections of Pilocarpinum (0,02-0,04), which for months refused to yield to other means. The cure appears to be caused by the increase of the derivating secretion of the salivary glands, as its perspiratory action was hardly noticed after the injections. An infusion of Jaborandi acted far more on the perspiratory excretion, but caused very little salivation and had no influence whatever on the foot-sweat. No disagreeable manifestations, as headache, cerebral congestions were observed during the treatment with Pilocarpin injections.—*Gaz. Hebdomad.*, 7, 1881.

Pseudo-croup a Symptom of Infiltration of the Tracheo-Bronchial Glands.—A. Barety tries to prove that the "laryngite striduleuse" or pseudo-croup is produced by a functional disturbance of the glottis. The cause of this disturbance is a pressure brought about on the nervus recurrens by the acute or subacute swollen tracheo-bronchial glands. He cites seven families, of which all the children suffered from pseudo-croup and where, during the attack, they all showed an acute swelling of these lymph-glands, which even remained a little while after the attack. All these children were more or less of a scrofulous habitus, and their parents suffered from pulmonary tuberculosis, or the tuberculosis with or without the swelling of the tracheo-bronchial glands could be demonstrated in the brothers or sisters of the parents. Barety never had the opportunity to make an autopsy in such cases, but Guersant describes such a case where he found tuberculous degeneration of the bronchial glands. The other organs, with the exception of the lungs, where he found a few tubercles, showed no alteration. Albers (Recherches Anatomo-pathologiques sur le nerf pneumogastrique) cites a case of intermittent croup, where he found in a child of two years a tuberculous enlargement of the lymph-glands of the throat and of the bronchial glands, and a firm adhesion of the right vagus to these glands. Whether we deal in such an affection with a spasm or a paralysis of the vocal chord, is still undecided. Lee and Hourmann favor paralysis, Jobbet and Krishaber lean to spasms, Jaccond and Axenfeld are still doubtful.—*Centralbl. f. Klin. Med.*, 6, 1881.

Treatment of Hæmorrhoids by Forced Dilatation.—Junque (*Thèse de Paris N.* 389) comes to the following conclusions: 1. The contraction of the muscular elements at the end of the rectum plays an important part in the ætiology of hæmorrhoids, hence the contracture must be attacked. 2. Forced dilatation is the most energetic and at the same time the least injurious means. 3. In some cases dilatation must be repeatedly performed. 4. Dilatation must be made with the aid of a speculum and slowly, not with the fingers, which might cause a fissure. 5. The cure is radical, though relapses may follow. 6. No untoward accidents ever happen or follow.—*Allg. Med. Central Zeit.*, 32, 1881.

Digitized by Google

Reviews and Bibliographical Notices.

A Treatise on Diseases Peculiar to Infants and Children, by W. A. Edmonds, M.D. etc., etc. Boericke & Tafel, 1881.

Prof. Edmonds gives us in this work *his own mature experience* in the treatment of infantile diseases and thus takes away from the reviewer all the right of criticism. Suppose we say, the treatment is not strictly homœopathic, that Edmonds never can hope to become a member of the legion of honor, that he has no right to discard the glorious Psorinum, it may be the worse for the patients of the doctor; but that is his business, and he has a right to remind us of the eleventh commandment: to mind our own business. Even to the pathological part we cannot give unstinted praise, it is often too superficial and does not go into the merits of the case, but—the dedication gives us here a valuable hint—to the mothers of America—it is a book not written for the profession, but for the lay-people. Well the work must be judged by this standard, and may it do all the good which we expect from it.

Diseases of the Nervous System, by Ch. P. Hart, M D. Boericke & Tafel, 1881.

Praise be to "otium cum dignitate!!" Brother Hart, we owe you one and intend to remain your debtor!! This very easy chair of the great N. A. carried the idea under his skull to edit a treatise on the same subject and now you have done the thing so well, you have rummaged that ever increasing literature of this branch so assiduously, that this treatise can be handed over to our students with full confidence and we most heartily congratulate the author on the successful issue with which he handled this intricate part of our science, where so much still awaits full elucidations. We might find fault sometimes with the therapeutics where many a good remedy is left out, but after all Hart may be right, for the strict homœopathic prescriber finds in the totality of the symptoms frequently key notes which show very little resemblance to the pathological state, and still it cures that individual case. How far-seeing Hahnemann was when he gave such prominence to the mental symptoms in the selection of the remedy and in quoting Pinel as the father of the "non-restraint" treatment, we must not forget that even in the last century Hahnemann also raised his voice in favor of the more humane treatment of the insane.

We feel proud that in Hart's "Diseases of the Nervous System" we have a work up to date, a work which we need not feel ashamed to put in the hands of the neurologist or alienist for critical examination, a work for which we predict a rapid sale.

The Homœopathic Therapeutics of Diarrhœa and all other Loose Evacuations of the Bowels, 2d Edition, by Drs. Bell and Laird. Boericke & Tafel, 1881.

Dr. Laird, when a student at the New York Hom. Med. College, received the gold medal of Prof. Helmuth for proficiency and highest standing in Surgery. We know that during his residence at Watertown, N. Y., Surgery was his favorite

Digitized by Google

practice; Dr. Bell's reputation as a surgeon is well established all through the New England States. What a blessing it would be to humanity if all our surgeons were as well versed in the intricacies of our Materia Medica, as the authors show themselves in this treatise by their work.

Bell's first edition of "Therapeutics o. Diarrhœa" has been acknowledged as a most reliable and trustworthy work at the bedside by all who diligently, individualizingly used it, and now this second, revised and enlarged edition will be a Godsend to our younger brethren, especially at this season of the year. All this labor, and it was not a small one, is offered for the trifle of 150 cents U. S. currency. Will it pay the authors for their zeal or even for the oil they burn when lazy drones are carousing or sleeping? Let us be thankful that there are men who love their work for the sake of the work, and let us be grateful to the publishers for the very low price the treatise is offered, so that none need forego the profit of its study. May other publishers take the hint and do likewise.

Surgical Principles and Minor Surgery, by I. G. Gilchrist, M.D. Chicago, Duncan Brothers, 1881.

The surgeon, writing for students, acts wisely in supposing that he has to do not only with novices in medical art, but with such novices, whose mental training was too often sadly neglected. Simplicity in speech and explanation is therefore of paramount necessity and we were pleased that our old friend takes the same view of the case. It is written in a plain unassuming style, so that he who reads may understand. We may miss here and there some complicated bandage, invented and praised by some authority and perhaps by nobody else, and it was wise to omit them. Catheterizing is for the young physician not such an easy matter as Gilchrist makes it out and we would rather that the student follows the advice we received from our preceptor, to learn catheterizing on the cadaver. Many a thing could be learned during that first year of a student's life, the dissecting year, if only our prosectors would not waste so much time on bone and musoles. We look eagerly forward to the volume on surgical emergencies and we hope then to see every dispensary, that great school for beginners, supplied with everything needed in an emergency.

Physiological Materia Medica, by Wm. H. Burt, M.D., etc., etc. Chicago, Gross & Delbridge, 1881.

The human being is a queer animal and it is astonishing how it often sticks to preconceived notions or habits. The old characteristic Materia Medica of the same ever busy and reliable author has been for years an open book on my desk and I hate to give it up for the new comer, just as Hale's second edition of the "New Remedies" is the one I swear by, though later ones appear from time to time. Just so with Hahnemann's Organon, I love the first edition in its German text and do not care a fig for all succeeding ones. Notions perhaps, well, what of that, it just shows the individuality of the animal.

We had lately new works on Materia Medica by Heinigke, Cowperthwaite, Hempel and Arndt, and now comes sturdy Burt with his "Physiological Materia Medica." That old fogy, the easy chair of the North American, is again wedded

Digitized by Google

to Hahnemann's Materia Medica Pura and the Chronic Diseases, even preferring the old weather-beaten edition to Dudgeon's new dress, and does not take kindly to condensations. He worships Allen's Encyclopædia in ten volumes, plus another big one and looks forward with unalloyed pleasure to the time, when the ten volumes of the clinical symptoms will enrich his shelves. But only old practitioners and rich young men can stand such a heavy drain on their financial resources, hence condensations are necessary for the less favored younger colleagues and following the examples of a Hering and of a Lippe, our friend Burt also had commiseration and the tender spot in his big heart urged him on to combine Gruner and Schwabe, Hughes (to whom the work is rightfully dedicated) and Hale, the works of the elder and of the younger men of our school in one big volume, and thus save the poor fellows from too great an outlay for a library. Looking on this Physiological Materia Medica from such a standpoint, our fighting heat sinks below zero, for as a condensed Pharmacology and Materia Medica we cannot expect the full text, and we are pleased that the old rule is kept intact, and authority given for every symptom. Looking over the text, we miss Burt, who seems to be too modest to appear anywhere else than on the title-page, and we certainly hoped to receive some therapeutical hints from such an experienced practitioner. Putting the words even of the authors quoted in the text and combining so many branches of our art under one cover, we are sure that Burt's "Physiological Materia Medica" will have deservedly a rapid sale.

"Gross & Delbridge," are a new publishing house in the medical line, but certainly they must be old hands in the business, for paper and printing leave nothing to be desired. May they never falter in such laudable work and the eyes of the readers will bless them forever.

How to see with the Microscope, by J. Edward Smith, M.D. Chicago, Duncan Bros.

Being useful hints connected with the selection and use of the instrument; also some discussion of the claims and capacity of the modern high-angled objectives, as compared with those of medium aperture: with instructions as to the selection and use of American object-glasses of wide apertures.

If ever a promise was kept it is in the pages following the promising title page of this book of Prof. Smith. The hints he gives are really useful—more than that, they are highly instructive. Every word proves the great experience of the writer, and the pleasant, agreeable style of his language makes the book a fascinating *lecture*. In the preface the author says: "The diction is at times redundant, gossipy and commonplace; the dominant idea throughout being to hold a good-natured chat with my readers." And that is just a point which deserves great praise, for we acknowledge never to have read a book so full of teaching, written in such an amiable style, as this one; certainly not in the line of books on microscopy. After a full description of the good and bad features of American stands, out of which the "Acme" stand (after the author's own design) receives the well-deserved highest attention, two chapters are devoted to angular aperture and objectives generally, in which every page proves the expert. The author then goes into a critical description of several "illuminators."

Chapter V. gives valuable hints on illumination by different sources of light.

Chapters VI and VII, on 108 pages, treats of "regular work" with different

Digitized by Google

powers. In these chapters the "lessons" in the position of the observer are given masterly.

Chapter VIII gives more than the title page promises, for it treats on *urinary analysis*. Here the author, although giving splendid practical hints, deviates from his standpoint in the front rank of science by keeping to the old-fashioned English measurements, instead of adopting the decimal system, which deservedly gains ground in science to-day. But the whole book proves Prof. Smith to be an enthusiastic American, which he may have good ground to be in regard to the microscope. Should this have induced him to prefer the "ounce" and "grain," which ought to be discarded, in comparison to the "gramme" and its decimal fractions? We suppose that it was the respect the Prof. had for old, time-honored customs, with which our American practitioners are familiar, that lead him not to introduce progress here, of which his book is so full throughout.

An appendix containing the names and addresses of microscope dealers, with price lists, etc., is very handy in its place. A supplement, treating on various minor points and extracts of articles by the author, which had appeared in different periodicals, etc., concludes this little book which cannot help but gain the love and confidence of every one interested in the subject, which our physicians should be more than they are.

The publishers have done their duty and deserve our thanks for the clear print and good paper. M. D.

Index Catalogue of the Library of the Surgeon-General's Office, U. S. A. Vol. II. Berlioz to Cholos.

Our thanks are due for prompt remittance of this second volume. We never know how rich we are till we see it black on white before us. I looked immediately for Brain, and found the index for Brain from page 320 to 402. How many laborers have worked in that vineyard, and still the harvest is far from being gathered, though the last decennia have carried us more forward than centuries before had done. In fact, just such an index proves us that the world still moves, that there is no standstill nor retrogression. Onward, forward, is the watchword of our century; errors of the past will be cleared up by the researches of to-day; but the index reminds us in our triumphal march to be grateful for the many laborers who have gone before us. The work before us is a monument of industry and zeal, second only to the Medical History of the Rebellion, which emanated from the same office. All hail to the Medical Staff of our U. S. A.

A New Form of Nervous Disease, together with an Essay on Erythroxylon Coca, by W. S. Searle, A.M., M.D. New York, Fords, Howard & Hulburt, 1881.

Quantum Sufficit, by C. F. Nichols, M.D. Walter F. Towns, Boston, 1881.

The author of this very interesting work and the Editor of the NORTH AMERICAN had many a quarrel about this so-called New Nervous Disease, and the whole question turns about the words species and genus. Dr. Searle considers it the latter; this Easy Chair a species of the genus "American Nervousness, Neurasthenia" (Beard), for page 50, even Searle informs us: "Since we have the testimony of so extensive an observer as Charcot that he has never seen an instance of

Digitized by Google

it, and as I am not aware that any English or Continental writer has ever described a case of this kind, I am inclined to consider it one of the results of American civilization, and to set it up as one of the many fingerposts which are rapidly being erected here, pointing to the truth that we live too fast in this country."

The very same idea prevails through Beard's latest publication, "American Nervousness," or, as he would like to call it, "Nervelessness," a will good enough joined to the American extravagance of wasting away the nerve-force in every possible manner. The cases so graphically described through the whole essay, prove the justice of our former assertion that it is only a new species of the genus Neurasthenia, and at the same time we apologize to have it ever considered an epileptoid state.

If I am not mistaken, Dr. Searle belongs to what we call "the materialistic party" in our therapeutics and fails to believe in the curative power of high potencies, and still that same author acknowledges, page 19: "Certainly the body 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. Why? Surely no well-informed person would claim that microscope, or spectroscope, or test tube or other artificial appliance has ever been able to show the presence or active agency of any foreign matter or virus here. No. It is simply and only the modification of normal cell-life by the contact of a cell-life, which is different in its vitality-disease."

Let now Dr. Searle ponder over Nichol's "Quantum Sufficit." The same imponderable invisible quantum to produce life-lasting disease will certainly find a just sufficient quantum of medicinal power in an imponderable and invisible high potency. All agree on the former, and if our brethren would only faithfully try the latter, there would be the same opinion shared by all, for the action of the high potencies is based on facts, as Nichols well shows, and not on moonshine theories.

American Nervousness, its Causes and Consequences, a Supplement to Nervous Exhaustion, by G. M. Beard, A.M., M.D.; New York. G. P. Putnam's Sons, 1881.

"Modern civilization was paid for by nervousness." That one line tells us the whole story of the book, and we must take the blessings with the ailments it brings forth and be thankful for both. "The beauty of the American woman," a fact generally acknowledged, and the darling husband pays a round price year after year to keep up his—no—her beauty. Alas! that civilization and refinement make pathological states out of physiological processes; but modern civilization makes us more temperate, let us be grateful for that. In men, brain work is a necessity, hence baldness reigns supreme; in women, the pelvic organs ought to regulate their life, and their transgressions find their punishment in that same region. Opticians and dentists, what would you do without American nervelessness! Our brightest citizens perish from diabetes and Bright's disease—and all on account of American nervelessness.

We give here hints enough to show how interesting this book is from the first to the last page. It ought to be read by every one throughout the length and

Digitized by Google

breadth of the land. It is a book for the laity as well as for the professional man, and an edition in the form and price of the Health Primers or "Seaside Library" would be a benefit to Americans.

Transactions of the World's Homœopathic Convention, held at Philadelphia. Vol. I. Minutes, Essays, Discussions. Philadelphia, 1881.

Man proposes and God disposes. Let us bow submissively to His will! Only a few weeks before another "World's Convention" meets in London, does this first volume appear, and why that delay, will be asked by our successors. How Carroll Dunham labored night and day before the Convention met, with what suavity he presided at that meeting, never resting, never tiring, how he worked to arrange all the accumulated manuscripts for publication, yea for early publication, is only known to those who enjoyed the privilege of a closer communion with this wonderful man. His mind was stronger than his body; he lingered after the close of the Convention for a year or so, and then we laid the weary body to rest. The revision of his address, by far more complete than when delivered at Philadelphia, was one of his last works on earth, and it reads as if endowed with a prophetic spirit; he wished to fulfil his mission of "Peacemaker," a name which Hering gave him, a cognomen which he fully deserved. Let those in our ranks, who at Lake George and Milwaukee so bitterly opposed infinitesimal doses, ponder over the words of our dead teacher, when he says, page 47:

"It appears, then, that our opponents have come pretty nearly to our ground, except on the fourth point, that of the infinitesimal dose. Touching this point their denunciation of us has lost none of its bitterness. They claim to have demonstrated again and again that there is nothing in our potentized preparations. The reasoning of Thomson, touching the size of molecules, furnishes them with a welcome argument against the possibility of any drug potency existing in even our medium attenuations. And these arguments have strongly influenced many of our own school, whose personal experience and observation had not compelled opposite convictions. But let me say that proofs of a *negative* character in any matter which can be determined only by experiment, are very fallacious and a dangerous dependence. I do not despair of seeing before many years, from some old-school authority or some non-medical investigator, a demonstration of the medicinal powers of homœopathic potencies, and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving homœopaths shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations."

What Dunham prophesied a few years ago has already been verified by the experiments of Crooks and Jager, but still clinical facts are denied by many who ought to know and do know better. Let us therefore close this part of our review with his beautiful words at the close of his address:

"The subjects of discussion include some on which we differ widely and some of us feel deeply. May I bespeak the largest tolerance for difference of opinion and the completest freedom of expression. Thus only shall any of us get at truth. For I firmly hold with Milton, that: 'Though all the winds of doctrine were let loose to play upon the earth, so truth be in the field, we do injuriously to misdoubt

Digitized by Google

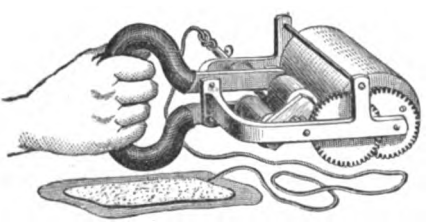
our strength. Let her and falsehood grapple; who ever knew truth put to the worst in a free and open encounter.'"

It really seems as if a cloud kept hanging over the publication of these transactions. The labors of this World's Convention cost us the life of its presiding officer, and Robert J. McClatchey, for many years the faithful Secretary of the American Institute, broke down under this labor, and it seemed as if they would never see the light till our young friend Guernsey took hold of it by order of the Institute, and utilizing the labors of his predecessors, we have now these goodly volumes before us. There are sins of omissions and of commissions in it. Let us be thankful that the publication of our transactions may henceforth run smoothly.

In the Department of Materia Medica we miss the essay of Dr. Huber, of Vienna, on Mercurius, an essay of Prof. S. A. Jones and others. That the first was in Philadelphia we know, for we partly translated it ourselves. Short hand writing and short hand reading are two different things, and we often meet, therefore in the discussion, expressions far different from what the speaker uttered. Never mind, we are all fallible, the reporter as well as the speaker.

Five years, a long time, the papers are old and we live in a time where minutes count. Our space is limited, and we close with thanks to the printer, who did his duty so thoroughly.

Miscellaneous.



DR. JOHN BUTLER'S ELECTRO-MASSAGE INSTRUMENT.

To describe the various uses of massage, or electricity, in cases of chronic disease, accompanied by low vitality, would only be to uselessly repeat that with which most of our readers are doubtlessly familiar; and, although we firmly believe in and strictly adhere to the *single remedy* as far as drug medication is concerned, there is no reason why two or more hygienic measures should not be combined when reason and experience demands. We obtained from Dr. Butler, last year, one of the very first instruments that were made, and only waited for mature experience in its use to be in a position to give our unbiassed opinion of its merits to our readers. We consider this instrument a very valuable addition to our medical armamentarium, and believe that the physician who has this method of treatment at his command, has undoubtedly many advantages over his neighbor practitioner who has not. We can fully endorse all that has been

Digitized by Google

claimed for the machine in Dr. Butler's article in the January number of the Medico-Chirurgical Quarterly.

ANATOMICAL PLATES.

27 & 29 West Twenty-Third Street.

New York, April 30th, 1881.

Messrs. G. P. Putnam's Sons desire to state that, through a clerical error, the name of the late Prof. Granville Sharp Pattison, as translator and editor of the edition of Masse's Anatomical Plates, issued in 1845, has been omitted from the title page of their present edition. They would also explain that Prof. Ranney's labor as editor embraced such alterations of the plates and text as was required to bring these fully up to date, together with the preparation of important new material in the way of diagrams and descriptive text.

Obituary.

New York, June 2d, 1881.

At a meeting of the Medical Board of the Homœopathic Hospital, Wards Island, held this evening, the following preamble and resolutions were adopted:

Whereas, It has pleased the Divine Creator to remove from our midst, at the very outset of his career and in the first flush of his youthful hopes of professional success, Dr. C. W. Brautigam, and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease, at the Hospital, while in active discharge of his duty as Interne to that institution, therefore, be it

Resolved, That the Medical Board of the Homœopathic Hospital, Wards Island, has learned with profound sorrow, of the death of Dr. C. W. Brautigam.

Resolved, That it is a fitting occasion for the entire staff of the Hospital, to express its appreciation of the services of its Interne; of his bravery, in the untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude which, to the end of his life, he exhibited in the strict performance of his duty.

Resolved, That the sadness, engendered by the death of one so young, must be combined with high admiration for the manner in which, with "his harness on," and in the *front* of the battle, he was suddenly summoned to the presence of his Maker.

Resolved, That these expressions of our estimation of his life, his character, and his noble death, be presented with the sincere sympathy of the Medical Board of the Hospital, to his bereaved family and friends, and be published in the medical journals of the country.

Attest,

Alfred K. Hills,
Secretary.

Digitized by Google

NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

New Series. Vol. XII, No. II. | NOVEMBER, 1881. | Whole No CXVIII. Vol. XXX.

Original and Translated Papers.

ARTICLE XIII.—Eczema.

A Tabular Arrangement of its Homœopathic Treatment.

By M. Deschere, M.D.

Speaking of *Eczema* I cannot help but commencing with a short reflexion upon the homœopathic treatment of skin-diseases generally. It pains me to see how little real progress has been made in this department by physicians claiming to be homœopaths. One of the latest publications on "*Skin-diseases and their Homœopathic Treatment,*" by John R. Kippax, M.D., LL.B., Physician to the Department of Skin-diseases at the Central Hom. Free Dispensary of Chicago, etc., is a sad proof for my assertion. Especially in the treatment of *eczema* our author seems to be fifty years behind his time *allopathically; then* we met hundreds of compound prescriptions for ointments, plasters and washes, used as external applications in skin affections.

To-day the tendency in old school practice is towards diet and internal treatment, of course in connection with external applications.

Thus Prof. Piffard says in a paper on "*Local Treatment of*

Digitized by Google

Eczema," two years ago: "The internal treatment, that is, the use of drugs, is the most important, but at the same time the most intricate portion of the treatment." "In no affection with which we are familiar is it so important that the idea of a routine treatment based upon nosology should be abandoned. As regards the internal treatment it is the *patient*, with all his functional and organic derangements, that demands consideration; in the local treatment it is the cutaneous *lesion* that must be studied and cared for. We must in both cases remember that the conditions actually present in one patient are seldom exactly duplicated in another, and consequently, that treatment that is best for the first, may not, and probably will not, be best for the second. In other words, we must individualize the cases in the strictest manner."

Thus speaks a professor of Dermatology in the University of the City of New York. He breathes the spirit of Hahnemann's cardinal rules: *Individualize! Prescribe according to the totality of symptoms!*

And Professor Kippax?

In his "*Homœopathic* Treatment of Skin-diseases" we read under "Eczema," page 61:

"The local treatment consists in first allaying the acute inflammatory symptoms, if any exist. This is best done by the use of bran washes, poppy fomentations, or emollient poultices of marsh-mallow, boiled starch or linseed meal. In simple cases where there is but little inflammatory disturbance, etc.: the parts should be dusted two or three times per day—after the removal of whatever scabs are present—with equal parts of oxide or carbonate of zinc and starch, or Lycopodium powder. Glyceral tannin is sometimes used with benefit for the same condition.

"If the itching should prove obstinate to hot water applications, use: a mixture of carbolic acid ½ grm., glycerine 4 grms., bran water 100 grms.; or hydrocyanic acid 2 grms., glycerine 8 grms., bran water 60 grms.; or grindelia robusta tincture, glycerine, 4 grms. each, bran water 40 grms.; or pyroligneous oil of juniper with olive oil; or borax in lime water.

"At times oleates or ointments answer better than either dusting powders or lotions.

Digitized by Google

"The benzoated oxide of zinc ointment is the one most commonly used. The oleate of zinc is at times preferable to the ointment.

"Diachylon plaster or the oleate of lithargo, spread on strips of linen and closely applied to the affected part, is useful in both acute and chronic cases.

"White precipitate ointment, ½ gram precipitate to 50 grams cosmoline, vies with graphite cerate in the decidedly pustular eczema of children.

"The red precipitate ointment will often prove serviceable when other means fail. Also:

"Chrysophanic cerate; the special unguents, such as Iris versiculor, Arctium lappa, Dulcamara, Croton tiglium cerates (with the ironical remark: 'Where the medicine that names the cerate, is the remedy for the diseases').

"When there is much infiltration, and the tarry compounds fail, the oleate of tannin may be tried.

"If this fails, it should be remembered that a mixture of alcohol and green soap often acts serviceable.

"And as a dernier resort, the soft soap treatment may be employed."

Then follow 42 names of remedies for internal use, with a few general superficial indications; for instance:

"*Clematis:* Moist eczema on the neck and occiput, itching terribly.

"*Lachesis:* Eczema on the legs.

"*Merc. jod.:* When other remedies fail, and there is a decided syphilitic taint, etc."

That is the *improved homœopathy* of to-day!

In the preface to this "*Hand-book on Skin-diseases and their Homœopathic Treatment*," the author has the courage to state: "As regards treatment, my experience leads me to say that the higher attenuations, and the *single internal remedy, act* MOST *promptly.*" To this he adds the following paradox:

"And general observation has demonstrated that cutaneous diseases disappear *more rapidly*, when internal and external treatment are combined." (Italics are mine. D.)

Therefore: The single internal remedy acts *most* promptly,

Digitized by Google

but when internal and external treatment are combined, it may act more rapidly, but does it act with equal safety?

I only mention these points to show that it is quite a different thing in medicine to practice than to preach. As far as I am concerned, I am fully convinced that each and every case of eczema *can* be cured by *proper diet, cleanliness*, and the *internal administration of the correctly indicated remedy alone*, without any external appliances of salves, plasters, ointments, powders and washes.

When I say that I am convinced that every case *can* be cured, I do not mean to say that *I* or *every other man will* cure all cases individually; for to do this we must be capable of *always* finding the right remedy for each one.

There positively exists a homœopathic remedy for every diseased condition; *it must exist*, but we may not have been able to find it. Therefore we should not throw up our hands in despair, but diligently search until we *have* found it.

If practical cases are stated in society meetings, or in our journals, truth demands of us to show our defects as well as our merits, and if we deemed it necessary to make an external application, *because* we were not perfect enough in the homœopathic art of healing, we must admit such facts, with the solemn promise to ourselves, to try and do better next time.

But if we write *text-books to teach the student*, how to cure skin-diseases HOMŒOPATHICALLY, I consider it grossly wrong to even mention an external application, be it of the indicated remedy, for that would only lead to misunderstanding and abuse.

If our Materia Medica is not yet sufficient to meet the requirements of pure treatment, we have no right to publish any work on the homœopathic treatment of diseases, which we confessedly cannot cure, and we should wait until we can.

There are plenty of books in existence that teach us, how *not* to do it. We as *homœopaths* should publish *nothing* in form of a *text-book* or monograph which is not *strictly homœopathic.*

A practical surveyor may not for a moment remember, or may not be able to find the mathematical formula for a certain calculation. He will then help himself the best he can by phy-

Digitized by Google

sical and other means, to reach his result *practically*. But what would you think of a *text-book on mathematics*, which would teach the grossest deviations from its own laws. *It would make anything but mathematicians.—Sapienti sat.*

One of the reasons for using external means and other adjuvants in the treatment of diseases is said to be the difficulty in finding the right remedy for the case given. It is easier under such circumstances to do something that looks like something, than to ponder over repertories and volumes on Materia Medica. There are not enough symptoms in skin-diseases, and one case looks like another, and such are the excuses with which the physician's conscience is lulled to sleep.

For the purpose of bridging over the depths of Materia Medica volumes, I thought the following tabular arrangement might be of use.

I only give these tables as a tentative for further improvements. It may be practical to work all important diseased conditions into such a form for ready reference.

The subject is divided into seven principal departments, which bringing the corresponding groups of symptoms of all the different drugs into one column renders the comparison easy. It is, so to say, Materia Medica and Repertory combined; as it gives each remedy with its peculiar symptoms arranged in columns. In my arrangement the remedy comes first. To save space I placed any general remarks under the same rubric. Then follow: 1. Character of eruption; 2. Symptoms of eruption; 3. Secretion; 4. Anatomical seat; 5. Aggravation; 6. Amelioration; 7. Concomitant symptoms.

Thus I hope to make the selection of the *homœopathic* remedy an easy matter, but only as far as it goes. When a remedy has been found to suit the case according to my tables, we must not forget to compare and search the Materia Medica, for there may be one still better, which has never been prescribed for eczema before, and only thus our knowledge may be daily enriched.

Digitized by Google

REMEDY AND REMARKS.	CHARACTER OF ERUPTION.	SYMPTOMS OF ERUPTION.	SECRETION.
Alumina. (In infancy constipation, especially when artificial food is used.)	Scabby, sore, gnawing, humid.	After scratching, moisture is developed. No relief after scratching.	(Ulcerated surface secretes a yellow-brownish, badly smelling pus.)
Amm. carb.	Desquamation.	Violent itching; after scratching burning blisters appear.	
Amm. mur. (Chronic eruption.)		Intense burning.	
Anac. (Acute cases.)	Eruption of small blisters.	Intense itching.	Blisters discharge a yellowish transparent liquid, hardening to a crust in open air.
Antimon. crud.	Pustular; thick, heavy, yellow crusts	Itching violently with burning.	Yellow, tenacious, sticky.
Ant. tart.	Vesicles surrounded by a red areola. Thick eruption like pocks, often pustular, as large as a pea. Impetigo.	Itching. Eruption leaves bluish-red marks.	
Anthrok.	Impetiginous eczema	Itching at night. Eruptions increase with the general sweat, get more red and ooze out more.	Eruptions increase with the general sweat, get more red and ooze out more.
Apis.	Large vesicles, sometimes confluent. Dry, red, raised.	Skin red and œdematous. *Burning and stinging pains.*	
Argent. nitr.			
Arsen. (Chronic cases.)	Dry, scaly. Tendency of eruption to turn black.	Little itching. Intense burning. Continued scratching even on places where eruption has disappeared.	Sometimes a corrosive, fetid, purulent secretion.
Arundo maurit. (Infantile eczema.)	Papular, pustular and miliar. Suppurating pimples.	Intolerable itching. Crawling sensation.	Discharge a watery fluid when opened by friction.
Asimina tril.	Red pimples; pustules with a red halo.	Itching; after scratching thick crusts form.	
Astac. fluv. (Crusta lactea.)	Thick, crusty.		
Aurum mur. (Old age.)	Eczema.	Smarting and itching.	

Digitized by Google

ANATOMICAL SEAT.	AGGRAVATION.	AMELIORATION.	CONCOMITANT SYMPTOMS.
Scalp, face and extremities.	*In evening, and from heat of bed (itching).* During full moon. Every other day.	In open air.	*Great inactivity of rectum.* Slightest bruise of skin smarts. Nails brittle; skin dry, even in hot weather. Patient feels hidebound.
In bends of extremities. Between legs, about genitals and anus (excoriations).	By cold air; cold applications.	Of itching by scratching.	
Face and lower part of back.		Constant application of cold water (burning).	Flushes of heat in attacks.
Face, neck and chest.	Itching generally aggravated, but sometimes improved or changed in location by scratching.	Itching generally aggravated, but sometimes improved or changed in location by scratching.	Redness of skin.
About face and joints. (Painful cracks in corners of mouth, like sores.)	From bathing the parts and working in water; from alcoholic drinks, and in the sun.	In the open air.	Gastric derangement, with violent thirst and white coated tongue. Child very irritable, cries when looked at.
Nose and eyes; neck and shoulders; back of ears.	In the evening, by sitting or standing, by bending forward. During general sweat.	In open air.	Sleepiness with nausea; rattling cough and respiration; child irritable, don't want to be touched. Longing for acids; aversion to milk.
	From heat, warmth of bed or warm applications.	From cold applications of any kind; from scratching.	Scanty urine. Want of thirst. Tendency to dropsy.
On genitals.			Children who eat too much sweets.
On face and extremities.	From cold, from scratching, after midnight.	From external heat.	Very restless, wants to change position continually. Painful sensation felt during sleep. Falling out of the hair in patches, leaving skin rough and dirty looking.
On chest, arms, loins, behind ears.			Feeling as of an insect crawling over loins, shoulders and sometimes the entire surface of the body.
First on left then on right side.	Itching when undressing in the evening.		
On the scalp.			Enlarged lymphatic glands. Stools clay colored. Jaundice.
Pimples on lips or above the pubis.			Constant desire to be out in the open air, even in bad weather.

Digitized by Google

REMEDY AND REMARKS.	CHARACTER OF ERUPTION.	SYMPTOMS OF ERUPTION.	SECRETION.
Baryt. carb. (Crusta lactea.) (Old fat people.)	Dry scurf or moist crusts. Ringworms. Moist eruptions.	Causes the hair to fall out. Eruption itching, burning, pricking.	
Bellad. (Teething children.)		Burning itching. Diffused redness of the skin. (Feels hot to the touch.)	
Borax. (Crusta lactea.)	Eczema; intertrigo. Ulcers. Herpes. Red papulous eruption.		Excoriating.
Bovista.	Moist vesicular, *with formation of thick crusts.* Red scabby eruptions.	Burning itching, which continues after scratching.	
Bromine.	Malignant scald head.	Crawling beneath skin of occiput.	Profuse, dirty looking, offensive smelling discharge.
Bryon.	Dry or moist. Semi-transparent vesicles, which gradually dry and desquamate.	Itching but slightly.	
Calad. (Lax, phlegmatic temperament.)	Vesicular.	Itching, and sudden violent corrosive burning, often on small spots.	
Calc. carb.	Dry or moist, with thick, large crusts on face, neck and scalp, oozing. Impetigo.	Burning and itching. Skin cracks. Deep fissures.	Purulent.
Canthar. (Early inflammatory stage.)	Watery vesicles as if excoriated.	Burning-itching, and when touched there is burning and smarting.	
Carb. veg. (Cachectic persons.)	Fine and moist.	Burning sensation on different parts of body, not especially the spot where the eruption is.	
Carbol. ac.	Moist vesicular.	Excessively itchy.	

Digitized by Google

ANATOMICAL SEAT.	AGGRAVATION.	AMELIORATION.	CONCOMITANT SYMPTOMS.
Eruption chiefly on occiput.	From moistening or washing the affected part. Very sensitive to cold air.		Child dwarfish, does not want to play, but sits idly in a corner. Abdomen bloated, rest of body wasted. Enlargement of cervical glands and tonsils. Constant hunger, little food satiates.
Mostly in face.	Sensitive to touch.		Tendency to convulsions. Perspires on face and neck, or else only on covered parts.
Eczema of face and scalp Intertrigo between thighs. Ulcers in axillæ.			Secretions of body excoriating. Aphthous difficulties. Averse to downward motion. Unhealthiness of skin; slight injuries suppurate Old wounds and ulcers are inclined to reopen and suppurate.
About mouth and nostrils. On thighs and bends of knees; back of hand.	On getting warm in bed. Hot weather and full moon.		Great general lassitude, especially about the joints. Foul perspiration. Slow mental faculties. Awkwardness. Stammering.
Scalp covered as with a cap.	Sensitive to touch.		Stony hard *swelling of glands*, especially about neck. High colored urine.
Over the whole body, *especially on the back.*			Scalp very sensitive to touch. Aches and pains worse from motion, are a frequent concomitant symptom.
On the genitals, forearm, chest.	Itching and burning during night.	When perspiring.	*Asthma when the eruption disappears.* Vertigo on going to sleep.
Nape of neck, face and scalp, on and behind ears, about the umbilicus, genitals, hands, and bends of extremities.	By water, washing.	In warm room.	Obstinate, self-willed children who incline to grow fat. Large abdomen. During dentition. Glandular swellings on neck. Blue eyes, blonde hair, fair skin. Feet cold, as if damp stockings were on them. Chalky stools.
Mostly on right side.	From touch.	From lying down.	Urinary difficulties. Perspiration smells like urine.
Face and chin.	From warmth and water.		Hæmorrhoids with flatulency. Burning on different parts of body.
On hands and all over body. Centre of nose.		After rubbing but leaving a burning pain.	

Digitized by Google

REMEDY AND REMARKS.	CHARACTER OF ERUPTION.	SYMPTOMS OF ERUPTION.	SECRETION.
Caustic.	Moist eruption. Thick crusts (on nostrils). Intertrigo.	Tendency to ulceration.	
Chelid.	Eczema rubrum; covered with thin scales.	Parts swollen, hot and red	Thin moisture exudes between the scales.
Cicuta.	Thick, whitish scurfs. Yellow scurfs like dried honey.	Burning itching. Secreting a dampness, and drying into a hard, lemon-colored scab.	
Clemat.	*Moist* during increasing, *dry* during decreasing moon.	Vesicles break and tend to ulceration. Terrible itching.	Sticky.
Conium. (Aged people.)	Impetigo. Moist vesicles; crusty.	Erratic itching, burning, corroding.	Sero-purulent; gluey, sticky.
Crot. tigl.	All stages of eczema. Pustular eruption.	*Itching excessively*; redness of skin.	Offensive moisture.
Dulcam. (Scrofula.)	Tettery crusts, thin, yellow, mostly symmetrical.	Bleeding after scratching.	Oozing of watery fluid.
Fluor. ac.	*Dry* eruptions; crusta lactea; tinea capitis, dry crusts.	Itching, biting and burning.	*None.*
Graphit. (Blondes inclined to obesity.)	Moist with sometimes thick crusts.	Increased discharge after scratching. Falling out of the hair on places of eruption.	Profuse, serous, sticky, oozing constantly.
Hepar sulph.	Moist eruption. Large sore surrounded by small pustules. Impetigo.	Skin burns and itches after scratching. Very sensitive, sore to touch. Spreads by means of new pimples.	Purulent; fetid.
Hydrast.	Eczema.	Oozing after washing.	
Hyperic.	Eczema rubrum. Thin crusts; yellow-greenish scabs. Sometimes dry, sometimes fiery red.	Beginning with sore places and forming hard yellow crusts; violent itching.	Oozing yellow drops.
Juglans ciner.	Vesicular eruption: redness of skin.	Violent itching over the whole body, in spots, changing about.	

Digitized by Google

ANATOMICAL SEAT.	AGGRAVATION.	AMELIORATION.	CONCOMITANT SYMPTOMS.
Especially around the neck. Around nipple. Nostrils.	In the evening; in open air.	From warmth and heat of bed.	Child is afraid at night in a dark room; does not want to go to bed alone.
Scrotum; right ankle.			Perhaps in connection with chronic affections of abdominal organs.
On chin and upper lip; in face.			
On back of head and neck.	Itching worse from washing in cold water, from warmth of bed, from wet poultices.		Sticky sensation when touching the skin. Eruption following suppressed gonorrhœa.
About face, arms and mons veneris.			Vertigo when turning over in bed; on looking up. Glandular enlargement and induration.
Scrotum. All over body.	(Eczema scroti worse at night.) Hard scratching hurts severely.	By *slight* scratching, or merely rubbing.	Painful swelling of glands. Watery diarrhœa, gushing out forcibly.
Face, extremities, posterior surface of body or parts.	From cold weather, and after taking cold.	In warm air.	*Glandular swellings in neighborhood of eruption. Fetid sweat.* Face-ache and violent asthma, after disappearing of tetters in face. Eruption preceding menses.
Face, scalp, neck and chest.			Chapped fingers, rhagades after washing, which are then very painful. Nails brittle, edges bent in.
Face, chin, scalp, *behind ears*, on genitals, bends of limbs. Left side worse.	Secretion from scratching. All symptoms at night.		Very dry skin, never perspires, inclined to crack, healing difficult, easily tends to ulceration. Menses scanty.
Worse on scalp, behind ears.	At night.		Sleepless after midnight. Glandular enlargements; œdematous swellings. Skin inclined to ulcerate.
On margin of hair in front.	Coming from the cold into a warm room.		
Cheeks, chin and nose, around mouth and on right ear; on the hands.			Great itching when undressing, most in sacral region. Skin rough, as if full of small knots.
On chest.	When being heated from overexertion.		

Digitized by Google

REMEDY AND REMARKS.	CHARACTER OF ERUPTION.	SYMPTOMS OF ERUPTION.	SECRETION.
Kali carb. (Persons inclined to pulmonary troubles.)	At first *dry*, yellow, scaly spots all over the body.	Exuding a moisture when scratched. Scaly spots itching violently.	
Ledum (Eczema of drunkards.)	Dry eruption.	Gnawing itching, sensation as if lice were crawling over the surface	
Lappa maj.	Tinea capitis. Crusta lactea. Moist, bad smelling, eruptions.	Head covered with a grayish white crust, and most of hair gone.	
Lycopod. (Obstinate cases.)	Eruption first vesicular, then dry. Humid eruption, full of deep cracks; afterwards covered with a thick crust.	Surface bleeds after scratching, blood oozing. Moist and foul smelling eruption.	Foul smelling, thick, abundant.
Mercur. (**Merc precip. rubr** Eczema of the hairy parts, of umbilicus, and of the anus with fissures.)	All varieties.	Dry eruption, smarting and bleeding after scratching.	
Mezer. (Scrofulosis.)	Eruption of itching pustules followed by desquamation. Pimples with inflammation around the parts affected.	*Unbearable itching.*	*Profuse*, surpassing all comprehension.
Natr. mur.	*Humid eruption matting the hair.* Vesicular eruption on and around lips.	Raw and angry looking, great rawness and soreness; smarting.	*Gluey, matting the hair.* Acrid.
Natr. sulph.	Very moist eruptions with much oozing of fluids, the secretions are more watery than sticky.	Very moist eruptions with much oozing of fluids, the secretions are more watery than sticky.	Very moist eruptions with much oozing of fluids, the secretions are more watery than sticky.
Nux jugl.	Burning-itching vesicles upon a cracked surface.		Greenish, stiffens the linen.
Oleand.	Vesicular eruption, with smooth and shining surface; drops of serum standing out here and there. Humid, scaly eruption.	Biting and itching as from lice. Gnawing itching while undressing.	Serous, in drops, standing out on the surface.
Petrol.	Moist eruptions, red, raw surface. Obstinate, dry eruption.	Great itching. Copious oozing after scratching, and then ulcerating Eruption burns like fire.	Oozing copious.

Digitized by Google

ANATOMICAL SEAT.	AGGRAVATION.	AMELIORATION.	CONCOMITANT SYMPTOMS.
All over body, especially on abdomen and around nipples.	After scratching, exuding of moisture. Comes on in warm weather. Aggravation between 2 and 3 A.M., from cold air.	In warm air and on getting warm.	Sensitive to cold. Sticking pains all over. Puffy, baggy swelling of upper eyelids. Deficient perspiration.
Eruption spreading from below up. Only on parts that are covered.	After a debauch, from heat, motion and at night.		Unnatural dryness of the skin. Enlargement of cervical glands. Burning and smarting in lower extremities.
Eruption covering head extends into face.			Boils all over the body. Swelling and suppuration of axillary glands; fetid axillary perspiration.
On back part of head, face, neck, hands, right fingers.	Biting and itching, when becoming warm and from wet poultices. From 4 to 8 P.M.	From cold, from uncovering one's self.	Great debility while at rest, feels as if he had no strength. (Arsenicum just the reverse.) Wants to eat, but a few mouthfuls fill him up. Inclined to constipation.
All over body, especially on hairy parts and on lower extremities.	Itching intolerable when getting warm while at work, or in bed.		Tendency to inflammation of lymphatic glands. Easy perspiration without relief. Increase of saliva, scorbutic gums, tongue swollen and indentated.
	Pruritus increased when scratched, or when undressing.		Constant chilliness; pale urine; thirst, but drinks little at the time.
Bends of knees and elbows; behind the ears and back of head and neck; along the posterior border of the hair.			Borders and corners of eyelids raw and ulcerated. Great rawness and soreness of the skin.
			Large, painful blood-boils on the shoulders and in hepatic region.
About the head of children; on the back part of head and behind ears.	Gnawing itching while undressing.		Skin sensitive and sore; gets raw by the rubbing of the clothing.
On genitals and perinæum (dry), inside of thighs.	After scratching. In the open air.	From warm air.	Skin heals with difficulty. Small wounds spread and ulcerate. Aversion to open air. Parts very painful to *slight* touch.

Digitized by Google

REMEDY AND REMARKS.	CHARACTER OF ERUPTION.	SYMPTOMS OF ERUPTION.	SECRETION.
Psorin.	Dry and scaly eruptions, with little pointed vesicles around the reddened edges.	Disappearing during summer, but reappearing when the cold weather comes on. Violent itching.	
Rhus tox.	Vesicular eruption. Humid eruption (on head) forming thick crusts, with offensive smell. Hard, brown crusts (on face).	Burning. Tingling and itching.	Offensive.
Sarsap.	Thick scabs, like milk crust	Crusts become detached in the open air, and the skin adjoining chapped.	
Sepia. (During pregnancy and nursing. Dark complexion.)	Humid places. Pruritus, with vesicles on a red base. Dry ringworm (on face of children). Dry offensive eruption (on vertex).	Itching, changing to burning when scratched Falling off of hair.	Constant discharge of pus-like matter.
Silic.	*Dry scaly* crusts. Also humid eruption.	*Itching during the day* and evening, *never at night.*	Greenish, putrid.
Staphis.	Offensive humid vesicles. Yellow, moist, offensive scales.	Burning and itching, disappears when scratching, but then reappears in another place.	Oozing after scratching.
Sulphur. (Suppressed eruption.)	Offensive, scabby, with cracks.	Easily bleeding, burning and painful.	
Sulph. ac.	Moist.	Pricking of the skin. Scratching seldom relieves itching, but changes its locality.	
Tereb. (Infantile eczema.)			
Thuja.	Vesicles (itching). Dry scaly eruption.	Itching, tingling, biting eruption.	
Viol. tric. (Scrofula.)	Impetigenous. Milk crust. Miliary eruption. Verminous.	Burning pruritus.	Yellow viscous pus or water.
Vinca min.	Offensive, moist, verminous eruption. Brown crusts.	Biting-itching, impossible to keep from scratching. Hair matted together.	Yellowish, drying to brown crusts. Offensive.

Digitized by Google

ANATOMICAL SEAT.	AGGRAVATION.	AMELIORATION	CONCOMITANT SYMPTOMS
	Itching worse in bed and from warmth,		Whole body itches intolerably. Scratching until it bleeds. Skin dirty, greasy-looking. Body always has a filthy smell, even after a bath.
On hairy parts; on genitals, head, face.	In cold weather.		Hardness and thickening of the skin, with rhagades (scrotum).
On the nose and face.	Rash as soon as he goes from warm room into cold air.		Child cries much and is very uneasy.
In bend of joints and behind ears (humid places). Face (dry ringworm). Vertex and back of head (dry offensive).	In open air; from cold water.	From warmth.	Children jerk the head to and fro.
On the scalp.	During the day; in winter; from cold.	In summer; wrapping up warmly.	Offensive perspiration on feet and genitals. Nails brittle. Sensation of numbness in extremities. Pale, cachectic hue.
On the heads and behind ears of children. On the feet.		In the open air.	Scalp painfully sensitive. Skin peels off with itching. Hair falls out.
On back of head and behind ears. Around margin of hairy scalp, from ear to ear posteriorly. Under the toes.	From heat of stove or bed.		Voluptuous itching, with soreness after scratching. Furunculosis.
			Eruptions succeeding suppressed gonorrhœa.
In *front of ear*, tending to affect the eyelids.			Often alternating with otitis.
Only on covered parts On head extending to temples, eyebrows, ears and neck.			Skin extremely sensitive to touch, burning violently after scratching. *Dryness of the covered parts, perspiration* on parts uncovered, smelling sweet like honey.
Face.	Itching intolerable at night.		Swelling of cervical glands. Vermin. Urine smells like cat's urine.
On head and face. Septum narium.			Abundance of lice on head.

Digitized by Google

ARTICLE XIV.—On the Erythræmalysis produced by Picric Acid.

By Samuel A. Jones, M.D., University of Michigan.

Bibliography:—*Die Pikrinsäure, ihre physiologischen und therapeutischen Wirkungen.* W. E. Erb, M. D., Würzburg, 1865.

Provings of Picric acid upon man and animals; an Inaugural Dissertation, L. B. Couch, M. D., New York Journal of Homœopathy, vol. ii., p. 145, June, 1874.

Commentary on the pathogenesis of Picric acid. (Read before New York Hom. Med. Society, October, 28th, 1874.) S. A. Jones, M D., North American Journal of Homœopathy, vol. xxiii., p. 433, May, 1875.

On the hæmalytic action of Picric acid. (Read before the Hahnemann Academy of Medicine, New York, February, 24th, 1875.) S. A. Jones, M. D. *Not published.*

Picric acid in hæmatinuria. (Read before Michigan Hom. Med. Society, November, 1875.) S. A. Jones, M. D. *Not published.*

Underlying the asthenia which characterizes the action of Picric acid are certain qualitative and quantitative changes in the morphological elements of the blood.

As these changes are antitheses—a decrease in the number of red blood-corpuscles owing to their destruction, and as marked an increase in the colorless bodies, due to their more rapid production—it is difficult to find a name that will include these opposite conditions.

The word erythræmalysis (eruthros, haima, lusis) is adopted because it denotes the more remarkable of these phenomena.

I.

The influence of Picric acid upon the blood is evinced in (*a*) its amount and color, (*b*) its plasticity, (*c*) its quantity of colorless corpuscles, (*d*) the number and condition of its red blood corpuscles, (*e*) its hæmaglobin and hæmatin.

a. It is greatly diminished in quantity, presents a greasy

Digitized by Google

appearance, has a dark, brownish-red color, and does not assume its usual bright tint upon exposure to the atmosphere.

b. The blood in the dead animal is found to be fluid throughout, having wholly lost its coagulability. Examinations made during a slow poisoning show that the power of coagulating is gradually impaired, decreasing as the poisoning progresses.

c. The white blood-corpuscles have markedly increased in number, and this is an absolute and not a relative increase.

d. Very striking changes are found to have taken place in the red blood-corpuscles the essential nature of which is the death and fatty degeneration [?] of these bodies.

e. The hæmatin is found crystallized *in the blood* of the dead animal. Many crystals are scattered loosely in the field, but by far the greater number are found irregularly clustered in heaps.

So soon as seven and a half hours after a five-grain dose of the drug many of the red blood-corpuscles present a single, shining, yellow granule in their interior. As the poisoning progresses the number of these granules increases to even nine in a single red blood-corpuscle. Meanwhile more and more of the red blood-corpuscles participate in this granule-formation, until all or nearly all of the normal red blood-corpuscles have disappeared. In a granulæ-bearing corpuscle no nucleus is ever seen (we are speaking of the blood of the dog and rabbit); consequently, as the number of granule corpuscles increases, the number of nucleated red blood-corpuscles decreases. This fact needs notice, for, while Picric acid destroys the already elaborated red blood-corpuscles, it also seems to prevent the elaboration of a new supply.

A judicious application of various reagents demonstrates that these shining granules are *in*, not *on*, the red blood-corpuscle. They are never set free until a splitting or a melting down of the red blood-corpuscles has taken place.

When a corpuscle contains only one or two of these shining granules, they are seen to whirl about within it, now striking upon one side of the corpuscle and now upon the other, as if they were moved by an intra-cellular current; when a corpuscle contains six, seven, eight, or nine of these granules this whirl-

Digitized by Google

ing about is not observed, but the corpuscle itself presents a trembling, vibratory movement.

While the granules within the corpuscle are increasing in number, the corpuscle itself gradually loses its yellow color, fades, and becomes pale. On adding distilled water, those corpuscles which contain granules readily give up their coloring matter and became pale, while those which are without granules retain their coloring matter, and do not grow pale, for a much longer time.

Finally some of the red blood-corpuscles are found to have split open and permitted their granules to escape into the plasma, but the greater number of the granule-bearing corpuscles appear to melt away, discharging their granules, but leaving behind no visible *débris*.

It is while these changes are taking place in the red blood-corpuscles that the number of the white blood-corpuscles is so remarkably increased. The blood of a poisoned rabbit presented from sixty to eighty of those bodies in a single field, while that of a healthy rabbit contained only from ten to twenty.

While all these phenomena have been observed during the life of the animal—the changes taking place within the circulation—the addition of a solution of Picric acid to healthy blood, outside of the circulation, produces very similar changes in the red blood-corpuscles, causing a granule-formation, a giving up of coloring matter, and a fading of the corpuscle.

Lastly, from the greasy-looking blood of an animal poisoned by Picric acid fat can be obtained by the application of sulphuric ether.

Erb, who first discovered the peculiar blood-change produced by Picric acid, does not attempt an explanation of the phenomena; indeed too little is known of the physiology and pathology of the blood to justify such an endeavor. We must be content with a limited interpretation of the phenomena, to which end the following is offered: Picric acid kills the red blood-corpuscle, perhaps by precipitating its protagon (as lead-salts do, *Bence Jones*), thus giving rise to the shining granules. The dead corpuscle undergoes, to some extent, fatty degenera-

Digitized by Google

tion. As a dead corpuscle it becomes subject to the laws of endos- and exosmosis and gives up its hæmoglobin to the plasma. Deprived of its hæmoglobin the red blood-corpuscle is no longer an oxygen-bearer, and when a sufficient number of red blood-corpuscles have thus succumbed to the influence of the poison, the animal dies from suboxidation.

Both the subjective symptoms of the human provers and the objective data derived from the poisoned animals concur in giving plausibility to this interpretation; they jointly indicate the "carbo-nitrogenoid constitution" as that induced by this drug, and in the change undergone by the red blood-corpuscles we see the rationale of its induction.

II.

Dr. Richard Hughes says of Argentum nitricum: "We now have a true *simile* for chlorosis and defective oxidation of the system; and from what I have myself seen, I believe, that the medicine will fully answer expectation in this direction." * If, then, the silver nitrate is a true *simile* for chlorosis we may claim for Picric acid a place in the treatment of the more profound blood-genetic diseases.

The action of the silver salt is in many respects similar to that of Picric acid. Both are "carbo-nitrogenoid" remedies. Both produce great muscular weakness, but the asthenia of Picric acid is the more quickly induced and far the more profound. Both bring on blood stasis; from the silver nitrate it is venous, while Picric acid causes a universal vaso-motor paresis and a more intense stasis. Both devitalize the red blood-corpuscles, but the erythræmalitic process in the silver salt occurs in the physiological territories, in the spleen and liver, organs which perform this function as a part of their normal role; while the erythræmalysis of Picric acid takes place within the circulation, in the blood vessels themselves. Both derange the blood-making apparatus, but Picric acid the more extensively and profoundly. In this respect the silver nitrate affects the liver and the intestinal mucous membrane, while Picric acid has an influence upon the liver, intestinal mucous membrane and the spleen.

* Manual of Pharmacodynamics, p. 122, 3rd edition.

Digitized by Google

The liver is congested and enlarged, or rendered anæmic and reduced in size by the silver salt, and "cloudy swelling," or fatty degeneration occurs in its component cells. By Picric acid the liver is congested, and at its margin is surrounded with a black band an inch wide and as regularly defined as if the viscus had been bound around its edges with wide black dress-braid. On cutting out a piece, so as to include a strip of this black band, and injecting with tepid water, it assumes the clayey appearance of the normal organ when similarly treated, and thus the black band is shown to be owing to absolute stagnation in the peripheral capillaries. All the liver cells are crowded with fatty granules, and they combine the phenomena of fatty infiltration and fatty degeneration. The silver nitrate produces a catarrhal affection of the intestinal mucous membrane and "cloudy swelling" of its epithelium. Under the influence of Picric acid, the intestinal mucous membrane is denuded of its epithelium; the epithelial coverings of the villi are stripped off the blood-vessels as completely as a glove is taken from the fingers; the other tunics of the intestine are contracted and thickened.

We are not aware that the silver salt has been observed to affect the spleen; but in a chronic poisoning by Picric acid this organ becomes shrunken, and its trabecular tissues are hardened—cutting like gristle under the knife. Both drugs affect the kidneys; both produce albuminous urine; both deprive the red blood-corpuscle of its hæmaglobin, but Picric acid alone gives hæmatin in the urine; both congest the kidneys, the silver nitrate far more markedly in the vessels of the medullary cones; Picric acid the more extensively in those of the cortical layer.

To return to the blood particularly, both drugs affect its coagulability; the silver salt producing a decidedly anti-plastic effect, and Picric acid a complete loss of plasticity. Finally, as the chief distinction between these remedies in their influence upon the blood, Bogolowsky does not report of such a striking and peculiar multiplication of the white blood-corpuscles from the influence of the silver nitrate as is observed from the action of Picric acid.

Digitized by Google

This phenomenon is the more noteworthy, in that it is the only link which connects the action of Picric acid with the hæmatosic process or processes. If Picric acid killed the white and the red blood-corpuscles indiscriminately, we could see in its action only the influence of an agent which poisoned from the stream up to the fountain; and we are not prepared to believe that this is the direction of the morbid process in the anæmatosic diseases. In them the blood-elaboration process is at fault; and, in order to be a *simile*, a remedy must act in the same direction, it must derange the blood-elaborating process, and not merely devitalize the already elaborated blood. This multiplication of the white blood-corpuscles is the only positive evidence that the blood-making apparatus is affected. The fact that the multiplicity of the white blood-corpuscles does not replenish the impoverished stream with new broods of red blood-corpuscles,* does not testify that the elaborating apparatus is arrested in its work by the *dynamic* action of Picric acid. This may, indeed, be the condition, but it is equally possible that the arrest of blood-elaboration is owing to the diffusion of the Picric acid through the blood-plasma—the poisoning of the stream which conveys the white blood-corpuscles to the organs wherein or whereby their elaboration is accomplished. To properly estimate this particular multiplication of colorless blood-corpuscles, we must bear in mind the double action of remedies, remembering that they exalt as well as depress function, and that from non-lethal doses we must have this double action, giving us the so-called primary and secondary symptoms. In the purely erythræmalytic effect of Picric acid, we lack the evidence of this double action; the poison begins its work of destruction upon the red blood-corpuscles at once, commencing, as we believe, with the oldest of these bodies, and, as the plasma becomes saturated with the acid, progressively attacking all. The poison also appears to prevent the elaboration of fresh red blood-corpuscles from the antecedent colorless bodies. This may safely be regarded as a

* "The red blood-corpuscles can be regenerated in large numbers in the blood of adult animals, and this is accomplished at the expense of the white blood-corpuscles." Rollett. Stricker's Histology, vol. i, p. 421.

Digitized by Google

purely toxicological process, a local poisoning; but. in the hypermultiplication of the white blood-corpuscles, we must recognize an exaltation of function, the stimulation without which the pathogenetic action of any agent is incomplete. If it be correct to regard the colorless blood-corpuscle as the antecedent of the red one—and the burden of proof concerning extra-uterine blood-genesis points in this direction *—how else than by an increase of white corpuscles could the stimulating influence of Picric acid upon the hæmatosic process evince itself? Such an augmentation of the red blood-corpuscles as we find in the colorless bodies, could occur only subsequently to a preceding increase in the number of the mother-cells. This increase in what we have called the mother-cells does take place, and in it we recognize that exaltation of function—stimulation—without which the action of Picric acid were incomplete.

Such considerations lead to the belief that Picric acid is capable of producing anæmatosis by its purely dynamic action, and in this order, primarily, more rapid multiplication of white blood-corpuscles; secondarily, arrest of white blood-cell genesis; then follow a gradual decrease of the number of red blood-corpuscles, a constantly increasing suboxidation, a deepening asthenia, and death by asphyxia.

III.

The incompleteness of all the researches into the action of Picric acid is the most deeply felt when we come to consider the practical applications of the drug.

* The development of red blood-corpuscles, not yet certainly known in the physiological state of adults, most probably takes place in the following manner—at first colorless cells from the spleen (its pulp, and from the epithelium of the veins), from lymphatic glands, perhaps also from the lymphatic vessels and the serous membranes, accumulate in great numbers in the blood, and in it are transformed, usually more quickly than under normal circumstances, into red blood-corpuscles. In this transformation the colorless cells become colored, reduced in size and flattened, while simultaneously their protoplasm becomes homogeneous, and lastly their nucleus disappears after a preliminary granular degeneration.—Wagner, on the Return to the Normal State after Acute Anæmia, Manual of General Pathology, p. 524. First American edition, 1876.

Recklinghausen has seen this change take place in the blood of the frog out of the body.—Loc. cit.

Digitized by Google

When animals are subjected to long-continued experiment with such a moderate dosage as Molin exhibited in his provings of Tartar emetic,* we shall obtain more complete knowledge than we have derived from the stormy poisonings which have furnished our present information. But even such data as we now have, suggest the use of Picric acid in chlorosis and in idiopathic anæmia.

Wagner classes sexual exitement among the conditions which determine the appearance of chlorosis,† and, in this light, the sexual erethism observed in the provers of Picric acid assumes a new significance.

The profound asthenia which is invariably induced by this drug brings Picric acid vividly to mind when one is reading the clinical record of idiopathic anæmia and even of Addison's disease. "A girl aged fifteen," writes Dr. Schotte, of the latter, "had been doing heavy work in the country, and, after complaining for about four weeks of *debility, powerlessness of limbs and tendency to fall asleep*, she was admitted into the hospital with the symptoms of the disease in an advanced stage, and died the same night."‡

The graphic sketch outlined in the words we have italicized might have been drawn from the case of the dog poisoned by Dr. Couch.§

In the third case cited by Addison, in his memorable memoir, it is recorded of the patient: "He seems considerably weaker, and upon approaching him, his eyelids, half closed, allowed the lower sclerotic of the raised eyeballs to be seen. The tongue was moist and clean, and pulse 80, very weak. On speaking to him he roused up and appeared quite as usual, but soon relapsed into the torpid state again. His blood, under the quarter inch object-glass, presented from forty to sixty white corpuscles in each field, mostly scattered about, but some

* Comptes rendus du Congres Med. Hom. de Paris, 1856. Translated in the Monthly Hom. Review, vol. i., pp. 345–393.

† Op. cit., p. 535.

‡ Quoted by Greenhow, on Addison's Disease, Croonian Lectures for 1875, p. 19.

§ New York Journal of Homœopathy, vol. ii., p. 147.

Digitized by Google

in patches of two or three and six or eight together."* This desire for absolute repose, the tendency to sleep, and the speedy exhaustion from slight exertion, are the key-notes of Picric acid (*vide N. A. Journ. of Homœopathy*, vol. xxiii., p. 449).

The claims of Picric acid to a consideration in these dire diseases would not be urged so strenuously on such slight testimony as is here offered were we not impressed with the conviction that, in both idiopathic anæmia and Addison's disease, sufficient import has not been attached to the condition of the intestinal and the mesenteric glands.

"There is another morbid appearance," says Greenhow, "first noted by Dr. Addison himself, which has been so frequently observed, both by myself and others, in cases of Addison's disease that it must be ranked among the characteristic, though perhaps not quite invariable, lesions incident to the disease. I mean enlargement of the agminated and solitary glands of the small intestine, and sometimes likewise of the solitary glands of the large intestine."†

The intense congestion produced by Picric acid in the whole intestinal tract must markedly influence these glands, and it is to this congestion in this territory that we are disposed to ascribe the multiplication of the white blood-corpuscles under the influence of Picric acid.

In 1852 Bennett wrote: "In some cases of typhoid fever, where there was every reason to expect disease of the intestinal glands the colorless corpuscles have been stated to be increased in number. The importance of this observation will be recognized when it is remembered that, according to Brucke, these structures constitute the first series of the lymphatic glands. Further observations on an extended scale, however, are required."‡

In 1873, Murchison says: "The only parts of the body that do not waste in fevers are the glandular organs, and especially the liver, spleen, kidneys and lymphatic glands, which become

* Addison's Works, New Sydenham Society, p. 224.

† Op. cit., p. 23.

‡ On Leucocythemia, p. 126.

Digitized by Google

enlarged and congested from the increased function thrown upon them. . . . The gland-cells of these organs become swollen with minute granules, and a similar appearance is presented by the white corpuscles of the blood, which are usually increased in number." *

In 1862, Prof. His published a paper to show that the glands of Peyer and the follicles of the intestine are intimately concerned in the production of the blood-corpuscles. "The glands of Peyer and the isolated follicles of the intestine are not peculiar formations; they must be regarded as a very considerable mass of adenoid substance. . . . The fundamental tissue of the intestinal mucous membrane, which has thus far been regarded simply as connective tissue, is formed by a substance which possesses the essential properties of the substance of the lymphatic glands, and which, for this reason, we place in the same rank as this latter in giving to it the name of *adenoid substance*. . . . For myself, I do not hesitate to admit that the whole adenoid substance of the intestine, that of the follicles as well as that of the parenchyma of the villosities and of the interglandular tissue, may concur in the formation of the blood-corpuscles; that is to say, that the cells accumulated in this substance are not destined to remain there, but to pass at first into the chyliferous ways, and thence into the torrent of the circulation. . . . However it may be, and notwithstanding all objections, we cannot deny that the adenoid substance plays a part in the formation of the blood-cells. When we see always masses of colorless cells carried by the lymph into the blood; when we have no reason to believe that these cells are formed in the vessels themselves; when we meet in many parts of the body organs which contain, in great quantity cells perfectly similar to the lymphatic cells, and which are found in conditions the most favorable for the ulterior multiplication of these cells—it is well permitted us to suppose that the latter pass from these organs into the blood. This supposition acquires still more appearance of truth when we consider the relations of the lymphatic vessels with the organs in question.

* Continued Fevers of Great Britain, second edition, p. 16.

Digitized by Google

The latter, in fine, which we write under the common denomination of adenoid organs, have, at the same time, afferent and efferent lymphatic vessels, or only efferent vessels. In the latter case, these vessels contain always a quantity relatively more considerable of colorless cells; in the first case it is still in the efferent vessels that the colorless cells are found in the greatest number.

"Let us add to this that the adenoid organs are found tumefied when there is observed an augmentation in the production of the colorless blood-cells; that they are altered pathologically in diseases of the blood; and, in fine, that the cells which they contain have not at all the characteristics of stable cells, since they offer, on the contrary, all the attributes proper to young cells,—a rounded form, a granular aspect, a cellular membrane, closely adhering to the nucleus, etc. Whenever we find similar cells we see them undergo similar metamorphoses." *

From these data, and the appearances found in the intestines of animals poisoned with Picric acid we get the opinion previously expressed as to the source of the multiplication of the colorless corpuscles: others may cut the same cloth after a very different pattern—be it so, we shall not quarrel.

Then yet remains one blood-disease for which Picric acid affords a *simile*—it is that peculiar lesion known of late years as intermittent hæmatinuria. We have in this disease an idiopathic (?) erythræmalysis—a sudden, acute blood-disorganization, brief in its duration and transient in its consequence.

The profound chilliness which ushers in the hæmatinuric attack, the malaise, the pain in the back, the stiffness and weakness of the lower extremities all find their *like* in the symptomatology of the drug. Moreover, in the kidney of a dog slowly poisoned with Picrid acid, we found what seemed to the naked eye to be extravasations. They were largest in extent in the immediate vicinity of the base of the pyramids, but most numerous in the cortical portion—in which situation

* Recherches sur la structure de glandes de Peyer et de la muqueuse intestinale. Annales des Sciences naturelles. Paris, 1862. Quoted by Dr. Howard Damon. Boylston Prize Essay, On Leucocythemia, p. 75.

Digitized by Google

they were invariably found to occupy the Malpighian capsules. With a lense of low power, one-half inch, these extravasations appeared to be due to ruptures in the vessels, but, on using a one-tenth, neither a solution of continuity in the capillary walls nor an escaped red blood-corpuscle cou'd be found. Careful focussing revealed clusters of the shining granules which are to be found in the blood. The bright red stains which suggested to the unaided eye that each colored patch was an extravasation were undoubtedly due to an exudation of hæmoglobin, or of "diffuse hæmatoidin" (Wagner).

In this kidney we have the analogue of such an one as some pathologist will some day find in an hæmatinuric patient; and in this peculiar disease, wherein the quinine and iron of scientific medicine has availed nothing, Picric acid is confidently recommended. Its nearest competitor in this lesion is Aranea diadema—an hydrogenoid remedy.

It is hoped that Picric acid may be tried in the anæmatosic diseases: to day it is only a dimly-discerned *simile*, and science craves the clearly-defined similimum. In abler hands it will one day reach this.

ARTICLE XV.—Galvanism, or Faradism? Which is to be Used, and When?

By Roberts Bartholow, M.D., LL.D.,

Professor of Therapeutics and Materia Medica, in Jefferson Medical College, Philadelphia.

A little inquiry will easily demonstrate that if we use electricity as it should be used, both kinds of batteries are necessary. In the purchase of an instrument, the buyer is sometimes misled by the statement that a particular battery furnishes all the currents—a primary or galvanic current, and the various secondary currents. A faradic instrument, of course, furnishes an induced current, and the induction exerted between the coils of the primary wire may be utilized, as well as that from the secondary wire, so that various modifications of the induced

Digitized by Google

currents are available. But no one should be deluded into believing that a faradic battery can also furnish a galvanic current. Pray, do not understand me as saying that the two forms of batteries cannot be combined in the same apparatus. These may, of course, be put in one box, both faradic and galvanic combinations, and the dealers now make very beautiful and perfect instruments of this kind.

I start out with the declaration, then, that if you expect to use electricity in a truly scientific way, you must be provided with both kinds of apparatus, either separately or combined in one box. I wish also to address myself more especially to current delusions about the use of electricity. Let us take for illustration a common form of paralysis—hemiplegia. No spectacle is more often seen than the tinkering of an old hemiplegia with a faradic battery. The muscles are daily shaken up, and physician and patient are finally at their wits' end, for no improvement follows. No one, at all acquainted with the subject, would expect to benefit an ordinary hemiplegia by faradizing the muscles of the paralyzed members, unless two conditions existed: 1, wasting, degeneration, and impaired electro-contractility; 2d, late rigidity. In many cases of hemiplegia the muscles are of their normal size and firmness, and readily respond to faradic stimulation; then no good can be done by applying electricity. When late rigidity exists the faradic and galvanic currents are useful if rightly applied. Observe the conditions present. On one side the flexors rigidly contracted, and drawing the fingers in the palm; the nails cannot be cut, and the cast-off epidermis accumulating decomposes; ulcerations occur, and a horrible fetor is given forth. On the other side the extensors of the fingers, relatively less powerful in the normal state also, are now relatively weaker, and are unable to oppose the over-action of the extensors. As the galvanic current, when continuously applied, allays spasm and over-action the flexors should have proper galvanic applications. As the extensors are weak, and need stimulating, the faradic current should be applied to them. The same method of management is applicable to *torticollis*, or wry neck. On one side are the rigid, over-acting muscles; on the other, a group of weak or paretic

Digitized by Google

muscles, quite unequal to maintain the contest with their antagonists. To galvanize and relax the one, and faradize and strengthen the other, are the obvious indications, and the successful method of treatment.

In paralysis, due to disease of the spinal cord, both forms of currents are applicable to diagnosis and to treatment. Thus we meet with cases in which the muscles react differently to the faradic and galvanic currents—cases in which the muscles will not respond to faradic, but will respond to galvanic stimulation. There are other examples of paralysis in which the muscular contractility to both currents is retained; and still other cases present themselves in which the response to current stimulation is merely impaired and not lost.

I have already stated a fact, of which you have repeatedly seen the verification in this amphitheatre, that in ordinary hemiplegias the electro-contractility is preserved. When paraplegia, for example, is produced by disease of the dorso-lumbar enlargement of the cord, which is the centre for the nerves proceeding to the lower extremitis, the power of the muscles to respond to the faradic current is presently entirely lost, but these paralyzed muscles are then found to contract to a slowly interrupted galvanic current. Further, when a paraplegia is due to disease of the cord *above* the dorso-lumbar enlargement, leaving that untouched, the muscles of the lower extremities respond readily to the faradic and galvanic currents. In still other cases, say disseminated myelitis, with lesions all along the cord, leaving tracts of healthy tissue, the muscles, connected by nerve filaments to the diseased part of the cord, lose their power to contract, and those muscles, connected with the healthy parts of the cord retain their power to contract on faradic stimulation. In fact, the diagnostic point is that paralyzed members receiving their innervation from a diseased part of the spinal cord lose their electro-contractility to the faradic current, and preserve it when that part of the cord from which the nerves are given off is in a healthy state, although elsewhere the cord may be diseased. The importance, then, of using both currents is very obvious. But there are other examples not less striking. In cases of disease and injury of motor nerve-trunks,

Digitized by Google

the contractility of the muscles receiving filaments from them is variously affected. When the initial hyperæmia occurs in neuritis the irritability of the nerve, for a brief period, is heightened, and the muscular contraction occurs with abnormal readiness on faradic and galvanic stimulation; but soon the electro-contractility declines, and is then extinguished as to the faradic current, but is retained as to the galvanic current. Not only do the muscles fail to respond to the faradic current, but they respond with more then usual readiness to the galvanic current—to a less strength of current than indeed suffices to move the healthy muscles. There are differences as to anodal and cathodal opening and closing of the circuit, which are expressed in definite formula, but not to distract your attention from the fundamental proposition, I merely mention this fact. The muscles degenerate as the injuries to the nerve proceed, and finally they cease to respond to the galvanic current. If the nerve recovers from the effects of the inflammation, the contractility of the muscles to the faradic current is finally restored, and the response to galvanic excitation lessens in readiness until it becomes normal.

It has been observed that in these cases of neuritis to response to the will, as recovery takes place, precedes by many days the response to the faradic current, reversing the order in which the loss of contractility occurred. These changes in the muscular reaction to galvanism and faradism are entitled by Erb "the reactions of degeneration," an expressive phrase coming into general use, and with which you should be familiar. These reactions of degeneration take place when the spinal cord of the nerve-trunks are diseased. They are typically exhibited in the cases of facial paralysis. A current of cold air directed against the seventh nerve in front of the external auditory foramen—the *pes anserinus*—produces, sometimes, paralysis of all the muscles to which the nerve filaments are distributed. You have had various examples of this malady brought before you, and its peculiarities pointed out. In a short time after the muscles are paralyzed, it is found that no movements can be induced by a faradic current, never so strong, and that a galvanic current barely strong enough to cause contractions on

Digitized by Google

the healthy side will act energetically on the paralyzed muscles. These facts have been exhibited in cases in your presence. If we compare such a facial paralysis with that which accompanies hemiplegia, we observe great differences in the reactions; in the latter, both faradic and galvanic currents act energetically; in the former, only the galvanic produces responses.

Galvanism and faradism are much more important in the treatment of paralysis, characterized by the reactions of degeneration, than in hemiplegias. Both currents are required. As the galvanic current only can cause movements of the muscles, in certain cases, this must be applied until the contractility to faradism is restored—for it is found that persistent use of the former has this result. When the faradic current causes movements, it can then be continued until the cure is effected. If the degenerating muscles do not respond to either current, then it may be concluded that the muscular elements have disappeared, have been replaced by connective tissue and fat. Certain paralyses from disease of the anterior cornua of the spinal cord —infantile paralysis, for example---are characterized by the rapidity with which the muscles waste. These affections are designated by Charcot, "amyotrophic," to express this peculiarity. Electricity is our special resource to arrest these trophic degenerations. In these affections the reactions of degeneration are perfectly characteristic, and hence the galvanic current must be used until the contractility to the faradic current is restored. If the wasting of the muscles proceeds unchecked and the anatomical elements are destroyed, no electrical applications will be of any service. They must be undertaken, therefore, before the muscles are too far gone to be restored. When, by systematic excitation, the muscles have recovered their normal volume and contractility, electricity can accomplish nothing more, for the entire disease on which all depends may not be remediable.

In morbid states involving *sensibility* the faradic current is of little service. A very high tension current, with excessively rapid interruptions applied along the trajectory of a nerve, is sometimes serviceable in a neuralgia. The power to relieve pain is the property of the galvanic current. A descending

Digitized by Google

stabile current is, theoretically, the best form of application to relieve the irritability of a sensory nerve; but in practice, it is found that the direction of the current is of little moment, the relief being the same in what direction so-ever the electricity may be flowing. It follows then, of course, that the galvanic and not the faradic current is to be used in the treatment of neuralgia. The use of the faradic current in such cases is one of the medical delusions against which we must protest.

In the treatment of internal maladies the galvanic current is chiefly used. It has been abundantly proved that this form of electricity penetrates to the deepest organs and tissues, whilst faradism does not so penetrate. Galvanism effects the calibre of the vessels, and thus has an influence on the nutrition of the tissues. If the faradic current is applied directly to the sympathetic nerves, the vessels innervated by these nerves are thrown in a condition of tetanic spasm, and the blood stream is arrested. Applied on the surface, however, such effects do not follow, because the current does not penetrate sufficiently. The galvanic current does penetrate to the vessels when applied to the surface, and hence the important results which may follow its proper administration. It is important to understand the mode in which galvanism affects the circulation. We owe, I think, chiefly to the labors of Onimus and Legros the facts which I am now about to submit. The normal movement of a healthy arteriole is that known as vermicular. An impulse beginning at one point is transmitted by a succession of waves to a distant point, and as one part contracts another dilates. Now, Onimus and Legros have shown that whilst the faradic current tetanizes and stops the distribution of blood, the galvanic promotes and enlarges the vermicular movements, and thus increases the quantity of blood passing in a given time. The nutrition of organs and tissues must, necessarily, be promoted by the galvanic current. In this probably, we have an explanation of Remak's "catalytic effects." The practical application of these principles is of much importance. If we wish to arrest hemorrhage from an organ, such as the uterus, to which we can apply the electrodes directly, which form of electricity ought we to u e—the faradic or galvanic? The former unquestionably,

Digitized by Google

for it not only causes strong uterine contractions, tetanizes, but it also affects the vessels in the same way. I need hardly stop to say that faradism is an excellent expedient in uterine inertia with hemorrhage.

On the other hand, suppose our object be to improve the condition of an enlarged, and congested uterus, the vessels being dilated, the blood-streams sluggish—then the galvanic current should be applied, for under its use the tone of the vessels would be restored, and the blood-streams would be propelled with more force and rapidity. In any attempts to improve the nutrition of the deeper parts of the body, beyond the reach of direct applications, the galvanic current only can be used, since the faradic does not diffuse to the necessary depth. In the treatment of those neuroses of the skin, due to changes in the condition of the sympathetic ganglia, remarkable results are often obtained from the form of galvanization known as centric. The tonic and reconstituent effects which follow the application of galvanism to the cervical sympathetic, to the pneumogastric, and to the spinal cord, are doubtless due to the increased action of the vessels and to the stimulation of the nervous apparatus presiding over the movements of the chylopoetic viscera. Also, doubtless, something is due to the action of the current on the trophic system. What explanation so-ever may be adopted, the fact remains that stimulation by galvanism of the important apparatus of animal and organic life, mentioned just now, has remarkably good effects in some disorders of nutrition. I may mention, in illustration, the curative influence of galvanism in exophthalmic goitre. I mean, of course, this malady as it does exist, free from any structural lesions of the heart and of the thyroid gland. Under the persistent use of galvanism the rapid action of the heart, the dilatation and increased pulsation of the vessels of the neck and of the thyroid, the enlargement of the thyroid due to enlargement of its vessels, and the protrusion of the eyes cease, and permanently cease in favorable cases.

There is a form of faradic application, which is alleged to promote nutrition—the general electrization of Beard and Rockwell—in which the whole surface is in turn stimulated

Digitized by Google

by faradic applications of the skin. This acts on the cutaneous nerves and vessels, and does generally promote the activity of the nutritive functions, but it is slow and not efficient. Weir Mitchell applies the faradic current in another way. He throws all the muscles in the body, in turn, into action by a faradic current of sufficient strength. This acts by increasing the circulation and the oxydation processes in the muscles, for muscular contraction can no more take place than any force can be evolved without the consumption of material. As the most of the heat production of the body occurs in the muscular tissue, the increase of muscular contraction means increased temperature and consequent greater activity in the nutritive functions generally. Indeed, making all the muscles contract by a faradic current is exercising them, and thus Mitchell succeeds in excercising his patients without voluntary efforts on their part.

In further exemplification of the power of galvanism to affect the function of nutrition may be mentioned the solution of cataract, which, it is alleged, has been accomplished by application of a galvanic current to the affected eye.

Galvanism can alone be used to affect the condition of the brain and spinal cord. Faradism does not pass the barrier of the bony envelope to these parts, but galvanism has been experimentally shown to do so. That galvanism, and not faradism, should be used when it is proposed to reach these parts seems, therefore, conclusive. There can be little question that galvanism is highly serviceable in certain vascular states of the intra cranial organs. We must bear in mind how galvanism affects the vessels, in order to apply it correctly. I have already stated that Onimus and Legros have shown how galvanism promotes the normal vermicular motions of the vessels, and is, therefore, indicated when the circulation is languid from paresis of the vessel walls. That state of the intra-cranial circulation which exists when atheromatous changes have occurred in the vessels, and the walls of the arterioles are yielding, and miliary aneurisms forming, and characterized objectively by failing memory, weakened power of attention, vertiginous sensations, etc., is much improved by the daily application of a weak gal-

Digitized by Google

vanic current to the head, kept up for some weeks or months; the individual applications, however, being less than five minutes in duration.

The propriety and utility of applying galvanism to the brain, in cases of embolism and cerebral hemorrhage, are much disputed. The rule is to apply galvanism only after all acute symptoms have subsided. As, however, the collateral hyperæmia and œdema do much mischief, it is surely desirable to prevent or limit them. We possess no agents which can act on the contractility of the vessels with the promptness and efficiency of galvanism. If rightly applied, the current being weak, substantial good may be done in the direction I have indicated. Sudden, strong applications, shocks may do serious harm. The relaxed state of the vessels following acute meningitis, or cerebro-spinal meningitis may be toned up, and soft, unorganized exudations remaining after the acute inflammation absorbed, under the stimulation of galvanism, but only currents of moderate strength are at all proper. I need hardly add that faradic applications are useless under these circumstances, and could only do injury if persisted in.

As a general rule, in the neuroses of the respiratory organs galvanism is used rather than faradism, but there are some exceptions. Remarkably good results are obtained in some cases of asthma by galvanization of the pneumogastric, sympathetic, and phrenic. A very successful case has lately been reported in which faradism was alone used. I have seen hiccough promptly arrested by a strong faradic current, when galvanism was used in vain; but this success of the faradic application was due to the action of inhibition. The reflex hiccough was arrested by the simultaneous arrival at the centre of another impression. The method treating hiccough by faradism consists in sending through the walls of the thorax a strong current, just as the spasm is about to occur. The result is—the hiccough is inhibited. Neuralgia of the cardiac plexus, of the solar plexus, and of the stomach, or gastralgia, are most effectively treated by galvanism. Torpor of the muscular layer of the large intestine may be successfully overcome by both currents, but they differ in action; faradism effects the bowel rather at the

Digitized by Google

point of contact, and induces strong tetanic contractions; galvanism originates movements, which are propagated in a vermicular manner much more widely. The best results are obtained by a combination of the two agents.

No systematic attempts have been made to promote the functional activity of the chylopoetic viscera by galvanic treatment, but it is highly probable that this merely might be used with good results. The state of functional depression, diseases characterized by impaired nutrition, etc., are those which might be much improved by systematic galvanic treatment.

Both currents are used in the maladies of the sexual system, male and female. I have already indicated the principles regulating the employment of faradism and galvanism in uterine diseases. Probably faradism is more effective as a stimulant in amenorrhœa, as it is in uterine inertia, whilst galvanism is more serviceable in the vascular states characterized by relaxation. In the treatment of impotence in the male both forms of currents are useful, but their action is not the same. When the erections are wanting in force, due to imperfect filling of the veins of the erectile tissue, galvanism is more effective, because of its power to increase the vermicular movements of the vessels' walls. When anæsthesia of the external organs exists, generally or in part, the faradic brush is serviceable.

In the treatment of affections of the chylopoetic system one electrode properly insulated should rest in the rectum, and the other should be applied over the abdomen, all parts being brought successively within the circuit. A properly insulated electrode, flexible, and of the right length, could be readily introduced into the stomach. From such a position of the electrode the current could be diverted to the various organs, and especially to the semi-lunar ganglion and solar plexus. The recent observations of Da Costa and Longstreet on the changes in the renal ganglion in Bright's disease furnish an additional motive for further extension of galvanic applications by intra-stomachal electrodes.

Finally, gentlemen, as the manner of applying electrodes is important, I must say something of the details concerned. In

Digitized by Google

faradic applications well moistened sponge electrodes are used when it is desired to reach the muscles, for the conductivity of the tissues is determined by the amount of water present in them. When single muscles are to be stimulated the olive-pointed electrodes of Duchenne are the best, and they must be covered by soft leather, and not by sponge. When muscular groups of large size are to be acted on, large sponge electrodes may be used. The larger the electrode and the more thoroughly moistened, the less the pain. When the skin alone is to be faradized all moisture should be carefully wiped off, and some drying powder dusted over the surface. When the galvanic applications are to be made the form and size of the electrodes will depend on the object in view; for single muscles, and separate nerve-trunks, small electrodes are employed; for large muscular groups, and for pain in many nerve filaments, large, well-moistened sponge electrodes are best.

The injunction, in systematic works, to add a little salt to the water with which the sponge electrodes are moistened, is proper only in the case of galvanic applications to the face and head. In neuralgias of the extremities, especially of long standing, I am convinced that we should use powerful currents, and therefore make the applications with large electrodes, moistened, but not with salt water. Not sufficient attention is paid to the duration and number of the *seances*. In galvanic applications about the head the sittings should not exceed five minutes, but they may be repeated several—say three—times a day. In neuralgias the applications should be more prolonged, and should be repeated at short intervals. Much better results would be obtained in these affections, sciatica for example, if the applications for galvanism were fifteen minutes long, and repeated every three or four hours. These statements are based on some experience with these frequent applications, and are not merely speculative theories. In the treatment of muscular paralysis by faradism it should be remembered that the muscles are readily fatigued, and that no benefit results from treatment which has this effect. As a rule the smallest strength of current which will induce muscular contractions is only necessary. The individual muscles will bear exercise in this way from five to

Digitized by Google

fifteen minutes, and the applications may be repeated about twice daily.

Every physician employing electricity as a remedy should give the necessary time and attention to the applications, and should resist the inclination to get through with them as quickly as possible, when numerous and fatiguing. Provided with suitable apparatus, and an adequate knowledge of the subject, the physician will find himself possessed of a most valuable remedy, capable of results which none other can achieve in its own province.—(*Medical News and Abstract.*)—*Walsh's Retrospect.*

ARTICLE XVI.—Cases From Practice.

By S. L.

(Continued from page 77.)

16. Variolinum.—*Hom. Vierteljahrschrift*, 2, 125.

Surgeon Schnappauf, of Dresden, observed during the winter of 1840–41 in that city, an epidemic of small-pox of great severity. Notwithstanding the application of the usual remedies, the severe fever, especially at the beginning of the suppurative stage, the swelling, inflammation and suppuration kept steadily on, and death too often closed the scene. Accidentally he read in the "*Berliner Centralzeitung*" an article dated from Southern Russia, mentioning an epidemic of small-pox which decimated the army-corps stationed there. The idea originated in the mind of some army-surgeons whether the fury of the epidemic could not be broken by the internal application of the virus, and their experiment was crowned with great success. That very day I was called to a lady, being in the seventh day of her disease. High fever, deliria, sleeplessness, terrible burning pain all over the skin, considerable swelling of the face so that the eyes could not be opened, also of the neck and upper extremities. All remedies failed even to alleviate. After great trouble I succeeded to get

Digitized by Google

lymph of variola. I opened on an extremity a group of vesicles with lymph clear as water, deposited it in a vial filled with distilled water, so that it came nearly up to a first dilution, and added after forcible concussion a few drops of alcohol for preservation sake. Of this preparation two drops were mixed with five grains milk-sugar and a dose given every two hours. I was surprised to witness after the third dose an alleviation of all distressing symptoms, followed by a quiet sleep for several hours. On all places not exposed to the air the pocks were sunk in, shrunken; those still in the lymphatic stage did not pass into suppuration, but dried up. After sixteen hours the patient was rid of all her pains.

During February he treated a child of two years suffering from small-pox, and on the eighth day he took virus from her and gave it to her in the same dose. After the second dose the child became more quiet, and after eighteen hours all her pains were relieved and the suppurative stage limited to some solitary pocks. On the eleventh day all scabs fell off and hardly any pits could be seen (because suppuration was inhibited by the action of the remedy and loss of tissue thus prevented). Over twenty cases were treated successfully in the same manner. The virus taken must be from genuine small-pox, as that from varioloid fails to be of any benefit.

In a postscript Dr. Trinks endorses the truth of the above statement and urges the profession to look with more favor on the ison, as most probably the action of the ison begins where that of the homoion ceases.

The isopathic remedy, prescribed at first by allopathic army-surgeons, comes thus to us from the old school, and may therefore be looked upon with more favor by many physicians of our school. Trinks and Schnappauf never ascended to dynamic potencies, the first dilution acted admirably, and therefore our friend of the material drug need not ascend to the skies and to bottle-washing, when they are troubled with severe cases of this so-called loathsome disease. Just as in vaccination, the time when the virus is taken is of great importance for the success of our treatment, and hence many failures from the neglect of this all-important rule may be obviated.

Digitized by Google

But may the good God deliver us from such therapeutic nastiness, exclaim, horror-stricken, some professors of homœopathic colleges, and thus warn their disciples not to touch the unclean thing under any consideration. Such false teachings must be held up for condemnation, and Prof. Edmonds (*Diseases of Children*, 263) had no need to put in print this fulmination against nosodes and Psorin. in particular. When the life of the child of Prof. S. A. Jones was saved by Psorin., when Dr. Tinker saved the life of a child suffering from meningitis basilaris by Tuberculinum after Prof. Austin confirmed the diagnosis, and Flint positively asserted the doom of that child, when cases of severe variola cured by Variolinum can be found in many of our journals, have we a right to exclaim "nastiness," and prefer to allow our patient to die rather than use a force, the presence of which we see by ocular demonstration in the patient himself. It is a true remark of that clear-headed observer, Dr. James B. Bell (*Hahnemannian*, IV, 398,): "Some might and do object to remedies which might be supposed to be isopathic, but there is not the slightest reason for believing that the contagious products of disease are of that character when homœopathically potentized. Others object to drugs of filthy origin. They hold up their hands in holy horror of all such excrescences of homœopathy. They might as well turn up their noses at the golden corn and mellow pumpkin of our autumnal fields; the rich products of fragrant animal manures are much nearer their origin than is the potentized homœopathic remedy."—Sapienti sat.

ANGINA SPASTICA AND ASTHMA MILLARI.—BY DR. HIRSCH, (Prague.)

Whereas angina membranacea often yields to our usual remedies: Acon., Hepar, Spongia, we sometimes meet that other species, angina spastica, which in their solitude mothers also consider as croup. We give two cases: A delicate child of two years always looked pale and was troubled with worms. Without any preceding ailment the child was attacked at night with a very severe croupy cough-paroxysm and suffoca-

Digitized by Google

tory anguish. I was immediately called but found the child quietly sleeping, breathing easy, only when air passed through larynx and trachea, a sound could be heard similar to that when air passes through a wooden tube. After sleeping quietly for an hour it awoke with a similar attack: severe croupy cough, great restlessness, retraction of the head, forehead bathed in perspiration. After ten minutes the child slept sweetly again, no fever nor anything else abnormal. She received after the paroxysm a dose Veratr.^{6}, with the direction to repeat the dose after every paroxysm. Report in the morning that the child had four paroxysms during the night, but they steadily decreased in intensity. During the day the child was lively, ate with some appetite, coughed rarely and abruptly, but dry. The remedy was continued every three hours. About 8 P.M., after having slept quietly about an hour and a half, it had a stormy attack, similar to the first one. A dose Phosphor.^{6} was already in readiness, and after taking it slept for three hours, when it had a light attack. During the afternoon of the following day the child received another dose Phosphor.; during the night some very slight attacks and then the cough ceased entirely.

A pretty, strong boy of seven years with helminthiasis. During the night he had several croupy paroxysms. Examining his throat in the morning, I could neither detect redness nor swelling, in fact the mucous membrane looked rather pale. Phosphor^{6}. Two lighter attacks during the night. The boy complained only of some dryness of the throat, coughed rarely, felt otherwise well, and after another dose of Phosphor. his nights were perfectly quiet.

Now let us compare the above cases with asthma millari. A delicate little girl æt. nine months caught cold, had a spasmodic cough for several nights, and last night it became very severe. The child was cross, but afebrile, breathing rather labored and quick. Physical examination of the thorax revealed respiration abnormal, during every inspiration the whole hypochondrial region was drawn in; percussion showed very little abnormality, some deep-seated mucous rales could be

Digitized by Google

heard during auscultation. Appetite diminished, tongue coated white, abdomen soft, one or two stools in twenty-four hours, soft, watery, greenish. Ipecac.^{9}, in twelve teaspoonfuls of water, half a teaspoonful every second hour. At the evening visit the child slept more quietly, respiration normal; after waiting half an hour breathing became more laborious and rapid, the child became restless, the face turned blue, the eyes wide open, larynx drawn upwards, with its little hands it tightly grasped the cradle, the respiratory muscles were visibly attacked by a spasm, abdominal respiration prevailing. During the greatly labored cough a peculiar, hollow, whistling cough-sound could be heard. Hands cold, beads of anguish stood on the cool forehead, pulse spasmodic, small, very frequent. After five or six minutes the child fell back exhausted, coughed loose and easy and fell asleep. Formerly it had four to six such attacks during the night. Ipecac. was continued. During the day the child was very languid, took a few spoonfuls of barley-coffee or light beef-tea, respiration and stools more normal. The following night two lighter attacks, but still during the day the child felt exhausted, and fearing a repetition of these attacks Cuprum^{9}, in s. l. was given in the evening. Only one light attack after midnight. Another powder of Cuprum followed by recovery. A similar case was treated with the same remedy and same result.

Ellis (*Diseases of Children*, 108) differentiates well between membranous and spasmodic croup, and between the latter and laryngismus stridulus.

Whereas we have in true croup severe prodromata, considerable fever, faint, whispering or extinct voice, a false membrane or mucous expectoration, a constant croupous stridulous sound, dyspnœa in inspiration and expiration with considerable recession of chest walls; we meet in spasmodic croup hardly any prodromal stage, only slight and remitting fever, the voice never extinct, perhaps somewhat hoarse, the croupy cough remits in the interval of the paroxysm, expiration is normal and inspiration far less disturbed.

It is true there is more resemblance between spasmodic croup and laryngismus stridulus, for in the latter there are no

Digitized by Google

catarrhal symptoms, whereas in the former there is catarrhal inflammation of the larynx with spasm in addition. Laryngismus is a disease essentially of infancy and often of the rickety diathesis, whereas catarrhal spasmodic larnygitis is an affection common from about the period of the first dentition up ti l seven, eight or nine years of age, and affects children of all types, but especially of the tubercular diathesis. Both may repeat themselves over and over, but in asthma millari there is neither fever or any sign of inflammation; the attack is sudden, the recovery equally sudden and perfect.

Edmonds (*Diseases of Children*, 102) graphically calls laryngismus stridulus an asthma of the larynx, a tetanoid condition of the muscular and nervous parts of the region affected, attacking slender nervous children with highly wrought sensibilities and large brain.

Hirsch used in spasmodic croup Veratr. followed by Phosphor., and in his cases of asthma millari he found Cuprum specific. The selection of Veratr. alb. shows a deep insight in our materia medica, for we find among its symptoms: constriction of the larynx, suffocative fits, a prevalence of the spasmodic element, inhibiting the discharge of mucus which in large quantities has accumulated in the windpipe. The fear of suffocation produces cold sweat on forehead and upper part of the body and a restlessness, finally relieved by sleep (the over-exertion is followed by prostration). According to C. Hering, it may also be indicated in spasmus glottidis, especially as this affection may arise from irritation in other parts of the body, as teething, gastric ailments, worms, suppressed cutaneous eruptions, fright, etc., etc. We acknowledge that our mind reverted rather to Sanguin., a remedy too much neglected in this pseudo-membranous croup, especially where we find from the chronic dryness of the throat a tormenting and exhausting cough. Both cases were cured by Phosphor. after only a palliative amelioration by Veratr., which was therefore only a simile, but not the simillimum. But is Phosphor. the protagon of the nervous system, the simillimum to pseudo-croup? We doubt it, as nervous exhaustion is rather the key-note to its application, and we find pure spasm far less devel-

Digitized by Google

oped in its pathogenesis. Holcombe recommends it when there is sensitiveness and dryness of the larynx, with a feeling as if it were lined with fur (Ant. tart. has the same sensation lower down in chest) and inability to utter a word, every effort to do so being painful; nervous exhaustion, relieved by food; worse at night, better towards morning; croup with tendency to relapse, especially in tall, slender, nervous children.

If Hirsch would only have had patience enough we think that first case of asthma millari could have been cured with Ipecac. alone, as it was clearly indicated from beginning to end. But thus we are all alike and thus spoil by our haste the teachings which we might receive from our clinical studies. Cuprum is certainly a great antispasmodic. Many authorities consider this nervous affection as a functional disorder of the pneumogastric nerve and the violent dyspnœa, the convulsive breathing and finally complete failure of respiration, all go to show the marked influence of Cuprum on the vagus. There is in Cuprum none of that exhausted state so characteristic of Zincum. We meet the same suddenness of the paroxysm under Sambuc., but the latter has less cough, whereas under Cuprum the cough is relieved by a swallow of cold water; Sambuc. has warm perspiration during the attack and a dry heat during sleep, whereas Cuprum gives us cold perspiration at night.

Page 153, III. of the same journal, Kafka narrates a case of asthma millari, cured by Ipecac. A girl æt. 3, blonde, of scrofulous diathesis, awoke with a barking cough at 3 A.M. Called in the morning the most exact examination failed to reveal any disease. The child was lively, no fever, played around and complained of nothing. The following day the mother reported that the child had another attack about the same time and the paroxysm lasted till morning, and the following night the barking cough was so severe that the parents feared the child would suffocate, but still no objective morbid symptom could be detected, and Kafka requested the parents to call him during the attack. Arriving at 2 A.M. he found that the child was extremely restless, wanted to be carried about by

Digitized by Google

one person, and then by another one, strikes about in her anguish, face livid, cold sweat on forehead and cheeks, protruding eyes roll about in their sockets, lips blue, mouth wide open, cough dry, barking as in croup, returning every few minutes, respiration labored and very rapid as in the most severe laryngo-stenosis; neck bloated, carotids swollen and beat rapidly; at every inspiration the larynx is drawn toward the root of the tongue and sternum and epigastrium drawn in, extremities cold, clammy; pulse contracted, cannot be counted. The absence of all objective symptoms and the periodicity of the case proved it to be a case of asthma millari and Ipecac.^{3}, twelve drops in half a glass of water, a teaspoonful every quarter of an hour was given. All symptoms ceased in a little more than an hour, copious diaphoresis set in and by continuing the remedy at longer intervals during the day the little patient was soon relieved of her nocturnal tormentor.

A baby boy, just weaned, badly nourished, is brought up by beef-tea and gruel; no trace of teething, appetite good, abdomen meteoristic, diarrhœa, emaciation, sleep broken by crying, when he must be fed to quiet him. After sleeping for a few hours he awakes suddenly with a long-drawn crowing and screaming inspiration, lasting four to six seconds, followed by no expiration, but the respiration is totally interrupted for twenty to forty seconds. During that time the child turns more and more livid in the face which gradually becomes covered with cold sweat, the eyes wide open, staring, protruding as it were, mouth wide open, thorax distended, beat of heart normal. The poor child then thrashes about with his cold hands and feet, draws a long deep inspiration and the paroxysm is over. Three to four attacks happen during twenty-four hours, and always when awaking from sleep. No objective symptoms whatever. All gruel stopped and a more digestible diet ordered. After the failure of Bellad. and Ipecac., Veratr^{6}. was given, every two hours a teaspoonful and in three days not a trace remained. During that time the child has daily several foul-smelling, dark-brown stools and after their discharge the meteorismus also passed away.

Digitized by Google

"Sublata causa tollit effectus." The cause of the disease certainly belongs to the totality of symptoms and to neglect its value many a failure may be ascribed to. Thus we find under Arsen : suppressed hives; under Bellad.: irritation from dentition or gastric crudities, but at the same time hyperæsthesia to external impressions and hot sweat; Calc. phosph. gives us suffocative fits when lifted from the crib, craves bacon, dentition in an illy-developed child; in Laches. the spasm occurs during sleep; Moschus gives us "worse after sleep" better than any other remedy, but here it would have failed without changing the food of the child; Spongia also gives us starting from sleep, but the disease rests here on a material basis, whereas in laryngismus stridulus all objective symptoms of throat are absent. Why then did Ipecac. that great gastric remedy fail in this case and Veratr. succeed? Might we not take our cue from the mental symptoms? Ipecac. gives us worse from the least motion, the spasmodic cough often appears on falling asleep, whereas Veratr. gives us cool indifference or great restlessness. We agree with Kafka that it is not an easy task to find the simillimum at first sight; none can teach us how do to it, for every case stands on its own merit; "by the sweat of thy brow shalt thou cure thy patient" and no pons asinorum will change our fate. "Work, work, work," therein lies our salvation.

---

17. History of a Torpid Croup, by Dr. Trinks.— *Vierteljahrschrift*, 3, 239.

Otto St., æt. 5, very scrofulous, showing on both sides of the neck great scars from former glandular suppurations, took sick December 7th with membranous croup, to which his younger sister had just succumbed under allopathic treatment. Croup had already developed itself the day before and twenty hours had already passed, when he came under treatment; from time to time suffocating spells set in, during which the patient straightened himself up, threw the head back, opened his mouth wide, turned blue in the face and tried to cry; breathing gave a sawing sound, the cough was dry, crowing; the

Digitized by Google

voice without timbre, mere hissing and the larynx was painful to the touch; great inclination to sleep, synochal fever, head, face, the whole body copiously perspiring; great thirst; urine jumentous. R. Jodum², every hour two drops in pure water; bran-poultices around the neck, warm milk and water as a drink.

December 8th.—No change; copious perspiration, especially head and face; restless night.

December 9th.—No change, cough has a metallic sound, hissing voice.

December 10th.—No change; copious miliary eruption on throat, neck, back and chest with copious sweat; fever diminishes.

December 11th.—Croupous manifestations decreased in intensity, especially the sawing sound in breathing; the metallic tone of the cough, the suffocating spells with livor of face and great anguish return more rarely; the cough remains dry and metallic; hardly any fever, miliaria covers also arms and feet. Jodum², gtt. iij., every two hours.

December 12th.—Cough severe again during the night and sawing respiration; no fever; miliaria dries up.

December 13th.—No change, cough sounds as if the air were forced through two metallic plates; frequent attacks of suffocation. Jodum², gtt., iv. every hour.

December 14th.—During the night frequent and severe attacks of suffocation; great embarassment in breathing; heavy sawing, hissing voice; pulse quiet, even slow. Jodum², gtt., v. hourly.

December 15th.—Decrease of the croupous symptoms, only the cough keeps up its metallic sound.

December 16th.—Amelioration continues; great deal of sleep without increase of croupous symptoms when awaking. Jodum², gtt., v. every three hours.

December 17th.—Respiration perfectly free, only hoarseness. Jodum², gtt., iij. every three hours.

December 18th.—Cough loose, but no croupous exudations are discharged; voice still hoarse. Hepar 3d trit., one grain every four hours. The boy had a rapid reconvalescence and

Digitized by Google

looked better than before his sickness. No evil effects could be observed from the large doses of Jodum taken.

According to my experience croup, acute or chronic, is mostly seen in scrofulous children. After a preceding coryza a croupous inflammation of the mucous membrane of the larynx rapidly forms, extending sometimes low down in trachea and bronchi; in most cases severe synochal fever; this is acute croup, which mostly is cured in a short time with Spongia or Jodum, and the croupous exudation becomes absorbed, without being discharged. After removal of the croupous inflammation the coryza reappears. In the torpid form the croupous inflammation becomes protracted, the plastic exudation is neither absorbed nor discharged, the fever passes away when simultaneously the croupous symptoms fail to abate. Croup often attacks several children of one family so that one might suppose a propagation by infection. In our case the fever decreased with the eruption of the miliaria, but the croupous symptoms increased fearfully so that the dose of the remedy had to be increased. Jodum is the specific remedy for croup and it ought to be given immediately without noticing the fever, which will disappear as soon as the croup is overpowered by the Jodum. I have little confidence in Acon. or Hepar and Mercur. failed totally in my hands. Where paralysis pulmonum threatens with great respiratory anguish and long continued spells of suffocation, I did not observe any favorable influence from Mercur., Ant. tart., nor from Phosphor., but Laches^{6}. repeatedly given, acted satisfactorily and Jodum then completed the cure.

I owe my success in the treatment of dangerous acute diseases to the careful selection of the simillimum and the steady application of the remedy specific to the case which must be repeated as long as no qualitative changes appear in the disease and the dose must be in proportion to the intensity of the disease and where weaker doses fail we must not be afraid to give large ones.

We may heartily subscribe to most of the principles enunciated by Trinks, and the old question will hardly be considered

Digitized by Google

settled by this writer what makes qualitative power in a drug. Let us not dispute about that old story, let us rather see what is membranous croup and is Jodum such a specific. Trinks is here in harmony with Kafka, who in his Lehrbuch teaches that fibrinous, plastic exudations find their simillimum in Jodum, wherever that exudation may take place on a mucous membrane. Bæhr, Hirschel, Jousset, in our country especially Halleck, of New York, sing pæans to the power of Jodum over true croup, and *the more plastic the exudation, the more Jodum is indicated.* This key-note of Jodum must never be forgotten when we treat diphtheritic croup, a necrosis of the mucous membrane with its albuminuria, and I never could understand why so many good authorities consider both one and the same disease. The exudation not upon, but into the tissues, the destructive tendency of the diphtheritic poison differentiate it plainly from the purely inflammatory, plastic laryngitis of true membranous croup. We must never forget that Jodum acts slowly, but surely, for the mucus secreted is hard and tough in true croup. Though Jodum is considered by the old school a disinfectant, it has no power over necrotic destruction, which finds far better remedies in Ac. carbol., Amm. carb., the animal poisons, etc. We beg to differ with Trinks, when in true croup he totally discards Acon. and Hepar. He may be right that in a fully developed case its application is too late, but we agree fully with Boenninghausen, that the five magic powders, Acon., Hepar, Spongia, Hepar, Spongia, all in the two hundredth potency, have, given ab initio, strangled the disease in its beginning, and many of my patrons, who keep these three drugs on hand, are loud in their praises, though we never know whether it was merely a pseudo-croup, or whether it would have developed in a true croup. With Acon. the fever is broken, before exudation took place and that it will not take place, Hepar comes forward in all its beautiful symptoms, as rattling breathing during sleep, deep wheezing cough with expectoration only towards morning; sneezing or crying after the attacks of cough; suffocative attacks, compelling him to raise himself up and to bend the head backwards, hoarseness, etc. What Acon. does at the

Digitized by Google

very start, when the mere catarrhal symptoms and coryza still prevail that Jodum does when the disease is fully developed, Hepar stands in medias res, aids expectoration and thus a quicker restoration.

A Clinic on Cancer.

Dr. H. Goullon, Jr., publishes in the *A. H. Z.*, No. 23, 1881, the following case:

Mrs. K., an old lady æt. 70, ailing for many years, is tired of her allopathic treatment, consisting of morphium over and over, and looks for salvation to the other school. She is greatly emaciated, drags her feet when walking, speaks with a weak voice and gives the impression of great suffering and exhaustion. She complains especially of disturbed digestion and excessive pains over the cardiac region. Manual examination reveals knobby indurations, probably scirrhous neoplasmata or glandular degenerations to the left of the stomach. She cannot touch meat, milk or wine, but even the lightest food, as gruel or beef-tea does not prevent the spasmodic attack which usually sets in after her dinner, about 3 P.M. Pulse accelerated, small, weak; tongue inclined to dryness with a white coating; digestion languid; habitual constipation, probably caused by the morphine. She was ordered bitter-water to regulate her bowels, but this still more lessened her appetite and aggravated all her pains, resting on an inflammatory basis.

Nux and Magisterium bismuthi failed to act on her bowels, nor did they prevent the post-prandial paroxysms. Ignat.[2] brought some amelioration. Thirst and the typical appearance of the pains led my attention to Arsen., especially as I feared a carcinomatous degeneration. Ten drops of Fowler's solution were mixed with five grammes alcohol and hundred times concussed. Of this mixture ten drops were put in a wine-glassful of water and the patient ordered to take a teaspoonful three times a day. Repeatedly I have witnessed good effects from such a dose, also for other tinctures, e. g., Digit. in pollutions and dropsies, Scilla in dropsies, Condurango in carcinoma, Mezer. in cutaneous syphilides, Droser. and China in whooping-cough, Ipecac. in cholerine, etc., etc.

Digitized by Google

After a week a decided amelioration could be observed. Hardly any attack, she sleeps good, her hands are warm and her bowels move naturally, a positive proof of the intense and alterating power of Arsen., tongue moist, hardly any thirst; she feels more like herself and has confidence in the cure. Six weeks afterwards none of those knobby indurations could be felt, no pain in gastric region, a good appetite, but still she fears to eat. This beautiful cure might be compared with that of Dr. Maylaender, where Sulphur cured, and we may thus hope that under certain considerations even a genuine cancer may yield to homœopathic treatment.

Dr. Maylaender reports the following case in the first volume, page 238 of the *Internationale Presse:* Miss C. D., æt. 51, observed for several years a lump in the left mamma which gradually enlarged and became painful. Four physicians agreed in their diagnosis: scirrhus mammæ. Their treatment failed to bring relief and she came to me on account of the proposed operation. I found a lump of stony hardness adherent to the skin, of the size of a big apple, nipple strongly retracted, and she complained off and on of severe burning, stitching pains in the tumor. Further examination revealed that patient suffered for years from facial eruptions, probably acne rosacea, but which now have entirely disappeared. With this disappearance the lump began to grow. I advised delay and gave her Sulphur[12], a dose every evening, regulated the diet and ordered the mamma to be covered with batting. After two months she reported a return of the eruption not only on the face, but also over the whole back, there was less pain in the lump, which also had decreased in size. All medicine stopped and only diet regulated. Four weeks later all pains had nearly disappeared and the lump was decidedly smaller, so that after a few weeks more it was only as large as a bean. Thirteen years have since passed, and as not a trace of a relapse has so far been seen, she may be considered cured.

SCIRRHUS VENTRICULI.—BY DR. V. MEYER (H. V. v. 87).

Frederica D., æt. 45, well off in this world's goods, is ailing for the last ten years, but nothing that the old school has done

Digitized by Google

for her has ever benefited her, and at the urgent request of her husband I visited her February 28, 1852. I found a woman in bed, looking more like 70 than 45 years of age, face sunken, the bones of the face prominent and covered with a dirty gray, wrinkled skin; the eyes sunken, surrounded with blue rings, the whole body greatly emaciated. As a child she had the measles, followed by an ophthalmia, and in her ninth year a febris intermittens. At 17, menstruation appeared and remained regular up to two years ago; she had always been robust and able to attend to her duties at the farm and in the house. Married at 26, she had three children, of which the youngest is now eleven years old. Confinement and lying-in state were always normal, and she nursed all her children without trouble. About ten years ago after weaning her babe, she was, after a full dinner, taken with an attack of gastralgia, which passed off in a few hours after vomiting her food. In about three months she had another attack which lasted longer, though she cannot recollect any error in her diet. Henceforward such paroxysms returned off and on with more or less intensity, and she had to be very careful about her eating and drinking. Appetite still kept up and she was able to attend to her work. She then found out that after the vomiting of a greenish fluid the pain in the stomach did not cease entirely, but kept on for a few days with less intensity. For the last two years her health steadily declined, the attacks lasted longer, were more severe, with nausea and vomiturition, but not always vomiting; appetite failed, strength decreased, muscles atrophied, courses became irregular, scanty and finally ceased, and for the last nine weeks she was obliged to take to her bed.

I found her lying on her back, emaciated and sallow. Just then the pain was moderate, but when it became worse, which happened several times a day and especially at night, she could not utter a single word on account of dyspnœa and palpitation. She described the pain burning, a cramp extending to the back and upwards to the throat. No change of position diminished the pain, and while formerly she could give herself some relief by bending her body forward and contracting her abdomen, this

Digitized by Google

had ceased to alleviate her. The attacks at night are especially distressing. All that she can take now is a small portion of white bread softened in some sugar-water, and even this produces after two or three hours a severe paroxysm with vomiting of greenish fluid containing mucus and half-digested food. The vomiting was preceded by foul-smelling eructations and vomiturition, which took away the little strength left. She was never entirely free from pain, burning thirst day and night, for which she took tepid water or milk in small quantities, as larger portions increased the pain. Coffee, which she formerly loved, she now detested. Not the least inclination to eat, she had some desire for acids and pickles, but she feared to indulge. Bowels moved once a week after a chamomilla injection, and stool consisted of small, hard, foul-smelling balls, discharged with pain in rectum. Urine light-yellow and without odor. Her greatest complaint was her total sleeplessness. Tired, weak and exhausted, her eyes closed toward night, when the lancinating pains in the pit of the stomach forced her to open them. She only begged for sleep, as the sleeping powders of her former physician failed for the last two weeks to procure the desired rest, in consequence of which she had loss of memory, delirium with open eyes, apathy, irritability of temper, and total loss of hope of ever regaining her health; flushes of heat alternating with chilly sensation, especially on her back.

During my inspection I found the whole body emaciated to a skeleton, the pit of the stomach filled up by the protruding stomach. Close to the scrobiculum cordis a hard spot, about three inches long could be felt, which gave a duller sound than the other parts of the stomach; it showed no sharply limited border, but gradually this hardness passed off into the surrounding parts. This place as well as the entire stomach was sensitive to the slightest touch; the liver protruded a little under the edge of the ribs. No swelling nor any abnormality whatever could be detected in the abdominal cavity. Respiration somewhat quicker and shorter than normal, but the intercostal spaces rose and fell normally. Percussion gave over the whole chest a somewhat tympanitic sound, probably pro-

Digitized by Google

duced by the absence of muscular tissue; heart-sounds normal, pulse small, dicrotic, compressible, 105 to the minute; tongue coated yellowish-white, teeth covered with tartar, otherwise well preserved. After using the entire armamentarium, her physicians declared her case incurable. I began my treatment with Bellad.^{6}, five drops to an ounce of water, to take three times a day a teaspoonful, and an injection of cold water every forty-eight hours when costive. The milk in larger quantity and white bread soaked in sugar water as her diet.

March 6th.—Slightly lessened pain in gastric region; she can turn herself in bed with more ease and less sensitiveness to the touch. Vomiting lessened for the last three days and the vomitus contains no remnants of food. Other symptoms the same. Arsen.^{6}, morning and evening three drops; injections continued. Advised to try a few tablespoonfuls of weak beef-tea.

March 13th.—No sleep yet, pains are worst at night, during daytime not so severe as formerly, less burning, more a pressing and twisting, extending to the abdomen. Vomited only twice some greenish water, once after an emotion; beef-tea is well digested. Continued Arsen., five drops in the morning. Coffea^{2}, five drops in the evening.

March 20th.—After the first dose of Coffea she slept an hour and a half with diminution of the lancinating pains. Only once during the week the sleep was restless and unrefreshing. The pains in the stomach intermit for hours and are less tormenting. No appetite, she must be forced to take her beef-tea. Foul eructations continue; less thirst; three stools after injections during the past week; more hopeful. Continued Arsen. and Coffea. Undiluted milk, a wineglassful of good beer.

March 27th.—State the same. Nux vom.^{9}, morning and evening three drops. Coffea.

April 3d.—State the same; sleeps tolerably well without the Coffea. Continued.

April 10th.—The gastric pains are more of a pressive character and at night sometimes severe after sleep; hot flushes more on one cheek than on the other. She loves her beer icy

Digitized by Google

cold. No appetite and foul breath; waterbrash and vomiturition several times, but no vomiting; off and on stitches in pit of stomach; stool only once notwithstanding three injections. Chamom.^{3}, gtt. iij, three times daily.

April 17th.—Had a normal stool without injection; appetite and taste better; desire for coffee; tongue only coated at the edges. Pains never reach such a high degree again and even intermitted for several hours after sleep. No vomiting, only some sour eructations. No hot flushes. Continued Chamom.; ordered to drink barley coffee and to try some rare beefsteak.

April 24th.—Relishes her beefsteak; bowels move naturally every three or four days; had to take Coffea to get some night rest; strength and hope increasing. Placebos.

May 1st.—Does not feel so well, lost her appetite, sour eructations, tongue exceedingly dry at night; much pyrosis and pressure in the stomach, some dyspnœa, preventing sleep; stitches in hepatic region; more apathy and irritability. Calc. carb.^{12}, three doses, one every fourth day, placebos the other days.

May 15th.—Immediately after the first powder the stitches in the liver ceased; appetite good, she wants to eat something every two hours; is able to sit up for an hour; sleeps well; hardly any pressure; thirst only for cold things. Placebos. Continued beefsteak and beer.

May 29th.—No progress. Calc. carb.^{12}, two doses, one every sixth day.

June 12th.—Strength steadily increasing; up daily several hours; the hard spot in the gastric region can hardly be felt; placebos; a warm bath; substantial nourishment.

August 14th.—Progress steadily satisfactory, but after each meal she feels fulness in stomach, and when she does not eat, bulimia and sensation of weakness, with trembling. Silic.^{30}, one dose.

Two years have since passed, that woman is now the very picture of health, eats well and sleeps well, and can bear the strongest pressure on her gastric region.

Our diagnosis of scirrhus ventriculi was based on the follow-

Digitized by Google

ing points: 1. The induration on the stomach could be clearly felt and was not surrounded by callous edges. 2. Lancinating pains. 3. The age of the patient. 4. The sallow color of her skin. 5. The long continued insomnia. 6. The obstinate constipation.

Bellad. was indicated to alleviate the severe inflammatory irritation of the stomach, which could not bear the slightest touch; the great thirst, the insomnia, the delirium, etc., all hinted to this drug, from which we only expected a temporary alleviation, to be followed by Arsen., on account of the kind and seat of the pains, nocturnal aggravation, vomiting, excessive thirst, restlessness, sleeplessness, cachexia fully developed, and how beautifully Coffea came in to give her that great boon, sleep, which Arsen. failed to bring on.

Some symptoms were so far relieved, but the gastric symptoms still preponderated; loss of appetite, coated tongue, bitter taste, pyrosis, foul eructations; hard stools only discharged after injections; pressing, twisting pains in stomach clearly indicated Nux vom., and still the great remedy failed entirely, the pains remained the same, were even worse at night; hot flushes set in, one cheek redder than the other, great thirst for cold drinks, especially for beer, stitches in scrobiculo, continuation of the gastric symptoms. Chamom. seemed to correspond and did not disappoint.

But the cachexia still remained, and considering the inappeteney with sour taste, the nocturnal dryness of the tongue, the pyrosis and pressive pains, the disturbing dreams and the waking up with sensation of oppression of the chest, the stitching pain in the hepatic region, Calc. carb. became our sheet-anchor and proved again the truth of the law of similars and its strict applicability. To Calc. carb. belongs the honor to have brought back health and vigor to a wife and mother when given up by the physicians of the physiological school.

How instructive are those three cases to the faithful disciple of Hahnemann, and how clearly they demonstrate the folly of prescribing for the mere name of a disease. Maylander's case was even one of surgical measures, and now-a-days even

Digitized by Google

carcinoma ventriculi, etc., falls under the head of surgery. Let us be more conservative, such examples are encouraging that even the cachexia can be remedied by our antipsorics and health restored. Let us consider nothing trifling, or undervalue any remedy because we have to deal with a severe case in a patient reduced to a minimum of vitality. Even that old woman's balm, the chamomile flower, brought relief in Meyer's case, where the towering Nux vom. totally failed, Calc. carb., the mere shell of an oyster, cured, where the heroic Arsen. only alleviated. How often do we hear the remark: heroic measures are necessary in such fearful cases, it would be criminal to rely on such and such a remedy and thus trifle with human life; but do your heroic remedies not too often fail? "Die milde Macht ist gross," the mild power is great, yea the greatest of all. Let us be zealous and follow to the best of our abilities the precepts of the Master—yea *the Master*, for only a master-mind could teach us that in nature large and small are only relative.

We want more provings of what Prof. Buchner, of Munich, called the adjectiva to the subject. Thus when reading Meyer's case, Calcarea arsenicosa loomed up before our mind, but as we have no provings of many of them, they are discarded and remain unknown. Our duty is plain, let the physiological school attend to all the improvements which physiology and pathology still so much need, and let us attend to the perfection of therapeutics, which needs yet many a faithful worker for its elucidation.

TUBERCULOSIS PULMONUM.—BY DR. MULLER (*Vierteljahrschrift*, 4, 401.)

July 7th, 1852, I was called to a lady æt. 27, who had just arrived at Leipzig. She was married, had one child five years old, and lived in Vienna. Though never much sick before, she was attacked there by influenza, in consequence of which cough, hoarseness, dyspnœa, debility and emaciation kept steadily increasing, so that her physician advised change of climate. She was under the action of Phosphor.^{6}, and for the suffocative paroxysms of cough she was advised to take Hyosc.

Digitized by Google

Status presens: Excessive lassitude and weakness, so that she can hardly walk twenty steps; considerable emaciation; dyspnœa from the least exertion; irritability with hot flushes and palpitation; every afternoon dry heat, thirst, dulness of head; at night restlessness, insomnia, toward morning sweat; inappetency, gastralgia, stool tardy or costiveness; voice without timbre, hoarse, weak; constant pressure and burning in throat, larynx, trachea, down to the bronchi, with sensation of rawness, necessitating constant hawking and coughing; sensation of heaviness and pressure in chest; short, dry cough day and night, exacerbating two or three times daily into severe spasmodic fits, with exhaustion, breathlessness and heat in face and head; scanty, tough, thick expectoration, rarely mixed with small stria of blood; menses for the last four months scanty, or amenorrhœa; skin dry, pale, of a dirty gray; the superior clavicular region sunk in, especially on right side; slight and irregular motion of the thorax when breathing; sound of percussion empty on both upper lungs; on the apex of the right lung bronchial respiration, lower down indistinct and slight vesicular breathing; beat of heart strong, second pulmonary sound increased, on the neck venous murmur. Considering her case tuberculosis pulmonis dext., from neglected influenza and aggravated by mental emotions and bodily exertions, I laid aside Phosphor. and Hyosc. and put her on Jodum^{3}, morning and evening a drop, advising at the same time the utmost mental and somatic quiet. A gradual improvement set in. After four weeks with the same ordination, only that several times Merc. sol.^{2} was taken in the evening instead of the Jodum, the patient was able to walk a mile without great exertion. Cough decreased, voice clearer and more sonorous, only heaviness and pressure in the chest, especially when lying down; sudden flushes of heat and disagreeable feeling in a warm room. Hence Bellad. and Bryon. were sometimes interpolated, but a return to Jodum and Merc. sol. in longer intervals was always necessary. After four months the patient became pregnant and passed the summer very comfortably. During the winter the cough got worse, especially towards evening she complained of dryness of the throat and of op-

Digitized by Google

pression and heaviness of the chest when lying down. Bryon. gave perfect relief. She had an easy confinement and at the present date she feels more like herself again. The right clavicular region is still sunk in but there is no bronchial breathing there, in fact no murmur can be heard, though all around there is strong vesicular murmur. The voice is clear and strong, still it becomes easily fatigued from too much exertion. We do not consider the case a total cure, but it proves again the salutary action of a well chosen homœopathic remedy.

Why did Phosphor. fail and why did Jodum show such a remarkable curative action, is the question which stares us in the face, and the answer to it must be studied out. Another fair question is: What is tuberculosis? Many competent observers favor the opinion that those bodies which have been called miliary tubercles and which have been found in the lungs of patients who have died with the symptoms of phthisis, are nothing more nor less than lymphoid and connective tissue hyperplasiæ (*Loomis, Diseases of the Respiratory Organs*, 221). Bennet (*Reynold's System of Medicine*, 2, 108), defines tubercle as a peculiar morbid deposit, sometimes gray, but more frequently of a yellowish color, varying in size, form and consistence, which sometimes softens and causes ulceration in the surrounding textures, but which at others dries up, becomes cretaceous or calcareous and produces induration and cicatrization. In early life, says Bartholow, struma manifests itself by glandular enlargements, a tendency to protracted suppuration and the development, under irritative conditions, of tubercle. After puberty, the tendency of the strumous constitution is to tubercular deposit in the lungs.

I think the Vienna physician prescribed his Phosphorus at too early a stage of the disease, just as many physicians prescribe it in pneumonia too early, and then the disease runs its natural course. We must study the natural course of tuberculosis to find out when Jodum is the simillimum, when Phosphorus. Jousset (*Elements de Médicine practique*, II, 291) divides this disease into three stages: the initial, the disease fully established, and the cachectic stage. During the initial stage

Digitized by Google

the patients complain of a dry cough, neither preceded nor accompanied by coryza, but after a few months coughing their chief ailment is beginning emaciation and loss of strength (it is an old saying that the scales are here of more importance than any auscultation). By and by hoarseness sets in and even a spitting of blood, a symptom for which the physician is commonly consulted, though hardly ever before. So far the patient is able to follow his usual occupation, the appetite is still fair, but auscultation reveals in the sunken clavicular region a diminution in the clearness of the natural sounds, and the patient gradually merges into the second stage: the disease fully established. The paroxysmal cough from a tickling in the larynx becomes more frequent, and during the morning hours he may even expectorate some glairy mucus or his food after the meal. The cough now disturbs his sleep, and though the appetite may still be good enough the patient steadily loses flesh and strength. Shortness of breath and oppression of the chest become now more marked and expectoration more characteristic, heavy with dark-brown streaks, composed of atrophied and shrivelled cells. At a later time the expectoration divides itself in two layers in the spittoon, the one liquid, more or less foamy, the other solid, white or grey, sticking together and sinking to the bottom of the vessel. Microscopically they present the stage of fatty degeneration and show the debris of lung-tissue with the dissolving tubercles. Hence-forward the disease passes into the cachectic state with its hectic fever, night-sweats, diarrhœa, aphthæ, and too often death closes the scene.

The symptoms of the first and second stage find their counterpart far more in Jodum than in Phosphorus. Loomis (l. c. 225) finds it an established fact that tubercles are formed in the lungs only where there exists connective tissue, lymphatics and very fine arteries with lymph sheaths; consequently they may be found in fibrous layers of the mucous membrane of the large bronchi, in the walls of the bronchioles, in the interlobular connective tissue, and in the walls of the alveoli. In our whole Materia Medica we have hardly a remedy which acts more forcibly upon the whole lymphatic and glandular

Digitized by Google

system than Jodum, producing primarily a hyper-stimulation, to be very soon followed by marked depression with great emaciation. Among its symptoms we read: irritability and sensitiveness; eats freely, yet loses flesh all the time; alternate canine hunger and want of appetite; hoarseness; phlegm in small quantities and tough; constant hemming and hawking; shortness of breath, palpitation and feeling of weakness on going up stairs; dry morning-cough from tickling in the larynx; dry cough with stitches and burning in the chest; cough with expectoration of large quantities of mucus, frequently blood-streaked; tendency to pulmonary hæmorrhages; rapid failing of strength; profuse night-sweat—and we have in these symptoms a perfect picture of the first and second stage of tuberculosis pulmonum, and as soon as they are passed, the usefulness of Jodum is also passed

And that of Phosphorus begins, though the symptoms read nearly akin to many of those of Jodum, as: hoarseness with cough and rawness in larynx and bronchi; larynx feels as if lined with fur; oppression and anxiety in chest, worse evening and morning; difficult inspiration, chest feels full and heavy, with tension; sputa purulent, white and tough; great debility; frequent attacks of bronchitis (peri-bronchitis); profuse night-sweat, worse during sleep; aphthous patches on roof of mouth and tongue; gums stand off from the teeth and bleed easily; eyes sunken, with blue rings around; face pale, ashy, hippocratic; impending paralysis of the lungs, prostration, viscid sweat, small pulse, face sunken, rattling in windpipe. Nervelessness, as Beard calls it, exhaustion of nerve-force prevails through the provings of and in the diseased states applicable to Phosphorus; it is the remedy for passive venous stagnation, for tall slender persons with scanty secretions and excretions; Phosphorus will always remain our sheet-anchor in many a depraved state, if we keep the spirit of the drug in our mind, for only thus the drug becomes an individual, and it is an old trite saying that no two individuals are ever entirely alike.

Digitized by Google

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

[Continued from Vol. XI, page 466.]

(Instead of the usual paper in this department of the JOURNAL, we insert the following timely review.—EDITOR.)

XLVI.—*Lectures, Clinical and Didactic, on the Diseases of Women*, by R. LUDLAM, M.D., Prof. of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital, of Chicago, etc., etc. Fifth edition, revised, enlarged and illustrated, Chicago, Duncan Bros., 1881, pp. 1029.

AMONG the recent accessions to our literature the issue of the fifth edition of Dr. Ludlam's work on the Diseases of Women is the latest but not the least important. The need and the demand for this book were illustrated by the fact that the first five hundred copies were sold within three weeks of the date of its publication. It has long been a favorite with students and practitioners, but in this amended form it is really a new work, and those who have the old edition will be sure to buy this one.

The changes in this edition consist in the methodical arrangement and grouping of subjects under their proper heads, which make so many parts, and which follow each other in a natural order. Four hundred pages of new matter, including one hundred new cases, have been added, thus making sixty instead of thirty-two lectures. This edition is carefully and beautifully illustrated with two hundred and fourteen cuts. The stock, the binding and the general appearance of the book are superior to anything that Duncan Bros. have yet issued.

The first three lectures, which are new, are devoted to a study of the seven crises in a woman's life. Starting off with the following propositions, they abound in practical thoughts:

> The grand distinguishing feature of woman is the fact that her physiological and medical history are included in the *seven* critical periods to which she is subject. These periods are: (1.) *Puberty*, or the first establishment of the catamenia; (2.) *Menstruation*, or the periodical return of the menses; (3.) *Pregnancy*, or the period of reproduction; (4.) *Parturition*, or that of childbirth; (5.) *Puerperality*, or the state of lying-in; (6.) *Lactation*, or nursing period; and (7.) the *Climacteric*, or the "change of life," as it is commonly called.

Digitized by Google

It will be impossible for you to arrive at a correct appreciation of the subject before us without a careful study of these crises as essential factors in the diseases of women. No man, and no person is prepared to explain or to treat these peculiar diseases intelligently and skilfully without an adequate idea of the influence which these periods exert upon the health and the welfare of women. For the whole subject of uterine pathology, as it is termed, lies in these cycles and what concerns them.

We clip a sample paragraph or two from what is said of the Climacteric period:

The disorders which are especially incident to this period have their root in one of three conditions of the general system, and for this reason may be classed as plethora, anæmia, or nervous.

There is plethora from which women suffer at this time, although they may not have been subject to it before, which is due to the suspension of an habitual discharge, and the stoppage of a drain that, for thirty years or more, has weakened the blood and prevented a repletion of the vessels and an increase in the proportion of the red corpuscles. This plethora predisposes them to various forms of local congestion and inflammation. But, you should remember that a tendency to hyperæmia in a woman at the change of life, does not necessarily increase the risk of inflammation of the uterus and its appendages as it would have done before the cessation of the monthly flow. Its principal effect is to involve those organs which are not especially connected with the generative system, as for example, the brain and spinal cord, the heart and lungs and the stomach, or some part of the digestive apparatus.

We recognize this condition of plethora in the flushed face, the headache, the vertigo, the dulness of the intellect which often amounts to a pseudo-narcotism, the anxious look, a tendency to local perspiration, and the restless, discontented, dissatisfied behavior of the patient. The pulse is usually full, but sometimes it is feeble and thready, and there often is a decided tendency to hæmorrhage.

The climacteric anæmia is really a species of chlorosis. The condition is the opposite of that which we have just described. The blood is deficient in red globules, the vessels are not turgid, the pulse is weak and irregular, the skin is ashy, sallow, and of a waxy or dirty-white hue. The anæmic murmurs, the cardiac symptoms, the digestive derangement, and the capricious appetite of chlorosis are often present. Not unfrequently there is a dropsy of the cellular tissue, or within serous cavities, that is very difficult to cure. Sometimes this latter condition is so pronounced as to remind one of what Grauvogl styles the "hydrogenoid constitution."

The nervous type of disease at this critical period may be hysterical, in which case it is a prolongation of what was incident to menstrual life, or it may be altogether new and peculiar to the menopause. The latter is what Raciborski styles a "nervous plethora." This form of complication is most pronounced in those who are naturally nervous and excitable, and in those who have been compelled by circumstances to undergo a great deal of worry and to carry more than their share of mental weight and anxiety. It often happens that a woman will pass through the child-bearing period, with all of its sufferings, cares and responsibilities, in comparative health and comfort, only to break down and to become a nervous wreck at the climacteric.

Digitized by Google

Lectures IV and V, treat of Physical Diagnosis in Gynæcology. They are more compact and thorough than anything of the kind that has fallen under our notice, and withal are carefully illustrated. These chapters alone are worth the price of the book.

Part Second is devoted to the diseases of Puberty, and Part Third to Menstrual Disorders. In the latter there is a remarkable clinic on menstrual epilepsy, and one also on irregular menstruation, with epileptiform hysteria. Dysmenorrhœa is very thoroughly treated, and each of its forms, obstructive, neuralgic and membranous is illustrated by cuts and cases that render it very practical.

Part Fourth considers the Diseases of Pregnancy, and is especially rich in the study and treatment of Nausea and Vomiting of Pregnancy, and in that of Chorea during gestation. Concerning the former of these the author says:

There are some cases of morning sickness which manifestly depend, as Rene Brian and Graily Hewitt have shown, upon a flexion of the uterus. In these cases the gastric disturbance is neither very severe nor continued, and yet they do sometimes result in abortion. Their diagnostic sign, apart from a local examination, is that the sickness is limited to the time of rising from the bed, a condition which is explained by the effect of gravity in bending the uterus upon itself. There are cases, however, in which the flexure of the gravid uterus does not excite emesis.

In accounting for this vexatious infirmity the displacement theory is the oldest. It has also been ascribed to ulceration, inflammation, and stricture of the cervix uteri, to the stretching of the uterine muscular fibres during their development, to chlorosis, to albuminuria, uræmia, and to sympathetic irritation of the pneumogastric. After the seventh month it may be due to mechanical pressure of the gravid uterus upon the stomach or the liver.

Of the treatment, we read at page 308:

There are a few medicines and expedients that have been used empirically with advantage, among which are the oxalate of cerium, apomorphia, pepsin, the sulphate of soda, the arsenite of copper, gossypium, the bromides of soda and potassa, good old wine, champagne, coffee, luke-warm gruel, and very weak green tea.

If the uterus is displaced its careful reposition will be necessary. I shall speak of this directly. Exceptionally, if the os uteri is badly ulcerated, it may be necessary to treat it locally with a bland, unirritating application such as calendula, hamamelis, or hydrastis and glycerine. I have frequently arrested the gastric disturbance for days together by the topical use of the oleaginous collodium.

The newest expedient, with which a distinguished gynæcologist has proposed to do away with morning sickness altogether, consists in the dilatation of the

Digitized by Google

cervical canal. The mode of performing this little operation is to carry the index finger gently through the external os, with a rotating movement, until one-half of the first phalanx has been introduced. In the case of multiparæ this is easily done; but with primiparæ it will sometimes be necessary to dilate the os by other means before the finger can be passed. The objection to it is that there is considerable risk of inducing abortion. This plan of treatment was discovered by Copman, in 1875, who, for the purpose of causing an abortion for the relief of vomiting in a case of pregnancy, dilated the cervix with his finger, and cured the vomiting without any other result.

The only criticism that we have to offer is that this department of the work should, if possible, have been enlarged.

In Part Fifth the Post-Puerperal Diseases are opened with a new, and an intensely practical lecture on sub-involution of the uterus, which is illustrated with four remarkable cases. As a sample of the kind of teaching contained in this book, we quote from page 359:

We must treat this defective involution of the uterus, with recurrent hemorrhage, as we would treat the same train of symptoms, minus the œdema and the dyspnœa, if she were still in the lying-in chamber. The first indication is to secure the proper uterine contraction. The object of this is three-fold, viz.: to stop the excessive flow, to stimulate the absorption of the redundant muscular structure, and to relieve her of the pain, and soreness, and dragging sensation to which she has been a martyr. This indication is plain and practical. The Secale cor. may, perhaps, be all the remedy required. I have treated several such cases successfully with it alone. My preference is for the second or third dilutions. Sometimes I give one and sometimes the other. It is possible, in chronic cases like this, that the medium and higher potencies might be as useful; I cannot say.

Of this one thing, however, you may be assured, that in all such cases, whether they are directly or indirectly dependent upon a defect, interruption, or irregularity in the organic changes proper to the womb during pregnancy or parturition, you will do well to seek for therapeutical indications in the history of that abnormality, whether it be of *ante-partum* or *post-partum* origin. And, if the other incidental indications correspond with these, which are cardinal, so much the better. But let me warn you not to be misled by the occasional pathological contingencies of the case merely.

There is a wide and essential difference between a case of menorrhagia which depends upon a defective involution of the womb, whether it be chronic or acute, and one of excessive menstruation, caused by uterine polypi, fibroids, cancer, cauliflower excrescence, ovarian disease, chronic metritis, or an impoverished condition of the blood. This case is typical of a certain kind of menorrhagia, and I am speaking only of this particular variety. The reason why our best practitioners give comparatively few remedies, is that they learn to classify their cases in this practical way, and to group their remedies accordingly. When such a classification is impossible, they are compelled to proceed on the old *sui generis* plan. But in

Digitized by Google

our day, when the means of forming a proper differential diagnosis are so multiplied and so accurate, these exceptions must be very rare.

Lecture XXIII, treats exclusively of Pelvic-peritonitis, and, if we except what Jousset says of it in his "Clinical Medicine," which Dr. Ludlam translated for us a year ago, has no parallel in our literature. It will bear reading again and again.

Another new lecture XXVII, gives in a clear and concise manner the diagnosis, the clinical history, the morbid anatomy and the medical and surgical treatment of Pelvic Hematocele. The cases that are cited in this chapter, and the figures with which it is illustrated are among the very best in this or any other book. One of these is a very rare case in which a pelvic hematocele was complicated with extra uterine pregnancy, and upon which Prof. Ludlam made the operation of gastrotomy. This case is illustrated with a full page cut. Here is a sensible extract:

The surgical treatment consists in discharging the contents of the tumor either by incision or by tapping. The former method is proper and expedient only when the tumor is solid and easily accessible. The latter is the common method of discharging the cyst. In our day these tumors can be tapped with the aspirator much more safely than was possible with the old-fashioned trocar. But still the operation is not devoid of danger, and is strongly contraindicated in certain conditions. Thus it would not be safe or expedient while the effused blood continues in the fluid state, without being encysted, nor while the size of the tumor continues gradually to diminish and the patient's condition to improve, nor if the source of the hemorrhage, being catamenial and dysmenorrhœal or obstructive, still remains to reproduce the difficulty. Most authorities have it as an "extreme resource."

But, if the tumor has existed for a long time, and shows little or no disposition to be absorbed or to disappear; if the original cause of the hemorrhage in such cases is no longer in operation; if there is a very large accumulation, which is not too recent, but which causes great pain and pressure, with forcing pains like those of labor; if there are rigors and signs of suppurative fever; if the symptoms are those of septic infection, or typhoid in character, with a hyperthermic condition, there should be no delay in evacuating the tumor. I am opposed to putting it off very long, for when properly used it gives great relief and expedites the cure.

Some authorities, remembering that Nature most frequently discharges these tumors spontaneously through the rectum, insist that they should be tapped from the rectal side. But this is not important. We select the most dependent part of the pouch, and discharge it with a large-sized aspirator-trocar.

The author has very properly withdrawn what was said in his former editions on the *puerperal* diseases. Such topics are out of place in a modern and practical work on Gynæcology and deserve to be studied separately.

Digitized by Google

Part Sixth gives two very practical clinical lectures on the Diseases of Lactation, while Part Seventh has two more on the Diseases of the Climacteric. The last brace of lectures furnishes a great deal of useful information on the class of subjects of which it treats. At page 510, there is a valuable table drawn from Prof. Ludlam's clinic, which shows the comparative frequency of the various diseases that are incident to the menopause. We venture to suggest that there should have been a lecture on dyspepsia at the climacteric.

Part Eighth includes three hundred pages that are devoted to those diseases that may occur in more than one of the critical periods to which women are subject. This class includes the affections and eruptions of the external genitals; the diseases of the urinary apparatus (to which three full lectures are given), uterine deviations and displacements, with three lectures also, uterine ulceration and leucorrhœa, two lectures; uterine cancer, two lectures; ovaritis and ovarian neuralgia, ovarian irritation and ovarian dyspepsia, three lectures, and hysteria, three lectures. Among the new subjects in this Part we cannot forbear calling special attention to lectures on the diseases of the urinary system, those on uterine displacements, and those upon uterine cancer, all of which have evidently been carefully prepared, and which are written upon the solid basis of experience. The text abounds in clinical cases, and is illustrated with cuts that are a decided improvement on anything which we have seen. If the reader of this book fails to get a good idea of these particular subjects it will be his own fault.

The readers of this journal are hence to be interested in what our author says in a general way upon the therapeutics of uterine displacements [page 594]:

> The general therapeutics of uterine displacements involves several important questions: (1) the significance and clinical value of the subjective symptoms in the choice of the remedy, or remedies to be employed; (2) the possibility of curing these displacements with internal remedies only; and (3) the use and abuse of the mechanical treatment by pessaries of various kinds.
>
> Concerning the two first of these inquiries, it has always seemed to me that, in a given case, if the subjective symptoms are common to two or more kinds of uterine deviations; if they are not to be depended upon exclusively, even in the

Digitized by Google

simplest cases, in making a diagnosis; if the misplaced womb may cause such derangement of the circulation and of innervation as will persist until the organ is reposited and kept *in situ;* if the lesions of the uterus and of its appendages, which cause and complicate these displacements, are of so varied a character; and if the hysterical epi-phenomena are most prominent and least significant, we ought not to rely wholly upon the complaints of the patient in our selection of the remedy. You may depend upon it that the cures which have been claimed for internal treatment based upon such indications merely, are faulty and fallacious.

The idea is not that the symptoms of which the patient complains in these cases are of no value, neither that remedies which are given upon pathogenetic indications are always inefficient. For these subjective symptoms have their value, which varies in different cases; and medicines that are given in this way are sometimes, but not certainly, or even usually, curative. Both are too slender to be relied upon exclusively. Both need to be re-enforced; the symptoms, by a careful physical and objective examination, and by physiological reasoning; and the indications, by a knowledge of the intrinsic, the extrinsic, and the accidental causes of the displacement, by clinical experience, and by physiological reasoning also. Hence I have said that the reports of cases in which it has been claimed that deviations and displacements of the womb are easily cured by the affiliated remedy are *faulty,* because they have not told the whole story; and *fallacious,* because they may mislead you into supposing that such a result is the rule and not the exception.

That our internal remedies may, and do sometimes work, wonders in this way, even in this class of cases, there is no doubt, in my own mind at least, for I have tested them very thoroughly. But I should lose faith in my own clinical convictions, if they had no better foundation than the improved state of feeling, and the mere say-so of my patients.

In an old play, I think it is the *Octoroon,* there is a scene in which a poor fellow is on trial for his life for having murdered a man in an out-of-the-way place. The evidence is all in, and the case is about to be closed with the result of liberating the prisoner, when a travelling daguerrotypist rushes into court with a picture that he had incidentally taken of the scene of the murder, including, of course, the portraits of the prisoner and of his victim. When all other evidence had failed, the guilty man was convicted by this proof and by the plea of this providential witness who in referring to his *camera-obscura,* said "the apparatus can't lie!"

In all semi-surgical affections like those under consideration, the subjective sensations partake of the nature of circumstantial evidence. Without more direct and positive proof we shall first fail to convict the patient of having a real displacement, and afterwards to convince a competent professional jury that we have really cured one. But, when the evidence that the uterine sound can furnish is brought into court, we shall have the facts in the case, for "the apparatus can't lie."

Bear in mind, therefore, that the symptoms upon which you are to rely for the choice of your remedies in this class of cases are the cardinal signs that are coupled with some structural or functional disorder of the generative intestine, the bladder, or the rectum, or of the peritoneum, or the cellular tissue within the pelvis. If

Digitized by Google

either of these lesions is post-puerperal, or if it is especially connected with menstruation, the symptoms will have a peculiar significance.

In Part Ninth, the Surgical Diseases of Women are condensed into about two hundred pages. The characteristics of this department of the volume are its conservative character and the evident familiarity of the author with the practical work of a gynæcological surgeon. There is not a paragraph or even a line in all these pages which does not indicate that the hand that wrote them has had to do with the practical details of the operations that are advised and described. In very large part the author has told us what, when and how to operate as he himself does and has operated both in his private and hospital practice. And when he gives us quotations from other writers, we are assured that his selections have their choice through the touchstone of his own experience. For they never smell of the paste-pot and the scissors; nor are they inserted in large type for "padding." The cases given are directly to the point, and the cuts, of which there are many in this part of the book, are exceedingly appropriate and useful.

Lecture LII gives the best description of laceration of the uterine cervix that we have seen, and we cannot forbear a quotation or two:

> Two things are illustrated by the discovery that these wounds of the cervix underlie and complicate many of the diseases of women: (1) the tendency to exclusive, one-sided, routine ideas in uterine pathology, and (2) the possibility of overlooking what would certainly be seen, if we were more careful and less prejudiced.
>
> If the profession had not accepted the dogmas of Dr. Bennett concerning induration and ulceration of the cervix as the essential factor in the diseases of women, and practised accordingly, it would have been impossible that the speculum could have been used for twenty-five years without recognizing the frequency and importance of these lacerations. If the displacement theory had not substituted the question of uterine statics for the exercise of a little good sense and discrimination, these lesions of the cervix would have been sought for long ago, and no one would have made himself ridiculous by proposing to cure them by means of an abdominal supporter, or a harness of any description.
>
> The world moves, and this time at least, the women get the benefit of it. If his followers do not run to the other extreme and mutilate the cervix to make out a case, or multiply these lacerations without limit, Dr. Emmet's innovation will prove a blessing to all concerned.

Concerning the prognosis after Emmets operation, and other forms of trachelorrhaphy we are told that [page 863]:

Digitized by Google

With proper precautions in the way of preparation, of freshening the surfaces, of careful adjustment, and of the after-treatment, the great majority of cases are curable by a single operation. In a few the operations will need to be repeated once or twice; and in a fewer still it will fail altogether. Fresh cases, if they are not too near the lying-in, will recover more readily than older ones. The larger the amount of cicatricial tissue, or the more fungoid and irritable the granulation, the more difficult and unpromising the case. If the everted mucous membrane has taken on what is known as the coxcomb ulceration, or if there is something of the cauliflower excrescence, the prognosis should be carefully qualified. Indeed, in the latter case it would be a question whether the operation would be expedient or advisable.

The next two lectures treat of vesico- and recto-vaginal fistulæ, and of lacerations of the vulva and of the perineum. These troublesome lesions are carefully described, and the forms of plastic surgery which are practiced for their cure are detailed with remarkable clearness.

There are four lectures on the differential diagnosis of ovarian dropsy, abdominal ovariotomy, ovariotomy by enucleation (after Miner's method and Ludlam's method), and normal ovariotomy, or Battey's operation. These subjects are handled very skilfully and are thoroughly illustrated by cuts and cases. Lecture LVII, gives six remarkable cases, in which Prof. Ludlam, performed ovariotomy, and the comments upon them are intensely practical. Ovariotomy by partial enucleation is illustrated at page 956, with the details of a case in which the tumor removed by Dr. Ludlam weighed eighty pounds. The patient made a good recovery. A fatal case is given (p. 938), in which the woman died at the fifth day from gastric ulceration, as shown by the autopsy. These are remarkable chapters in which we can find no flaws excepting that no mention is made of vaginal ovariotomy, neither of the treatment of this form of dropsy by internal remedies, in which some of our friends continue to have confidence. Perhaps the author will yet give us his views upon this latter question. The cut at page 903 is a probe and not a trocar, and the poor woman's thigh, at page 922, looks as if it had been through a threshing machine before the engraver got hold of it. These little defects, however, are compensated for by neat and available tables of the temperature and the pulse, and by careful directions as to the after-treatment. A perusal of these chapters explains Dr. Ludlam's remarkable success as an ovariotomist.

Digitized by Google

The volume ends with two lectures on uterine fibroids and polypi, which are quite up to the level of the best literature on these subjects, and not below the grade of the book itself.

These sketches will give the reader an idea of the scope and character of this work, which indeed, like everything born of our race, has its defects, but which is at once an honor to the medical school of which Prof. Ludlam is so distinguished a teacher and representative, and to our literature, for the improvement of which he has written so largely and so well. The grouping of the subjects, the great increase of new matter, the addition of an hundred clinical cases, and the insertion of more than two hundred engravings, with a *very thorough* index and a table of contents, enhance the value of a book which has always been most acceptable and useful to the practitioner and the student. S. S. W.

ARTICLE XVIII.—Cases of Chronic Disease.—Cured.

THOMAS SKINNER, M.D., of London, late of Liverpool.

DISPLACEMENTS OF THE UTERUS.

PSEUDO-PROLAPSUS AND RETROVERSION OF THE WOMB.—CALCAREA.—In July, 1878, I was consulted by an American lady, who informed me that she had been carefully and repeatedly examined by a lady physician, who told her that she was "suffering from prolapsus and retroversion of the womb, and *the retroverted uterus was fixed to the rectum by old standing adhesions.*" So much for the pathology and diagnosis. The prognosis was equally cheering to my patient, namely: "The mischief is irremediable." Will the reader be surprised if I tell him or her that I cured the prolapsus *with adhesions* as if by magic, and will they feel surprised when I tell them that the physician who diagnosed the lesion had "found a mare's nest," the diagnosis being either a gross mistake or something worse —a fabrication from beginning to end.

I made an equally careful examination, and there was nei-

Digitized by Google

ther prolapsus nor retroversion. Prolapsus was next to impossible, as the os uteri was high up, and there was no retroversion, because the os uteri was directed downwards, and the uterine sound passed upwards in the direction of the umbilicus, about two and three-quarter inches. The uterus, if retroverted and held down by adhesions, could not have righted itself, therefore, the plain English of it is, that the physician invented the whole affair, in order to explain to the lady how it was that he or she could not effect a cure of the disease whatever it was.

The lady was suffering from psoric headaches of a most distressing character, and leucorrhœa. My patient did not say whether the "uterine doctor" was an Allopathist or a Homœopathist. Let us hope for the honor of Homœopathy that she belonged to the Old School of Medicine.

Her symptoms were as follows: She is forty years of age and suffers from vaginal irritation, with constant discharges of yellowish-whites; worse by day when walking or standing. There is no prolapsus or retroversion, no adhesions of the uterus to the rectum, nor is there ulceration. There is a patulous, flabby, catarrhal condition of the os uteri, and a reddish, irritable looking rash on the labia majora. The menses are *regular to a day and scanty*, dysmenia before the flow, and *the mammæ are sore and tender before the monthly period. She is easily moved to tears, and feels at times as if she would go crazy. Heat on vertex; violent headaches of a throbbing character, with great heat in the head.* Appetite and digestion excellent; *tendency to constipation with straining. Corpulent, and she has a tendency to the deposition of fat, which she inherits. Feet cold and damp, with a sensation as if her stockings were damp, when they are not.* She got one dose of *Calcarea* 150 M. and all her symptoms disappeared. She returned to America, and I have heard since that the headaches had returned. I was written to about them, and I advised a repetition of the *Calcarea* in an equally high or higher power. I have not heard of her since Oct. 1878.

COMMENTS.—(1). The above case is one which proves the truth of my frequent observation, that *Calcarea* is indicated whether

Digitized by Google

the menses are *scanty* or profuse, whether *regular* or too early, *provided it is indicated by the totality of the semeiology of the case, as in the above instance.* (2). The above is a fearful, a terrible exposure, and it may be thought unkind and unprofessional of me to publish the case. I may be wrong, but I feel it to be my duty to expose such tricks, such chicanery, by a class of individuals styling themselves Gynæcologists, Obstetric Physicians, Uterine Doctors, and "Ladies' Physicians." The trick is not limited to "Ladies' Physicians" of their own sex of the New or Old School, because similar tricks are largely practised daily and with impunity by Gentlemen Physicians in Britain as well as elswhere. The only cure for it is what I advocate —*the suppression of local treatment*, which if carried out would lessen to an immense extent the abuse of "vaginal examinations" alias "vaginal fumbling" and gynæcological chicanery!

PROLAPSUS UTERI—SULPHUR.—The following interesting case was sent to me by the same lady (Mrs. D.) who sent me the "Darkie" (R. D).* Mrs. H., age 27, called to consult me on 25th January, 1878, on account of being totally incapacitated from performing her domestic duties from a prolapsed condition of her womb. She was three and a half months pregnant. On making a vaginal examination, the os and cervix uteri protruded not less than two inches beyond the vulva, even when lying on her left side. When standing or walking, which aggravates the bearing-down, the probability is that the uterus becomes further prolapsed or displaced. Her semeiology is as follows:

She has a wretched feeling of *bearing down of the entire pelvic viscera, aggravated whilst standing or walking.* At times she cannot walk on account of a severe *burning, aching pain across the broad-flat above her hips. The bladder is extremely irritable by day with an urgent desire*, but she cannot pass any without reducing her womb; less commonly, she can pass her water without reducing the prolapsed organ. She is troubled with a cough during the night, which aggravates the prolapsus when coughing. The cough does not trouble her during the day.

* VIDE. *The Homœopathic Physician*, No. 6, Vol. I, page 256.

Digitized by Google

The bowels tend to constipation. Her feet are always cold, with a feeling as if her stockings were damp. *She has a terrible feeling of sinking at the epigastrium*, "*as if she were dying*;" *worse about* 11 *A.M. daily.* When she has a headache, the head seems to open and close. The symptoms point to *Sulphur*, *Calcarea* and *Sepia*, but Sulphur covers the totality so much better than the two latter, as indicated by the italics, that I at once gave her a single dose of SULPHUR, 10 M. (F. C.). On the 25th January, 1878, she called to say that the prolapsus, bearing-down, constipation, dysuria and backache, were all gone, and that she "*has not felt so well since her baby was born.*" No more medicine. 8th February, 1878. On examination, the uterus was found low in the pelvis, its natural place in the fourth month of pregnancy, and perfectly within the vulva. 13th February. The bowels are now most regular, more so than they have ever been. The uterus came down once since last seen, but not during the last two days. She feels well in every respect; no *bearing-down.* 22d February. Discharged as perfectly well, with the request that if ever her symptoms return, she is to come again under my care. They have never returned to this day. On the 28th March, 1878, I received a note from my friend, Mrs. D., in which she stated: "Mrs. H. is getting on famously, and has not suffered from any of her old symptoms since her last visit to you. She says she has not words with which to express her gratitude."

COMMENTS.—All this real good was accomplished with one dose of SULPHUR, 10 M. (F. C.). What will Milwaukee, Chicago, London and Liverpool say to this? In this city (Liverpool) such cures are ranked by leading Homœopathic physicians as coincidences! Such men, however, claim a higher law than that of chance for their own cures.—"A happy coincidence" it must be for the recipients. It may be said that this is not a case of chronic disease, but it is, nevertheless, as the bearing-down and wretched feelings connected with it date from the birth of her first and only child more than a year before. Her present pregnancy only served to make matters worse. It is worthy of notice, were it only for the enlightenment of those who will not believe that constitutional treatment, single-handed, is equal to the relief, if not cure, of every

Digitized by Google

curable or relievable case of uterine displacement—that the dysuria, yea, the utter impossibility of relieving the bladder in this case, without reducing the prolapsed womb, was removed once and for all, immediately after a single dose of the simillimum. Here is a strictly mechanical difficulty removed by a single dose dry on the tongue of SULPHUR, 10 M. (F. C.). A strange, a singular "coincidence!"

CONGESTION AND FALLING OF THE WOMB. MAMMARY ABSCESSES. (?) SULPHUR, MERCURIUS, CALCAREA, May, 1878.—Here is another case where a family physician diagnosed congestion and falling of the womb; at all events he told his patient that that was what was the matter with her. The case is interesting in more ways than one, as I had prescribed for her three years before (1875), soon after I first saw the light. She was then suffering from two hard tumours in her right breast: one of them was extremely painful, preventing her from nursing with that breast. She stopped the secretion of milk and the pain, to a bearable extent, by means of a plaister of belladonna. Dr. L. of K. (an Allopathist) lanced it three times, and pus came out each time. I give the whole case from May, 1875, till May, 1878, exactly as it came under my observation and treatment. The pain of her breast goes through to the right shoulder and down the right arm. It is stinging and lancinating; worse from exertion and of a morning. *She suffers from giddiness morning and afternoon; has frequently a sinking, empty feeling at the epigastrium;* a light feeling in her legs, rendering locomotion difficult; *hot flushes to head and face and all over her; fainty spells*—all increased when her infant is put to the breast. On the 3d May, 1875, she got SULPHUR, 750 M. one dose. 7th May reported herself better—no medicine. 25th May. The breast is quite well; the two hard tumours are very nearly gone, and what remains feels like old organised lymph. the wall of the abscess. All pain is gone and the breast is flaccid and can be freely handled or pressed. The nipple is retracted and useless, bound down and flexed upwards by old adhesions. The giddiness continues and is rather increased; a severe shooting pain from ear to ear has developed itself. It is behind the ears and is so very violent at times, she has to hold her head steady and close her eyes until it

Digitized by Google

passes off. The pain is on the increase. Baby's mouth has turned sore, and the mother's left nipple has become cracked and very sore. Having observed a similar shooting pain occur (as an aggravation) in a case where I had given MERCURIUS VIVUS, 150 M., and suspecting that hereditary syphilis might be partly to blame, I gave her *Merc. v.*, 150 M., one dose. 14th June, 1875. She called to return thanks and to inform me that both baby and herself were perfectly well.*

* Some homœopathic physicians of the highest standing, and of large and long experience, will not listen to *clinical provings* of medicines. They consider them valueless and even worse than valueless, and they have the assurance to say that Hahnemann himself was opposed to them and denounced such observations. Speaking for myself, I cannot afford to look upon them as other than most valuable provings, seeing that they enable me to cure diseased action in so prompt and certain a fashion. If such observations are made by physicians who never alternate, who always prescribe the *simillimum*—the medicine which is not only like but *the most like* to the totality of the symptoms past and present of the case, including the proximate and remote causes—and who prescribe the *simillimum* mostly in a single dose of a high attenuation, such provings are invaluable, and the oftener they are confirmed by cures in the sick, the greater is their value. Such is my experience! and it is the experience of such men as Lippe, H. N. Guernsey, P. P. Wells, Swan, Berridge, and the lately deceased Constantine Hering, to say nothing of the most distinguished of all, Hahnemann and Bönninghausen. If any one doubts that our FOUNDER made use of these same *clinical provings* with which to build his inspired and marvellous Pathogenetic Materia Medica, let him or her turn up *Opium* in *Allen's Encyclopedia of* PURE *Materia Medica*, and they will surely find that whatever Hahnemann may have said or written, he fully acknowledged the value of provings made upon the sick, because he incorporated them with his provings upon the healthy, as instance his provings of Opium. As I believe Dr. Allen to be more opposed than others to the incorporation of *clinical provings* in his *Pure* Materia Medica, I shall just make a few quotations from his justly celebrated work to prove my point. At page 181, Vol. VII, Symptom 4, "Raging delirium, with distortion of the mouth." Foot Note by Hahnemann, "Caused by applying opium to the temples." (Most probably to relieve pain.) 18. "From opium given for dysenteric diarrhœa," Hahnemann. 19. A characteristic symptom in italics. "This always happened whenever opium was taken as a palliative for her ailments," etc. Hahnemann, Revised by Hughes. 20. "Effects of opium administered for indescribable pains, which threatened to end in convulsions." Hahnemann. We have the same standard authority for *clinical provings* in Allen's Encyclopedia of *Pure* Materia Medica for symptoms of Opium alone, as follows: Nos. 50, 51, (618, 666, 1271, 1286, 1451, 2250, from opium taken for incipient cold when in a plethoric state. Hughes.) 801 (?) 1103. When I consider that Dr. Allen's great work is composed of ten volumes of seven or eight hundred pages each; and, if one article in one volume contains so much evidence as to Hahnemann's making use of *clinical provings* in order to form *his* Materia Medica *Pura*, I do not see that Dr. Allen and those who think with him have a leg to stand upon.

Digitized by Google

The sore nipples and baby's mouth were healed in three days (without any external application whatever); and *the shooting pains always from left to right ear*, disappeared along with the giddiness a few hours after the dose of MERCURIUS, 150 M. Another "Coincidence!"—So much for her breast trouble, now for the womb. Three years after this, in 1878, she consulted me, because of a falling-down of her womb, caused by congestion of that organ—at least, so said her obstetric attendant, a gentleman in large family practice in this city. She stated that she had been confined eighteen months ago, and ever since she had been in misery from constant internal pain and soreness. On referring her to her former ailment, she made the remark, that her last confinement (her fourth, and the first since my treatment) is *the only one where she has not suffered from mammary abscess.* This remarkable change for the better was effected by one dose of SULPHUR in a very high-attenuation, and one dose of MERCURIUS in a similarly high-attenuation. Can the Editor of "*The Homœopathic Times*" do better than this, with his low dilutions, his crude drugs, his large doses, his alternations, his auxiliaries in the form of local applications and endless paraphernalia, to say nothing of his contempt for *Hahnemann's Organon*, which he says "contains a great deal of trash" which he "most sincerely laments"? Have we not much greater cause to lament the total incapacity of said Editor to comprehend the meaning and bent of the *Organon?* What he mistakes for "trash" is sublimest wisdom when seen through my spectacles! If he can do better, by all means let him give us his cases, for I have never seen them as yet. Be it remembered, that this woman was confined eighteen months before this interview of her fourth child, by a physician (a gentleman physician this time) who had also attended her all along for prolapsus from congestion of the womb. What was my astonishment when I made a vaginal examination, to find, that there was not only no prolapsus whatever, that if there was any displacement at all it was the other way; *the mouth of the womb was very high up and difficult to reach*, and there was no tenderness anywhere, no congestion or abnormal condition of any kind, except simple abrasion of the lips of

Digitized by Google

the os uteri, which were slightly granular—a mild uterine catarrh not worth taking notice of.

SEMEIOLOGY.—The menses are irregular and she is not *enciente.* She has severe pain in the hypogastrium, shooting to either side and in the back, a sensation as if opening, the same as frequently attends the first stage of labour. *She has a thick yellow leucorrhœa, with burning, smarting and itching pain in the vagina. Great bearing-down is felt in the vagina whilst walking or sitting.* If sitting she has to get up and walk it off, and if walking she has to sit until it passes off. *The bowels are constipated,* and she resorts to aperient pills, two of which she took the night before I was consulted, and they "worked her." *She has hot flushes to the face, a rush of blood to her head, fainty spells, occipital headaches, cold feet,* with a sensation as if her stockings were damp. On the 6th of May, 1878, I gave her SULPHUR D. M. (F. C.) and on the 13th she reported herself much better in every respect. On the 20th she had an unaccountable return of her symptoms for which I gave her another dose of SULPHUR D. M. (F. C.) and on the 22d of May, two days after, the sadness and dispiritedness with tears, accompanying the return of the bearing-down *et cetera* entirely disappeared. About a month afterwards she got one dose of CALCAREA CARB. C. M. (F. C.) as *the sensation of cold damp stockings* was still present, *with a fear or dread of something going to happen her.* Ever since, June 1878, she has remained perfectly well in every respect.

PROLAPSUS UTERI — SULPHUR.—Mrs. H., age 26. Was confined of her first child last November (1877). A month ago (26th of January 1877) she felt the womb come down without pain or pressure. She had been washing and carrying a basket of wet clothes upon her head. She has twice seen her menses since she was confined. It is just possible, that besides the above cause, the following may have had something to do with the mechanism of the displacement. For four and a half months before her confinement she took an ounce (avoirdupois) of castor oil every three weeks, and since her confinement two similar doses of castor oil and two or three of Beecham's pills once a fortnight. She states, that "*the oil did not purge her ;*

Digitized by Google

it only moved her three times each dose!" Before her confinement the oil was given to clear the way and make her confinement easy; after it, it was to prevent fever, floodings, and *displacements.* This is nothing new or remarkable, it is only the time honoured talk and practice of the lying-in-room.—How long will it continue? "There's the rub!"

SEMEIOLOGY.—Besides the feeling of displacement, she had frequent *bearing-down in the hypogastrium; the soles of her feet were often burning, especially when in bed; an empty or hollow feeling as if her inside had been scooped out. A sinking in the stomach,* worse in the afternoon. *Constipation.* She is nursing and her menses are upon her. (26th of February 1877.)

I did not stop till the monthly period was over, but as it was an abnormal state of things I at once gave her one dose of SULPHUR M. M. (F. C.). On the 5th of March, 1877, she reported the constipation and bearing-down better. The feet are now cold instead of burning. She got another dose of SULPHUR M. M. (F. C.). 12th of March, greatly better. She was discharged as well, with the usual request to return if the symptoms recur. She has never returned!

PROLAPSUS UTERI.—Mrs. W., age 25, has been complaining for four and a half years, attended by two physicians in very large practice as general or family practitioners in this city. She informed me on the 23d of January, 1875, that she had had two children in four years. The first labour lasted a day and a half; the second five and a half hours. The perineum and fourchette on examination were uninjured and intact. Ever since her marriage she has never been out of the hands of doctors, and they treated her for "inflammation and ulcerated womb, and falling-down" of the same. I found no ulceration, but the womb was subinvoluted or larger than natural, and it had a great tendency to protrude at the mouth of the vagina when standing or when walking, not when sitting or lying. Once or twice a week for months and years, she had been subjected to vaginal examinations, and cauterizations, and injections and medication of all kinds had been applied locally, besides no end of tonics, stomachics, deobstruants, aperients and purgatives were given to help the constitution to right

Digitized by Google

itself, but all to no purpose, and why? because they, like "physicians practising homœopathically" were beginning at the wrong end; they were attempting to heal the effect of a diseased action, instead of attacking the cause of the disease, the subjective and living symptom, the deranged life symptom, *the bearing-down*, and the psora, which in chronic cases like this, is the *fons et origo mali*. *Belladonna*, *Lilium tigrinum*, *Nux vomica* and *Podophyllum* are all very well when the symptoms indicate them, but chronic cases such as I am describing cannot, as a rule, be permanently cured, unless the constitutional psora is corrected by the constitutional antipsoric corresponding best to the individual case, such as *Sulphur*, *Calcarea*, *Lycopodium*, *Sepia*, *et cetera*, the non-antipsorics acting chiefly as helpmates, and invaluable helpmates they are. In this case of Mrs. W., when the physicians found they could do no good, they put the blame on the midwife who had attended her in her confinement.

SEMEIOLOGY.—She has sharp pains in the stomach, from haunch to haunch, down both groins, and also in the back and all round. *She cannot bear her clothes tight round her waist.* On either side the abdomen is very sensitive, and she has a constant *weight, pressure and bearing-down* which forces her to keep her thighs together in order to prevent the womb and her "whole inside" from falling out. *She suffers greatly from vaginal irritation, a burning-itching* which "goes through to her finger-ends." Borax and alum have been freely used without the slightest relief. Hot and cold water injections afforded no relief. *Her urine dribbles from her drop by drop, and she has a constant urgent desire and pressure on her bladder. Easiest in bed, barring the vaginal irritation and which is always greatly increased during and after coitus.* She has never had desire for or pleasure in an embrace. *She suffers from constipation*, and has had always to take aperient medicine. *At times piles trouble her, with burning in the bowels*, if they become constipated. *Menses absent since March*, 1874. She suffers agony from *chronic headaches, with heat and throbbing and weight on vertex.* Almost always she has *a heavy stupid feeling in her head*, with a *catching pain in the back of the neck. Very low spirited*

Digitized by Google

and forgetful. Singing in the ears. Hot flushes to head and face, burning heat in face, or pale and wan, with faintly spells. Anorexia. Putrid or bad taste in the mouth, worse of a morning or when the stomach is empty. A sinking, empty, hungry feeling at pit of stomach, worse always at 11 *A.M., but she cannot look at food then. Her feet are generally cold.*

There can be no doubt about the simillimum here, if the totality of the past and present symptoms of the case are to be our guides. The symptoms in italics clearly point to *Sulphur*. So, on January 23, 1875, I placed upon the patient's tongue in the Dispensary of the Lying-in Hospital, Liverpool, a few globules of a high attenuation of *Sulphur*. A week thereafter she reported herself better in all respects, except the bearing-down of the womb. I gave her some powders of S. L. to go on with. On February 5, 1875, she called at my house and stated that the bearing-down and necessity for keeping her limbs closed had only occurred once since she saw me, and that she now felt much better in general. On February 20, the bearing-down has altered to a feeling of pressure on each side of the womb, and a burning-itching at the vulva, only felt when standing doing anything; sitting down and crossing her limbs relieves both. The pain during, and fear of coitus has left her. March 8.—The painful coitus has not returned, other symptoms the same. As she had symptoms of nasal catarrh and headache, she received another dose of *Sulphur* high. On March 26, she called to say that every symptom which she has had for nearly five years were gone, with the exception of forgetfulness. Her menses have returned. I told her to leave off medicine, and to return in a month. On April 26, 1875, she called to say that her "womb complaint" remained perfectly well, only the forgetfulness still continued. She had now, however, to complain of a cough, accompanied with much flatulence and water-brash, only at night in bed. She had also a constant pain in the hepatic region, day and night, preventing her from lying on that side, with a feeling as if bruised or beaten, for which I placed a few globules of *Carb. veg.*[30] on her tongue, and I gave her a similar dose to take at bed-time. Two days thereafter she called to say she was better, but not

Digitized by Google

quite well. Repeat the same. On May 3, cough, flatulence, and water-brash gone. The pain between the shoulders and the hepatic pain easier; aggravation on painful side, when washing or touching water, in wet and stormy weather. *Nux moschata* 15 M., in water, a teaspoonful every night at bed-time. May 10, nothing to complain of, except "forgetfulness," but she did not forget to call at my house on June 10, 1875, with a magnificent bouquet of flowers, and to thank me for my services. I have not seen or heard of her since.

COMMENT.—In this and the preceding cases we can see what an important relation there exists between Sulphur and prolapsus, or bearing-down of the womb; we may also learn the necessity of always looking to the totality of all the important past and present symptoms; we also see the absurdity of taking narrow views, and concluding, that because some wiseacre has said that Calcarea is *never* indicated, except where "the menses are too early and profuse," let us say, "*hardly ever;*" and when others tell us that "bearing-down, with relief from crossing the limbs," indicates Sepia alone and not Sulphur, let us say, that we think they may be mistaken, in so far as Sulphur and other medicines have *cured the same symptom and conditions, when they have corresponded to the totality of the symptoms in any given case.* It is a great mistake to suppose, that a symptom *characteristic* of any given medicine, turning up in a case, that medicine must be given. No! the *totality of the characteristic symptoms* will always rule, and if Sulphur is at all strongly indicated, it had better take the lead, as it is the King of Anti-psorics.

I am amused with some physicians who have read many of these "Cases of Chronic Diseases cured." They say, of such and such a case, "if I had such a case I would give the same medicine," but they forget the trouble and skill required in collecting the facts, and drawing the picture, which they can recognize "at a glance" to be Arsenicum, Calcarea, Lycopodium or Sulphur. The difficult part of the work is done for them, silently. I say to such, "Go thou and do likewise."

(To be continued.)

Digitized by Google

ARTICLE XIX.—A Critical Examination of Our Materia Medica.

By T. F. Allen, M.D.

(Continued from page 89.)

Alcohol.—The attempt to collect and present a comprehensive and useful symptomatology of this substance has not proved satisfactory, and it is doubtful whether it would be possible to compile a list of immediate and remote symptoms, clearly genuine. Could such a complete picture of Alcohol-malnutrition and intoxication be presented, it is again doubtful whether it would furnish any basis for the administration of Alcohol as a curative agent. What has been selected and printed in the Encyclopedia is most certainly reliable, but it is fragmentary and for the most part useless.

Aldehyde.—Dr. Simpson's experiments with this substance require no special comment.

Aletris deserves a careful proving by women, promising, as it does, to be a remedy for uterine disorders. It seems to differ even more widely from its nearest botanical relative, *Lachnanthes*, in properties than in appearance.

Allium cepa needs a thorough revision. The symptomatology is made up of provings, cases of poisoning, and observations of old authors; the latter must be thrown out altogether, as unreliable for good therapeutic purposes.

The following account of the provings is taken from Dr. Hering's Amerikanische Arzneiprüfungen: "C. Hg. took the tincture on the 15th of Sept. and following days; on the 13th of Nov. five drops after twelve o'clock, and again about one; from this, most of the symptoms arose. Many single observations from others are distinguished by letters ab. gg., etc.

Dr. Jeanes proved Cepa on himself and has continued to utilize his proving very extensively to the present time.

Drs. Williamson, Neidhard and Lingen have enriched this collection with very important observations.

Dr. W. Wesselhoeft, of Boston, took two drops of the tincture in water, four or five days, in the morning.

Digitized by Google

Dr. Geist took the third potency on the evening of the 16th and two drops about eleven A.M. of the 19th of December.

An especially lucky proving was made by Dr. J. N. Eckel. He took, on the seventeenth of December, in the morning, fasting, two drops of the tincture, on the nineteenth, four drops; and in May the thirtieth dilution from which he experienced the same symptoms, with few exceptions, as from the tincture.

Dr. Zumbrock took ten drops of the tincture, frequently repeated, but with little result.

Dr. Alleborn proved it on several men, with the tincture up to 50 drops, several days in succession; marked G. W. P. L.

G. B., a small proving on a woman who experienced the secondary effects.

All these provings could have been printed in day-book form, but we can spare room only for the register and divers other matter from ancient and modern works."

Dr. Hering, in the original work, gives us over 740 symptoms. Of these we cut out in preparing for the Encyclopedia over 200, including many relating to antidotes, general conditions (a review of former symptoms according to condition, sides of the body, etc.), and *some* of the observations of the ancients.

At the time the pathogenesis was constructed for the Encyclopedia we endeavored, hopelessly enough, to preserve intact Dr. Hering's work; but our experience with this drug showed us that a reliable Materia Medica could not be compiled in such fashion, and from that time we abandoned the plan of incorporating all the fables of the old herbals and clinical matter from numerous doctors. A comparison with Aloes, which follows closely upon Allium cepa, will show that we had thereby taken a step out of the "slough of despond."

The 522 symptoms in the Encyclopedia include many duplicates. Dr. Hering followed the plan (which is of the greatest utility in practical work) of combining a kind of index of the drug with its own pathogenesis. Thus, a symptom of gastric disorder may have associated with it trouble in the fauces, flatulence, hacking cough, pain in the ankle, etc. Dr. Hering

Digitized by Google

would give, very properly, the whole condition as it manifested itself, with all its associations and conditions under the most prominent section; and also make a fragmentary symptom for each portion of the body affected, referring always to the general observation. This plan enables the student to see in a moment whether there are any known effects of the drug under any given rubric; it has the obvious disadvantage of greatly increasing the bulk of the pathogenesis; making often three times as many symptoms as have been actually observed. It has always been exceedingly difficult to know just how to divide a proving into symptoms; the best plan is to include in one "symptom" the disturbances which seem to be directly associated and dependant upon each other, and record it under what seems to be the most important heading. This plan has been followed in the Encyclopedia, and one must consult the "Index" to be quite sure as to the presence or absence of any particular fragmentary symptom. In examining in detail the provings of Cepa we shall omit the duplicated symptoms.

Secondly, we must also omit all clinical matter, most of which is marked by a cypher after the symptom.

Thirdly, we will throw out all the observations of the ancients, and many remarks concerning the general effects supposed to follow the use of the onion as an article of food. This will enable us to examine the contributions of each prover and construct a satisfactory working pathogenesis. We venture to treat this drug at some length partly because its pathogenesis is one of the most faulty in the Encyclopedia, and partly because we shall not be obliged again, to throw out from any "pathogenesis" so much extraneous matter; this being the last of the attempts to follow in the old paths.

Dr. Hering's observations consist mostly of his own proving, but an analysis of all the symptoms contributed by him furnish the following in addition. "O" six symptoms; "Gg" three; "E" three; "ag" two; "Th" two; "Z" two; "Wg," "wth," "L," "young man," two women, each one; besides some effects observed on cutting up onions, and some disturbances noticed after eating them. We will examine first Dr. Hering's symptoms, and as he has in every instance (but one) given the time

Digitized by Google

at which the symptom was observed, we will reconstruct his proving as follows, remembering that he took the tincture on the fifteenth of September *and following days*, and subsequently on the thirteenth of November, two doses of five drops each.*

Very soon, nausea seated in the stomach; *soon*, pain in the right fourth and fifth fingers; *soon, on becoming sleepy while reading, the letters appear very small.* After *one minute*, a picking sensation behind the right ear; *three minutes*, picking in the two last molars; burning on the outside of the right upper lid; *five minutes*, a painful sensation from the throat to the ears; *ten minutes, headache from both sides of the head downward and inward toward the middle; fifteen minutes*, nausea; the ears, the throat especially about the root of the tongue were decidedly affected (after second dose); *twenty minutes, pressive pain over right eye; thirty minutes, in first upper right teeth sensitive drawing from root to crown, afterward in corresponding opposite teeth; nausea in back of throat is forced up as with a thrust; fifty minutes, offensive flatus*, loud; spots warmer than usual on the right cheek; *pains moving from deep in the head to ears like thick threads about a finger in length*, remaining in particular spots from the size of a pea to a hazel-nut; *the first hour*, bruised pain in left thigh, in lower part of side very near the knee; *after one hour, pains deep in the head over the left brow;* pains behind the ears deep within the head from backward and inward to the ears (new and peculiar); confusion in the occiput, first on both sides and toward the upper part, pressing down sideways, then behind the ears around the whole occiput; itching in the supra-orbital region, more on left side; chilling or burning twitching on the right side of the throat in the region of the Eustachian tube, then above it a kind of gnawing, neither painful; *abdomen distended before dinner so that the clothes seem too tight;* on walking a sudden burning or chilling cutting, *a pain, thin as a thread, in the hypogastrium from both sides inward toward the middle and upward;* in the anus and some protruding hæmorrhoids, a cold creeping like a cool worm, more on left side; *pains in left ankle; seventy minutes*, pain almost a burning pressure in upper part of left thigh toward the outer

* We have no information which enables us to separate the two provings.

Digitized by Google

side; *seventy-five minutes*, burning pains around the left outer ankle, afterward lower down, and a burning pressure externally, then also internally; *ninety minutes*, burning glow or chilling sensation as if scattered with confused feeling in the right side of abdomen, thereupon slight passage of slightly loud, very offensive, oniony flatus; pain on outer side of right thigh above the knee; pain in left thigh on the outer side near the knee, like the pain in the ankle; (after dinner all symptoms vanish, ninety minutes). *First day, evening*, headache in both sides of the occiput, afterwards in only two large round places in the upper posterior part of the head, still later a general and humming sensation of the part being asleep; the pressure in the upper part of the occiput in the evening became about eleven o'clock a sensation of being asleep; on touching it he first noticed it was not in the scalp but as if in the bone; *a persistent benumbed feeling in the back part of the throat;* pressure and confusion on the upper part of the occiput in the regions "conscientiousness," "love of approbation" and "caution," better in open air, worse on returning to the warm room; burning-itching in eyebrows, supra-orbital region and upper lids; while walking in street increased *dropping from both nostrils without sensation of coryza;* pain in right upper jaw like a thread in a nerve which goes from above downward from the median line to the side, deep in the bone; a soft, bland mucus collects constantly in the posterior fauces, choanæ and on the posterior surface of the soft palate, which compels either to swallow or hawk it up; pressure deep in the epigastrium as if at the orifice of the stomach, and on the posterior side; *in the pelvic region, right side, internally above and inside the groin, very severe pressure on a small spot, it seems to be on the inside of the pelvic cavity, after twenty minutes like a violent pain on a small spot deep in the righ side of the pelvis; burning pressure in region of bladder, soon afterward in the small of the back*, at ten P.M; a warm or chilling sensation as if a glow within beat against the abdomen on the right side and over the external and upper part of both thighs, as if a glowing heat beat against one, but only a warmth; frequent flatus difficult to pass; painful affection of the left forearm, especially in the radius, on

Digitized by Google

resting on the arm while writing; pains in the right wrist, on the back and extensor side; voluptuous, corrosive itching, especially on the palmer side of left thumb, from the first to second phalanx, not on ball, lasts till after ten o'clock; excessive, tired feeling in the region of the hips on rising from sitting, on walking, especially up steps; burning, pressure in the middle of the left lower leg, on a small spot externally, then on the right but low down; pains in the right foot; violent tickling pain in the metatarsal bones of the left great toe; frequent internal but not very deep yawning; external redness and itching of the skin, a slight corrosive itching here and there with little points, an indefinite desire to be rubbed or washed, worse sitting still after going out; (after supper the symptoms again disappear as after dinner); *first night, sensation of smoke in eyes under the upper lids*, mostly in the night; on account of weakness in the hips he cannot finish coition, even after two or three attempts; at midnight very sleepy, sleep not easily disturbed; *second day*, the pain in the right upper jaw extends from the nose outward and downward; a wart between the left shoulder and side of neck begins to pain in the morning, is red and gets scratched off; pain in the middle of the left radius disappears on taking hold of it and rubbing, but returns; *fourth day*, in the afternoon after wine and coffee he was *completely confused and absent minded by much business*, forgot and twisted everything in the utmost confusion; *fourth and fifth days, violent pains like cuttings with very small knives with a twisting motion, deep in above the left groin midway between the symphysis pubis and ant. sup. spine of ilium*, this pain moves, turning here and there in a small space; *fourth to six days*, pressive pain in bladder and prostate, deep in the pelvis, the morning and forenoon after coitus; *fourth to seventh days*, ringing in the ears now and then, also soft as from distant sounds, mostly in right ear from which he hears; *eighth to tenth days*, erections with painful tension without sexual desire, mornings on waking; *tenth and twelfth days*, blood passed with the stool."

Our pains-taking arrangement of these symptoms in the order of their development, has not been productive of a satis-

Digitized by Google

factory result; we expected a harmonious sequence of effects; we find a disjointed series of observations, apparently without any central idea or mutual dependence. The chief clinical applications of the drug, catarrhal affections and neuralgias, find in this proving a slight but, we are bound to say, positive confirmation. We have underscored the symptoms which will be found marked as verified in the "Guiding Symptoms." The other observations vouched for by Dr. Hering are as follows:

"O."—"At evening, on cutting up onions, there was a continual dropping from the eyes, then they became painful. Pains in the eyes as if they would be torn out, as if the eye hung loose, posteriorly, on a string, and could be bored into with the finger and torn out. Under the left ear a hard swelling the size of a hazel-nut, extending from over the angle of the lower jaw to the ear, from which pains go into the ear, especially on pressure. Pains under the tongue, at the lower insertion of the frænum, it is surrounded with a half circle of small, sore elevations, the next morning and whole day. All the limbs, especially both arms, sore as if rubbed off, *with tired feeling in them.* Headache the next morning, especially in both temples." It will hardly be contended that this constituted a systematic proving; it seems to us probable that the observations followed the "cutting up the onions;" but it is difficult to believe that the swelling under the left ear was due to such an exposure. Certain it is that it was not the result of a continued ingestion of the drug, for such a result would have been *led up to* and *accompanied by* a goodly number of very definite symptoms. None of these symptoms have been verified, except "the tired feeling in the limbs" which, as an isolated factor, associated in other cases with severe catarrhal fever and general disturbances, fails to prove the value of these observations.

"Gg."—"Humming in the ears on lying down. Stitches through the right ear the next morning. Throat-ache as if there were a lump in the throat, which is sore but only on swallowing and elevating the tongue, the next morning."

"E."—"Dullness in the forehead and whole head as after inhaling chloroform. The left eye pains the next morning,

Digitized by Google

fine stitches in it; after cutting onions in the evening. Sleepy mornings."

"ag"—"After eating food seasoned with onions, always diarrhœa, either the next night or toward morning. Cannot breathe freely evenings, an obstruction in the middle of the upper part of the chest."

"Th."—"Dullness in the head with some coryza and lachrymation, in the evening on cutting onions. Stitches in the right knee as if coming from the bones from within, extending outward in front."

"Wg."—"Pain in both sides of the occiput, and a dull confusion from the crown backward and downward in the regions "conscientiousness" and "love of approbation" continued the whole forenoon, went away in evening after drinking beer."

"Wth."—"If he eats onions in the evening he becomes sleepy and his eyes heavy."

"Z."—"Headache first in the occiput, then in the forepart of the right side over the eye. Pains below the right shoulder, a hand's breadth, more towards the spine, after long sitting."

"L."—"He makes mistakes in spelling a foreign language."

"A woman who did not know what she took."—"A horrible deathly nausea in the stomach with slight eructations which relieve somewhat, every day after eating."

"A woman."—"Even the smell of onions makes her vomit; she cannot swallow the tincture in water, it comes up again."

"Young man who did not know what he took."—"Shivers down the back, especially nights in bed, he wants more covering; therewith he feels feverish in all his veins and has sweat especially in his axilla and palms."

"Additional effects of cutting onions."—"Flickering and blinding before the eyes; every thing dances hither and thither, with fulness and heaviness in the head as if bound up; the whole head becomes hot and feels swollen and heavy on the vertex, with so much general weakness that she must lie down."

"Effects of eating onions."—"Heat especially of the face (several sisters). Nettle-rash eruption (several of family) after "porree."

Digitized by Google

It is difficult to express any opinion concerning the value of such isolated observations; we presume all these are reliable; our attention is certainly arrested by the repeated occurrence of the headache in the occiput. "L" seems to us trivial and unimportant. The young man's shivers down the back seem strange because of the isolated character of the symptom, we find nothing else from him; but if we look along to Eckel's proving, we shall discover a striking confirmation of this symptom; doubtless the young man had other troubles, but failed to report them. Let us pass on to the other provers.

Dr. Jeanes, a most acute observer and one who was implicitly trusted by Dr. Hering, made provings on himself and others, but has not furnished us with any account of them beyond the symptoms; even these have not been distinguished in any way, so that we are entirely ignorant of how many provers there were, or what symptoms are clinical, as some seem to be. We will arrange his observations in the best manner possible for comparison.

"Unusual sweating while preparing them. Pungent smell, biting and weeping of the eyes and sneezing after taking it. Sticking and pressive pain in the inner inguinal ring and spermatic cord, immediately. In the morning a raw feeling in the region of the epiglottis, first right then left side, with a sensation of weakness in the stomach, very annoying hiccough and uprising of frothy, salivary, mucous fluid; eructations of wind and passage of offensive flatus; constant inclination to hacking to relieve the tickling in the larynx; after breakfast severe pain in right ankle and rumbling in abdomen (second day). Purging (the third to seventh day)." So far the symptoms are clear and very satisfactory; what follows is more uncertain, no time is given and some symptoms at least belong to other provers. "Headache. Heaviness in the head. Headache in the region of the organ of 'concentration.' Cloudy sight by candlelight. Sneezing. Copious watery discharge from the nose and lachrymation. (7) (Vomiting and disease which resulted in death, after eating onions.) Pain in region of the pylorus. Sensation as if the abdomen were much swollen, with sharp pain and oppression of breathing, before and

Digitized by Google

after the diarrhœa. Irritability of the bladder and pain over the kidney region. Urine deposits a reddish-yellow sandy sediment. Pressure in the bladder. Tickling in the larynx, with copious and troublesome collection of mucus in the fauces. Hoarseness. Sticking pain in various parts of the chest, most in region of the cartilages of the fifth and sixth ribs. Rheumatic pains in the joints. Pain in the most external soft parts of the right great toe, also in the left middle finger. Shooting pains in the left leg and right foot. Dreams of being near water two nights in succession. Dreams of battles, fights, precipices, storms at sea and difficulty in reaching the coast, of deep wells and efforts to get out of them. Most violent pains in region of bladder *and uterus*. Iridescent film on the urine, *in two cases*. Sweat breaks out after larger doses, *in three cases*." The last three may have been observed in patients, though the effects are consonant with other observed symptoms. It seems to us probable that none of the remaining symptoms belonged to the fatal case reported in the seventh symptom (which cannot stand as a pathogenetic effect of Cepa), but that they are all pure effects observed by Dr. Jeanes. The proving thus arranged, taken as a whole, seems to us very good, more characteristic even than Dr. Hering's.

Dr. W. Wesselhoeft's proving with the tincture. "Squeamishness and slight attacks of nausea from the bowels up into the throat; slight confusion of the head. Slight warmth in abdomen and squeamishness, *soon*. Less emission of flatus in the morning and all day, very offensive, contrary to all habit. Micturition more difficult; is obliged to pass even small quantities of urine; this ceased after a few hours, but returned and lasted a long time." This brief proving seems perfectly natural and is without doubt genuine.

Dr. Geist "took the third potency in the evening of the 16th and morning of the 19th of December."

"After *five hours*, dull pain below the breast bone more to the right side on moving in bed at ten P.M. Pain below the sternum on stooping, *in the morning*. Numb sensation in the left elbow joint worse on slight motion, *forenoon*. During sleep, a feeling as if the back teeth were too large with some

Digitized by Google

pain, disappears on rising, *two nights*. (5) Crawling in the right nostril as before sneezing, must frequently blow thin mucus out of the nose, forenoon (*one hour after the third*). Difficult evacuation of fæces, though without hard fæces, still he had to strain very hard, *the third day*. Pressive toothache in right back teeth, upper and lower, with an inclination to bore the tongue into them and suck, which relieves, lasting an hour, after travelling against the Northwest wind, *fifth day*, repeated on the sixth day. Great pressure and urging for a soft stool at the usual time (five or six days). Slight pressure in the right back teeth on going into a warm room; at breakfast with warm cocoa painful, relieved by cold water (the seventh day). During stool feeling of cracks inside of the arms (seventh day). In right elbow joint, pain as from a blow (seventh day). At breakfast the back teeth pain so that only soft food can be eaten; a pressive pain remains for some time afterward; toward noon it settles in the root of the left eye-tooth, the gum is inflamed, the pain frequently ceases suddenly and commences in an instant in a right molar; in the eye-tooth it is pressive and growling; cold relieves (eighth day); the pain disturbs sleep, with excessive heat in the cheeks; remission toward morning and sweat; cheeks feel swollen (ninth day). *The pressive toothache is always the same after repeated experiments, coming on after walking against the North wind, aggravated by warm food and relieved by cold.* Lower abdomen very heavy as if pressed upon, before and after standing, better after bathing (ninth day)." The feature of this proving seems to be the toothache which is asserted to appear "*after repeated experiments.*" It is true that the details of the repetition of the dose were not given to Dr. Hering correctly, for these "repeated provings" are not alluded to, nor is the dose after symptom five (which seems more evidently genuine on its own merits) alluded to by Dr. Hering. We must, of course, retain these symptons, because we cannot condemn them, and especially as the conditions of aggravation and amelioration correspond perfectly with other provings.

Dr. Eckel's "lucky" proving with the tincture. "*First day*, rumbling in abdomen with passage of much wind, preceded by

Digitized by Google

a sensation of heat and frequent eructations (soon). Great dryness of the soft palate, after breakfast lasting two and a half hours. After drinking coffee an irritation on the left upper lid which necessitated frequent rubbing, worse in the warm room, disappearing in the open air (also morning of second day). Lachrymation (after a few hours). Oppressive headache over the eyes frequently going through the head like an electric shock; with the headache a sensation as if the whole head were wrapped in warm water. Frequent eructations, abdomen distended and painful; relieved after emissions of flatus, with internal heat. Pains in bowels, worse while sitting, on walking about relief from emission of flatus. Periodic pains in the pubic region, worse on sitting. Offensive moist flatus. Frequent cold shivers creep along the back. Roaring in left ear, as heretofore only after a severe cold (afternoon). Frequent eructations tasting of onions (afternoon). Toward evening stitches in left side. Lachrymation of left eye with coryza, eye red and sensitive to light (worse in evening and warm room). Excessive thirst, heat and severe coryza with much lachrymation, headache, acrid burning discharge from nose so that the upper lip became red and sensitive (evening after beer and herring), with trembling of right hand so that he can hardly write. *Second day*, the teeth are dirty, yellow in the morning, and remain so for three to five days (usually the teeth are very white and sound). The coryza was better in the morning, but became worse in the evening with frequent sneezing, worse in the house, relieved in open air. Drawing pains in the left cheek, going into the interior of the left eye, better in cold air. In the afternoon, half an hour after coffee, the pain in the bowels returned more severe, mostly in the left inguinal region, more pressing than burning, but with heat in the abdomen. Frequent micturition with burning in the urethra, the urine is very red; this continues the third day, worse in the evening, especially with shuddering and chilliness. *Third day*, in the morning (after the second dose), the pains in the abdomen return, more severe, with rumbling and passage of much flatus. Excessive lachrymation of left eye and redness, after frequent sneezing. Drawing pains in

Digitized by Google

the left cheek extending into the left eye. Hawking up mucus of a sweetish nauseous taste. No stool, with pains in the loins (as he used to have when he missed the stool for some days). At nine P.M. the pains become seated in the right hypochondrium with cold in shoulders and down the back so that he can scarcely get warm; internal coldness and great thirst which continues into the night. *Fourth day*, dryness and tickling in the throat and hacking cough, morning. The stool in the morning is long and thick. In the evening, headache and coryza, eructations of gas, flashes of heat over the whole body and thirst. *Fifth day*, the eructations are still incessant in the morning; on waking nauseous taste; the tongue has a foul coat and is slimy. Much irritation in the right nostril, soreness of the nose, sneezing and lachrymation with headache (morning of fourth and fifth days). Cold creepings along the back. On the *eighth day* there is still some soreness of the nose. The pains in the abdomen were always aggravated after eating. The emission of flatus was frequent at night. The sticking pains in the left side were aggravated by every deep inspiration. Every day was sleepy and disinclined to work in the morning after rising. The following symptoms re-appeared in a subsequent proving of the thirtieth potency: Irritation of the left upper lid; a sickly, sweet taste; trembling of the right hand."

In this most excellent proving we find a natural evolution, association and sequence of symptoms; it is our best proving of the drug. The catarrhal symptoms are beautifully and characteristically shadowed forth, beginning in the left side and extending to the right, associated with the headache, chilliness, etc., aggravated in a warm room, and in the evening. The digestive and urinary apparatus are also affected in a most natural way. The pains in the abdomen were aggravated after eating (Hering's symptoms were removed by eating). He suffered from no toothache (his teeth were all sound and well cared for!); he also developed no neuralgic pains in the extremities; so while we call this our "model proving," it is still imperfect, and must be supplemented by others less satisfactory as a whole.

Digitized by Google

Dr. Zümbrock took the tincture. "The whole afternoon, pain in the throat below the larynx as after swallowing a large mouthful or as if swollen, the pains extend now and then into the left ear; towards evening collection of mucus behind the choanæ. Drawing in the right spermatic cord. A very painful stitch extends along the rectum into its lower part. Twitching pain on inner side of left heel; severe neuralgic-like pains from above the right eye to the root of the nose. *Second day*, pains in left flank, dull pains in right kidney-region and a very uncomfortable feeling of fulness in the bladder with frequent urging to urinate. (After eating onions, long continued eructations, but not after the tincture.)"

These few symptoms are clearly characteristic of the drug. What a pity this prover could not have continued, and developed the characteristic pharyngeal and laryngeal catarrh which had just commenced, and suffered more neuralgic pains; enough more to give us a better clue to their constant peculiarity.

Dr. Alleborns' provings with large doses of the tincture are as follows:

"G."—"Dull oppressive pain in the head. A bright dazzling in the distance and dim vision near by. Continued eructations, nausea, and pressure in the stomach with rumbling and gurgling in the abdomen, especially on the left side where there is sticking and rumbling with ineffectual urging to stool. Pressive pain in the hepatic region which extends through the whole abdomen. Biting in the anus. Burning pain in the forepart of the glans penis. Stitches in the left chest with burning pain. A stitch runs through the right arm from scapula to elbow with burning pain. Lameness of the joints of the left hand. Paralytic pains in the knee-joints. Stitches as with needles in the skin, especially on the head, forehead, brows, throat and right arm. It attacks at once the whole body and causes a shock with eructations of gas."

"L."—"Burning in the lids. Pain in the umbilical region. Pain in left side of abdomen as from a bruise.* Frequent emission of painless flatus. The whole body is set into a rev-

* NOTE.—This symptom, 271 in the Encyclopædia is marked "7" by mistake.

Digitized by Google

olution which the prover is not in a condition to describe. (They produce an appetite which disappears at once on beginning to eat, food is disgusting to him.)"

"P."—"Pain in left side of stomach. Emptiness and drawing back and forth in stomach with some pain. Pressure in stomach and fulness in the head. Weak feeling, especially in the anus. Much yawning with headache and pressure in the stomach."

"W."—"Immediately eructations of wind, then confusion of the head, especially in the forehead, and distension of the abdomen; afterwards urgency to stool, but only passage of wind, with weak feeling in the limbs, and at evening free expectoration of mucus; the distention of the abdomen continued till the next day, and ended with a diarrhœa, when all the other symptoms also disappeared (from fifty drops of tincture several times repeated)."

There can be no objection to these provings, except on the ground of incompleteness. "G's." provings developed the burning pains, which we have learned to recognize as characteristic of the drug.

The effects of eating "some small onions" (in Encyclopædia 284, it should be "*one* small onion of the size of a walnut,") reported by Prollius in Caspar's Wochenschrift, 1845, p. 835, are as follows:

"In four hours, indefinable anxiety; walks about, and finally, full of apprehension, throws himself on the bed, and soon gets up again; constant violent pains in left side of abdomen, more in middle and lower part of abdomen and in region of bladder, with troubles in urinating, and no stool; violent thirst; expression of anxiety and doubt, skin hot, especially in the painful and sensitive places; pulse somewhat accelerated, full, hardish."

This onion was doubtless eaten raw and the effects seem perfectly characteristic; it is interesting to notice the left-sided character of the attack, so often alluded to by provers, the difficult micturition and retention of stool.

Dr. Lingen reports the following, but does not inform us what doses were taken. "Stitches over whole left side of

Digitized by Google

forehead, externally; they draw into the ear, the upper jaw and left teeth, evening, immediately after taking the drug. Great dryness of both nostrils, therewith considerable thick white frothy tasteless mucus collects in the fauces, which is easily expectorated without cough. Urine very frothy, but clear; the froth remains longer than usual. Very pleasant sensation of warmth in the urethra without erections or sexual desire."

The symptoms are doubtless genuine, they correspond closely enough to other provings.

Dr. Williamson's observations are as follows: "Pains in both temples, most severe in the right, aggravated by winking; afterward the pain extends over the forehead, worse on the left side. Tingling pain behind the left mastoid process. Heat in left eyebrow. Dryness at the root of the tongue, right side. Contractive pain in the left hypochondrium with the sensation of wind moving about. Rumbling in the transverse colon evenings and sudden urging to stool. Pain about navel an hour after dinner. Feeling of diarrhœa in the bowels and soft stool. Soft stools without pains. Copious micturition. Throbbing in larynx and sensation as if it were contracted. Pain in the chest as though the food remained lodged behind the sternum." These are most surely good symptoms; notice particularly the left-sided character of many of the pains, the stool, urine, and especially the throbbing in the larynx. This proving doubtless resulted from the tincture.

Dr. Neidhard's contribution is as follows: "Feeling of heaviness over both eyes and in the forehead, after a few minutes, lasting two hours; unusual chilliness; troubles as after taking cold; the next day pain in all the bones, aching in the throat, prostration, etc." Clearly good but unfortunately too brief.

Dr. Raue contributes only observations on the effects of eating and gathering onions:

S. 135, must be considered extremely doubtful; an undoubted case of "hay fever," but we cannot accept the "post hoc" as a "propter hoc," especially as no evidence is given to show any similarity to the onion coryza, and since we are quite sure that the onion does not continue to act a long time, we must expunge the observation. S. 297, "flatulence after raw

Digitized by Google

onions, never after cooked onions," will stand. S. 170, "raging pain in a broken tooth, immediately after eating onions, speedily relieved by Arnica high in water," must be permitted to remain, in view of the numerous neuralgic tooth-aches reported by provers.

The following proving by "G. B.," a woman, is spoken of by Dr. Hering as valuable on account of its "alternations of action." Coryza; at times stoppage of the nose that she speaks "through the nose;" at times with profuse mucous discharge. Most violent sneezing, as if she would be torn in pieces, as soon as she steps out of bed. Subsequently the coryza is associated with affections of the air passages and cough. With the coryza dullness of the head. The appetite is excited to canine hunger; attacks of flushes of heat with the coryza; aggravations in the open air, mornings and forenoons; better or quite well in the afternoon and evening. (We have added a few notes contributed by Dr. Hering at the time the translation of Cepa was undertaken for the Am. Hom. Rev.) We desire to call attention to this "proving," as professing to develop new, strange characters. Firstly, no other prover experienced such a violent catarrh which persisted and ran on into a bronchial attack with cough; this excites our suspicion. Secondly, the aggravations, both of time and circumstance, are opposed to the experience of other provers, *and to clinical experience.* If there is any character to the Cepa coryza to be depended upon, it is the aggravation in a warm room and in the evening. We do not hesitate to pronounce this observation misleading; it must have been a coincidence and not a real proving: we advise its rejection.

The following observation by Dr. Dubbs (496), seems very good: "After eating onions he feels as after taking cold; feverish, especially evenings, with heat in the face; tongue and mouth feel burnt and dry without thirst; drinks only a small amount, with restlessness in all the limbs, so that he cannot hold them still; the next day the tongue is coated."

The observation, 285, contributed by Dr. Lippe, cannot, in our opinion, be held to belong to the pathogenesis of Cepa, and must be expunged.

Digitized by Google

We have now given all that is to be relied on in the pathogenesis of Cepa, and a new schema can easily be reconstructed. It seems to us, however, more profitable to study the drug from the data as given here, each proving by itself. The provings are, with the few exceptions noted, reliable and clearly justify the clinical record. One most important clinical symptom has never been developed in a prover, viz.: *the tearing sensation in the larynx with each cough;* it rarely fails to indicate the remedy. Our provings have, however, developed clearly the character of the aggravations and ameliorations (the chief and essential points in every pathogenesis); the kind of coryza and catarrh and the neuralgic pains. The left-sided character of the drug-action is clearly brought out. The provings seem brief and for the most part, devoid of great results, but we are of the opinion that very little would be added by extended provings. The medicinal power of the onion resides solely in a volatile, acrid, etherial oil (if we except the inorganic salts everywhere present in the vegetable kingdom, the phosphates, sulphates and tannates of potash and magnesia), the action of which is, doubtless, in the onion as in other substances containing volatile oils, comparatively superficial and transient.

Allium sativum.—The pathogenesis of this substance presents great difficulties to the earnest seeker after truth. Neither Dr. Petroz nor Dr. Teste give us any information concerning the method employed to obtain their symptoms; they say nothing of the method of preparing the plant for use, or of the preparation or potency used.

A review of the symptoms of Dr. Petroz leads us to believe either that most persistent and heroic provings were undertaken, or that he added to his pathogenetic symptoms some from a clinical source, for example:

"Vomiting during the fever.

"Catarrhal fever with predominating coldness.

"Suppurating pimples on the vulva during menstruation.

"Involuntary stools," et cetera.

Teste states that a goodly number of the symptoms given by him are the result of personal observation, and that others have been contributed by Dr. Petroz. Teste also must have

Digitized by Google

made heroic provings or added symptoms from cures made with the drug; for we read:

"Fears he will never get well.

"Expectoration of a thin, yellowish, purulent-looking, blood-streaked mucus of a putrid odor."

Now although we know that both Doctors Teste and Petroz still felt the influence of their master Hahnemann, who had but recently died in Paris, and hence may be pardoned for getting up pathogeneses composed of pathogenetic and clinical symptoms without distinction, we must not hasten to condemn these contributions to Allium sat. without endeavoring to satisfy ourselves whether these violent effects might not have been produced, indeed were not probably produced by large doses of the tincture.

Fortunately a brief but straight-forward proving has been published in the All. Hom. Zeit., 83, 184, which reads as follows: "I prepared a tincture by cutting the garlic as finely as possible, adding spirits, and shaking well every day for eight days. Of this I took in the morning and afternoon of June 27th ten drops on sugar, and subsequently even as much as 20 drops. The result was meagre. My stool, which usually took place in the morning, appeared only after dinner and was evacuated with much straining; during the evacuation heat in the rectum; the fæces were at first normal, then somewhat watery and hot. During the day scarcely half the ordinary amount of urine was passed. About midnight frightful anxious dreams with headache, pressure on the vertex. Did not urinate during the night, contrary to habit; in the morning scarcely a third of the ordinary amount of urine. I must remark, however, that it was in mid-summer, at the end of June and beginning of July. After this I was much troubled by a nightly catarrh of the eyes, namely a smarting, burning, trickling of tears, agglutination with difficult distressing opening of the tightly agglutinated lids, which regularly set in if I allowed myself to read in bed for an hour, as I was accustomed to do; besides formerly I was always obliged to use glasses when reading the newspaper, but now I could read without my glasses. Since the proving I have had no trace of my

Digitized by Google

catarrh of the ears; even the hardened mucus which used to collect in the auditory canal and form crusts has ceased entirely, and if I am not mistaken, I now hear better than before with the diseased ear. But I had developed a colic—my pleasures were not unalloyed. One day, having no sugar, I moistened a piece of bread with some tinct. of Allium sat., possibly to the amount of half a teaspoonful; in the forenoon I felt a pressure in the upper abdomen, the epigastric region and in the transverse colon, relieved only by sitting bent over and pressing with both hands. Dinner was not relished; in the afternoon I got on very well because I sat still in the house, but in the evening on going out the pain became intolerable; a pressure inward as from a stone in the epigastric region, everything seemed dragged downward, walking was impossible, every step on the pavement produced excruciating pain as if the intestines were being torn loose from each other: I was obliged to lie down. There was no trace of gastric trouble; urine scanty; no stool. Thinking I might have taken cold, I took Aconite, sweat the whole night immoderately and felt only traces of the trouble the next day. Since that time I have been more cautious in the use of this, so-called, vegetable Arsenic."

We learn from this brief record of a cautious observer that our drug *probably* produced the symptoms ascribed to it; for the reasons, *first*, that a general catarrhal condition of the bowels and eyes with evident feverishness (disturbed sleep and dreams, scanty urine, etc.), *with relief* of the habitual aural catarrh, was improbable at the season mentioned (mid-summer), and, *second*, the nature of the garlic, which is very like the onion in composition, is to produce such an irritable condition of mucous membranes.

We may, I think, safely take this proving as a standard, imperfect though it be, and by it examine the symptoms of Doctors Petroz and Teste.

On looking over the symptoms given by Petroz we are impressed at once by the following: "Inflammation of the throat. Diarrhœa; involuntary stools; deep cough; great difficulty in expectorating a glutinous mucus; swelling of the gums; weight

Digitized by Google

in the stomach; chilliness; catarrhal fever; heat; fever; sweat; fetid sweat; various pains in the extremities often quite violent, etc. Our attention is at once arrested by the general harmony of these symptoms; they are not unlike what we often meet with in patients who have taken cold; they surely accord in every essential point with what we might have expected, except that these provers (or this prover) experienced no effects upon the eyes or nose, but did suffer in the chest and bowels, as well as in the muscles, with general febrile disturbances.

Dr. Teste's symptoms now follow most naturally: "Coryza, etc.; increased nasal mucus; blowing blood from the nose; mucus accumulations in the throat mornings; dull pain in epigastric region; diarrhœa, followed by constipation; urine scanty." (We are unable to endorse his pathology or his chemistry in these: "Urine whitish, abundant, *becoming cloudy from nitric acid*;" and "*a kind of diabetes.*" There is given no collateral evidence either of albuminuria or of glycosuria, but the prover may have suffered from some catarrh of the bladder); scraping in larynx exciting dry cough (something like *Allium cepa*) *mucus rales in the bronchi;* morning cough with very profuse mucous expectoration" and other symptoms of the respiratory organs and chest. "Creeping chills in forenoon and in evening." In these we find only cause to praise, none to condemn. At the close of his list Teste points out a few symptoms which he considers to indicate the drug, especially in troubles of the respiratory organs, and details a case which was cured by the drug. It is noticeable that the symptoms which this case presented and which were removed, do not appear in his pathogenesis, thus permitting us to infer that his pathogenesis is really pure. We confess that we admitted to the Encyclopædia these collections of Petroz and Teste with many doubts as to their genuineness, but the more we have studied them the more we are convinced, not only that they are genuine, but that in them we possess the key to the use of a very important remedy for acute catarrhal troubles with rather profuse secretions. We are not in possession of a superabundance of such remedies and so all the more cordially welcome this promising addition.

Digitized by Google

ARTICLE XX.—Ailanthus Glandulosus in Malignant Puerperal Fever.

By Samuel A. Jones, M.D.

While engaged in studying Ailanthus glandulosus I was led to compile a *resumè* of its symptomatology from such sources as were then accessible to me, and among my materials was a manuscript of Hering's given to me by Prof. S. Lilienthal. In this *MS.* was the following observation: "If odor gives any indication, Ailanthus should prove a good remedy in malignant puerperal fever."

This observation gave me a profound reverence for Hering's deep insight, because the deduction was made by Hering long before Dr. Chalmers had made his grand record with this drug in malignant scarlet fever; and that Hering, from his meagre list of symptoms, should see so deeply into *the essential nature of the action of Ailanthus* was to me then, and is now, evidence of a wisdom most worthy of reverence.

Now, in his last paper on "*A Critical Examination of our Materia Medica*," I was much surprised to find Prof. T. F. Allen commenting on Hering's remarkable deduction as follows: "The last observation is *made into a symptom* without any apology, and boldly, without any reason (even empirical), added by Dr. Hering to his miscellaneous collection termed 'Guiding Symptoms.'" In the *Guiding Symptoms*, Hering has introduced it thus: "Parturition. Malignant puerperal fever." I will not stop to discuss whether it is "made into a symptom" on this occasion; but, to my mind, Hering meant only to emphatically urge a serious consideration of the remedy in malignant puerperal fever, and I have no doubt but that Chalmer's successful use of Ailanthus in an exceedingly *malignant* scarlet fever had deepened Hering's convictions as to the soundness of his earlier deduction. At all events, it takes this shape: It is plainly recommended for use in malignant puerperal fever by Hering. Perhaps, too, he had verified its efficacy by using it in a case, or cases—but of this neither Prof. Allen nor myself can now be assured.

Digitized by Google

I am led, however, to take issue with Prof. Allen when he says it was put in Hering's *Guiding Symptoms* "without any reason, even empirical."

Let us consider on what grounds Hering could have made his original deduction. Prof. Allen says, and we fully coincide: "We are convinced that they (Hering's list of symptoms) are genuine effects of Ailanthus, and are inclined to accept them as *observations of patients suffering during the blossoming of the tree.*" Hence Hering's proviso, "If odor gives any indication." Beyond all doubt Ailanthus, by the odor of its blossoms, does affect certain organisms, and in those effects Hering saw the promise of its usefulness in malignant puerperal fever. If, then, there is any similarity between the essential nature of the action of Ailanthus and the pathology of malignant puerperal fever, it was not "without any reason" that Hering made his deduction. The "malignity" in puerperal fever, and in the scarlet fever in which Ailanthus is so efficacious, depends alike on an excessive alkalinity of the blood; so that we have in this feature our strong point of resemblance.

Another instance of similarity is found in the fact that malignant puerperal fever is sometimes attended with a cutaneous eruption. Let me cite a case:—"I was called to a young woman of her first child, who had a very good time, nature soon delivering to my care her own work, which she best performs when no impediment is in the way. But the same kind of pains immediately followed which she had during labor, and they were so very pressing that I was apprehensive an excrescence of some kind or other might be the cause; but a cautious inquiry discovered that they were owing to the uterus being extremely irritable.

"The next day she had a very quick, weak pulse, and a fever; her belly became sore and tender, and the lochia were not discharged in so large quantities as they ought to be.

"The next day after the lochia were *ichorous and very fetid;* she became *delirious;* a *diarrhœa* with curdled stools came on; *an eruption appeared all over the body;* her eyes were convulsed inward; her breasts were flaccid; and she died on the day following." (Case V., *Kirkland on Childbed Fevers. London,* 1774.)

Digitized by Google

Surely this case is strongly suggestive of a place for *Ailanthus glandulosus*—the *ichorous* and *fœtid* lochia, the *delirium*, the *diarrhœa*, the *rash*, and the "malignity" converging with due emphasis towards this remedy.

Turning now to the pathology of puerperal fever and comparing it with the pathological condition caused by Ailanthus, we find that puerperal fever characterized by "malignity" justifies Hering's recommendation of this remedy therein.

The point of resemblance between the pathology of puerperal fever and the pathological condition caused by Ailanthus is found in *paresis of the splanchnic nerves.* This is the pathological sub-stratum of all puerperal fever, and it is also the pathological status which underlies the diarrhœa (with its characteristic "feeling of uncertainty") and the abdominal pains produced by Ailanthus. Hering, beyond doubt, had in mind this point of resemblance, and in recommending Ailanthus for consideration in simple puerperal fever he would have displayed only such an inductive faculty as might be looked for in any educated physician; but when he plainly indicates "malignity" as a special feature for the indication of this remedy I must insist that he evinces a depth of insight into drug action which few can imitate and none excel.

Let this special recommendation of his be borne in mind, and let this application of this remedy be made, and we shall then have the "guiding symptoms" for this use of Ailanthus glandulosus.

I take advantage of this occasion to express myself as particularly pleased with the "Critical Examination of our Materia Medica," which Prof. Allen has undertaken. It is a task for which he is now more especially prepared, and there is much of scholarly generosity in his giving us the fruit of his laborious researches. Only those who have made such researches can estimate the labor, and be duly grateful to him who essays to do it for them. It is a work which should make criticism speak with the *spiritus lenis*, and all of us should desire to hold up the workman's hands.

It is not, then, to criticise that I call Prof. Allen's attention to an oversight in his critical examination of Ailanthus.

Digitized by Google

The symptoms under "14" in the Encyclopædia are not mentioned in Prof. Allen's *critical examination.* Prof. Allen cites this case of poisoning at second-hand, from a German compilation, and gives in the Encyclopædia, symptom 137, as follows: "Urine suppressed."

Prof. Allen refers to the *N. Y. Jour. of Hom*, 299, for the data from which this symptom is derived, and the said article in the *N. Y. Jour. of Hom.* is credited to the *Phila. Med. and Surg. Reporter*, Feb. 1872.

On referring to the *Phila. Med. and Surg. Reporter*, we find that Mrs. K. had *difficult* urination, and not a *suppression of urine*, as Prof. Allen gives it. Then symptom 137 in the *Encyclopædia* must be stricken out.

This error arose from Prof. Allen's citing the German compilation instead of consulting the original report of the poisoning, and it suggests that in his critical examination he should, as far as possible, verify all similar citations. This will entail an immense labor, but it should be his ambition to have the *Encyclopædia sans reproche.*

I would also suggest a most critical examination of the *authorities* and *references* to each remedy in the Encyclopædia.

Some future scholar may desire to follow Prof. Allen to his originals, and this part of the *Encyclopædia* is full of errors. For instance, "14" in the Symptomatology of Ailanthus is said to be "*Meshter.*" In the original it is "Meschter." And instead of referring to the *N. Y. Jour. of Hom.*, it should be the *Phila. Med. and Surg. Reporter.*

ARTICLE XXI.—M. Pasteur and his Nosodes, or Attenuated-virus.

By Thomas Skinner, M.D., of London, late of Liverpool.

At the forty-ninth Annual Meeting of the British Medical Association, held at Ryde, Isle of Wight, during the second week of August, M. Pasteur, of Paris, delivered a most able and practical address.

Digitized by Google

I am of opinion that this address is worthy of our most serious consideration in more ways than one. First, it is remarkably suggestive of new truths, and lines of light in dark places. (2) It shows plainly that the Old School can see the truth of Homœopathy,—Hahnemann's law of cure,—and can not only applaud it, but act in strict accordance with it, when it comes to them from one of themselves. It does not then taste unsavoury, nor does it offend their *amour propre;* more than that, they can claim it and adopt it as one of their own offspring. (3) The address is highly qualified to set us all thinking, to be up and doing—for the wolf is at the door. It forces us to see that we ourselves are not building on sand, but on the solid rock of truth; to see that our building-materials are unquestionable facts and principles which will last for ever; which need fear no present or future discovery and which will stand the utmost scrutiny. In this spirit I offer these few remarks on M. Pasteur's address, and as the subject is not a little but a good deal speculative, I shall be glad to "break a lance" with any one who is inclined to question the position I now take up as regards the only law of cure, like cures its like, and the practice of the dynamization of medicines in connection therewith—always provided that the argument is carried on in a Christian and gentlemanly spirit.

In a report of this admirable and most scientific address, which appeared in the "*The Times*," of London, as also in the "*British Medical Journal*," of 13 August 1881, we have what I take to be the clearest evidence of our great law of cure. This address was warmly received by the *elite* of the profession and greatly applauded, which says much for the intelligence of M. Pasteur's audience; but little did they think that

> "There was a chiel amang them takin notes,
> And faith he 'll prent them."—

I have no intention of following the distinguished physiologist and pathologist of silk-worm notoriety in detail, as that is needless for my purpose. All that I shall do is to make it clear that M. Pasteur's discovery is nothing new to us, but only to himself and to his auditory—because, Hahnemann laid

Digitized by Google

down the theory and practice of nosodes which M. Pasteur lays claim to as his own, and justly may he claim the credit, as he is necessarily ignorant of Hahnemann's and Swan's writings on the subject of "*nosodes*" in the cure of disease. Throughout his address, M. Pasteur, from an imperfect knowledge of our language, frequently makes use of wrong or ambiguous terms; he speaks of vaccine and vaccination when he evidently means materies morbi or poisoned blood or virus and inoculation. He begins, "Let us take a fowl which is about to die of chicken-cholera, and let us dip the end of a delicate glass rod in *the blood of the fowl.*" He then proceeds to show how to make what he calls his "culture preparations" from experimenting with which "it will be readily seen from an inoculation of a series of ten fowls" (*healthy* ones he must mean) "that the virulence of one culture differs from that of *the blood* and from that of a preceding culture."*..... "More than that, we may recognize by this mode of observation, that it is possible to prepare cultures of varying degrees of virulence. One preparation will *kill*" (poison) "eight" (*healthy*) "fowls out of ten, another five out of ten, another one out of ten, another none at all. In fact, what is no less strange, if you take each of these cultures of *attenuated* virulence at a point of departure in the preparation of successive cultures" (attenuations) "and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting point. Similarly, where the virulence is null it produces no effect." So much for M. Pasteur and his "culture preparations" of poisoned states of the blood—and the effect of inoculating *healthy* animals of the same genus with them—the result of which experiments is exactly what any reasonable man or woman would expect; an amount of diseased action and a mortality is set up exactly in proportion to the degree of virulence or dose of the poison with which they were inoculated. I do not care to enter upon M. Pasteur's microscopic explanations, as from my point of view, they are entirely foreign to the point I wish to

* The pure unattenuated blood being always the most deadly to healthy fowls.

Digitized by Google

establish. They may amuse scientists, but they only serve to throw darkness instead of light, where light is most needed.

We now come to his experiments upon *diseased* fowls. He proceeds to say: "A little further, and we touch the principle of *vaccination.*" He means the science of all cure—HOMŒOPATHY! He states,—"When the fowls have been rendered *sufficiently ill* by the attenuated virus, which the vital resistance has arrested in its development" (he surely means, which was all the *attenuated* virus was capable of effecting), "they will, when inoculated with *virulent* virus, suffer no evil effects, or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long, which in some cases may exceed a year, chicken-cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses." By M. Pasteur's experiments we have the clearest evidence of the truth of "*Similia similibus curantur.*" Fowls in a *healthy* condition were made ill and died of chicken-cholera when inoculated with "the blood of a fowl about to die" of the disease, but when healthy fowls were in a *diseased* state or made ill with the *attenuated* virus, the *same* virus, but in a *concentrated* form, restored them to health,—healed their sickness. If M. Pasteur's facts are to be trusted,—and who can doubt so able, so faithful an observer,—we are on the verge of some great discovery in regard to all zymotic diseases,—Plague not excepted. Some may and will say, that this is Isopathy—the same curing the same. If it is, then Isopathy is in the right, but a little reflection will sober us. Be it observed that M. Pasteur made the fowls ill with an *attenuated* virus; if he had cured them with the attenuated form, the isopathists might have cause to boast, as it would then be, the same curing the same; but inasmuch as the *concentrated* virus was used as the antidote, and which acted as an unmistakable curative and prophylactic of chicken-cholera, I take it, that it acted in accordance with the law of *similars* curing similars, and not *the same* curing the same. The laws regulating dynamization, and the effects of our daily practice on the sick prove this to be true, as we shall see by and by.

Digitized by Google

This is a terrible bolus, an emetic for the anti-vaccination "Leaguers," and a mighty triumph for the immortal Jenner and M. Pasteur. The address of M. Pasteur is full of suggestions, and I should advise every physician to peruse it carefully. In reference to the dynamization of medicines it may raise a hulla-baloo among "weak holders," but to my mind it strengthens it immensely, as it only corroborates what I have long held, and what is denied by some of our brightest lights, namely, that a *low power will frequently neutralize an aggravation from a higher, and vice versa.* In these experiments of M. Pasteur there can be no doubt that "the mother tincture," the crude virus, neutralized an aggravation from an attenuated virus. M. Pasteur's experiments with the materies morbi of splenic-fever are so intensely interesting to me as bearing out my own views of the immense value of "Nosodes" in homœopathic practice, that I cannot do better than quote his own words for the benefit of those who cannot obtain a copy of this remarkable address. "In France," he says, "we lose every year by splenic-fever animals of the value of 20,000,000 francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words. Fifty sheep were placed at my disposal, of which twenty-five were vaccinated." (I take it, that he means that they were inoculated with "a culture" or attenuation of the materies morbi of the blood of a sheep about to die of splenic-fever.) "A fortnight afterwards, the fifty sheep were inoculated with the most virulent anthracoid micro-organism. The twenty-five inoculated sheep resisted the infection; the twenty-five non-inoculated sheep died of splenic-fever within fifty hours."—M. Pasteur adds, "Since that time, my energies have been taxed to meet the demands of farmers for supplies of this matter."—I wish he would send me but one drop of it, I would take in hand to supply any demand, and I will warrant it to cure splenic-fever as certainly as the crude virus, if *the disease has not been artificially induced.*

It is interesting to know that the virus M. Pasteur supplies to the farmers, and which he advises to be used as a curative and prophylactic is, so far as I understand him, an *attenuated*

Digitized by Google

form of the virus, as he adds: "If I were not pressed for time, I should bring to your notice two other kinds of virus *attenuated* by similar means." M. Pasteur is an embryo-homœopathist without knowing it, and his distinguished *confreres* applauded Homœopathy, because served up to them *à la Francaise* in such *recherche* form that, like most French dishes, they could not recognize what it was they were eating or applauding. Most probably they were applauding the *chef*, M. Pasteur, for making an unpalatable dish most palatable.

The whole gist of the address points to the principle of vaccine and vaccination as a *methodus medendi*, and if any proof were wanted of the truth that "like cures its like," there is no greater proof of any truth than the Jennerean discovery of "grease" in the horse, inducing vaccinia in the cow, curing, modifying and preventing small-pox in man, when carried out as in Jenner's time, but never by "humanized lymph," or by variola passed through the cow and called or imagined to be the same as Jenner's "vaccine."

The address of M. Pasteur treads so closely upon the grandest of all subjects in medicine, that of the use of *Nosodes*, that I shall leave that for another occasion; nevertheless, I am free to confess that I have to thank M. Pasteur from the very bottom of my heart for his admirably suggestive and most scientific address, and would that all of us pursued our calling with the same zeal and discretion, with the same care and immense labour as is always evinced in the writings of that distinguished physiologist and pathologist, who has a kind word for every one, and no cantankerous knocking-down of all who differ with us.

ARTICLE XXII.—Tuberculosis.

By Prof. Rindfleisch (Würzburg).

Tuberculosis is essentially an infectious disease, and proved as such by the many experiments of vaccination of the virus humanum upon animals. If on the contrary, very few facts

Digitized by Google

can be shown that the disease can be vaccinated from one person to another one, the cause thereof is: that tuberculosis is an infectious disease, to which the *genus homo* became quasi habituated, and whose original character appears only on such persons who fail to participate in this habituation. Originally tuberculosis probably was a similar infectious disease as we find syphilis to-day. Perhaps it was even more virulent. But it possessed and possesses even now the faculty to be transmitted from parents to children. By such transmission the tubercle-virus became more and more diluted, but at the same time it gradually also became the universal property of mankind, and thus by its heredity acquired a certain immunity to outside infection. A strong and healthy personal vegetation is one of the best means to keep up that immunity for the subject himself, as well as for mankind in general. Good nutrition and abundant blood-formation protect most excellently the organism against the shafts of this wide-spread poison. Where these are wanting the tuberculosis may appear even in persons who apparently enjoyed good health. Tuberculosis shows itself then in that peculiar course, taken by certain inflammatory processes, produced by moderate stimuli. The worst of it is, in the cheesy products a revivifying and a massive regeneration of the tubercle-poison takes place. This regenerated poison is inoculable on not immune persons, but even to the patient himself it causes the great danger of severe auto-infection, and represents finally a new capital of poison transmissible to the children by heredity. Persons infected with hereditary tuberculosis are far less able to cope with the fatal heirloom. A person infected with hereditary tuberculosis ought to be only mated to such a person who by exquisite nutrition and wealth of blood offers some slight assurance that the offspring may receive with the poison also its antidote. Where such is not the case, even with a judicious nutrition, there is danger that the whole family will fall victims to the tubercle-poison.

As tubercular inflammation may be considered:

1. The disseminate miliary tuberculosis; where we find in most organs of the body miliary and submiliary nodules. It

Digitized by Google

is the typical eruptive form of an infectious general disease, similar to the efflorescence of pustules in variola.

2. A more localized miliary tuberculosis, where a solitary organ (lungs, brain, peritoneum) remains the chief seat of the eruption, and of the accompanying inflammation, whereas all other organs are relatively only slightly affected.

3. It may also be considered as localized miliary tuberculosis, where around an inflammed spot of the organ we meet more or less miliary tubercles, they finally enter themselves into the composition of the inflammatory focus, and eventually form the great mass of the entire infiltration. *Genuine phthisis tuberculosa.*

4. Inflammatory processes; especially ulcerations of a slow course with a decided tendency of intervallary rest or with a total cure, where we find none or hardly any local development of miliary tubercles, but nearly without exception tuberculosis of the lymph-glands. *Chronic caseous and scrofulous inflammations.*

All such manifestations of tuberculosis must be considered as *inflammations*, whereby the tubercle-poison acts either as the sole inflammatory stimulus (disseminated tuberculosis), or where it in connection with other, especially mechanical, stimuli causes a local inflammation (localized tuberculosis). Considering the part which the miliary tubercle plays in the inflammatory processes, we naturally surmise that we possess in it a real specific product of tuberculosis; where the tuberculosis appears without admixture, and where it presents itself as the first and sole manifestation of an infection with tubercle-poison, we will always meet it in that form. Admitting that Virchow with his thesis of the specificity of the miliary tubercle has advanced our knowledge in that direction, still we dare not ignore that the elementary form-developments found active in the formation of the miliary tubercle, are also present in not miliary inflammatory processes of such persons tainted with hereditary tuberculosis, and that only thus these inflammations receive the imprint of a tuberculous inflammation; and if we look for the ultimate cause producing the slow course, the frequent relapses, the tendency to cheesifica-

Digitized by Google

tion, or to the formation of atonic ulcers, peculiar to such processes, we often feel forced to acknowledge that the miliary tubercle itself is not the ultima ratio, but we look for it in those deviations from the normal course of an inflammatory process, which characterize the miliary tubercle in contradistinction, e. g., to a miliary abscess. It would be wrong to consider all inflammations in persons tainted with hereditary tuberculosis as histologically tubercular inflammations. Acute inflammations arising from a severe and continued inflammatory irritation, produce in such persons only purulent, fibrinous or sero-fibrinous exudations. A tuberculous inflammation on the contrary manifests itself especially after rather insignificant stimuli, which in healthy and immune persons would at most cause a passing fluxion, without any lasting consequences. The product of the inflammation—apart from the manifestations in the bloodvessels—is a slowly increasing deposit of cells in the connective tissue apparatus of the irritated part. Originally these cells have nothing particular. They are colorless round cells, as they appear in all exudations, and which are generally considered as emigrated white blood-corpuscles. The peculiarities only appear after the exudation has remained for some time on that locality, and are: 1st, a part of the exudated cells takes on an *epitheloid* character. Years ago Virchow mentioned them as larger elements of the tubercles with several nuclei, often standing in pairs. Of late he considers them as tubercle-cells, a characteristic product of tuberculosis, parallel to similar cells in typhus and lepra. In normal histology we find these cells only in the marrow of the bones, where they are known as large cellular elements of the hæmatoplastic marrow. They are easily differentiated from the simple colorless blood-corpuscles; partly by their size, being three to five times larger, partly by the quality of the protoplasma, and of the nuclei. The protoplasma is finely granulated, and of a dull lustre. The nucleus, or the nuclei, where several are present, appear vesicular, as they formerly expressed it, namely somewhat larger than the nuclei of colorless blood-corpuscles, oval, pale, with nucleoli, and a double edge around the nucleus. They thus become similar to epithelial cells, and deserve to be called epitheloid.

Digitized by Google

2. The multi-nucleated giant-cells may be considered as a more successful excretion of epitheloid material from the tubercular inflammatory neoplasma; as they are often present, they were for a long time considered characteristic. They are also found in the marrow of the bones, where according to Kœlliker they are considered as osteoclasts. By a vivid chemical activity, whose products, as in the secreting epithelium, are directed outwardly, they dissolve the osseous tissue and thus clear the way to the physiological and pathological absorption.

3. When by the extension of the epitheloid cells into round cords and nodules centra of the tuberculo-inflammatory neoplasma had been formed, a coarsely granular albuminous substance appears in their centre, partly pushing the cells asunder and partly enveloping them. This secretion was formerly considered coagulated lymph, now many writers take it as a mass of zooglœa, as they cannot be differentiated. The secretion shows a remarkable influence on the expanded cells.

4. The classification of the tuberculo-inflammatory products may be considered as a necrosis from deficient nutrition.

Resuming all what has been said, we may conclude that in tuberculosis by inoculation the general affection prevails over the local affection. The latter does not pass the stage of a close infiltration of the peri-vascular connective tissue with round cells, excluding the passage of blood to the blood-vessels. Whether we intend to consider the solitary, sometimes very large foci, found in lungs, liver, etc., of the inoculated animals, as miliary tubercles, is immaterial. At any rate the small gray nodules, often found near the place of inoculation, deserves that designation, in as much as in the disseminated miliary tuberculosis (tuberculosis ex resorptione) of human beings we find with the general affection, showing itself by fever, emaciation, etc., more or less numerous small foci of tuberculous inflammation. Both are parallel waning effects of the tubercle-poison circulating in the juices and prepared by the hereditary tubercular organism. The smallness of the inflammatory foci hints to it that this poison is attached to small particles exercising a pointed irritation on the tissues. These local processes are often combined with acute inflammation.

Digitized by Google

In chronic inflammations with slow course and tendency to the formation of badly healing ulcerations, we deal with hereditary tuberculous persons, differing from normal persons, *i. e.* from such who are immune to the tubercle-poison, who react easily to slight inflammatory stimuli, which pass away without a trace in other persons. Infiltrations of round cells in the connective tissue of the affected places are very tenacious and often take on the epitheloid character. After a while they cheesify and lead to slow destruction. But we may hope by a change in the affected spots to get healthy granulation and a cure. (Inflammatio et phthisis scrofulosa.)

Localized miliary tuberculosis shows us hereditary tuberculous persons where these local inflammatory processes lead to the production of new quantities of tubercle-poison, which from their starting point enter the surrounding tissues and cause an eruption of miliary tubercles; the zone of eruption may remain limited or it may form in the direction of the lymphatics metastases. We must always recollect that localized tuberculosis propagates itself through the lymphatic system and not through the circulating blood; hence the disease may remain stationary for some time, though finally we meet also here a general affection and disseminated miliary tuberculosis. (Phthisis tuberculosa.)

It would lead us too far to show up the different morbid pictures of tuberculosis. We really find that scrofulous inflammations and phthisis pass over into localized miliary tuberculosis and the latter into the disseminated form by numerous intermediary forms. It is of great importance to keep together the histological unity of the tuberculous inflammation, and therefore we do not consider the miliary inflammatory focus as pathognomonic and specific. (*Allg. Med. Centr. Zeit.*, 55 and 56, 1881.)

O. Heubner, of Leipzig (*Aerztl. Vereinsbl.*, May, 1881), in treating on the same subject, says: "It may appear difficult to extirpate rooted ideas on a disease of daily occurrence, but the doctrine of the infectiousness of tuberculosis clears the way to the understanding of a unity of tuberculosis. All manifestations found in the respiratory organs in phthisis can be deri-

Digitized by Google

vated from one cause, the tubercular poison, whether it be a catarrh of the apices, a cheesy infiltration, a hæmoptoë or a phthisis originating in a pleurisy. We deal therefore with an *infectious disease*, produced everywhere by the same poison. Thus we understand many a thing in the semiology of phthisis, which was formerly not clear, I only mention cases, where—analogous to other infectious diseases—for a long time a grave general disturbance (emaciation, debility, disturbances of digestion, sweat) precedes the development of the local affections.

We must also study another factor of great importance in all diseases of infection and even of intoxication: this is the *individual disposition*, the receptivity or—perhaps better expressed by its opposite—the immunity to the poison, as quality possessed by different persons in very different degrees. Even experimental pathology found out the peculiarity of a relative immunity to infection in certain species of animals, as also in different individuals of the same species. This more or less strong power of the constitution to oppose the infecting agent, here the tuberculosis, is of immense value in the treatment of such diseases, and in relation to phthisis we may be allowed to lead your attention to the following prophylactic and therapeutic indications.

1. Our first duty ought to be to destroy the poison in every diseased organism, to diminish and finally to render inocuous the sources of infection. 2. As long as the former is impossible, our prophylactic duties demand to increase this power of opposition in the mass as well as in the single individual, and thus to reduce the number of infected persons. 3. Where the poison has infected an individual, our treatment must be more directed towards the whole organism, as thus only we diminish his disposition to disease, facilitate the encysting or excretion of the poison, and thus prevent auto-infection de novo, to which a patient even with a solitary tuberculous focus is exposed. 4. Where the process progresses notwithstanding our treatment, symptomatic treatment against the different morbid manifestations is in place.

In relation to the first indication, to destroy the poisonous agent in the affected organism, all attempts have so far proved

Digitized by Google

illusory, and we doubt whether it will even be possible to introduce into the organism an antidote in such quantities that it can destroy the poison circulating in the juices of the organism without becoming deleterious to them. But as *new infections may emanate from every phthisical patient*, great care should be exercised in handling the sputa, containing quasi the infectious matter. They ought to be excreted in vessels filled with disinfecting fluid or on rags (paper) and immediately burned up. The utensils used by the patient ought not to be used by other patients, and his linen ought to pass through the same disinfecting process as employed in other infectious diseases. Healthy persons ought under no condition sleep with a phthisical patient, and those intimate connections of family life, as kissing, marital relations, etc., ought to be restricted, if not prohibited.

In relation to the second point, modern hygiene must be more thoroughly mastered and enforced by those in authority, as only thus the people are enabled to increase their power of resistance to the virulent infection.

To increase individual resistance, we would offer the following propositions: The first nutriment of infants, wherever possible, ought to be the mother's milk. But such a mother ought not to suffer from tuberculosis, and a wet-nurse or a woman, who at the same time nurses her own infant, must take her place. Where artificial bringing up is necessary, let us be anxious to get only milk from healthy animals, or else it would be preferable to get it from a dairy where the milk of many cows is mixed. After a while do not put too much stress on azotic food, especially on animal food, for children brought up in such a manner look thin and become nervous. The infantile organism must be gradually accustomed to mixed food. Hand in hand with nutrition we must try to harden the organism. In our climate we must exert ourselves to acclimatize the infantile organism to the atmospheric oscillations and changes, for these repeated attacks on the respiratory organs gradually undermine the power of resistance, and thus increase the susceptibility to the tuberculous person. It is during childhood that the skin and its bloodvessels must be

Digitized by Google

taken care of. The different procedures of bathing and rubbing offer a kind of gymnastic of the cutaneous vessels, muscles and glands. Here again strict individualization is absolutely necessary. Generally we recommend for the young organism tepid sponging, to which during the hot weather bathing in the river and in winter cool applications may be added. Fresh air in summer and winter, exercise and play in the fresh air are the conditions which must harden the child to stand the wear and tear of school life.

France and Italy were the first to show the importance of a steady residence for months and years near the seashore, to increase this power of resistance in the growing-up child. By and by in the choice of a profession for life and the relations of the resisting power of the body to the requirements of that profession ought to be strictly considered.

In relation to the third indication the doctrine of the infectious nature of phthisis does not exclude the possibility of a cure by corresponding treatment. The poison, though it become seated in the body, can by the latter be excreted, encysted and rendered inocuous, and this so much more easily the smaller the focus is; but to succeed an early diagnosis of phthisis incipiens and an immediate energetic treatment are necessary. Especially those cases need our care, where a moderate hæmoptoë or a slight cough with catarrh of the apices or a causeless dyspepsia and debility with slight solidification and changes in respiratory murmurs arouse our suspicion. The chief tendency of the therapia of to-day is prophylactic, without ignoring the local affection, our great aim must be to strengthen the whole organism in its composition, in its power of resistance and thus enable it to stop the extension and the nutrition of the veins. How to nourish such patients is the great and paramount question. The digestive organs of an anæmic person need ever changing and appetizing food so that they can digest a suitably, mixed, fatty diet; with the quantity of food digested the power of digestion increases. Where there is really a weakness of digestion, artificial digestive preparations are useful, as pepsine with muriatic acid, a composition preferable to wine of pepsine, to pancreatin, to

Digitized by Google

pepsin powders, etc. Sometimes bitter stomachica, as the extract of the leaves of walnuts, may be given with benefit.

If this attempt fails, we must try to give food still more easily digested, and the milk-cure, old as it is, deserves our full consideration. Milk, to which may be added a few drops of muriatic acid at every meal, or a little brandy, can be given to the patient in many different ways. Some prefer koumiss to milk, as in the former by fermentation the sugar is changed into alcohol and carbonic acid, and thus tickles the palate and is rendered more digestible.

Especially for poor patients, whose food usually contains too small a quantity of fat, cod-liver oil is necessary. To render it more palatable, small doses of ether are added. Others favor cod-liver oil with Kreosot. (200.0 Ol. jecor. 1, 0 to 40 Kreosot. pur.).

Whey is one of the most easily digestible nourishments, it is a carbon hydrate, preventing the consumption of albumen, but we must not forget to give at the same time mixed food and that it does not suit the digestive power of every person.

Of the utmost importance is pure fresh air combined with regular exercise to strengthen and elevate the activity of the heart and all other muscles, to incite to action the whole nervous reflex apparatus, to vivify the whole organism. Here the climatic treatment under medical supervision deserves our full consideration.

(1). Highly elevated climatic stations, characteristic: that during the winter months the ground is *constantly* covered with solid snow. Such a climate gives the patient during the winter a *pure* (no dust), *thinner*, *cool air*, which in consequence of the latter quality even with a relatively high moisture possesses the quality of dry air, and at the same time he can enjoy the warmth of the sun (but which leaves cool the diaphanous air). One of the best places of that kind is Davos in Europe; in America, the Rocky Mountains, Colorado, Minnesota, the plateau bounded by Western North Carolina and Eastern Tennessee, etc. Their effectiveness consist in the purity (asepsis) or dilution or dryness of the cool air, and the dryness of the soil. Here patients may during the winter months (October to

Digitized by Google

May) pass at least the third of the day in the fresh air. But as soon as the sun sinks behind the mountains, intense coldness may set in, the change of temperature is therefore great. The climate is stimulating and refreshing. Erethic natures, *i. e.*, all constitutions excelling by great somatic and psychical reflex irritability, who with every stimulus suffer from accelerated pulse, redness of face, dyspnœa, do not bear well such a climate, though exceptions may happen. Hæmoptoë is no contraindication. Patients with laryngeal affections remain better away.

(2). A warm, moist climate is mostly found on small islands and in the tropics. We find there a pure, warm air, free of dust with slight oscillations of the temperature, hence patients are able to pass the whole day in the fresh air. But such a residence is for many persons too relaxing on account of the moisture. Loss of appetite, digestive troubles, diarrhœa are frequently met there. Patients to be sent to such a climate must be examined how they usually pass the summer months. To such a climate we send those erethic constitutions with great sensitiveness to every change of temperature, patients with a strong tendency to dry cough and catarrh, those suffering from laryngeal affections. Its representant is Madeira and the numerous islands abounding there. (Here, Bermuda, Florida, etc.) Sea voyages in Southern climates, extending over years, show similar effects.

3. *Warm, dry climates* invite again to a constant sojourn in the fresh air, as the sky is clear and the sun bright, but the constant o cillation between day and night are intense during the winter, and dry, dust-carrying winds are not wanting. They have the dryness and the sunlight, the changes between day and night in common with the high climates, but the air is not cool and not thin, and the dusty winds are a disadvantage. Such a climate is stimulating, the evaporation of the body is increased, but, on account of the rapid drying out, disagreeably observable. The digestive organs do not become so easily relaxed as in a warm, moist climate; on the contrary the appetite is mostly good. The climate is not so hardening as a high one.

Between the warm dry and warm moist climate, are some

Digitized by Google

which hold a happy mean, and we find them mostly on the coast of semi-tropical zones. We also meet a subalpine climate standing between the mountainous air and a moderately moist warm climate, especially where the mountains prevent the piercing of the north winds. (Meran, Montreux, Bix, etc.)

Before the physician and patient selects a place for climatic sojourn for years, let the patient try at first one of the intermediate stations, in order to find out what suits him best. In many cases the state of the patient necessitates a change from one place to another, *e. g.*, the patient leaves Davos in March, and hides himself away in Nizza or Montreux, or after passing the winter in Madeira, he finds it advisable to pass the summer in the mountains. A sojourn in an intermediate station is also advisable before the patient returns home, so that he may accustom himself again to the unhealthy climate.

But too many of our patients cannot afford the luxury of a climatic treatment, still nearly everywhere mountains and forests are close at hand, where exercise in the fresh air will aid digestion and thus increase nutrition.

So far we only considered cases in the first stages of phthisis; where the poison has already done its deadly work, the question still needs answering whether anything can be done for the sufferer, and even then an aseptic air may, by its dryness and coolness, produce a directly curative action on the inflamed and suppurating parts of the lungs. A dry warm, or a dry mountainous air may still be used with benefit. As a general rule we ought never send a patient from home when he is burning up with fever characteristic of the steady progress of the disease. Such a patient needs rest in bed, but give him sunshine and fresh air, and instead of animal food put him on vegetarian diet.

Ventilation of the lungs with methodical respiratory exercises purifies the affected parts, prevents stagnation of the contents in the bronchioles, increases the circulation and nutrition of the lung-tissue, and strengthens their elasticity, hence the pneumatic apparatus will often be indicated combined with the inhalation of medicinal substances. (Kreosot., Carbol. ac.)

Digitized by Google

Remarks: In phthisis caused by a virus, working in an individual having a hereditary or acquired disposition to it, to disregard the local affection and concentrate our hygienic and medicinal treatment on the constitutional affection—to the disciple of Hahnemann these propositions contain nothing new, it is the old, so often despised, psora theory of Hahnemann, which gains solid headway among the leaders of the old school, and which, by and by, will be acknowledged by the wavering fellows of our school. Call it scrofulosis, tuberculosis, carcinoma or psora, it is the same invisible, unmeasurable agent, which we know only by its dire effects, and which Hahnemann taught us how to mitigate its evil consequences, or in some cases even how to destroy it by the use of the antipsorics, and what powerful agents in the hands of the homœopath become the insignificant oyster shell, the hard gneiss, the baby-powder of Lycop. and many others. Thrown away as unworthy the name of a drug by the physiological schools, Heubner lays great stress that climatic treatment, continued mutatis mutandis for years, shows the greatest benefit during the first stages of the disease, but how few are able to bear such a financial strain, and the medicinal treatment of these affections in allopathic hands amounts to less than nothing, except opium and quinine, and perhaps, the hypophosphites, the use of which is antedated by Hahnemann. Early and steady treatment by antipsorics at home has saved many a child from an early grave, and it is just such affections, where we can show the benefits accruing from this mild and safe treatment.

ARTICLE XXIII.—Hamamelis Virginica.

By Drs. Daniel and Réné Serrand.

(Bulletin de la Societe Hom. de France 10, 1881.)

After giving the pathogenesis of the remedy according to Hale's fourth edition of his Materia Medica we find the following interesting clinical cases:

1. Chronic pharyngo-laryngitis in an herpetic subject, vari-

Digitized by Google

cose state of the pharynx; persisting congestive state in the right inferior vocal cord. Chronic affection of the voice, for the last two years obstinately resisting all treatment, slightly relieved by the internal use of Capsicum, but cured by the local application of tincture of Hamam., one-third; glycerine, two-thirds, every second day.

2. Catarrhal chronic pharyngo-laryngitis in an herpetic subject; signs of congestion in the left vocal cord. Here also the lesion is localized, consisting of a chronic congestive state characterized by redness occupying the whole left vocal cord at first, then alone the anterior part, with varicose dilatation. After failure of treatment by the specialists she was entirely cured by the internal use of tincture of Hamam. and inhalations of vapors charged with the same tincture. Whenever the congestion is localized on a part or the whole of a vocal cord, we consider the case of a herpetic or arthritic nature, as it is never observed in idiopathic congestions. The anterior part of the vocal cord is more often attacked because we find it to be very vascular, another indication for the use of Hamam.

3. Chronic ango-amygdalites, becoming acute with slight catarrhal state of the larynx in an arthritic English woman; gout hereditary. At the age of sixteen she had a general attack of articular rheumatism, lasting six weeks, since then several slighter ones; suffers frequently from inflammation of the tonsils and hoarseness, but never aphonia. For the last three months great pains in throat and tonsils, which so far nothing relieved. Menses formerly abundant and red, were the last time pale and scanty. Has great difficulty in swallowing saliva; the passage of air and of food is painful; nasal voice; short dry cough; dryness of throat. The laryngoscope shows great vascularity of the pharyngeal mucous membrane, enormous tumefaction and redness of the tonsils, whose borders nearly touch, the left tonsil more hypertrophied than the right one. She received tincture of Hamam. internally and by inhalation and as a gargle. It was astonishing how quickly the pains disappeared, and the varicose veins disgorged. In order to bring the tonsils nearer to this normal state we advise pencilling the tonsils with tincture of Hamam., one-third; gly-

Digitized by Google

cerine, two-thirds, as we often witnessed great benefit from it in such cases.

4. Catarrhal conjunctivitis, relapse in a woman; nervous, arthritic, and predisposed to such attacks. Left eye half closed; photophobia, lachrymation, hyperæsthesia of the mucosa oculi et palpebrarum, which is of raspberry redness with the sensation as if a foreign substance were in it; no peri-orbital pain; the right eye attacked sympathetically, but to a slighter degree; mornings agglutination of the lids. ℞. Tincture of Hamam., a drop in a tablespoonful of water, five times a day, and 20 drops of tincture of Hamam. in 120 grms. tepid water, to bathe with it for three to five minutes every two hours. She felt more comfortable already after a few doses, but found out when she neglected treatment the symptoms returned. After a week we found the right eye free from all congestion and the left eye considerably improved, only persisting in the palpebral mucosa, but after another week's continuation of the same treatment she could be discharged cured. Another benefit is that the collyrium of Hamam. is not painful.

4. Glandular Blepharitis.—A gentleman of fifty, very nervous, arthritic, subject to violent and excessively rebellious migranes, reading and writing a great deal by artificial light, complains of epiphora and sensation of a grain of sand under the lid which is red. This sub-conjunctival hyperæmia follows parallel lines to the series of Meibomian glands, one of which is found protruding. We advise bathing the eye every three hours with a solution of thirty drops tincture of Hamam. in a glassfull tepid water. Two days afterwards, his only complaint is the lachrymation. To remove this, he increased the dose to two-thirds Hamam. to one-third warm water, which entirely cured him in a few days. The dose the patient applied is stronger than we are in the habit of using, but it did the thing effectually.

5. Neuralgia of the nervus int. saphen., of the terminal posterior branch and internal crural nerve.—M., 60 years old, strong constitution, sanguine temperament, healthy and active, no diathesis and no arthritis. Without known cause he was attacked with severe pain on the internal side of the right

Digitized by Google

knee, radiating from the internal condyle of the femur to the crural arcade. He declares that he suffers less when walking, which even relieves for a while, but the pain becomes worse towards evening, and the heat of the bed renders it unbearable, the weight of the covering is too much and he has to change position continually. Lancinating and burning pains, it seems as if a red hot iron pierces the knee and extends to the groin. The presence of isolated and disseminated painful points in the course of a nerve, the mobility of the articulation, the absence of redness, heat and swelling forbid the idea of rheumatism of the knee. We could not think of a phlebitis, as there was no hard, nodulated painful cord in the course of the vein, and no œdema of the inferior parts. The exacerbations and remissions, the absence of fever hint decidedly to a neuralgia, and considering the course of the pain, we trace it exactly to the internal saphenal nerve, where it perforates the fibrous sheath, called ring of the third adductor, and then divides behind the sartorius into two branches: a muscular branch which is intact, but that around the knee-pan is affected in all its length. By pressure we find three principal painful points, one at the internal border of the knee-pan, a second femoral one about the sheath of the large femoral vessels, and a third ileo-pectineal one. About the knee-pan the pain is most severe, lancinating, burning, and radiates from there to the ileo-pectineal point, where it becomes contusive and traverses the intermediate femoral point. We deal therefore with a neuralgia of the internal saphenal nerve in the ascending form, and thus we understand why the patient has no pain in moving about, because the nerve attacked is exclusively a cutaneous one. Rhus tox.[12], which was first given, as the pains were worse during repose, failed to relieve. Hamam.[6], internally, and bandaging the thigh with compresses, moistened with a solution of tincture of Hamam., ten drops to 100 grammes water, and covered with oil-silk, to be renewed every two hours, gave great relief after ten hours, so that he slept, and next day he was well. Neuralgia cruralis is a very rare affection and nothing could surpass the rapidity of the cession of all pains.

6. Rheumatic hydarthrosis of the knee in a varicose subject.

Digitized by Google

Mrs. S., 49 years old, arthritic, hæmorrhoidal, of good constitution, but suffering from frequent venous congestions, and hepatic troubles, was attacked with rheumatic hydarthrosis of the left knee, which is pale and swollen. Palpation reveals fluid in the articulation, especially at the bottom of the superior sac. Walking is difficult, the swelling increasing every evening. Violent neuralgic pains with exacerbations at night in bed. After failure of Rhus tox. and Pulsat. she took Hamam., 2 drops in a tablespoonful of water, four times a day, and applied compresses moistened with tincture Hamam. gtt. xx. to 120 gramm. cold water with great relief. Though imprudence brought several relapses the same treatment always relieved. We here again noted the rapid cessation of the pains, and that the remedy must be used for some time to obtain a cure.

7. Chronic parenchymatous metritis, following the arrest of involution of the uterus after confinement. Mrs. L. C., 30 years old, nervous, arthritic, passing easily from melancholy to excitement, menstruated at 14, menses always regular and normal, though for the last three years they were rather scanty; slight leucorrhœa. First confinement 1870, second 1875. Since then feels easily fatigued, intolerable pains in the lower abdomen, emanating from a small point, and radiating to the pit of the stomach and towards the back. Weight in the left iliac fossa. Violent lumbar and sacral pains with uneasiness in the groins and internal side of thighs, along the course of the crural nerve. Weight in the perineum when walking. The pains in the kidneys worse when walking, by changing from a horizontal position to a sitting one, or by merely straightening the trunk; carriage riding is unbearable. She only finds comfort by lying stretched out. Many dyspeptic troubles, anorexia, swelling, heat, constipation. At the touch the cul-de-sac is free, the uterus heavy in anteversion with downward pressure, the neck towards the back on the floor of the vagina. One can easily feel the hypertrophy of the body and neck of the uterus. The speculum reveals the neck big and speckled, both lips oedematous and largely inverted. Treatment consists in dressing daily the uterus with a pledget holding the following: tincture Hamam. one-third, glycerine

Digitized by Google

two-thirds, and the tampon remains in its place over night. Every evening friction along the vertebral column and lumbar region with some drops of tincture of Hamam. A month afterwards the uterus is found more mobile, and the lips of the neck less prominent. With the speculum the hypertrophy of the body of the uterus is less, the inversion of the posterior lip has nearly disappeared. She feels better, appetite improving, and the lumbo-abdominal and lumbo-sacral neuralgia more quiet. After three weeks more of the same treatment the patient could walk out, or ride in her carriage. The uterus is now easily held in position, and the color of the neck normal.

Case 8 is nearly the same and cured by the same treatment. Fauquet (De la metrite chronique, Paris, 1879) remarks that most case of chronic parenchymatous metritis are the sequels of an arrest of involution of the uterus after confinement in persons suffering from constitutional diseases or a diathesis. During gestation the mucosa of the uterus thickens, becomes softer, more red, more vascular; the blood vessels and lymphatics become hypertrophied, the vascular system develops itself, the arteries, the capillaries and especially the veins dilate, and it is especially the muscular system of these blood vessels which bears the transformation. If this physiological hypertrophy persists after confinement, we have a pathological state, the passive hypertrophy. The veins remain dilated, there is a considerable afflux of blood with an obstruction in the return circulation; the nutrition of the organ continues just as during pregnancy and keeps the organ in the hypertrophied state instead of passing through fatty degeneration which would bring about a diminution of nutrition. Because chronic parenchymatous metritis is the effect of persisting dilatation of the vascular system and especially of the veins, Hamamelis virginica, which is such a powerful modifier of venous congestion and which possesses an acknowledged elective affinity to the walls of the veins, must necessarily facilitate the retrograde evolution of the uterus. Once the blood vessels disgorged, the sinuses sunk in, the hypertrophied muscular womb returns to its primitive state.

Digitized by Google

General Record of Medical Science.

Death from Gas in the Large Veins and Heart after Gangrene.—J. Parise (*Archgen. de Med.* 1880) records two cases, where after gangrene of the leg, the patient suddenly died, and where a few hours after death gas was found in the large veins and heart. He resumes: 1. That certain kinds of gangrene and even of the stump may cause sudden death. 2. That this sudden death may be caused by the formation of putrid gas in the veins of the gangrenous extremity; this gas flows rapidly to the heart. 3. That the mechanism of the death is based on the same cause as in the artificial introduction of air in the veins during an operation; the gas acts as gas and not exactly by its poisonous quality. 4. Such a misfortune is to be dreaded in deep, moist gangrene, especially on account of its rapid progress. 5. In such cases what can be done must be done rapidly, and amputation is indicated where there is no contraindication. 6. Where amputation must be procrastinated, deep incisions must be made, the capital vein of the affected extremity ligated and compressed, and by and by amputation performed above it.

Hypodermic Injections of Distilled Water in the Paroxysms of Cough of Phthisical Patients.—Landouzy (*Progres med.*, 48, 1880) recommends for the stubborn paroxysmal coughs of phthisical patients, which are hardly moderated by opiates, subcutaneous injections of aqua destillata, to which may be added a few drops of aqua Laurocerasi, in order to cover before the patient the indifference of the injected fluid. The injections are mostly made in the subclavicular region and as near as possible to the place whence the irritation to cough emanates; in laryngeal phthisis in the skin over the larynx, in circumscript pleuritis in the corresponding intercostal spaces. In many cases the injection immediately cuts short the paroxysm and prevents its return for some time. We might, perhaps, explain it in such a manner that the intense, though short pain of the injection, produces a new state of irritation in the brain, before which the preceding, cough-producing irritation is pushed into the background, as we meet as analagous facts the experience that neuralgia, etc., by the production of another, more intensive, cutaneous irritation diminishes or even entirely disappears.

On Pathological Changes and the Function of the Olives of the Medulla Oblongata.—Meschede publishes the following two cases: A young man suffering from deep stupor and dementia, succumbed to tuberculosis. With the manifestation of his mental hebetude he had the peculiarity that all his movements were made from left to right in a kind of small circle. Autopsy revealed a high-graded atrophy of the right olive. The second case was in a woman with apathic stupid dementia, who turned herself around for hours from right to left around the longitudinal axis of her body. This forced rotation was uninterruptedly observed in that woman for six months. Autopsy: Decided atrophy and sclerosis of the left olive. The hemispheres of the cerebellum perfectly intact. Vivisections proved long ago that unilateral divisions of the medulla oblongata causes forced positions and forced movements.—*Wien. Med. Blaetter*, 53, 1880.

Digitized by Google

Considerations on certain Forms of Morbus Basedowii.—A woman, æt. 28, complained for several months of nervous disturbances, great debility and general malaise. As anæmia was considered the cause tonica and hydro-therapeutics were applied, but with little benefit. Lately patient felt that her right eye became somewhat prominent and that this prominence increases. Normal position of left eye. There was also spasm of the levator palpebræ sup. When looking downwards the upper eyelid remained immovable, so that the upper part of the sclerotica remained uncovered. This spasm, whenever it exists, is of great clinical value, because it is found *exclusively* in strumous exophthalmos. More closely examined a slight hypertrophy of the glandula thyroidea could be detected in its central part. Heart-sounds vibrating, no murmurs; pulsations 96. Dr. Ch. Abadie remarks that these symptoms may find a rational explanation in the localization of the cause in the different parts of the cervical sympatheticus. If it is concentrated or begins in the ganglion supremum, the disturbances of vascularization will be especially observed in the branches emanating from this ganglion, and the vasomotory disturbances will be especially seen in the head and eyes. In an affection of the ganglion medium, the vessels of the glandula thyroidea are attacked, and we meet hypertrophy of this organ. Where cardiac troubles are prominent, the ganglion inferior and perhaps the first introthoracic ganglion are affected.—*L'Union Medicale*, 157, 1880.

Rheumatismus with Cerebral Manifestations, by Dr. Woillez.—Since 1851, long debates had been held on that subject, and Woillez considers under the name cerebral rheumatismus, the cerebral manifestations appearing during the course of acute articular rheumatismus in the form of cerebral irritation, furibund delirium and coma, with mostly fatal issue, notwithstanding that after death the presence of a genuine meningitis cannot be demonstrated, and calls it "encephalopathia rhumatismale." With Bricheteau he considers it a metastasis, substituting itself for the articular symptoms. In such cases the thermometer in the axilla showed temperature of 40°, 40.5° and even 42°. At the same time the articular manifestations disappear only to reappear with the cessation of the deliria, and thus the two sets of symptoms may alternate in the patient, only exceptionally they are found simultaneously. Under expectative treatment the prognosis is unfavorable, whereas the treatment with cold baths succeeds in saving the patient. Indications for the cold bath are: delirium with partial or total cessation of the articular fluxion and a temperature of 40° and more. Inflammatory complications of the heart, lungs or pleura are no contraindications. He gives a bath of 20°C. every three hours till the delirium ceases and the articular affections reappear, the patient is lifted from the bath as soon as chilliness sets in. Where a bath cannot be given he applies sheets soaked in cold water and frequently changed. He acknowledges that he is opposed to the use of cold baths in typhus.—*Centralbl. f. Kl. Med.*, 45, 1881.

Hiccough Cured by Compression.—Dr. Emil Deghillarge reports on continued singultus, complicated with spasmus glottidis, and recommends the application of the flat hand on the epigastrium below the proc. xyphoideus and strong compression; if this should fail make a strong compress and tie it tightly over the same place for several hours. It surely stops the singultus.—*Scalpel, Dec.*, 1880.

Digitized by Google

Asphyxia of New-Born Infants.—Hoyard had used for an hour and a half all means usually employed to resuscitate an asphyxiated babe, and finally, according to the precept of Le Bon, he immersed it in a vessel filled with hot water of 50°, after thirty seconds it made an inspiration and it breathed after two minutes. Fort mentions his case where, after four hours steady labor of artificial respiration, he succeeded thus to save the life of a child of three years, which appeared to be dead already for several hours.—*Gaz. Med. de hop.*, 6, 1881.

A Case of Fatal Acute Poisoning with Carbolic Acid, by Dr. Friedberg.—A student received a wound on the right side of his forehead. Though sewed up immediately, an abscess formed, which was opened and then regularly bandaged with carbolic acid, kept prepared in a solution of 50 per cent. and diluted for daily use. Internally solution of quinine. Accidentally the bottles were changed and his friend gave him a spoonful of the carbol solution (about 8½ C. A.) which he swallowed. Everything was tried to produce vomiting but the patient died after twelve minutes with deliria and spasms. Autopsy revealed injections and defects on tongue, œsophagus and stomach. *Virch. Arch.*, 83, 132.

Quinine as Poison to Protoplasma, by Prof. Binz.—W. Krukenberg in his "Comparative Physiological Studies on the Shores of the Adria" remarks: From repeated and varied experiments the conclusion was reached that turbellariæ (polycelis) are just as sensitive to quinine as infusoriæ, whereas worms, medusæ and actinia resist it far more. After thirty or forty minutes I always found policelis killed in a neutral muriatic quinine-solution of 1 to 10,000, having lost their transparency by coagulation in the parenchyma of the body; the turbellariæ even died after a few hours in a quinine-solution of 1 to 100,000, whereas in an equally large quantity of water (about 20 grammes) they remained lively for days.

C. Ten Bosch, a student of Engelmann, says in his inaugural dissertation: Experiment 19 decisively proves that quinine even in a dilution of 1-20,000, produces retardation, and therefore as a poison for the colorless blood-corpuscles, is six times stronger than chinamine (an alkaloid discovered by Hesse, 1872, in the Peruvian bark). The sensitiveness of the white blood-corpuscles for quinine is therefore far greater than Binz and his followers thought.

Convallaria Majalis; its Action Pharmacologically and Clinically Considered.—Laboratory of Prof. Botkin. Experiments on frogs. After introduction of a watery solution of an alcohol extract of Conval. maj., the following manifestations were observed: 1. Slowing of the heart-contractions with increased force. 2. Irregularities during the diastole of the ventricle, consisting in deficient relaxation of the muscles. 3. Perfect tetanic stoppage of the ventricle with simultaneously continued pulsation of the auricles and sinus venos. 4. Such a heart's action remains uninfluenced by electrical, mechanical and chemical stimuli, by the ligature of Stanius, by irritation or division of the vagi, by destruction of the central nervous system. 5. During the first or second period the electrical stimulation of the vagi shows the usual effect. 6. Preceding division of the vagi or poisoning by atropine does not influence its action. 7. After destroying the central nervous system larger doses are required to produce its action. 8. Other parts of muscular or nervous system are not acted upon.

Digitized by Google

Experiments on hot-blooded animals: Direct injection into the circulation. 1. Considerable diminution of the number of heart's contractions with increase of blood pressure.. 2. Next follows a considerable increase of the frequency of the heart's contractions with the still greater augmentation of the blood pressure. 3. Stoppage of the heart with falling of the blood pressure. 4. After division of the vagi a diminution of the number of heart-beats does not set in. 5. Irritation of the peripheric part of the vagus fails to give the usual effect during the heavy augmentation of the heart's contractions, at the same time the oscillations of blood pressure, depending on respiratory movements, are visibly equalized, and this keeps on during the whole time of electrical stimulation. 6. Constant ecchymoses under the endocardium of the ventricles.

Observations at the bedside of six patients with compensatory disturbances (Infus. convall. maj., 3, 6, 7, 2 ad 180 gr.). Quantity of urine increased; simultaneously rapid absorption of serous exudations and diminution of the weight of the body; pulse fuller and more regular, sometimes slower, especially where the compensatory disturbance rested on a nervous basis, stagnation in the larger and lesser circulation diminished. Cumulative effect not observed; increased urination continues after the drug is stopped. In complications of cardiac defects with chronic nephritis the diuretic action takes place, though in a lesser degree.

Troitzky uses infus. convall. maj. (0,36, 0,72 ad 180 gr.) pro die three or four spoonfuls in nervous cardiac palpitations with good success; the excitation diminishes, dyspnœa decreases and the heart's action becomes more quiet. Duration of action five to nine days after stopping the drug, which is therefore preferable to digit. In organic defects of the heart, especially of the mitralis, the action of convallaria majalis is equal to that of digit. In organic defects of the aortic valves its effect is less, which is also the case with digit. *Allg. Med. Centr. Zeit.*, 25, 1881.

Paralysis from Fright, by Dr. Brieger (Berlin).—Leyden was the first to teach that spinal diseases from psychical causes show coarse anatomical changes. A woman, æt. 23, was after a terrible fright attacked by paralysis of the bladder, rectum and lower extremities, preceded by a severe chill. Soon trophic disturbances, cystitis, decubitus set in which hastened her death. Autopsy confirmed the diagnosis of myelitis transversa. The affected parts were from the upper sacral region to the eighth dorsal vertebræ seated in the posterior columns and parts of the anterior white substance, the whole probably caused by the fright, which induced reflex interruption of the circulation in the spinal blood-vessels. This interruption of the circulation in connection with a neuropathic disposition and diminished power of resistance of the spine produced the destructive processes.—*Zeitschr. f. Klin. Med., II.*, 1, 1881.

Carbolate of Soda in Pruritus.—Delaporte recommends for obstinate pruritus genitalium, and in some cases of eczema: natr. carbol., 30 per cent.; aqua. colon., 90 per cent.; glycerine pur., 120 per cent.; aqua dest., 360 per cent. At night, before going to bed, the parts have to be washed, either cold or lukewarm, with a new, fine and soft sponge; in some cases it has to be done once or twice daily. In eczema it may be advisable to use, after the washing, acidum boricum with vasoline.—*B. K. W.*, 5, 1881.

Digitized by Google

Reviews and Bibliographical Notices.

Special Pathology and Diagnostics, with Therapeutic Hints, by C. G. Raue, M.D. Second edition, rewritten and enlarged. Boericke and Tafel, 1882.

Farewell thou trusty friend, who stood faithfully by me at the bedside and in the lecture room, my good, old, worn-out first edition of this work—tempora mutantur, thine own father acknowledges that pathological views have changed so grievously since thine appearance that a new dress became a dire necessity. We beg to differ with the author about the therapeutics, changes also took place in this department and enlargement was necessary. The old mile-posts of our Materia Medica will stand forever, they are made of granite, but even there experience taught us that a slight change in the inscription may sometimes be beneficially made.

If we have to find fault with anything in this most valuable book, it is this, that condensation of the indications for a remedy is often carried to extremes; thus we read, page 49, under vertigo: "Sambucus, fatty degeneration of heart." Dedicated to "my students," friend Raue is convinced that under his tuition they know all the symptoms of this pathological state, but I doubt whether all other students know it; and Arnica, Aurum and Phosphor., are, page 458, given for fatty degeneration of the heart and we find them justly mentioned also under vertigo. How then shall a poor fellow know when Sambucus is indicated in vertigo. We might repeat such observations, but we refrain, as a third edition will be necessary before a year is round.

Gynæcology is now a science for itself, and though the surgical part may well be left out in a general work on Pathology, gynæcology as condensed, in about sixty pages, in this work we would have preferred to see it rather omitted or more thoroughly treated; as it is it may mislead young practitioners who see their salvation in drugs only, when other treatment might be indicated.

Let us pass in review our own specialty, nervous diseases, and we must acknowledge that friend Raue throws no new light on these obscure diseases: spinal anæmia and hyperæmia, spinal irritation and spinal nervous weakness, that olla podrida, so-called, "Neurasthenia." Even the remedies mentioned by Raue and their authorities given have failed in other hands, though apparently strictly indicated and in many of these, so often partly hysterical, cases we had to study the individuality of the patient for the selection of the remedy and we excuse any practitioner when he fails to eradicate this evil. In relation to myelitis, in its different phases with its consequent paralytic states, we could have wished for a differential diagnosis as a kind of pons asinorum, as it were, for young beginners and we advice, therefore, as an adjunct to Raue's Pathology to supply themselves also with Hale's Differential Diagnosis. Here again our author is insufficient in confining Silicea to myelitis when the bony structure of the spine is affected. We often found it a most excellent remedy in just such nervous affections which Hering has pointed out to us, though the vertebræ were perfectly sound.

Where so much is to praise the author can excuse some criticism, nothing in

Digitized by Google

this world has ever been perfect. We ordered from the publishers our copy strongly bound in leather or morocco, for we know this volume before us will see some hard usage and we have waited for it impatiently. It is a true saying, based on the experience of many physicians, that Raue's Pathology is the best work out in this medical branch and every page in this new edition shows the labor our friend has bestowed on this work. Our thanks are also due to the publishers and the printer for the liberality with which it was brought out. It just comes out at the right time and we advise every student to buy immediately a copy. Six thousand homœopathic physicians in the United States. Take my word for it, Messrs. Publishers, six thousand copies will be needed to supply the demand.

The Guiding Symptoms of our Materia Medica, by C. Hering, M.D. Vol. III. Bryonia to Chamomilla.

Dedicated to Dr. P. P. Wells, Brooklyn, N. Y., and no honor was ever more deserved than this dedication. When Dr. Wells and the reviewer were standing at the bier of the lamented Dunham, involuntarily we remarked: "Oh! that I could have laid down my life to save him!" Now Hering has also gone home, and we feel happy that the spirit which he infused in his disciples, still liveth and bears in this third volume witness that the work will be accomplished, and this heirloom of our father Hering will forever remain the greatest monument which he did build during his lifetime and which in piety his disciples now rear in his honor and for the instruction of our juniors. Hering never was more happy than when surrounded by listening students; he speaks to us yet in his works.

Calcarea ostrearum, one of his favorite remedies, we can see with what zeal he must have worked to give us such an insight in the action of this glorious polychrest. Now compare this with Calcarea arsenicosa, fluorica, sulphurica, and we will learn the value of the adjectivum to the noun, as Buchner, another star gone home, had taught us.

When we received this volume, we immediately read the enigmatical Causticum and new lights dawned upon us, its indications became clearer, and we have no doubt that henceforth we will be able to prescribe it with more precision.

Under the guidance of Dr. Raue, the family physician and confidant of father Hering, the labors of Drs. Knerr and Mohr became sources of pleasure, and every page bears the imprint of a labor of love. The Rubicon is passed, the third volume lies before us, and may every copy quickly find its way to the desk of every physician, not only pro bono publico, but far more for their own personal benefit.

The Decline of Manhood, by A. E. Small, A.M., M.D. 2d edition. Chicago, Duncan Bros., 1881.

"Syphilis and Marriage," "Decline of Manhood," such works are only written by men who have the welfare of mankind at heart; we do not know Fournier personally, but we do know that big-hearted Small, and in every line that philanthropist preaches: sin no more. It is a book written for lay people, and must be judged according to that standpoint. May it do all the good its author expects; but alas! ages have passed and the world is still the same. Is the millenium a myth?

Digitized by Google

Practical Normal Histology, by T. Mitchell Prudden, M.D. New York, G. P. Putnam's Sons. 1881. Price, $1.25.

Our brethren of the regular school lay great stress upon a thorough knowledge of the pathology of disease and to become accomplished in this important branch somewhat more than a smattering of histology is necessary, but how few of our physicians, graduated by all schools on our two years hot-house system, have more than a faint idea of the subjects, the knowledge of which in their totality make the scientific physician. As long as such a system is the rule, we must expect condensations and manuals, we may consider ourselves fortunate when we find authors of sufficient ability to give us a work so practical as the little work before us.

Dr. Prudden modestly states that his little manual is not intended to replace the more elaborate treatises on the subject, nor is it a textbook per se, but an aid and accompaniment to the practical study of histology in the laboratory, and it may be truly said, he has ably fulfilled his work. The description of the normal tissues, starting in the usual manner at the simple cell and going on to the complete organ, are clear and concise, and his additions of the practical work, giving us the best methods of preparing and mounting the specimens, are so plain, that the mere tyro ought to have no difficulty in following his direction. We can safely recommend the work not alone to the student, but to the practitioner as well who wishes to refresh his memory and has no time to wade through the elaborate volumes of other authors. J. E. L.

The Transactions of the International Homœopathic Convention, held in London in July, 1881. London, J. E. Arlard.

Our thanks are due to the publishers for the prompt remittance of the transactions at such an early date and for the neatness and correctness of the printing. A blessing to all publishers who give us large print and good paper, but what a pity that the binding is often of such poor quality; good wine deserves a good jug.

The reviewing of these transactions has been going on for the last three months in different journals and the discussions are not yet closed. We wondered that none of the Internationals graced the meeting by their presence, though they hurl now the shafts of their ire on the address of the president and on other papers read before the convention. It was their duty to have some delegates present in order to teach, yes to teach, that the three great rules are to be followed up by the practitioner of Homœopathy to the best of his ability. These old questions of single remedy or alternation, of high and low potency have been so often rehashed, that an allopathic dose of Lobelia and Ipecacuanha is preferable to such reading, and the presiding officers of the convention would have done well to hand such papers back to their authors. The study of Materia Medica pura or impura needs all our efforts, and just here the laborers are so few.

The essays from page 163 to the end of the work are practical and thus the reader gains information. Carfrae's article on the affections of the cervix uteri is one of the best, and we find here again, how much our Materia Medica needs purification. When we meet five years hence in that miniature Paris, the city of Brussels, let us leave theorizing and quarrels way behind, let practical experience be the lever, through which we prove to the outside world the true inwardness of Homœopathy.

Digitized by Google

The Medical Formulary, by Lawrence Johnson, M.D. New York, W. Wood & Co., 1881.

A handy book for those who do not possess the dispensatories, and especially so for the country practitioner, who makes up his own perscriptions. We feel pleased to see remedies, formerly used exclusively by the excluded school, now included in this work. It is never too late to mend and to learn.

A Treatise on Continued Fevers, by J. C. Wilson, M.D. New York, William Wood & Co., 1881.

In the preface Wilson remarks: "Diseases are processes and not entities"—a great progress, but he ought to have added that no two individuals are alike, and therefore that factor, the patient cannot be put too prominently before the mind of the student. In the introduction that eminent pathologist, Da Costa, teaches that it never can be too strongly enforced that cleanliness, cheerfulness and regularity, are the three great qualities needed in the sick room, an advice needed by many physicians of every school, who consider drug-action the all-in-all for their patient. This entire introduction by Prof. Da Costa ought to be reprinted and sent to every physician throughout the land, *pro bono publico.*

As usual, the living and dead pathology, the differential diagnosis and prognosis, leave nothing to be desired. Prof. Wilson earnestly favors simplicity, and discards these hair-splitting divisions according to accidentally outstanding symptoms. He justly insists upon that the etiology of zymotic diseases is still a *terra incognita*, and may perhaps remain so for a long time. So far only praise can be bestowed, but when we come to the therapeutics we are lost in a sea of uncertainties. Authorities differ; and what shall the young practitioner do? whom shall he believe? There is no guiding star—heads you win, tails you lose—and Hahnemann's guiding star is discarded, because a century ago he fought a pathology and a therapy which now is discarded, and justly so, by every sensible follower of the physiological school (what a misnomer! as if physiology deals with therapeutics).

Indigestion and Biliousness, by I. Millner Fothergill. W. Wood & Co., 1881.

How medical science has advanced we need only read this work of no less an authority than Fothergill. "Know thyself" physiologically, that is, how your living organs act, and keep these organs in order, and pathological studies can be obviated and drugs thrown to the dogs, who, it is understood, have sense enough to refuse the bait. When digestion is better known even by the multitude, indigestion might become a rara avis, if possible. But as long as we must sin in this ever busy age, the penalty cannot be obviated. In plain language the whole work gives us, chapter after chapter, hints how to live to the good old age, but who cares to obey. Always onward and the devil take the hindmost is the motto of this era.

Materia Medica and Therapeutics, arranged upon a physiological and pathological basis, by Hempel and Arndt. Vol. I and II. Chicago, W. A. Chatterton, 1880.

"Internationals and Progressives." Our late friend, Prof. Ch. J. Hempel, belonged to the latter class and his whole character mirrors itself in the two volumes

Digitized by Google

before us. Hempel never thought that Homœopathy stands finished and that it is one of the unpardonable sins to attempt to harmonize therapeutics with physiology and pathology. From such a standpoint this work must be judged as well as similar enterprises of Hughes, Heinigke and Burt. These men did not fear the condemnation of the Internationals, who insist that Homœopathy began and was finished with Hahnemann, and thus it must stand without addition or improvement for all ages. Hempel was a most enthusiastic disciple of Hahnemann, but the teachings of the last century in all medical branches have certainly changed and may we not fully believe that such a great reformer, as Samuel Hahnemann was, would have conformed his teachings to the improvements made in every branch of medical art and science. Whether Hempel, Hughes or Burt succeeded is an open question, but the attempt is laudable and certainly they gave us works pleasant to read when tired with the study of lists of symptoms. "We must read between the lines" was a favorite expression of father Hering, perhaps such works may help us to elucidate the dark points and aid us in differentiating the similar symptoms of drugs.

Our thanks are due to Messrs. Chatterton for the manner in which these volumes are issued. Good strong paper, clear type and very few mistakes. Verily, Chicago is improving and we are grateful for it.

Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat and Nasal Cavities, by E. F. Ingals, M.D. New York, William Wood & Co., 1881.

Prof. Ingals' second part of this work, the diagnosis and treatment of the throat and nasal cavities leaves indeed nothing to be desired. He shows himself here as a most eminent laryngoscopist and shows well how to handle the surgical appliances for their removal. We do not feel equally satisfied with the first part, though the differential diagnosis of the diseases is given in short and terse sentences, so that the student (we have lectures before us, and not essays) can easily keep these points in his mind when cramming becomes a dire necessity. We consider the Professor at fault, even from an allopathic standpoint, when advising treatment, and it is here exactly where the young M. D., with the sheepskin still wet in his pocket, needs the best advice. His patient does not care so much about pathological differentiation as to be cured, and if the beginner fails to accomplish it he may take home that shining shingle. Just for example sake look at page 127. Is there no difference between the application of iodide of ammonium, carbonate of ammonium, chloride of ammonium, liquor potassæ, or is it advisable to jumble them together and try thus to hit the case—or the patient? And again page 233 the Professor teaches: when digitalis loses its effect, arsenic or nux vomica should be tried or these may be given with the digitalis.

Cannot this Professor give to his students any stricter indication for the use of arsenic, nux vomica or digitalis. There must be differences even to an allopathic mind and it is poor practice to go back to old polypharmacy.

The reviewer was brought up as an allopathic physician and practiced for years according to its tenets. This very uncertainty, this guess-work treatment must be disgusting to any conscientious physician. Here the guiding star, the law of similars, becomes a shining light. Why does the old school shut its eyes and will not see!

Digitized by Google

A Manual of Histology, by T. E. Satterthwaite, M.D. W. Wood & Co., 1881.

The Prof. prides himself that we have at last an American work on this branch of medical art and science—as if science could be otherwise than universal, knowing neither nationality nor creed. But after all we are glad to have an American text-book without wading through tedious Stricker. We wish we had more time to study the work before reviewing it, a task which we hope during the long winter evenings to accomplish.

Therapeutics of Obstetrics, by Sheldon Leavitt, M.D. Chicago, Duncan Bros., 1881.

A very good little book, as far as it goes, with no pretension to thoroughness; a guide which can be taken in the coat-pocket when the accoucheur goes to a case of labor, and by which he can pass off his time till his labor begins. Many a time we may thus get a valuable hint right at the bedside. Its size, as well as its price, recommends it to the busy practitioner.

The Wilderness Cure, by the Author of "Camp Lou." New York, W. Wood & Co., 1881.

"Give me just a little air, thou hast so much of it," a patient told to the great physician Hufeland and he had nothing to offer but opium. Fifty years ago fresh air and drafts were synonymes, and therefore banished from the sick room. Fashions change—et nos mutamus in illis. Now tent life is not only the sine qua non in tuberculosis as well as in catarrhal phthisis, but small-pox and other zymotic diseases are more easily healed under open air treatment, and wounds—why keep the wounded from the fashionable and splendidly furnished hospital, put them in tents and their chances of getting well increase just in proportion as they enjoy God's uncontaminated fresh air. Your ozone machine is a miserable subterfuge, it must be out-door life in toto to gain the victory.

But so many heavy boxes are returned from the Adirondacks and what a tale of blasted hopes they narrate. Nobody ever claimed that the out-door camping experiment will succeed in every case. There must be some vitality left to rebuild the house, and where this is the case, a response will gradually come and after all we must keep in mind that the enemy is still lurking and the disease may break out afresh when opportunity offers. Year's ago I sent a young man, who had lost two sisters with consumption, to Minnesota and to out-door life, which agreed so well with him that he built his home there, but let him return to New York on a visit and after a short while a hacking cough admonishes him of the danger and he flies back to the pure air of his western home.

We cordially thank Mr. Cook for this interesting narrative, only he might have added, that for other exhausted life-force in the turmoil and battle of life there is also no greater tonic than a two months camp-life in the woods of the Adirondacks.

Tenth Annual Report of the State Hom. Asylum for the Insane at Middletown, N. Y. 1881.

We thank our good friend, Dr. Selden H. Talcott, for the pleasure which the reading of this report gives us and we are sure that under his guidance the asylum will steadily progress in his beneficent action. "Temperance in everything is far more commendable than intemperance in the warfare against alcoholic stimulants,"

Digitized by Google

this idea gains daily more adherents and just the same takes place with the former insane cry for non-restraint. The larger doses of narcotics, be they used internally or hypodermically, are just as much restraint and often far more injurious than the padded room or the camisole. We are also happy to learn of the labors performed by the inmates of the asylum and nothing aids more in curing a diseased mind than suitable work. "Rest does not mean idleness," preached not long ago one of our most humane preachers and insisting on the diversity of work he taught how the Sabbath day must be kept holy. Work and amusement, good food and good digestion, and restraint even in its latest meaning, will become the exception.

We miss the medical treatment, perhaps the report is no place for it, but Talcott would add to his laurels by letting others partake of the fruits of his labors. It will not make him poorer, and enable others to do likewise as he has done.

First Annual Report of the State Board of Health of New York. Albany, 1881.

Our thanks are due to Dr. J. S. Delavan for prompt transmission of the interesting report which we carefully read from beginning to end.

"An ounce of prevention is better than a pound of cure"; these few words contain the whole duty of every board of health, and we trust that their laudable efforts will be supported by every physician throughout the length and breadth of the land. (Never mind, my young friend, on whose sheepskin the ink has hardly time to dry, you need not be afraid that thus your occupation will be gone, the whole world is a congregation of fools, who will be sick off and on in spite of all hygiene and boards of health.)

We fully agree with the strict recommendation of vaccination, though all over Europe weighty voices are raised against the "Impfzwang," which, under penalty of the law, forces every parent to have his child vaccinated. The opposition is not so much against the act of vaccination, but is based on the rational and just fear to have a poison inoculated into the child, which is worse than small-pox. In fact variola is now-a-days not that dangerous disease any more which it was of yore. In enforcing vaccination it ought to be the duty of the board of health to see to it that the bovine virus comes from healthy animals (ascendants included in this age of virulent pleuro-pneumonia), or else the infection might be worse than the disease guarded against, and humanized virus ought hardly be allowed to be used, where bovine virus is so plenty. In their orders to vaccinators disinfection of the instrument ought to be made a duty, the neglect of which ought to be considered a misdemeanor, for we do not doubt that by this neglect many a disease-germ is thus inoculated in an otherwise healthy child.

Every physician will agree to any measure which aids in eradicating these fearful zymotic diseases, and still two very important ones are too much neglected. We mean croupous pneumonia (see *Archives of Medicine*, VI, 1, Aug., 1881) and phthisis pulmonalis (*vide N. A. J. of H.*, Nov. 1881). The latter stands foremost in the death-list, and how many cases might have been prevented, if people would know how to do it.

To be a member of a board of health must be an arduous, but a pleasant duty. May they never flag in their noble labors and may Providence aid them in their glorious work.

Digitized by Google

Wood's Library of Standard Medical Authors, 1881.

12 volumes on the different branches of medical science and art for the paltry sum of fifteen dollars, or 125 cents apiece. Why every one of us throws foolishly more than thrice that sum away during the summer months, without mentioning the expenses of opera and theatres during the winter. Even the most recent graduate, who spent the last dollar for his sheepskin, can afford the luxury of Wood's Library of Standard Medical Authors, for it does not cost him as much for a volume as he charges for one visit, and I would not blame him if he would make an extra visit for that purpose. Subscribe, read and digest, and you'll never be sorry for it.

Die Nebenwirkungen der Arzneimittel, by Dr. L. Lewin (Berlin, 1881).

French authors designate such accidental drug-action as "inconvénients thérapeutiques," and they must be often very inconvenient, especially as English authorities enumerate them under "cases of accidental poisoning." Its cause may either lie in the individual, or in temporary or local influences, or in the drug itself.

The peculiarity of each person in comparison with others may be a temporary or a lasting one. The individual reciprocity to external influences differs greatly, so that physiological causes may produce pathological symptoms in some persons (idiosyncrasy). The reaction of tissues, says Virchow, does not depend so much on external influences as essentially on their internal organization. Homogeneous or heterogeneous organs of the same individual may differ in their reaction to medicinal stimuli, and this quite independently, whether their action is direct or by reflex.

The purity of the drug is of the utmost importance, and a thorough knowledge of pharmacy indispensable.

Lewin begins with "Tonica," and, page 35, he says of *Ferrum*, that in persons of normal digestion, after taking ferrum hydrogenio reductum or other ferric combinations, even ferric springs, troubles of digestion, heaviness and pressure in gastric region, vomiting may be observed, especially when taken on an empty stomach; retarded defecation; sometimes hæmorrhages of the mucous membranes; acne on the face, chest and back, especially in women; discoloration of the teeth. (Allen's Encyclopædia, IV. Symptoms 201–210, 260–270, 289–300, 400, 401–415.)

Chininum. Very small doses sometimes suffice to cause accidents, showing that there exists in some persons a certain susceptibility to the action of this drug. King (*Viertelj. f. Dermatology*, 1879, p. 370) even shows that such a predisposition for a certain medicinal noxa, quinine, *e. g.*, may be hereditary. In relation to the central nervous system we meet: headache, numbness, general muscular unrest, sometimes chilliness and sensation of vertigo, diminishing in the horizontal position. Off and on precordial anguish, faintness, even symptoms of collapse. States of excitation, delirium have been rarely observed. In relation to the circulatory apparatus: diminution of the heart's action, paleness of the face and coldness of the lips and skin, which may continue for hours and days. Even very small doses produce exanthemata on the skin from papulæ to vesicles and pustules. Munk (*Archiv. f. Anat. and Phys.*, 1873, 5) soaked the electrodes in a solution of chininum sulph. and then passed a current of ten cells through some part of the body. Immediately after interrupting the current, these parts were anæmic,

Digitized by Google

sunken-in and dry. An hour afterwards they became considerably swollen, so that they rose considerably over the level of the other skin, but did not change color. This swelling passed off in an hour and a hyperæmia followed with numerous blood-extravasations of the size of a pin's head. Twelve hours afterwards the urine still showed traces of quinine. A pruriginous eruption, purpura, roseola, eczema, a scarlatinous eruption are described by many observers. In relation to the scarlatinous eruption, Koeber and Denk lead our attention to the course of the temperature and to look for quinine in the urine. We miss the scarlatinous tongue, the inflammation of the palatine arches and of the tonsils, the pulse is not so frequent during the stage of efflorescence, and the scarlet-redness appears too suddenly without a prodromal stage.

A. Graefe (*Archiv. f. Ophthal.*, III, 2, 396) describes visual disturbances. From small doses photophobia and transitory amblyopia has been seen. A longer use of larger doses caused weakness of sight, followed by total blindness, which only gradually and partially passed off. Disturbances of hearing may appear simultaneously with those of sight or by themselves. It may be a simple surring or singing in one or both ears, hardness of hearing or even lasting deafness.

After the use of quinine gastro-intestinal catarrhs often follow. Binz recommends, therefore, to give quinine always in solution, as powders and pills produce in febrile states easily an irritation in the stomach and intestines, on account of the deficiency of acids in the stomach. Guoyochin observed in consequence of the use of quinine, an irritation of the kidneys, bladder and urethra, probably by the direct contact of the drug. Faginoli treated a child who always suffered, after taking quinine, from pain in the urethra when urinating and even passed some blood. Gauchet records a case of hæmoptoë, after quinine, in persons with sound lungs and heart, which ceased after omitting the drug.

(Allen, III, 216: 170–180, 197–220, 531–540, 638, 758–762, 910–920, 942–960.)

Page 122, when speaking of the accidents happening from Iodum, he again insists upon, that it is not saturation of the blood with the drug which causes them, as even from small doses the same are observed. Interesting is the œdematous condition which shows itself sometimes after its use, especially in tuberculous subjects. Laryngeal pain with aphony and croupy cough are noted by several observers. The iodum-cachexia has been observed in some persons after comparatively small doses.

Page 159. Opium even in minimal doses (0,0006 grm.) produced death in children, great care is therefore necessary in prescribing it for children and women.

From these extracts it can be seen that Lewin's work is the best text-book of the old school which can be recommended to our practitioners and to our students. In fact the whole book is a verification of our provings, and as Lewin acknowledges that the action of a drug differs according to the individuality of the patient (constitution, temperament, sex, age and idiosyncrasy, according to the individuality of the drug, habit at time of preparation, plus the worth of the preparation), and according to the state the patient (prover) is just then in, we think Lewin stands on good ground, the only stumbling block is the exclusiveness of our law of therapeutics. The old school wants that pill gilded in order to swallow it—it cannot be done, give them more time, the signs are propitious that gradually the truth will prevail, and Lewin's book is our witness.

Digitized by Google

Zeitschrift des Berliner Vereines Hom. Aerzte. 1. Band, I and II. (Journal of the Berlin Society of Hom. Physicians.)

We cordially welcome this new journal in Hahnemann's fatherland, and cordially greet Drs. Windelband and Sulzer as confreres in our editorial fraternity. This first number is a fighting number all through, and ought to be sent broadcast all over benighted Germany. How extremes meet can nowhere be better seen than in a country, which justly boasts of her great erudition, but where prejudice and caste still imprisons the minds of high and low. Poor Germany! you need more schools for the *oi polloi!!* Still, truth will prevail and will yet break the fetters, which bind thee to mediæval obstinacy! Fight on, fight ever, and victory will crown your noble efforts!

Editorial.

The international meetings of the old and of the homœopathic schools are now things of the past, and a review of their actions may not be uninteresting.

The transactions of the Hom. International Convention are now before us, and we feel sorry that from the reports of the majority present, the prospects of Homœopathy at the present time are not very encouraging, and the best means of furthering its cause is left to the masterminds belonging to the old school (Pasteur, Jaeger, etc.). Infinitesimals are not the essence of Homœopathy, but they are one of the staunch pillars on which the edifice rests, and we feel sorry that as a school we are progressing backwards in that direction. Why the Bureau of Materia Medica was slighted by this Homœopathic Convention might appear queer, but the spirit of Milwaukee seems to have kept the members spell-bound. A high potency may not be the acme of scientific medicine, but let those who are so afraid to be considered "intellectually hopeless," on account of their use, study the essay of Pasteur, delivered at the Allopathic Convention and accepted as true by acclamation; study the initial labors of a Jaeger, and perhaps scientific medicine might be acknowledged not to have yet reached the omega.* Read the dead Raynaud's address on scepticism in medicine, and you will have to acknowledge with him the value of "practical certainties," and with Claude Bernard he reiterates: "The sceptic is he who believes not in science, but in himself; he believes enough in himself to dare to disown science, and to affirm that it is not subject to fixed and determined laws."

This is the only standpoint on which the general application of infinitesimals rests. "Be sure you are right and then go ahead." Be sure that by strict indi-

* Hear what Prof. Huxley remarks, when speaking of pharmacology: "At the present rate of progress it will sooner or later become possible to introduce into the economy a molecular mechanism, which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched." And may we not consider such an opinion containing the very essence which underlies the very action of the drug, given according to the law of Similarity?

Digitized by Google

vidualization (we agree with Hughes that generalization means pathological theories) you have selected the simillimum and then try whether that other factor, the patient, corresponds to the infinitesimal dose; yes, dare to try, in the face of all these so-called scientific negations, a higher potency than you were in the habit of prescribing, and your cures will be more brilliant than they were before such a trial. These "practical certainties" must decide the question, and they alone are able to decide it.

Who dared to bring "Sepsinum" before such a forum? Are, after all the sneers so often hurled against nosodes, these dynamic remedies permitted to take their place in the Materia Medica? And if allowed to Sepsinum, why not to Malandrinum, Syphilinum, etc., etc.?

But, says our old and trusty friend, P. P. Wells: they never were proved on the healthy, and the materialistic party of our school are so terribly afraid of scientific criticism. Here again, against all dogmatic reasoning, believe in yourself, try yourself by provings or at the sickbed, and gain those "practical certainties," which alone lead to the goal of success. We, as a school, stood too long on the defensive; there is no need of it any more, and if it could be said of this Allopathic Congress, held in London (*Med. Record*, Aug. 27th, 1881): "In the section of medicine there was an absence—almost complete—of papers bearing upon the treatment of disease, notwithstanding a special place had been retained in the programme for the discussion of that important subject," then

Let such an acknowledgement of the old school, that several thousand old school physicians can meet in consilium and not a word could be said on the treatment of disease, let this spur us on to show to our confreres, that Homœopathy, the law of S. S. C., teaches unerringly how to cure the diseased state, and that is the all-in-all our patients want. They wish to be cured and do not care a straw about all the scientific investigations. If the word Homœopathy is a thorn in the eyes of some men, let them drop it, who cares for the hull as long as the kernel is sound. Our Materia Medica is the only one which teaches thoroughly how to master disease, and the more fully we comprehend it, the less liable will we be to take refuge in palliatives.

Five years hence another congress meets at Brussels. May by that time this light shine brighter and may our principles gain more and more adherents for the benefit of suffering humanity.

Unavoidably the articles of Prof. Jones, of Ann Arbor, and the exhaustive study of Dr. Huber, of Vienna, were omitted from the Transactions of the World's Convention of 1876. We give, therefore, with pleasure the former space in the body of the Journal, and Dr. Huber's essay appears as an appendix, paged separately, so that it can be bound together when finished. Thus a tardy justice will be done to our co-laborers.

We are requested by Dr. Skinner, of London, to announce that he has resigned his membership of "The International Hahnemannian Association," and he has ceased to be a contributor to its organ, "The Homœopathic Physician," edited by Dr. E. J. Lee. In future, his "Cases of Chronic Disease—Cured"—will be published in this Journal.

Digitized by Google

NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

New Series. Vol. XII, No. III. | FEBRUARY, 1882. | Whole No. CXIX. Vol. XXX.

Original and Translated Papers.

ARTICLE XXIV.—Clinical Proving of Natrum Bicarbonicum.

By Thomas Skinner, M. D., London.

During the early part of 1881 I was engaged in studying my own case, and remembering that for a long series of years I had been in the habit daily of taking large and continued doses of bicarbonate of soda in order to relieve acidity of the stomach, I concluded that if I took a high attenuation of that substance, I might be relieved of some of the sufferings still clinging to my system. For at least fifteen years previous to the time of my "break-down" in 1871, I took almost daily one teaspoonful of bicarbonate of soda in a half or a whole tumbler of water once, twice, and sometimes three or four times daily, according to the severity of my intense acidity of stomach, with heartburn. Within one hour of taking a meal the contents of my stomach would come up to the pharynx and fauces as if it were hot scalding vinegar. As usual with all chemical palliatives belonging to the practice of the old school, the soda afforded me immediate relief, but the necessity for taking the palliative became the longer the

Digitized by Google

worse. Since 1871 I have never resorted to sodæ-bicarb., an interval of ten years, because I saw it was doing me grievous bodily and mental harm—and as I was and am still suffering from copious perspirations during exercise or motion, like Nat. carb. and Nat. mur., I thought it might be the effect of the large quantities of Nat. bicarb. I had so foolishly and vainly taken. I then and there, on the 14th April, 1881, obtained a good specimen of the salt, one grain of which I dissolved in 100 minims of water and ran it up on my Fluxion-centesimal Attenuator to the 1 M. I took two doses at intervals of three days, on rising of a morning. After breakfast on the morning of the day I took the second dose and whilst writing a letter, I experienced the following sensations; sensations which I have never before in my lifetime experienced. Slight giddiness accompanied with a dirling-tingling in my *right* thumb and fore and middle fingers, whilst holding the pen—the whole *right* arm feeling at the same time as if it were going to become paralysed. The sensation lasted only a few minutes and then went off. The same sensations in my head and hand returned in half-an-hour, without the pen being in my hand. They began this time on rising from my chair and walking across the room. Acidity of stomach, to which I am now a comparative stranger, affected me badly for the past two mornings and evenings, and without anything to account for it in my mode of living. Ever since my break-down in health in 1871, I have suffered from a numbness in my left external ear after meals—this was increased at the same time. The morning before these semi-paralytic sensations were felt, my bowels were copiously moved twice, the second time loosely, which is also unusual.

About 11 A. M. of the 17th April, soon after starting for church, I felt uneasy in my head, as if light-headed, and I experienced a sensation in the whole of my *right* leg, more especially from the knee downwards—a sensation of fulness or swelling with dirling-tingling in the skin, similar to what I had recently felt in my *right* hand. The *right* arm and hand now also felt in the same way, in so much so, that I was inclined to return home, through fear of falling, or of something

Digitized by Google

still more serious. On second thoughts, however, I went boldly on to see if I could not walk it off. The feelings disappeared before I got to church, a distance of about half-a-mile.

18th April, 1881. I awoke after experiencing a horrid dream of the awful effects of philosophical speculation to a lost soul in the spirit world, hurling himself headlong from a series of precipitous cliffs into a dark yawning and bottomless-looking gulf or pit. The whole of his body was violently convulsed, and the features were hideously contorted and wild. I was thankful to find myself awake and at home. After breakfast, when beginning to write, I was again seized with the same dirling-tingling in the thumb, and fore and middle fingers of my *right* hand. The same occurred before breakfast, when I was dressing and buttoning the breast of my shirt. It was increased by rubbing the parts, but apparently shortened in duration thereby. After dinner, the sensation as if the *right* arm were about to become paralysed, accompanied with the same excessive dirling-tingling in thumb, and the fore and middle fingers of *right* hand returned, passing off in a minute or two.

19th April, 1881. Slept well—no dreams.

9th October, 1881. Since the last date I have had no return of any of the above symptoms, and the excessive perspirations on motion, worse on head and face, aggravated by warmth and ameliorated by cool air and *uncovering*, remain the same. The only medicine which I have found to modify them is *Lycopodium*; which was recommended to me by Dr. Adolph Lippe to stop my repeated attacks of duodenal catarrh, which it has done to a very great extent. The KEY-NOTE to *Lycopodium* in Sweating or Pyrexia is,—*Amelioration uncovering, with or without thirst for water, little at a time and often.* (See *Bœnninghausen's Therapeutic Manual.*)

Confirmatory.—A woman, who had been for a long time under the joint care of Dr. Mahony and myself at the Hardman Street Homœopathic Dispensary in Liverpool, was, among other symptoms, complaining for years of a feeling as if her *right* arm and side would become paralysed. On 7th April, 1871, we gave her *Natrum bicarbonicum* 1 M. (F. C.). On the

Digitized by Google

28th April, she called and reported "distinct improvement." The woman has had other medicines since for other symptoms of the head and back, but the particular symptom for which the *Nat. bic.* was prescribed has not again been complained of. 6th October, 1881.

ARTICLE XXV.—Medical Progress,* No. III.

By ELDRIDGE C. PRICE, M. D., of Baltimore, Md.

Our annual cycle has completed a revolution since we last reported the progress made in the world of scientific medicine.

Again we knot our endless clue, and retrace our steps through the labyrinth of another fiscal year. In the report I am about to make I shall endeavor to preserve my character of historian and simply relate plain facts. At the same time I shall allow myself the privilege of commenting upon any fact that may be strikingly illustrative of any particular point from which a lesson may be drawn.

One of the "signs of the time" is the firm stand that has been taken by the medical profession against the illegitimate diploma trade.

In West Virginia the Livingstone Medical University of Charleston, one of Buchanan's diploma mills, has been legislated out of existence.

In Massachusetts the New England University of Arts and Sciences of Boston, has been placed upon the P. O. department fraud list.

"On March 19th, the Court of Common Pleas of Philadelphia entered a decree prohibiting the exercise of any future corporation acts on the part of 'The Philadelphia University of Medicine and Surgery.' Thus is buried out of sight another and we believe, the last of the doctor shops which have of late years become a stench in the nostrils of the medical profession."

* The Historian's annual report. Read at the seventh annual meeting of the Maryland Hom. Med. Soc., Oct. 19th, 1881.

Digitized by Google

This action indicates a healthful condition of the medical mind; an awakening appreciation of the responsibility of the profession for the accepted standard of medical education.

I shall divide my report into three parts.

1. Legal medicine or medical legislation.
2. Allopathy.
3. Homœopathy.

1. Legal Medicine or Medical Legislation.

During the past year I have collected the following information concerning the medical laws of a number of our states:

Maine.—A law purporting to suppress quackery exists, but it is valueless, because a certificate of properly attested morality is all that is necessary to qualify a man to practice medicine.

At its regular annual meeting in June last, the Homœopathic State Society offered an effective substitute for the protection of the people and the profession against quackery.

Vermont.—In this state there is a clumsy law, a dead letter which is not observed by any one. The law provides a board of examiners from each of the prevalent schools of medicine in the state, *i. e.*, Homœopathy, Eclecticism and Allopathy.

The old school attempted to pass a law last fall (1880), allowing themselves too great discretionary power. It was fortunately defeated.

Massachusetts. — No law exists. An attempt was made to pass a law about a year ago but failed. The state abounds in clairvoyants, mesmerizers and quacks.

Connecticut.—There is a law in this state requiring all itinerant quacks to pay a license of $20.00 per day, or $600.00 per month; or $25.00 per day in case of failure to secure a license; of course this is practically prohibitory.

Rhode Island has no state medical law.

In *New York* the legislature passed a law May 29th, 1881, requiring all physicians to register.

Pennsylvania has a registration law. Only graduates or practitioners of ten years' standing are allowed to register. The registration fee is $1.00.

Digitized by Google

New Jersey.—A law requires every practitioner to be a graduate.

Delaware has no medical law.

Ohio.—There is a law requiring every practitioner to possess a diploma or certificate.

Indiana.—A medical bill was attempted to be legalized less than two years ago, but the attempt was a failure. The bill is still pending with favorable prospects.

Illinois.—There is an effective law prohibiting quackery. I copy the following from the *Medical Investigator* for February 15th, 1881:

"Good Effects of Medical Legislation in Illinois. The total number of practitioners in the state of Illinois, when the law regulating the practice of medicine went into effect July 1st, 1877, was about 7,400. Of these only 3,600, or less than one-half, were graduates or licentiates, the remaining 3,800 being unqualified practitioners. The graduates and licentiates at the present time number 4,825, and the non-graduates, 1,500; or in other words, the number of qualified practitioners has increased by about 1,215, while the number of unqualified practitioners has decreased by 2,300, which gives a diminution in the total number of practitioners equal to 1,075. The number of itinerants in the state in 1877 was seventy-three; in 1880, only nine. The number of cancer doctors in 1877 was twenty-three; in 1880, only four." So much for Illinois.

Minnesota.—Several attempts to pass medical bills have been unsuccessfully made.

Nebraska.—A law taking effect from the first of June last, requires every practitioner to have a certificate from the county clerk. Men not graduates shall give affidavit of five years practice, two years having been passed in the state.

Iowa.—The profession attempted to have a bill passed at the last session of the legislature, but this body adjourned before the law was enacted; renewed efforts will be made this winter when the legislature meets.

Missouri.—Every practitioner is compelled to register and possess a diploma.

Kansas.—No bill exists. An attempt has been made to establish a law, but so far it is unsuccessful.

Digitized by Google

Tennessee.—An attempt to pass a medical bill last winter failed.

Texas.—A law was passed in 1876 compelling all practitioners of medicine not graduates, to be examined by a board of examiners appointed for the purpose.

In *Alabama*, *Florida* and *North Carolina*, "a rigid medical law compels all to be examined, and if the slightest tinctured with homœopathy they can not pass."

Maryland.—In 1799, when the Allopathic State Society was incorporated, a medical law was enacted; in 1838 it was repealed; in 1867 a law was enacted, but was found inoperative because of a technical flaw; in 1877 the Allopathic State Society again attempted the passage of a medical law, but before the bill reached its final reading the legislature adjourned. In 1879 another attempt was made to insure the state against pretense and quackery; but the originator of the bill—a single individual—was opposed by both allopathy and homœopathy, and the measure was defeated. At present no law exists.

I would suggest that the passage of a medical law, whereby the bona fide graduates of medicine may be protected from the quack, is a thing to be desired by all educated men. Of course we do not want such a law as is retarding progress in North Carolina; something should be done to modify such an unfair law. It is right and proper that when laws are enacted they should be stringent, but when they are so enforced as to limit liberty of opinion, and prescribe a set creed, then a remedy should be found for what constitutes an essentially bad law.

We cannot at present, in any of our States, pass a law sufficiently stringent to place our profession upon the plane it should occupy. The good work of preparing the profession for such a position has begun in some of our colleges, and in a few years the results of this will only need to be seconded by universal medical legislation. In that day the laity will have good cause to respect the learned profession of medicine.

Should any State, not blessed with judicious medical legislation, wish to enact a good law at some future day, we can suggest no wiser plan than to study the existing medical laws in our sister States, profit by their mistakes and condense the

Digitized by Google

good features, applicable to each individual State, into one law; effective and just legislation may thus be secured throughout the Union. This is only possible when the necessity for such action is appreciated.

We will now ask your attention to the second part of our report.

Allopathy.

Under this heading we will attempt, through the simple record of facts, to show how irresistible has been the influence of homœopathy upon the therapeutics of the old school. We will also mention certain other facts which may assist us in forming an estimate of the progress made in the past year by allopathy.

Our general conclusion, from the investigations we have been privileged to make, is, that the typical, heroic allopath is fast becoming a character of the past. Like the old knee-breeches and cocked hat, he is seeking his invisible niche in the blank walls of oblivion.

A few very rare specimens of this species still may be found, and occasionally we are fortunate enough to obtain a sample prescription from one of these characters, a few of which I subjoin:

A case of pneumonia, a short time since, was recommended to be treated with the following drugs: Tr. Aconite rad., Tr. Verat vir., Fl. ext. Gelsemium, Tr. Digitalis, Spits. nit. dulc., Syr. Lob., Syr. Squills, Carb. am., Mucilage, Gum acacia. As soon as the above control the fever the following is given:

℞.	Quinæ sulph.,	30 grains.
	Dover's powder,	20 grains.
	Calomel,	12 grains.
	Ipecac.,	5 grains.

M. Ft. Chart No. 6, Sig.: One powder in one drachm of syrup of squills, each two hours, with plenty of weak egg-nog.

In case there is a complication of either hepatitis or enlarged spleen (not by any means an unusual occurrence) I first pustu-

Digitized by Google

late the surface over the offending organ and apply the following ointment twice a day:

℞. Hyd. bin. iod., 2 grains.
Antimon. tart., 5 grains.

Adeps. q. s. to cover the whole liver or spleen, as the case may be.

To this voluminously medicated advice the writer wisely adds: "I do not claim the above to be the best treatment that could be devised" (for which his patrons should be thankful), "nor can we give a treatment in one short paper that would meet every case of the same type of any given disease.' If this is a sample we quite agree with the writer. In addition he says: "We must take the temperament, age, sex, previous habits, etc., of our patients into consideration, and then adopt a rational treatment to meet each individual case."

Individualization in connection with such treatment is ludicrous, to say the least. I think if we had never read an allopathic journal before, we might possibly imagine some one was perpetrating a huge joke upon the allopathic fraternity. What, may I ask, does the author of such stuff know about individualizing?

To what temperament, or psychological condition, is such treatment suited? What age, sex or previous habits has our individualizer discovered to which his elaborate and profoundly studied compounds may be applied?

Another example is this collection of drugs for dyspepsia: Calomel, Podophyllin, Sod. bicarb., Fld. ext. Euonymus, Subnit. bismuth, Lactopeptine, Atropia sulph., Morphia sulph., Peppermint, Arom. spts. ammon. and Capsicum.

These examples must suffice to prove that there are a few men still living, in the year 1881, whose progress would not displease their orthodox grandsires. The class these men represent, we should remember, is exceedingly small. Were we to examine closely into their every-day work, it is quite probable we would find that even they have imbibed some progressive ideas. The allopathy of to-day is not the allopathy of Hahnemann's lifetime.

Digitized by Google

The large majority of so-called allopaths are simply eclectics; of course they do not know it, and probably never will this side of the sixth sense. But nevertheless the fact remains.

Eclectic allopathy or the modern "scientific" medicine, is a hybrid. It is not allopathy, it is not homœopathy, it is not true eclecticism; it is a confused mixture of them all.

Our report has nothing to do with the relations between the so-called eclectic school of medicine and allopathy, but simply with the attitude of the latter towards homœopathy.

We have found a few examples of the adoption of certain homœopathic indications for giving drugs by our old school friends, but in no one instance do we remember that credit is given for the source of information. Here are two good illustrations:

When to use Ergot in labor: "If we find the os dilated or dilating, the vagina relaxed and moist, but the uterine contractions feeble, Ergot with the profession is the remedy."

When to give Phytolacca in diphtheria: "When indicated, there is more or less soreness and pain in the disease. There is great enlargement of the external lymphatics, and soreness is not confined to the throat, but extends more or less throughout the mucous membranes."

In my last annual report, you may remember that mention was made of a certain Dr. I. J. M. Goss, who had written a materia medica, and who carried a suspicious little pocket-case containing sixty-five remedies. Dr. Goss writes largely for over a dozen different journals, and his advice is sought far and wide by the allopathic fraternity, therefore, I will cite him again as a fair example of progressive allopathy, and through his writings he will answer as a mouth-piece for this class:

Nitrite of amyl: "I have used it in asthma, slight spasms of young persons, and the flushings of females at the monthly periods." "It also relieves the peculiar flashes of heat that some females are troubled with at the change of life. It also prevents the attacks of swooning that some females are subject to at the monthly periods." Dr. Goss gives as his authority, Sidney Ringer. Upon referring to the work of the latter

Digitized by Google

author, page 358, we find the following: "In thirty or forty seconds whether inhaled, subcutaneously injected, or swallowed, it flushes the face and increases the heat and perspiration of the head, face and neck."

Dr. Goss says, these symptoms of the face, for which he uses Nitrite of amyl, are produced by "dilatation of the arterioles." Turning to Ringer, same page, I find: "The reduction of arterial pressure is due mainly to the great dilatation of the arterioles, and after large doses to depression of the heart." Hence results the flushed condition which Drs. Goss and Ringer cure with this drug—homœopathically.

These men, knowing the similarity of physiological and therapeutic action of this drug and dozens of others that they use, quietly thrust aside the idea of a law upon which these facts depend. Coincidence they call it, an inexplicable coincidence.

In the majority of cases they refer this unexplanable action of drugs to primary and secondary drug action, but here is a drug that will produce and cure similar symptoms in exactly the same doses. Our old school friends have always been so fond of classifying drugs, let me ask them, to what class does Nitrite of amyl belong? They say stimulants, diffusive stimulants. I can not agree, and this is why: A stimulant stimulates. (They say, of course, a self evident proposition.) But they give this to sedate. From the allopathic stand-point I should like this explained: Amyl nitrite, a stimulant, will relieve an abnormally stimulated condition of the system. But to continue.

Amenorrhœa. From cold, Pulsatilla.

"If menses are scant and accompanied with leucorrhœa, then Sepia is the remedy."

"If amenorrhœa is *from deficient nervous energy in the ovaries*, and an excess in other organs, or from cold, with headache, uterine cramp, then Cimicifuga . . . . . is a good remedy."

Referring to Hale's Therapeutics, we find under Cimicifuga: "In amenorrhœa or delayed menses in young girls, *from deficient nervous energy in the ovaries*, and when the abnormal nervous influence is directed to other organs, giving rise to chorea, hys-

Digitized by Google

teria, nervous headache, etc." "In suppressed menses from a cold, mental emotions, or febrile conditions, etc."

The information Dr. Goss offers is so nearly allied to what I have quoted from Hale, that *idem* applies to it even better than *similia*. The only difference is in the partially altered phraseology.

Palpitation of the heart and asthma: "If it is nervous, from the use of coffee, tea or tobacco, then five drops of Nux vomica before each meal will cure it." "If it is hay asthma, Sabadilla."

Mastitis: "Where there is burning, stinging pain, I give drop doses of Apis (tinct.) every two hours and poultice with phytolacca root roasted."

Sunstroke: "During the attack, the nitro-glycerine in very small doses, say one-eighth to one-fourth drop in water, every hour, until relief is obtained. Belladonna is also a good remedy.

For infantile colic, Nux vomica, Dioscorea, Chamomilla, and Colocynth are all recommended.

Infantile pneumonia: "If the stroke of the pulse is very sharp, and right cheek flushed, abdominal pain, pains in the chest, etc.:

℞. Tr. Bryonia, 5 drops.
Aqua, 4 ounces.

M. Sig.: Teaspoonful every hour.

Some may smile at this, but an experience of twenty-five years has convinced me of its value."

A peculiar prescription for an allopath to make; a due appreciation of its peculiarity is shown in this last remark.

Whooping cough: "If the cough is worse in the morning, and there is vomiting, nausea and constipation, one drop of tincture of Nux vomica, every three hours, will much allay the cough. If the face is red, the head hot, and the child feverish, restless in sleep, drowsy, then give Belladonna."

In the advanced stage, where the cough is worse at night, with a feeling of constriction in the chest, with vomiting of mucus, "then give Drosera."

Digitized by Google

For clergyman's sore throat, Arum triph., Rumex crisp. and Iod. of Ars. are mentioned.

For enlarged tonsils, "small doses of carbonate of baryta, say from one-eighth of a grain to one-sixteenth of a grain, according to the age; or if this fails use the muriate of baryta, or the iodide of baryta, in small doses, say one-tenth to one-twentieth of a grain, three times a day."

Pulmonary hemorrhages: Hamamelis, "if the blood is venous."

Eczema:—"Rhus tox. has given me good results in most cases when there were itching and stinging."

This concludes the list of examples; sufficient, I hope, to fairly illustrate the tremendously rapid adoption of homœopathic drugs and indications, by the old school.

From the fact that a major part of these recommendations have been accepted and the remedies used by the old school, we may very justly accuse this antiquated body of an inclination to heterodoxy; a thing, which from time immemorial, allopathy has despised. This heterodoxy is the border-land between orthodoxy and true eclecticism. The allopathy of to-day is therefore, but a step removed from a recognition of the true eclectic law of therapeutics, the faultless law of similars.

Allopathy has not yet learned that generalization will never evolve specifics. Neither orthodoxy nor heterodoxy teach this truth, and it is only those who are thoroughly permeated by heterodoxy that have begun, through logical analysis, to have even a *suspicion* of this fact.

This hunting for specifics does an infinite amount of harm to the confidence that physicians should have in the drugs they use; it engenders discontent with the materia medica, and scepticism about drug action.

Chian turpentine has been among the most highly extolled of specifics for cancer, but—and here comes the bursting of the bubble and damage to professional confidence,—a certain committee of learned scientists in England, after extended investigation and large experimentation, have proved the drug worthless in the treatment of cancer. That is to say, in a large majority of cases; the minority are ignored. Chian turpen-

Digitized by Google

tine and the wholesale cure of cancer are not synonyms, and in consequence the drug is relegated to oblivion.

Salicylic acid, the great specific for rheumatism, has also been weighed in the generalizing balance and found wanting. The British Journal of Homœopathy mentions a series of sixty cases of rheumatism, collected by Dr. Greenhow; ten were treated with Sal. ac. and fifty with Sal. sod., which were all unsuccessful, although carefully managed.

In the Hospital of Copenhagen about the same conclusion has been reached relative to the drug.

Under the system of generalization the usefulness of a remedy for acute inflammatory rheumatism will be seriously impaired, which, through individualization, homœopathy finds a most valuable agent. These examples illustrate the history of all so-called specifics.

Allopathy has for the past ninety years ridiculed our use of infinitesimal doses of medicine, and has resorted to all kinds of ingenious sophistry to render the practice publicly ludicrous; but I wonder if our friends ever think when prescribing the various medicinal waters how much, or more properly, how little actual crude drug they are giving?

The Hahnemannian Monthly for Feb. 1881, gives the following: In a work written by "Mr. Horace Dobell (Physician to the Royal Hospital for Diseases of the Chest), on the curative properties of the mineral waters of Mont Doré, the following language occurs: 'On examining the *strongest* of the waters, we find (supposing a quart to be drunk daily for fifteen days) that the total amount of mineral ingredients of all kinds consumed does not exceed 600 grains, principally consisting of salts of soda, magnesia and lime; that out of this quantity, the arseniate of soda, for which alone the water is famous does not amount to more than *one quarter of a grain* in the fifteen days.'"

The *Hahnemannian* remarks:—"One quarter of a grain of arseniate of soda in fifteen quarts of warm water! This corresponds approximately to two drops of our first cent. dilution in a quart of warm water daily. Verily not a very massive dose, for a physician of the old school! And yet we are further

Digitized by Google

informed: 'It must never be forgotten that it is *a very definite and potent course of emphatically* medical treatment.'"

The attention of the old school has been turned to intra-uterine vaccination, *i. e.*, vaccination of the mother during gestation, for the protection of the child after its birth. So far as it has been tried the result is a success. Surely the form in which the virus reaches the fœtus, is not vaccine crude enough for detection with the microscope? We owe allopathy thanks for offering us so good an illustration of the action of infinitesimal doses. Coming from the camp of the enemy the experiment is particulary significant.

Here is a man who accepts the infinitesimal in pathology, while at the same time he belongs to the class that rejects it in therapeutics. He says: "We are willing to admit that man with all his chemical skill and medical ingenuity, can not analyze malaria, we will acknowledge that this mythical thing (so-called) is infinitesimal, that it transcends the ken of man's visual apparatus, aided by the most powerful microscope." "Yet its existence is as stern and stubborn a fact as that the atmosphere carries on its invisible wings (from one person to another) the subtle poison that produces measles, scarlatina, etc." The evil influence that produces one of the most dangerous and malignant of diseases is intangible, invisible, infinitesimal; the good influence that may counteract this evil influence must, according to allopathy, be tangible, visible, material. Here indeed is an illustration of *contraria*, while at the same time the writer's admission of intesimal influences, is hardly consonant with orthodoxy, but bears the impress of the commencing progress which characterizes heterodoxy.

Allopathy is jealous of homœopathy, and is consequently exceedingly loath to acknowledge the influence of our school.

One of the greatest acknowledgments of the influence of homœopathy, was the action taken by the American Medical Association at its last meeting. The amendments to its code of ethics is as follows: "It is not in accord with the interests of the public or the honor of the profession that any physician or medical examiner should examine or sign diplomas or cer-

Digitized by Google

tificates of any kind, or otherwise be specially concerned with the graduation of persons whom they have good reasons to believe intend to support and practice any exclusive and irregular system of medicine." By "any exclusive and irregular system of medicine," was shown by the discussion at the convention, to mean eclecticism and homœopathy, and as homœopathy is the largely predominant system of the two, the amendment refers especially to homœopathy. The fact of the adoption of this amendment proves the alarm of allopathy at the rapid growth of homœopathy.

Among those who expressed an opinion was Dr. M. B. Martin, of Boston, Mass.; the reporter says: "He said he had studied homœopathy, and knew it to be a fraud and a humbug. He said there were two schools of irregulars, the eclectics and homœopaths, and he considered some action was necessary to stop the progress of the latter, as in his city the wealthiest people employed physicians of that school." If homœopathy is "a fraud and a humbug," and yet is employed by the wealthiest of Boston's citizens, Dr. Martin's opinion of the intelligence of this class of Bostonians will not agree with that of Dr. O. W. Holmes.

Dr. Martin belongs to a set of men who, if it were possible, would annihilate homœopathy. Allied to him are the croakers, who are continually predicting the death of homœopathy; this they have been doing since the first edition of Hahnemann's Organon, and will probably only stop when, like Dr. Martin, they are forced to acknowledge their mistake by homœopathy depleting their pockets.

In the year 1834, "The Penny Magazine," an old English work, contained an article upon homœopathy, and concluded it with the following: "Since the above was written, it has been stated in the 'London Medical and Surgical Gazette' that the homœopathic system has received a severe blow at Vienna. The physicians practising according to this doctrine have been visited by the police, the medicines have been seized, and the whole of the homœopathic pharmacy has been suppressed."

Thirty-seven years after this occurrence we read the follow-

Digitized by Google

ing in the N. Y. Medical Times: "A Leipzig newspaper has recently been fined one hundred marks and costs for printing a lecture, before a Berlin society, in which homœopathy was denounced as quackery and swindling."

The action of the Vienna authorities in 1834 seems to have had less effect upon the progress of homœopathy than the writer in "The Penny Magazine" anticipated.

This misrepresentation of facts for the purpose of influencing public opinion has been one incubus under which homœopathy has been compelled to struggle; another is, direct and active persecution. This was Hahnemann's chief impediment. Of late years the believers in homœopathy have suffered but little persecution. The most recent example of actual persecution I here copy from the American Observer, which was excerpted from the London Lancet: "The parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction and Christian burial will be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All who are treated homœopathical y will be deprived of the rights of the Roman Catholic Church, and be treated as Moors or Jews."

We do not believe this edict *originated* in the brain of the priest; there was evidently some "power behind the throne."

The address of Jno. Syre Bristowe, M.D., before the British Medical Association, in August last, contains a suspicion of feeling less bitter than that of the Sendomi priest, but yet not quite fraternal. His toleration of the system is evidently the result of circumstances fortunately beyond his control, i. e., the overwhelming success of homœopathy, which places it upon a foundation whose mutability is proof against pigmies.

Of Hahnemann, Dr. Bristowe says: "Hahnemann was a physician who had a supreme contempt for pathology, and on the whole for etiology."

This is untrue; Dr. Bristowe sadly misunderstands Hahnemann. Hahnemann did believe both in etiology and pathology *per se*, but not as a clue to the true application of therapeutics. Dr. B. says: "To Hahnemann it is a matter of no

Digitized by Google

moment whether ascites depends on cirrhosis of the liver, or tubercle of the peritoneum; whether an attack of constipation and colic arises from lead poisoning, or from a cancerous stricture; whether a paralytic seizure is the outcome of hysteria, or is due to some material lesion of the brain." In this Dr. Bristowe is also mistaken. He speaks as though but one symptom of a group calls for the remedy; that allopathic symptomatology and homœopathic symptomatology are one and the same thing. In the case of ascites a number of concomitant symptoms will be present, and all the symptoms, or the totality, must be considered. He quotes the following from the Organon, immediately preceding these assertions: "It is the totality of the symptoms which alone constitutes the part of it accessible to the doctor; but it is likewise in the totality of the symptoms that we find everything that is needful to know in order to cure." He quotes this and then ignores it when he desires to make a point against Hahnemann. Let me give Dr. Bristowe a conundrum: Suppose a case of pneumonia; the symptoms by which we know the disease exists, are: rapid pulse, elevated temperature, accelerated respiration, hard, tight cough producing pain, with occasional expectoration of mucus streaked with blood; percussion over the right side of the chest elicits a dull sound, auscultation shows bronchophony, etc. These are all symptoms; consistency compels Dr. Bristowe to say they do not constitute the disease, and yet he must admit if they be removed, the patient is cured.

I will also ask our learned lecturer another question: Suppose an exact differential diagnosis be made between cirrhosis of the liver and tubercle of the peritoneum, in one case, and in another a differentiation is impossible, what is the difference between the two cases, in the result of the most skillful allopathic treatment?

We homœopaths, from a therapeutic standpoint, *need* nothing of pathology to assist us to select the remedy; we can cure the disease without pathology; but we will be unable to give a name of the group of symptoms cured. For convenience it is therefore best to be able to classify these symptoms

Digitized by Google

under certain specified headings; and as scientists we should be familiar with pathology, but for the simple application of therapeutics, pathology is not indispensable.

The following idea, advanced by Dr. Bristowe, is certainly novel, and deserves attention and correction; the reporter says: "He referred then to some of the changes that had been brought about in modern homœopathy. One of these is the hypothesis which converts homœopathy into antipathy. It is to the effect that all medicines have opposite effects according as they are given in large or in small doses, and that when as the consequence of proving on the healthy persons a drug is found to excite the symptoms of a disease, it cures that disease by its opposition to it when given in small doses."

No believer in *homœopathy* ever invented such an absurdity; this of course is antipathy, and our school repudiates it as such.

Again: "The speaker showed also that homœopathy had as yet furnished no genuine and reliable statistics as to its therapeutical value."

This Dr. Bristowe said, simply because he was ignorant of certain facts, certain statistics that can be verified whenever it is necessary. I refer especially to the treatment of yellow fever in the South during the summer of 1878. It is unnecessary to quote from the records of any other triumph of the law of cure, and we will point to this record until modern "scientific" medicine can vanquish us in this or any other field of actual practice.

Dr. Bristowe says: "All the best physicians of old times, all the greatest names in medicine of the present day, are with us, all science is on our side; and we know that, as a body, we are honest seekers after truth. What have we to fear from homœopathy?"

How consoling and grateful is all this the self-esteem of allopathy. If we homœopaths, as a body, agreed together to consider only a certain few men who happen to be homœopaths likewise, great men, and ignore all others, the verdict is, "all the greatest names in medicine, of the present day, are with us," and if we happen to number in our ranks certain scien-

Digitized by Google

tific men whose dicta alone we acknowledge, and who deny the benign influence of allopathy, then we too can say, "all science is on our side." That allopaths, as a class, are honest truth-seekers, is an assertion we find hard to reconcile with certain facts; unless they brand only the thief and not the receivers and users of stolen goods.

It is true allopathy need fear very little from homœopathy. We propose to let these orthodox advocates alone, and do not care to interfere with their muck rakings. It is *they* whom *we* have to fear; little by little allopathy is appropriating our materia medica. Why don't they let us alone if they are so well satisfied with their "orthodox medicine" and great men and modern science, and their accumulated experience of twenty centuries? *Is it possible that homœopathy is becoming a necessity to modern eclectic allopathy?* Why not try to further promote the development of *contraria* instead of perverting the application of *similia?* The allopaths need have no fear of the homœopaths, *we* do not steal from *them*. Were *we* to steal as much of allopathy from "orthodox medicine," as "orthodox medicine" has stolen of homœopathy from us, orthodoxy would be sorely robbed, and we—— well, we would have our hands full of rubbish.

When the address was ended, Dr. Long Fox made a few remarks, among which he said: "If a homœopathic practitioner, alleging that the same remedies were used, the difference being only in name, asked an honorable member of a most honorable profession to associate with him in the treatment of a case, it appeared to him to be like asking the Archbishop of Canterbury to associate with the high-priest of the lowest fetish in Central Africa."

This "honorable member of a most honorable profession" esteems allopathy highly, to say the least. Surely here is a worthy scion of a race of persecutors. What right has he to condemn and compare a believer in one of nature's laws—the *alphabet* of which he is ignorant—with a minister of a pagan superstition but a step above atheism? From whence comes his right to arrogate to allopathy the ability to look *down* upon homœopathy?

Digitized by Google

Such men as Dr. Fox drove Hahnemann from Königslutter.

One fact can not be denied, and it is this: In spite of all that allopathy has said or done to the detriment of our system, the progress of homœopathy has been uninterrupted since its birth. Through good report and evil report its march has been steadily onward, ever pushing with undaunted courage and energy into the west of scientific truth.

Although Dr. Bristowe may express the sentiments of the main body of allopaths, and a goodly number of them may sympathize with Dr. Fox, yet there are a few who are much more liberal, and are charitable and just enough to acknowledge the probable virtue in homœopathy. To illustrate I will transfer, in toto, from the Medical Brief for September, 1881, the critic's notice of Dr. W. A. Edmond's book upon diseases of children, viz: "We acknowledge the receipt of the above book, which we have carefully read. We find it gives an abridged view of pedology from a homœopathic standpoint, being devoted principally to symptomatology and treatment, leaving pathology and pathological anatomy 'in the hands of various learned and industrious specialists.' In symptomatology the author is concise and accurate, and delineates the various diseases in a manner that does him much credit. In his treatment we find some things to commend and others that we are not willing to condemn without experimental proof of their absurdity. We know that 'similars' will act well in some cases, and that this is taught by our best therapeutists. May there not be others? While we can not admit that *similia similibus curantur* is a universal law in medicine we do believe that the scope of its application is wider than our profession has yet given it."

Ten years ago such liberal sentiments would not have been sent broadcast by the editor of an allopathic journal with the largest circulation in the world; but this is the year A. D. 1881, and the world moves. This editor makes an admission that we should hail as a welcome concession.

The American Observer for February, 1881, gives another pertinent example: "In a letter to Dr. Gaillard, editor of *L'Homœopathie Militante*, Dr. Boens—member of the Royal

Digitized by Google

Academy of Medicine, Belgium—says: 'I cannot refrain from acknowledging that the homœopathists have rendered incontestible services to many persons in replacing by a suitable diet the infatuation for drugs, *one-half of which are useless*, a quarter harmful, and only the other quarter useful and efficacious.'"

The world was not made in a day, and neither do men's beliefs of a lifetime change in a day. This change is always slow, from the fact of the mind being compelled to pass through a stage of intricate reasoning.

The transition stage between two beliefs is one of doubt; the props of our old faith are being knocked from under us, and yet we are unprepared to grasp with firm security the apparent inconsistencies of a new creed. Give an honest man time, and you may trust his sense of truth to formulate his belief.

In concluding this section of my report, I will mention an action of some importance as bearing upon the standard of medical education in the old school of medicine, viz.:—

The *Medical Record* for March, 1881, announces the fact that the Bellevue Hospital Medical College has abondoned the three years' graded course system. The reason for doing this was because of the lack of students to fill the three terms. If my memory serves me aright, the homœopathic schools that have adopted this system have not yet found it necessary to follow this course.

The third and last part of our report, homœopathy, we will try to make as concise as possible. Throughout our fiscal year the progress of homœopathy has been uninterrupted, and the stride we have made will compare very favorably with the record of the progress of the year previous.

One state society has been organized, we now have twenty-four. Eight local societies have been added to our existing ninety-two, we have, therefore, just a round hundred.

We still have thirty-eight hospitals and eleven colleges. One new medical journal has been inaugurated; we now have seventeen.

Our colleges have graduated a larger number of students than ever before.

Digitized by Google

Owing to the increasing number of students, Chicago has found it necessary to build a large and handsome homœopathic college, which will prove a rival of the largest allopathic one in the West. It has also been found necessary to add a large amphitheatre and reception rooms to the homœopathic hospital in the same city.

The Hahnemann College of Philade'phia has instituded a chair upon insanity.

An association has been formed at Washington, D. C., for the purpose of raising funds to build a large homœopathic hospital.

At San Francisco, Cal., in March last, a hospital association was organized.

The Brooklyn Homœopathic Hospital has been so successful that it has been found necessary to add another wing to the building.

The Homœopathic Insane Asylum at Midd'etown, N. Y., has just had a new and commodious pavilion added to it for the accommodation of its increasing number of patients. The pavilion contains 17 new wards, 9 for male and 8 for female patients.

The insane asylum at Binghamton, N. Y., has been placed under homœopathic control.

"The county hospital at Denver, Col., has been placed in charge of homœopathic physicians, at a saving of $2,600 per year."

One of our Western hospitals under allopathic control June, 1880, reports a mortality for that month of .12+. In June, 1881, the same hospital was in the hands of homœopathy, and the per centage of death was .02+.

Of 4 959 patients treated in 30 homœpathic hospitals, only 367 died, or about 2½ per cent. Let allopathy speak; what per centage of the same number of cases has she lost?

Other signs of progress:—

"Charles Woodhouse, M. D., one of the oldest homœopathic physicians in Vermont, and formerly Professor of Medical Jurisprudence in the Hahnemann Medical College of Chicago, has just been elected Mayor of Rutland, Vermont," May 1881.

Digitized by Google

A homœopath has lately been appointed on the Board of Health of Rock Island, at this "the allopathic members took fright and resigned."

They did this last year in California, as you may remember, and the vacancies were immediately filled by homœopaths.

Drs. J. Martin Kershaw and S. B. Parsons, have been appointed lecturers to the St. Louis City Hospital, by the Board of Health.

Dr. C. H. Wagner of Spring Valley, Minn., has been appointed chairman of the Board of Health in that city.

In Stillwater, Minn., Dr. W. H. Crane has been elected county physician.

Dr. J. L. Coffin has been appointed health officer of the city of Oskaloosa, Iowa.

Of progress in other countries, I have little information further than the following notes:—

Canada.—At Toronto the homœopathic physicians have lately formed a monthly medical association.

England.—It is almost needless for me to mention the well attended and successful World's Homœopathic Convention. This is not simply English, it is universal and England was but the host of a cosmopolitan guest. England has no college and but few hospitals. The largest, the London Homœopathic Hospital, has had the promise of the maintenance of six beds, by Miss J. During Smith, "at her sole cost for accommodating cases which, according to the rules of the hospital, would be refused as in-patients on account of the nature of the illness requiring treatment for a longer period than two months. She has further intimated that, on being satisfied that the experiment proves satisfactory, it is her intention to permanently endow six beds."

Mexico.—Homœopathy has been legally recognized in the State of Vera Cruz, by a decree signed by the Governor and enacted by the Legislature. In Orizaba, Mexico, two wards in the handsome public hospital "La Slave," were dedicated to homœopathy, on Sept. 18th, 1880.

South America.—We have the encouraging information that Brazil has eighty homœopathic physicians.

Digitized by Google

Australia.—The hospital at Adelaide, the capital of South Australia, has a mixed staff of physicians. The number of physicians of each school, comprising this staff, vary respectively. At present the staff is composed of three homœopaths and three allopaths.

This completes the history of the progress of homœopathy for our fiscal year, so far as I have been able to obtain information.

The facts stated need few comments, their existence speaks volumes for the cause of homœopathy. They mean that the workers in our hive are infused with a spirit that is irrepressible and will express itself in such work as only truth seekers can do. We ask no one to believe simply what we say, but examine our life work, compare it with the result of the application of any other known system of medicine, and we are not afraid of the result. Deeds, not words, prove principles. The Good Book says: "By their fruits ye shall know them."

ARTICLE XXV.—Cases from Practice.

By S. L.

(Continued from page 237.)

Menstruatio Devia, by Dr. Kaeseman.—(*Hom. Vierteljahrschrift, VI.*, 64, 1855.)

Jose, not quite 15 years old, well nourished, but flabby muscles, transparent skin of lymphatic constitution, menstruated for the first time a year ago, flow rather copious and lasting a week. During April last she menstruated for eighteen days, and had gastric troubles, vomiting, severe headache, fever, etc., which were relieved by Nux vom. and Ipecac., followed by China. Since then instead of the menses copious epistaxis every four weeks, mostly from the left nostril, the blood black; the nosebleed appears about three times a day and lasts a few minutes, during the intervals anguish and palpitations. When this is over, she feels well, her feet are always warm. Five

Digitized by Google

days ago she had the last nosebleed. Last winter she had on the left cheek an erysipelatous redness with a large bulla and for the last few days she has at the same place another red spot running from the inner angle of the eye over the cheek toward the ear. On account of the menstrual irregularities she received Pulsatilla[60], a dose morning and evening, especially as this drug is said to act favorably in erysipelas phlegmenodis.

Sept. 7.—Epistaxis returns more copiously, but there is at the same time a slight discharge per vagina, though only two weeks had passed since the last nosebleed. Medicine was continued, and Oct. 4th she menstruated regularly for three days without any nosebleed. Her courses henceforth remained regular.

Metrorrhagia After Abortus.

Mrs. S., æt. 40, mother of five children, which she nursed, of sanguine temperament, six months pregnant, lifted some heavy weight, and an abortus followed, but the placenta was retained, as the midwife carelessly tore the cord. She lost then a great deal of blood and during the last four weeks coagulated blood was still discharged, her abdomen felt full. Sept. 27th, 1833. —She passed the day with her usual labors, enjoyed her supper, when at 9 P.M. she was attacked by severe flooding, so that her husband feared to let her alone, as death might happen during his absence. In all cases of sudden and copious flooding my refuge is Crocus, which I sent and in addition another powder with Sabina[30], as the backache hinted to it, should the first remedy fail. As she vomited immediately after taking Crocus, she took the Sabina, and the hæmorrhage came on only at intervals and in coagula. During the night some light sleep. I found her next morning exsanguinated, vertigo at the least motion, dimness before eyes, humming in ears, cold sweat, pulse empty, weak, slow; pallor of face; labor-pains in back with or without discharge of blood-coagula. She complained of abdominal pains, as if her intestines were cut with knives, but her abdomen was not sore to the touch, sunken in and relaxed; bowels moved twice, without pain. She vomits everything she takes, no appetite, great thirst for cold water; temperature of skin moderately warm.

Digitized by Google

Ipecac.[12], two pellets every four hours. After a few doses the vomiting and pains ceased, and hæmorrhage became so trifling that she did not consider it necessary to take medicine, which was really the case. Aude sapere, dare to heal such fearful cases according to strict selection of the simillimum and you may throw to the dogs all the adjuvanta and palliatives of the so-called physiological school. Dare to do right and be not misled by misleading high authorities. Always recollect: "Die milde Macht ist gross," and that taking the citadel of life by storm, has sacrificed many a fellow-being.

Metritis Puerperalis.

A gentleman rang me up Dec. 26th, 1833, reporting that his wife had a natural confinement a week ago, and that during the night she was taken with a severe chill, followed by high fever, copious perspiration, thirst, tearing in the back and thigh, lochia regular. He thought that his wife was up too long the day before. Sent Bellad.[30], two pellets (I stood between Acon. and Bellad., but preferred the latter on account of the pain in the thigh, and because the perspiration already moderated the fever). Visiting her the next morning I learned that the powder relieved the pain. She complained now of abdominal pains, and I found the left hypogastric region especially painful, the entire abdomen hot, the skin of the body less hot and dry; heavily white-coated tongue; foul taste, pulse quick and soft, lochia normal. ℞. Acon.[30], one pellet. At noon I was suddenly recalled, as she complained of precordial anguish with palpitations, dimness of sight, livor of face and tongue, cold feet, all of which had partially disappeared when I reached the bedside. Lochia stopped; pulse quick, but soft and equal; she can only lie on her back. The mammæ contain only little milk and the nursing of the babe is therefore painful. I then learned, that she was delivered and tarried some time afterwards in a cold damp room and this morning she had again left her bed against my advice. ℞. Acon.[30], one pellet and warm cloths around the feet, which again produced copious perspiration, but towards night the anguish returned, urine like beer; no sleep since her confine-

Digitized by Google

ment. Ordered to keep on with the Acon.^{30}, a pellet every four to six hours, hot cloths to feet and abdomen.

Dec. 27.—More pains in right thigh and right side of abdomen, no sleep, no lochia; every motion increases the abdominal pains. Towards noon she perspired a little, palpitation, quick and strong pulse, intense thirst for large quantities, urine like dark beer. ℞. Pulsat.^{30}, one pellet on account of suppressed lochia; thirst is no contraindication.

Dec. 28.—Slept well and refreshingly last night, reappearance of lochia, though only slightly; very little pain in abdomen or thigh. She nurses her babe now in a sitting position; hardly any thirst; perspired in the evening; urine still dark.

Dec. 29.—Sac. lac. . The lochia more copious, partly bloody, partly mucous; slight tearing in all extremities, some pains still in abdomen; more thirst, copious perspiration; no appetite, still foul taste; some sleep. When copiously perspiring she nursed her babe; caught cold and has some cough and titilation, but breathes free.

Dec. 30.—Sac. lac. No pain this morning, even on pressure; slept good; some appetite; tongue moist and in some parts already clean; lochia and milk normal. Advising more prudence I discharged her and on New Year's day she was able to leave her bed.

Young physicians are apt to do too much, fearing continuously not to do enough, and that same fear holds even older physicians captive, and they cannot free themselves from the bugbear of professorial authority. To act, as many call it, energetically, may do more harm than good.

Mania Puerperalis and Phlegmasia Alba Dolens (?).

Eliza M., æt. 27, hale and hearty; had an easy confinement Jan. 11th, 1846, and as usual was treated with infusion of Chamom. and Coffea. During the night she complained of pains in her right chest, short and rapid breathing, short cough with some mucous expectoration; cough and respiration increase the pain and she cannot be on her side; heat, thirst, perspiration; lochia suppressed. ℞. Acon. 0, 2, gtt. vi, on Sac. lac., to dissolve one powder in half a glass of water, teaspoonful every one or two hours.

Digitized by Google

Jan. 13.—Reported to have less pain, otherwise the same; some nose-bleed this morning; good normal stool; lochia reappeared; no milk yet; some sleep. Continued Acon.

Jan. 19.—2 A.M. Had no complaints till a day or two ago diarrhœa set in with stoppage of lochia. Since yesterday great heat and thirst and fury (mania falsely termed). She jumps out of bed, sits down naked and screams, so that the neighbors surround the house. She feels perfectly well. Child was baptized, which might have been the cause. I sent Acon. to be given during the night, and she fell asleep after the third dose. At my visit next morning I found her calm but exhausted; hardly any rise in temperature, pulse quiet; the right leg swollen, hard, without redness, but painful. ℞. Pulsat., 0, 3, gtt. vi, on Sac. lac, every 4th hour the sixth part. The suppression of the lochia, the non-appearance of the milk led me to this selection, especially as it antidotes the abuse of Chamom. We also find among its symptoms: swelling of the feet, hot up to the calves; swelling of the instep; varices on legs, etc.

Jan. 20.—Is perfectly rational, slept well, has appetite and no complaints; the right leg is still swollen, but not painful; some thirst, but no heat. Continued Pulsat.

Jan. 21.—More fever with insomnia, but no deliria; thirst still and some appetite. Bowels moved; complains again of stitches in right side and cough; swelling and pain in legs; lochia normal; secretion of milk diminishing. Bryon. 0, 2, gtt. xii, divided into six powders.

Jan. 24.—Could be discharged cured.

Dr. Kæseman justly doubts his diagnosis: mania puerperalis and phlegmasia alba dolens, or it was merely a delirium furiosum, rapidly and beautifully removed by a few doses Acon.

Remarks: In the first case of vicarious menstruation we would have thought more of Bryon. than of Pulsat., which after all cured the case. If the temperament of the girl and her lymphatic condition did not show that Pulsat. suits the individuality of the patient better. This is a point too often neglected in selecting our simile, and hence, sometimes, our failures. Eggert, in his *Therapeutics of Uterine and Vaginal*

Digitized by Google

Diseases, page 132, gives us under amenorrhœa: "frequent epistaxis:" Acon., *Bryon.*, Pulsat. and "frequent epistaxis instead of the menses:" Bellad., *Bryon.*, Hamam., Pulsat., Silic., and in giving thus Bryon., in heavy type, signifies it to be *the* remedy par excellence for vicarious menstruation. Gross, in his *Comparative Materia Medica* gives us jaundice for Bryon., chlorosis for Pulsat., and with these two words clearly defines the action of the drug; the former more suitable to nervous, dry, slender and bilious individuals with their choleric temperament, the latter to the gentle but changeable maiden, though there are plenty men with that womanly disposition. Very often the antecedentia of the amenorrhœa will be of importance, as in Bryon. the former catamenia were too profuse and of too long duration, whereas in Pulsat., too scanty and too short menstruation predominates. The long-continued flow of the menses in this case certainly hinted more to Bryon. than to Pulsat.; the gastric symptoms, the vomiting, severe headache and fever, are far more indicative of Bryon. than of Pulsat., and the prescription of Nux vom., Ipecac. and China, shows that formerly as well as in our own days we often prescribe for the time being, without grasping the totality of the symptoms. One dose Bryon. or Pulsat. (we really cannot come to a decision) might have restored the woman to her normal condition. But many of our school might have alternated these two drugs and thus enjoy the privilege to yield a double-edged sword to kill the monster disease. Chacun á son gout; some will alternate from mere habit, but where shall we get our verifications, our clinical symptoms?

Menorrhagia after abortus. We feel consoled that laziness ruled the roost years ago just as it does now. Because the husband of the woman informs the doctor that his wife is flooding, the doctor sends Crocus and Sabina, and a failure necessarily follows because neither one is indicated, and when at the morning visit the doctor sees the totality of symptoms, he can easily from the keynote "immediate vomiting of everything she takes," hit the right remedy, Ipecac., and cures his case. Even as a careless prescription Sabina was wrong, for it suits far better miscarriages in the early months of pregnancy

Digitized by Google

(also Apis, Crocus, Kali carb., Sec., Thuj., whereas in the later months Opium and Sepia loom up). In several of such cases we were obliged after the action of Ipecac. to have recourse to China, which never disappoints when given in the two hundredth potency, and thus is preferable to the quinine and iron, whether alone or in combination.

Osteomalacia Curable by Jodum and Calcarea carb. in Alternation, by Dr. W. Arnold.—*Hom. Vierteljahrschrift*, IX, 347.

Though we may not often meet high-graded osteomalacia, it is certain that cases of moderate degree are quite frequent. The lime salts disappear, and in their place we find hyperæmia and an exudation of a jelly-like, red mass. Often we deal here with a dyscrasia, be it psoric, syphilitic, scrofulous, tuberculous or otherwise. Nutrition and assimilation are faulty, and our endeavor must be to bring them back to their normal state. With the decrease of the general dyscrasia the bones may regain their normal solidity. In some cases we might fail to discover the lurking dyscrasia, and still we must try to inhibit these changes taking place in the bones. The choice usually falls to the carbonate of lime, or experience has proved it to be a similimum, but its beneficial action shows itself only after some time. It is rare to see any amelioration after a few weeks. Arnold uses the second decimal trituration, dry on the tongue, once or twice a day, accompanied by a nourishing diet and the necessary hygienic measures. Such patients ought never be allowed to tire themselves out, and during rest their body ought to be in such a position that the softened bones do not come in an abnormal position.

Whenever we fail to be satisfied we ought to think on Jodum, though the symptomatology of this drug hardly gives us hints enough for its selection. According to the individuality, age, constitution of the patient, Jodum is prescribed in the second, third or fourth decimal dilution, one or two drops once or twice a day. Local amelioration may be first observed and often with it an improvement in the whole state of health. After a few weeks the bones of the spinal column, of the sternum,

Digitized by Google

lose their morbid sensitiveness and want of power, but as they remain still of the same consistency, we were led to an alternation of the drugs, giving one week Jodum, placebos the second week, Calcarea the third week, placebos the fourth week, and this treatment must be continued for several months. There is in Jodum something which vivifies the osseous system so that a better assimilation may take place, and Calcarea not only aids us in furnishing a needed supply, for we must never forget that this polychrest is the great regulator of assimilation.

Remarks: Let us always remember that in these bone affections the most important remedies are hygienical and dietetic; good air, warm clothing, daily bathing and a nutritious diet are essential, and where sanitary perfection is impossible, as it is too often the case, let improvements suffice, as our well selected remedies will often cure notwithstanding bad surroundings and worse ascendency. The great homœopathicity of Jodum to dyscrasias we may learn from the old school, as Bartholow (*Mat. Med.* 178) teaches: diverse opinions have been expressed in regard to the influence of the Iodides over the assimilative functions. By the syphilographers it is held that the Iodides promote constructive metamorphosis, and that a gain in body-weight is a result of their use. This opinion is developed in this way: the subject of syphilis in its constitutional form emaciate, and their forces are depressed; but, when the Iodides are given them, the virus is eliminated and the organism at once reacts. In the physiological state the Iodides increase waste and the elimination of the products of waste, and emaciation with a general depression of the vital functions ensues, when they are administered for lengthened periods." Bartholow thus gives us clear homœopathic indications for Jodum in the many dyscratic states, and thus also for rickets, of which osteomalacia is only a symptom Our own Hering, in his *Condensed Materia Medica*, p. 467, tersely remarks under tissues: "swelling and indurations of the glands, nightly bone-pains, arthritic affections of the joints, emaciation," and thus in a few words gives us the pathological picture, which Jodum covers. Calcarea and Jodum, perhaps Cal-

Digitized by Google

carea jodata, what great remedies they are for mal-nutrition and mal-assimilation, not only in diseases of the bones, but wherever and whenever life is thus attacked in its very foundation.

Pleuritis and Hepar s. c.—By Dr. Gross.

Many remedies are recommended for pleuritis, but were found wanting in some cases. Some are only fragmentarily proven and thus fail to possess the basis for their use. According to experience only such polycrests as Acon., Sulphur, Hepar, Arsen., Carbo, and Bryon., deserve our consideration and they suffice, if rightly chosen, even in the worst cases, where a cure is still among the possibilities.

June 29, 1857, I was called to see Albert M., a boy æt. 5, already sick for six weeks. The child had always been hale and hearty, not a trace of scrofulosis. He had played pretty freely in the fresh air when he was suddenly taken with stitches in the right chest. He could not stand any more, and was carried home; he also complained during the night of dyspnœa and high fever, so that the physician ordered eight leeches to the affected side, a laxative and mucilaginous drink. On the third day cough set in which aggravated the pleuritic pain, and on the fourteenth day traces of blood could be seen in the scanty sputa which had a rust-colored appearance. Thus the disease crept on for weeks, with insomnia, deliria and debilitating sweat, and in the seventh week, I found the following state: extreme emaciation, the skin sallow and dry, the face more yellow, eyes sunk in the orbits and without lustre; tongue dry and yellow in the centre; thirst, nausea, bloated epigastrium, hard stool, urine scanty and brown-red; the shriveled skin perspires nearly every night; chill and heat alternate; pulse small, 136; sleeplessness on account of stitching pains in lower anterior part of the right chest, extending back to the scapula; cough, restlessness, anguish; frightful deliria; lachrymose condition; debility. He lies without moving on his right side, the knees drawn up; decubitus beginning to show itself on the right hip-joint. He begs not to be touched, as it increases the pain, cough and dyspnœa; finally he allows his

Digitized by Google

father to raise him up for physical examination, when inspection reveals the whole right side of the thorax from the axillary pit downwards bulging out, the intercostal spaces not only gone, but pushed outward, sensitive and elastic to the touch, and immovable during in- and expiration. Perfect stillness on that side; no bronchophony nor respiratory murmur; the flat hand on the thorax felt no vibrations of the voice. Examining the heart a dull percussion sound could be heard over a large space at the base of the heart and the clearness of the sounds of the heart was decidedly diminished. The left lung, minus the symptoms of a slight bronchitis, acted tolerably well. But what is the quality of this tremendous exudation, as it alone gives us the choice of the remedy.

At the setting-in of the disease the pleuritic stitch was severe and has remained so up to date at every deep inspiration, cough and motion, at any pressure on the intercostal spaces and during the most careful percussion; considerable dyspnœa, though the left lung easily takes in the air. He had pneumonia on the right side, bronchitis still exists which explains the cough, and though he sweats considerably at night, we may exclude tuberculosis, as the boy enjoyed a robust constitution when taken sick. Keeping this whole state in my mind, I concluded that the exudation must be plastic; it could not be serous, for the stitching pains and the fever were too severe and too continuous; all dropsical symptoms were wanting, and the inborn excellent constitution of the patient excluded serous and hæmorrhagic exudation, notwithstanding that sweats, deliria, decubitus and extreme debility were present, symptoms which might be considered as the product of rational allopathic treatment. The prognosis was decidedly unfavorable. The massive exudation and compression of the lungs, threatening atrophy, were ominous. With this long-continued state the pleura accustomed itself to renewed exudations, and the poor state of the patient with her nervous symptoms made us fear emphysema, pneumothorox and hæmorrhagic exudations. Our only hope laid in producing retrogression of the plastic exudation.

Arsenic could be immediately dropped, for its indication is

Digitized by Google

serous exudation and it has no relation to plastic exudation. Sulphur cures plastic exudations rapidly and surely, where the fever is recent, active and energetic, the pulse full and hard, it does here more than Acon., for it strikes at the root. But in this case Sulphur and Bryon. would be too late. The latter fails in grave cases, just like Acon. it is only indicated at the start, and I often find it difficult to give Bryon. its right place in pleuritis. Carbo might suit the general state of the patient, but it has no relation whatever to the local affection, be it serous or plastic. Our only hope necessarily rested therefore on Hepar s. c., and it did not disappoint us. It reduces plastic exudations of long standing, which threaten steadily new exudations, where the fever keeps up and nearly takes on the character of slow suppurative fever where dropsical symptoms are absent, for hectic and dropsy hint to Arsenic. ℞. Hepar s. c., third decimal, one grain in three ounces water, a tablespoonful every four hours. Improvement in sleep and appetite were the first signs of amelioration.

July 8.—I found my little patient sitting up in his little bed and playing. The intercostal spaces are sunken in and not painful; bronchial breathing under clavicula, sounds of heart clearer, pulse good and under 100. The same medicine three times in twenty-four hours.

July 25.—When I saw the patient for the first time about a month ago, the right upper arm could not be brought close to the body on account of the cask-form extension of the ribs. Now all this disappeared, but still the child is chicken-breasted; percussion sound not dull any more and vesicular breathing clear to the seventh rib, the boy walks around the room without support, pulse between 85–93, he gains flesh, not a particle of pain. Hepar once a day in the morning on an empty stomach.

Sept. 1.—The patient discharged cured. The deformity in the chest remained the same, but his breathing is normal. He feels strong and hearty and is as lively as before his disease.

Hepar, when indicated, brings already in the first hours the presentiment of returning health. In our case the quantity of exudation remained the same, but still sleep and appetite began

Digitized by Google

to return immediately. Where not a particle of amelioration can be witnessed after a few days, we may be sure that this exudation is not very plastic, and we may hope something from Arsenic, it is the hero in serous exudations. For hæmorrhagic exudations we have no remedy, neither Arsenic nor any other will avail, we must be satisfied to keep them from further harm.

Remarks: What was incurable twenty years ago, is now under better auspices, surgery with its Listerism understands now to battle with those cases, and excision of a rib is now done without fear, where formerly even aspiration was considered a dangerous procedure. It is true that we can empty the contents of the chest with these surgical means, but it will not prevent its refilling, it is thus only a good palliative, but not self-sufficient for a thorough cure. Hepar and Arsen. have done it in their respective spheres and will do it again, whenever indicated, and it is certainly a triumph for homœopathy that we have the means and that we know how to employ them. The dose is even large enough, so that our allopathic confrére need not fear to be excommunicated when prescribing sulphide of calcium or Fowler's solution in such cases, but let each be given alone, and they are welcome to suppress the source from whence they learned it. There is nothing small about us, we can afford to be liberal and even acknowledge to learn our surgery from the old school. We disagree with our old and reliable friend Raue when he condemns all surgical interference, which with Listerism has removed many a source of danger, and in extreme cases it might be the only means to prolong life and thus give our remedies time to act.

The few remedies mentioned by the doctor generally suffice to bring most of our cases to a successful issue, where there is no dyscrasia, but how often do we meet this disease in tuberculous patients, where Hahnemann's advice holds good, that we can hardly treat tuberculosis without interpolating once and a while Kali carb. If Bryon. affects more the right side, Kali carb. acts more on the left, and here more the clavicular region, and in many neglected case, Carbo veg. might become our sheet anchor where the pleurisy is complicated by an old bronchial catarrh and where the emaciation and the sallowness

Digitized by Google

of the body with its hectic fever hint to degeneration of the exudation in the chest to ichoræmia; in such cases Carbo becomes the purifier of the poisoned blood by its dynamic action, toning up the heart and thus removing the excessive dyspnœa and allowing rest far better than ever any misleading opiate ever did. Our French brethren praise the action of Cantharides in pleurisy, a remedy which the old school has applied locally for years in this disease, never dreaming that its vesicant power is not its only power, and that it acts also dynamically on the disease. Whereas we find under Bryon. intense and persistent fever, the febrile state is here less marked, for when indicated exudation has already taken place within the pleura, as with the excessive dyspnœa, we meet also displacement of the heart and liver; the strength is waning, therefore, tendency to fainting; it may therefore follow Bryon. which only serves us well in the first stage of the disease before exudation took place.

We consider it just as doubtful whether Arsen. is the only remedy for serous exudation and its consequent hydræmia. Might we not meet a case with moderate fever and very little pain, but short, tearing cough, worse at night and from the heat of the room; great lassitude with extreme irritability, with scanty, dark urine, where the œdema of the face would lead us to think more of Apis than of Arsen., or of Cinchon., where with other symptoms of debility the œdema began around the ankles and worked its way upwards. But we beg pardon, Apis was little known in 1850, it is of American growth and it took some time before antiquated Europe took hold of it. Let us also remember Kafka's serious recommendation of Ant. tart. in the beginning of pleuro-pneumonia and act accordingly. "Non jurare in verbo magistri" is our duty, but we may well ponder over the words of our master, strictly individualize every case and every stage in the case, and we may succeed even against our expectations.

PARALYSIS AGITANS.—BY DR. KUNKEL, Kiel. (*A. H. Z.*, No. 11, 1881.)

A farmer, æt. 55, formerly potator, suffered about fifteen years ago from a severe gastric catarrh, cured by Plumbum.

Digitized by Google

Since a year he is again complaining. I found a strong chunky man with relaxed features and sallow color. All functions appear to be normal except defecation, where constipation alternates with diarrhœa. He is very depressed in mind and full of anxiety; skin dry and shrunken; unbearable formication down the whole back, in the extremities, especially in the fingers and toes and in œsophagus; speech indistinct, perhaps in consequence of a peculiar trembling of the lips; a similar trembling or itching in the eyelids, which are swollen. Eyes and mouth constantly full of water. In the morning when awaking a kind of fever with horripilations, lasting about two hours. Frequent burning in the stomach or heaviness, ameliorated by eating. Undigested food often brought up by eructations a long time after eating. The trembling and twitching prevails in the left side and especially in the left arm and hardly cease a moment. Pulsating in the left shoulder as if it were the beating of the heart.

Feb. 24.—Secale[30].

March 4.—No changes. On account of the mental depression to which he had been exposed, Staphis. x, every seventh evening a dose.

April 17.—Gastric troubles relieved; twitching and trembling in the left arm as well as the formication rather aggravated. Secale corn.[30], a dose every seventh day. After four weeks he was entirely cured and remained cured.

A short remark may be in place. Our best practitioners found that in the treatment of acute and concurring chronic diseases, a constitutional affection (morbid disposition) requires our peculiar consideration and corresponding selection of the remedy. In most works we find lots of drugs mentioned under different headings, but the soil, on which the trees grow, remains forgotton. And still the improvement of the soil deserves our first consideration. It is only idle labor when we try to cure a syphilis, resting on a psoric soil, without antipsorica; we will hardly ever succeed in removing a pleuritis, a pneumonia, without corresponding constitutional remedies, because diseases in most cases develop in a morbid constitution. An external impulse is often not needed for the appearance of

Digitized by Google

the disease. The season alone, e. g., the spring, suffices to call up the apparently acute, i. e., new disease. I treated a child about two weeks ago suffering from diphtheritis as a sequela of scarlatina. Her little sister had died under old school treatment, and exitus lethalis was feared in this case. Under Conium she improved. On the second evening some fever, hoarseness, dyspnœa, foul breath. Merc. sol.^{3} helped only for a little while, the status quo, which is so often followed by a dangerous aggravation, if the right remedy is not found. The child was of a scrofulous family and I had treated her sister successfully with Sulphur, and Sulphur^2 cured the case. In the case of our farmer the morbid diathesis had also to be taken care of. From continued mental depression the normal state of his constitution became altered, and Secale, though suitable, could not remove the obstacle, and only when Staphis. had performed the duty the Secale acted promptly and cured the case.

AMAUROSIS AND SECALE CORN.—BY DR. KAESEMANN. (*Hom. Vierteljr.* VI, 35.)

Peter D., æt. 13; well grown for his age; learns easily, but is disobedient and has a sweet tooth. Hair and eyes dark; has no steadiness in his eyes; venous constitution, of dark complexion; functions of body normal; has to be constantly watched on account of his vicious habit of onanism. Middle of July he became over-heated when running after a carriage, and after arriving home complained of pains in his left eye, which was red and photophobic: he also had some hoarseness. R. Bellad. 0, 3, gtt. vi, in Sac. lac, div. in pulv. xii, a powder three times a day.

July 19.—Eye neither red nor lachrymating; he keeps it open, but he can only see by keeping objects close to the eye, and even then does not see objects distinctly. He cannot fix his sight wherever he wishes; the eyes are in constant involuntary motion, mostly upwards. Yesterday morning he considered a dark corner of the room to be very bright. Ordination the same.

July 24.—I saw the boy myself and found that the report so far had not been entirely correct. He complains of stitching

Digitized by Google

pains in both eyes and from the eyebrows to the forehead; no redness, but great photophobia; trifling lachrymation; sight somewhat better in a dark room; pupil dilated, round, only slightly mobile; blue and fiery points sometimes twinkle before the eyes; on the left eye vision gone; on the right eye objects seen when held closely before it; sight best between noon and 6 P.M.; sometimes he moves his eyes spasmodically, when voluntary motion of them seems impossible; he walks like a person half blind, holding his head sideways, using the right eye as a guide, and walks rather diagonally instead of straight forward. Examined in a dark room a few days afterwards; he feels pain when opening the lids and touching the bulbus; more photophobia, but during the whole examination, even when he rubs his eyes on account of the pains; no tears are secreted; pupil dilated, but the iris moves somewhat when closing and quickly opening the eyelids. He distinguishes colors with his right eye, when held very closely to it, otherwise everything appears black. ℞. Secale 0, 3, gtt. vi, in twelve teaspoonfuls of water, one every two hours. I changed from Bellad. to Secale because the former manifestations of congestion and erethismus had nearly passed away, and I feared to lose the little eyesight remaining in the right eye. I knew well enough that amaurotic symptoms are also found in the pathogenesis of Bellad., and even old school authorities recommend it externally as well as internally.

July 27.—Last night no pain; this morning some lachrymation. Yesterday he ate two raw onions, and this morning he had a slight chill followed by fever, but did not go to bed.

July 29.—No pains; lachrymation continues; vision somewhat better.

July 31.—I made another visit. He recognizes fruit on the tree at a distance of ten to twenty paces; sees the tiles on the roof, and can read with the right eye when the book is brought close to the eyes, which are more moist and bear light better; pupils are not quite so much dilated, and the iris more contractile; the left pupil is not quite round, but vertically oval; behind it some dimness; pains in the eyes nearly gone; every morning some chilliness. Examining the spinal column I

Digitized by Google

found the first lumbar vertebræ sensitive to the touch. Continue Secale 0, 2, gtt. ix, c. Sac. lac. Div. in pulv. xii, a powder three times a day.

Aug. 4.—He can discern now the windows on the Mansard roof, reads more easily and is able to keep the book a little further off. After drawing a baby carriage in the garden he again saw red and blue colors before his eyes, which already had disappeared, but no pain. Last night he perspired; every morning has chill, heat and thirst; to-day a little later. Supposing it might be caused by the drug, it was omitted and Sac. lac. given in the same manner.

Aug. 7.—The morning fever postpones. Sight on the right eye normal, and with his left eye he can count the pigeons on the roof. Medicine now allowed to act to full recovery.

To show that Bellad. as well as Secale were strictly selected according to the law of similars, let us compare our symptoms with those found in our materia medica. Under Bellad. we read: heaviness in the eyes, especially the upper eyelid; momentary closure of the eyelids which open slowly again and only partially; closure of eyelids; an incessant quivering and trembling of the eyelids; bulbus turned upwards; itching shoots in the internal canthi, which rubbing only temporarily relieves; the eyes turn spasmodically round and round; weak and feeble vision; sparkling, glassy, red eyes with dilated pupils, sometimes with rolling of the bulbi in their orbits; dilated, immovable pupils; red streaks in the white of the eye, with pressing pain; strong ingestion of the conjunctiva; bluish ingestion of the conjunctiva and sclerotica (this symptom fully corresponds to the venous constitution of the child); great heat in the eyes; pain and burning in eyes, coupled with acute itching, ceasing when the eyes are pressed upwards; intolerable burning and dryness in the eyes, more violent alternately in the one or the other; dryness of the surface of the eye and the nose, with burning sensation in them and in the lids (the nose was dry in the boy); shooting in the eyes from within outwards (the boy often remarked that the pains started in the corners of the eyes, radiating from the external to the temples and head); pressure in eyes with sensation as if they were full

Digitized by Google

of sand, so that he had to rub them; general pressure in both eyes, especially mornings; photophobia; dimness of sight preventing reading; illusions of sight with dilated pupils; quivering and sparkling before eyes; shining, variegated hallucinations; bright sparks before eyes; great dimness of sight with dilated pupils; amblyopia and amaurosis; headache and other symptoms.

Secale: Pressure in bulbus oculi; very contracted pupils; spasmodic contraction of the pupils (I mention this symptom as it might have been present before I examined the patient); dilatation of pupils; rolling of eyes in their orbits; diminished vision; amaurosis; flickering before eyes; veil before eyes; sparks before eyes.

Remarks: Secale cured both cases thoroughly, and both physicians demonstrate again the value of the totality of symptoms in the selection of the simillimum. Here our younger brethren often fail, as the one generalizes too much and the other relies on a keynote, perhaps of more than doubtful value, and misses to cure his patient. Between both extremes the truth is hidden and it takes too often hard work to get the truth out. Our monthly journals teem with cases, imperfectly and even poorly related in relation to its pathological status and a cure pronounced from such and such a remedy. Comparing the symptoms of that case with the pathogenesis of the remedy said to have cured the case, we are astonished to find nothing on which this similitude could be based and for this very reason we wished to show how cases should be worked out to benefit the reader, as the doctor did in this case of blindness.

Even the physiological school acknowledges Secale to be indicated in tremors as well as in amaurosis. Thus Ringer (8th edition, p. 571) recommends it in neuralgia and paraplegia; Bartholow (M. M. 279) remarks that the influence of ergot on the circulatory system is due to its action on the vaso-motor nervous system, increasing its action and causing a contraction of the arterioles, the dilatation of the pupil which follows is another evidence of its action, pain in the head (usually frontal), dimness of vision, giddiness and stupor are also pro-

Digitized by Google

duced by it. Brown Sequard (Farquarson's Mat. Med. 245) advises the use of ergot in some forms of paraplegia, unattended by irritation and where inflammatory symptoms have subsided (just as in Kaeseman's case after the use of Bellad.), believing that it acts well by contracting the dilated vessels. Philipps (Mat. Med. 304) gives as the principal symptoms produced by it: dilatation of the pupils with subsequent injected conjunctivæ, rapid respiration, quickened pulse, tremors, paraplegia, profuse flow of saliva, thirst, vomiting and frequently diarrhœa, attended by prostration and convulsions.

Allen and Norton (*Ophthalmic Therapeutics*, 250) do not mention Secale among the remedies for amblyopia or amaurosis, and they believe that in all probability the great majority of so-called cured cases were not true instances of the above disorders, but of some intra ocular disease which might have been recognized by the aid of the ophthalmoscope, still Hart in his "*Diseases of the Eyes*" mentions Secale in paralysis of the retina and versus Allen and Norton we would recommend to our readers the advice of no less an authority than the late Prof. Ph. F. von Walther, who teaches that it is wrong to stand idle at the beginning of a still imperfect amaurosis and thus fail in accomplishing a cure when it is yet among the possibilities.

Whether Kunkel's case of tremor was a genuine case of paralysis agitans is a question which we are unable to decide. The negative side has as much for it as the positive one, at any rate Secale produced great improvement for the time being and so far is satisfactory. The prognosis of paralysis agitans is generally unfavorable under allopathic treatment, and death ensues usually the quicker when paralysis and other disturbances of innervation associate themselves at an early stage to the tremors. Let our principle remain, never to give up the ship, for just in such diseases, considered incurable after some time, the well selected remedy may at an early stage stay the destructive process and regeneration and health restored be the consequence of our labors.

Digitized by Google

KALI PHOSPH., BY DR. AMBERG (Arnsberg).—*A. H. Z.* 9, 1881.

I desire to furnish my mite to the treatment and cure of mental diseases:

Mrs. B., æt. 44, for the last five years happily married, but without children, of healthy color, dark hair and happy temperament, menstruated regularly, of a healthy family, passed through a severe typhoid fever about twenty years ago in consequence of the breaking off of her engagement with a gentleman. Though she recovered, she suffered since then from migraine. For the last fifteen months she complains of occipital headache, which sometimes for weeks fails to yield to any treatment. Last December I was consulted on account of her mental depression, with irritability and sleeplessness, caused by grief for her stepson, who failed in his studies. Ignat.[6] failed, but Kali brom. brought quiet and sleep.

Feb. 9, 1881.—I was recalled, as she had been very depressed for the last three weeks, with sleeplessness, loss of appetite, frequent spells of weeping, and found her suffering from religious melancholia. She always was a devout Catholic, but a trifling error, committed fifteen years ago, now weighed heavily on her mind. She considered herself eternally damned, and even the consolation of her priest failed to reassure her. I gave her again Kali brom., as it had helped her once, but it only brought on such a severe exaltation, that it was considered advisable to bring her to a lunatic asylum. She would not speak a word, kept her lips pressed closely together and refused all food, constant lamentation and crying, tears clothing, bed and everything around her, recognizes nobody, perfect insomnia and she has often to be supported by two persons. In her more quiet moments some food and medicine could be forced on her. I did not know how to rely on Stramon., Hyosc. or Bellad., and tried hydrate of chloral, which she soon vomited, and morphium, 0,03–4 brought no relief. I returned now to the well-tried homœopathic method of cure and chose Kali phosph.[6], for the state of her present exaltation was only the sequel to a state of depression to which the drug corresponded. Schüssler teaches that it produces in the brain:

Digitized by Google

a. mental depression, manifesting itself by fretfulness, irritability, fear and disposition to weep. *b.* softening of the brain. A few months before I had another experience with this drug in an old patient of 80, suffering from deep hypochondriasis and melancholia, with tediousness of life, fear of death, mistrust, down-heartedness, and after the failure of apparently well indicated remedies he was entirely restored by Kali phosph.^{6}. The first twenty-four hours I forced, therefore, a dose down the throat every two hours, and already after eight hours she became more quiet and slept several hours during the night. Gradually she calmed down, recognized her folks and willingly took her medicine and food when requested to do so. Delusions and hallucinations she still had, especially the idea that she had murdered her mother, husband and step-son, and that she therefore would be eternally damned. A week after she was sitting up, and although she had seen them all, that delusion remained. Finally the veil dropped from her eyes and it was touching to see her recognize her beloved ones, to see her smile and become brighter. Reconvalescence was now fully established; sleep and appetite returned and February 25th, she could be discharged cured. Even her headache has left her, and she is happy and able to attend again to household duties.

Remarks: Allen does not mention Kali phosph., neither in the work nor in the appendix. Schüssler considers potassium phosphate a constituent of the brain, nerves, muscles and of the blood-corpuscles. A disturbance in the formation of the molecules of the salt causes in the brain according to location, extension, or intensity of disturbance, mental depression, manifesting itself by irritability (vexation), over-sensitiveness, lachrymose tendency, timidity, shyness, terror. In the nerves, laming pains, mostly felt during rest, better from movement without exertion; a feeling of lassitude and exhaustion. In the muscle-cells fatty metamorphosis; putrid decomposition of the myosin. In the blood-corpuscles too rapid decay of the same. Stillé and Maisch (National Dispensatory) give the formula $K_2\ HPO_4$, and remark that it has been alleged to be useful in scrofulous and tuberculous disease, but there is no evi-

Digitized by Google

dence of its utility. Though Dr. Hughes (Pharmacodynamics, 4th edition, 582) considers Schüssler's structure much founded on guess-work, we see that clinical proof is on the side of Schüssler, and all that is needed is a thorough proving of these tissue-remedies in order to give them their right place in our materia medica.

SEPIA IN SEQUELÆ OF GONORRHŒA.—BY DR. KUNKEL. (*A. H. Z*, 12, 1881.)

A gentleman æt. 36, had a short-lasting gonorrhœa in 1864. Then he was well up to February, 1880. About that time he awoke mostly at night during a pollution, and the discharge was thus suddenly stopped. From that time pain in the urethra with a slight discharge off and on. He received morphine which did no good, then injections, then catheterismus, on account of supposed strictures, which caused blood to flow during and after micturition. Instead of dilatation the use of the catheter caused a narrowing, swelling and painfulness of the affected parts.

Jan. 1881.—Patient changed treatment and applied to homœopathy for relief. He complained now of involuntary urination, emaciation, mental depression, poor sleep; it was difficult for him to fall asleep; mornings hawking of mucus, sometimes painful urination; urine flocculent; defecation normal. ℞. Phosp. ac. x, a powder once a week.

Jan. 27.—After five days constant pain when urinating, and pains in rectum.

Feb. 17.—Stitches in urethra; urine flowing slowly and in a small stream; sleep better; stool hard; skin fatty; perspiration of a foul odor.

March 10.—Less incontinentia urinæ, otherwise no change; sensation of weakness in small of back and lower extremities. ℞. Thuja x, for six days, then a pause.

April 6.—The weakness of the legs decreasing; some incontinentia urinæ remaining. Stitches still in urethra, especially mornings when waking up; urethra not painful to the touch. At night he is free from pain; urine sometimes foul-smelling. He feels best when moving about or when lying down; worse

Digitized by Google

when sitting down; warm air aggravates. Debility, sleepiness, irritable and depressed in mind. (A brother of the patient is in a lunatic asylum, and his uncle suffers from agoraphoby.) ℞. Sepia^{30}, six doses, a powder every seventh evening.

July 31.—Patient returned to-day and reported that feeling quite well he visited his former physician, who recommended a few weeks sojourn in Wildungen (a calcic mineral water). Here again methodically the catheter in increasing calibre, producing a return of all his former ailments. Now when sitting severe burning in perineum, etc. ℞. Sepia^{30}, as before with the same favorable result.

Raue in the second edition of his *Pathology* gives us, when speaking of gonorrhœa:

Phosh. ac.—Gleet, every morning a few drops of a white discharge from the urethra, and in the evening discharge of prostatic fluid.

Thuja.—Gleet, condylomata; prostatic affections; discharge thin and greenish; red spots and erosions on the glans; sudden stitches along the urethra from back to front, or a sensation as if a drop of urine were passing along the urethra with cutting pains.

Sepia.—Gleet, no pain, no discharge, except through the night a drop or so, staining the linen yellowish; or milky or greenish discharge, attended with pain in the back.

Page 731, the same author leads our attention to chronic inflammation of the neck of the bladder, and the prostatic portion of the urethra from suppressed gonorrhœa, and to chronic inflammation of the seminal vesicles, especially when connected with gleet, either one producing hypochondriasis; a dislike for society, irritableness; loss of energy and courage; depression of mind; numbness along the spinal cord, in the lower extremities, or in the fingers; coldness of the back, etc., when connected with abnormal seminal losses. Here Raue mentions only Phosph. ac. of the three drugs, given by Kunkel in his case, and we read under Acid phos.: debilitating emissions from weakness of the parts, during stool; hypochondriacal; urine turbid with heavy sediment.

We read in Lilienthal's *Therapeutics*, 2d edition, page 659:

Digitized by Google

Phosphoric acid.—Erections without sexual desire; during coition sudden relaxation of penis (Nux vom.) preventing emission; weakness after coition or pollution; frequent debilitating emissions from weakness of the parts, with onanism and very little sexual excitement, causing hypochondriasis, etc.

Thuja.—Extraordinary excitement or depression in the genital system; irresistible inclination to onanism (Bufo), even during sleep; *nocturnal emissions which wake him* (*Sarsap.*); discharge of prostatic fluid in threads, early in morning, after waking; paretic debility of extremities, etc.

Sepia.—During coition insufficient erection and but little thrill, after it great weakness, nightly emission with dreams; weak and watery pollutions, after it languid and drowsy; sensitiveness to damp air; despondency; relaxation of body.

Hoyne in his clinical *Therapeutics* quotes under

Phosphoric acid.—The semen is lost on the least provocation; debility and great apathy, urine clear and profuse, feeling of weakness in the genitals; impotence; weakness of the small of the back and heaviness of the lower limbs; even hemiplegia.

Thuja.—*Incontinence of urine*, accompanied with warty growth; frequent urging to urinate, with profuse discharge, burning in urethra during and after micturition; gonorrhœa and gleet, with sweat, honey-smelling sweat on the genitals; discharge of prostatic fluid in the morning after awakening; condylomata smelling like old cheese or like herring brine.

Sepia.—Sadness and dejection, with weeping; pain and painful weariness in the small of the back, especially in walking; fainting and great weakness; fetid urine, depositing a clay-colored sediment, constant pressure on bladder with urgent inclination to pass water; gleet, when the discharge is milky or greenish, with pain in the back; hæmorrhage of the urethra; emptiness in the pit of the stomach.

Remarks: We see clearly that Dr. Kunkel is at fault and that he fails to give us the totality of the symptoms, hence the failure of the drugs prescribed, till finally he hits on Sepia and cures his case as well as the relapse. From the symptoms given Thuja was a splendid prescription and we might as well ask why it failed in the case. Perhaps the very failure proves

Digitized by Google

that the old gonorrhœa, removed years ago, had nothing to do with his present ailment, that the old school physician maltreated the patient on account of a former gonorrhœa and that Kunkel fell in the same error, considering it a sycosis, where probably no such dyscrasia was present. How often do we meet patients, who learned experience from a gonorrhœa or chancre, and avoiding coition sacrifice themselves to the Meloch of onanism. Let us, therefore, study Sepia a little more thoroughly.

Hahnemann's teaching to look well to the mental symptoms ought to be kept fully in our mind in the selection of the simillimum. Compare the indifference and apathy of Phosph. ac. with the restlessness and irritability of Sepia and we see already here a keynote for the selection of Sepia. Our patient complained of difficulty of falling asleep and restless sleep, a symptom found more exquisite under Sepia than in Phosph. ac. The latter has "lascivious dreams with emissions, wonderful dreams," whereas under Sepia the sleep is disturbed all night from unpleasant dreams (here again Kunkel leaves us in the dark, whether this pollution or those pollutions were connected with lewd dreams or not, and whether every night the pollution awakened him and stopped the discharge, or whether this accident happened only once).

We read at first only of "pain in urinating and by and by also in rectum; a week later stitches in urethra, urine passing slowly and in a fine stream." Only under Sepia Allen gives us "stitches through the bladder a little while before urinating," "severe tearing in the urethra, violent continued cutting, soon also stitches in the urethra;" frequent micturition during the night, whereas we meet under Phosph. ac. only stitches in the end of the urethra.

Physical exhaustion on the contrary is greater in Phosph. ac. than in Sepia, but those symptoms of weakness of the back and of paretic symptoms of the lower extremities only appeared after the use of the acid and were not much relieved by Thuja. Allen again gives us a perfect picture of this weak back under Sepia with much weakness in the lower limbs.

Incontinentia urinæ, foul smelling urine, foul perspiration

Digitized by Google

are also stronger accentuated under Sepia than under Phosph. ac. or Thuja; thus we notice under Sepia: urine thick, slimy and very offensive, depositing a yellowish pasty sediment; urine with much white sediment and fetid; much foot-sweat of intolerable odor, the toes become sore. Amelioration in open air is also found under Sepia.

Considering all the symptoms of the case we see that Sepia was the simillimum to the case, and the palliative action of Thuja demonstrates that sycosis was not the cause of the affection.

LESIONS OF THE HEART AND SEPIA.—BY DR. KUNKEL. (*A. H. Z.* 13, 1881.)

S., æt. 24, farmer and son of a farmer, was treated and cured 1872 of articular rheumatism. Now he is in the army and occupied in an office in Hamburg. For the last eleven weeks he had been treated there for articular rheumatism with salicylate of soda and other remedies, but as he got no better, he was discharged and sent home. I saw the patient May 1st and learned that he had felt unwell a long time before he took sick. Used to live in the fresh air the confinement in an office was irksome. He could never bear a hot room or to sit quiet. In the office he often became restless, had to get up and walk about, suffering from cerebral congestions and frontal headache; profuse sweating. The pain changes its seat, now the knee-joints are especially affected, not much swelling; pulse 112 to 120. The heat of the bed is agreeable. ℞. Sepia[10], morning and evening a dose.

May 3.—I heard that he had more fever, but slept well last night and is now free from pain. ℞. Sepia[10], seven powders to be taken during two weeks, which cured him entirely, but on my return from a journey I examined his heart and found insufficiency of the aortic valves, absence of the second sound of the heart, with secondary hypertrophy of the left ventricle (deep position of the apex, somewhat increased impulse, jumping pulse, etc.), but nothing of any severity. On horseback he feels a slight pain in the cardiac region. Head and chest must be high in bed (an important symptom in beginning endocar-

Digitized by Google

ditis). ℞. Spigelia[10], Sepia[10] in alternation, every fifth evening a powder, though I hardly dare hope on any retrogression of the cardiac affection.

We ask, where was the seat of this affection? We often meet cases where the disease jumps from one chapter of special pathology to another one, and such cases prove that special pathology is only the expression of an artificial system, tearing asunder what belongs together and vice versa. The antecedentia of the case as well as its present status indicated Sepia. If the former would have changed into another morbid state e. g., pleuritis, this metashematismus would not have altered the essence of the disease, and Sepia would still have remained the remedy, proving that the form and the essence of a disease do not cover one another, and that for a scientific therapia the special pathology of the scientific school can never become the foundation.

Comments: Dunham, in his Lectures on *Materia Medica*, II, 148, speaks of Sepia as a remedy in functional derangements of the liver, and comparing it with Murchison's second form of hepatic derangement, viz.: that of the function by which albuminoid matter is disintegrated and eliminated, and the derangement of which is manifested among other symptoms by excess of uric acid and urates in the urine. Among others we find: anomalous or regular gout, water in the blood and deposited in or near the joints; aching of the limbs and lassitude; palpitations and fluttering of the heart; feeble circulation; irregular and intermittent pulse.

Raue (*Special Pathology*, 2d edition, 445) considers verrucose endocarditis most frequently complicated with rheumatic arthritis, (we think it may be a mistake that Kunkel could not detect the second sound of the heart, as in most cases we find a diastolic sound in the aorta in consequence of the regurgitation of blood into the left ventricle during the heart's diastole), still Clapp (*Auscultation* and *Percussion*, page 88) notices a soft murmur, which may be rough or musical, and which replaces or immediately follows the aortic second sound, which is weakened or suppressed; and we believe Kunkel's case to be nearer arthritis than articular rheumatismus. That Sepia

Digitized by Google

cured the case may be considered in favor of our proposition. The age of the patient does not contradict it, as Bartholow (*Practice of Medicine*, 820) teaches that gout may begin at a comparatively early age, when the bodily predisposition (heredity) and the habits of life favor its appearance. In arthritic patients the blood contains urate of soda, and in the perspiration uric acid is frequently present, and also in excess in the fluids transuded into the pericardium and peritoneum and vice versa. Dunham (l. c. 154) shows that every prover of Sepia noticed marked diminution in the quantity and increase in the specific gravity of the urine, which deposited uric acid and urates.

Why this alternation of Spigelia with Sepia? It shows that Kunkel was not quite sure of his selection, and the case thus loses much of its value. Let us compare the heart symptoms of Sepia and Spigelia in order to see whether they complement each other.

SEPIA.	SPIGELIA.
Violent stitches in the chest with every inspiration; he dared only to take a short breath; stitches deep in the chest; a sharp shooting pain through the heart, like an electric shock; palpitation of the heart with stitches in the left side of the chest.	Violent stitches in left side, just under the heart, recurring periodically; stitches in the diaphragm, on the left side, so violent as to arrest respiration; dull stitches synchronous with the pulse in the region in which the heart's impulse is felt; stitches between this latter spot and the epigastrium.
Violent palpitation of the heart and beating of all the arteries, in the evening in bed. Convulsive beating of the heart, with great anxiety and trembling of the fingers and lower limbs.	Very violent pulsations of the heart, audible to the patient and visible to the bystander.
	Violent palpitation and anxiety.
	Tremulous motion of the heart.
Palpitation of the heart, as though it would force its way through the thoracic walls, relieved by walking a long distance and walking very fast.	Palpitation increased by sitting down and bending forward, and by deep inspiration and retention of breath; palpitation as soon as he sits down after rising in the morning.
	In the præcordial region a heavy, painful pressing load, causing constriction and anxiety, with cutting and griping, as from wind in the abdomen. (Dunham, I, 208.)

H. N. Guernsey mentions as characteristic of Spigelia: dysp-

Digitized by Google

nœa, can lie only on right side, with trunk raised; the least motion produces great suffocation, with anxiety and palpitation of the heart. Raue gives us: waving palpitation, not synchronous of the pulse; purring feeling over the heart; trembling carotids—all symptoms belonging to rheumatic endo- and pericarditis, whereas Sepia gives us more chronic arthritic states. From this very alternation is shown that Kunkel was neither sure in the diagnosis of his case nor in the selection of his remedy, and we feel sorry to see him decry special pathology which certainly affords us many a valuable hint in the treatment of our patients.

ARTICLE XXVI.—Cases of Chronic Disease.—Cured.

By Thomas Skinner, M.D., London.

(Continued from page 258.)

By way of variety, I give some cases from among my male patients.

Diabetes Mellitus.—*Hepar*, *Carb. veg.*, *Calcarea*, *Sulphur.* I. H. B. consulted me on the 20th September, 1874. He was then 48 years of age, light and gay-hearted, a regular *bon vivant*, but at my urgent request he gave up smoking and drinking and dining-out.

History and Semeiology.—About four years ago he found himself losing health and flesh. From being a man of 23 stones weight he had come down to weigh 11¾ stones. He had fallen away from his clothes yearly. *He had an intense thirst with a parched throat, always worse before going to bed and in the night-time.* He had observed that he passed a superabundance of pale straw-colored urine; had an excellent appetite and digestion, "but doctor, I am burning my own candle at both ends all the same." From these signs he concluded that there was something radically wrong with his system. He consulted his family physician who told him he was suffering from albuminuria, Bright's disease of the kidney, and he was treated for

Digitized by Google

such for a year or so without the slightest improvement. Having heard that I had cured his daughter of a long-standing left ovaritis, which had defied the Old School "Regulars" for a year and a half, he thought that I might do something for *him*. I have said he consulted me on the 20th September, 1874, as a homœopathic physican, but I had had him under my care for one year before then as an Old School "Regular." The light had not yet fully dawned upon me. I examined a specimen of his urine passed in my presence, and it was of a light straw-colour, with a specific gravity of 1035, which on being boiled with a third part of liquor potassæ gave the usual dark port-wine colour and when treated with liquor potassæ tinged with a solution of sulphate of copper and boiled, the usual precipitate of black oxide of copper was thrown down. Albumen there was none! There could be no doubt about the diagnosis when I add, that he was passing from four to five pints of this urine a day; that his skin was harsh and dry, non-perspiring; that his vision was dim; that he was suffering from numbness and formication in the upper extremities, and deadness of the outer side of left leg, and complete impotency. I must not forget that he told me he had the temper of the devil. "*He often felt as if he could kill without hesitation anyone who offended him;* only he knew better than do it."

As an Old School "Regular," to use Dr. Dowling's new designation, but with whom I beg to differ, as Old School and New School physicians are both "Regulars" inasmuch as they both prescribe according to the rule of cure they are taught, and as they understand it. In both Schools, thank Heaven, there are "physicians and physicians"; but to my case. As an Old School physician, I ordered him to walk from five to ten miles a day in all weathers, only making sure that he was well protected from damp and cold on all sides. Without *muscular* exercise in diabetes, a cure is in general a poor lookout.

NOTE.—The idea of attempting to cure a case of diabetes mellitus without exercise in the open air, as is too frequently done in the wards of hospitals, is simply absurd; as a rule it cannot be done, and ought not to be risked. Believing, as I do, that diabetes mellitus is a disease of the brain, of the cerebrum, I make a point of treating diabetes and all affections of the brain which admit of muscular exercise, by resting the cerebrum; by stopping all brain work and removing all sources of

Digitized by Google

mental worry, excitement and anxiety as much as possible; and by calling into play the functions of the cerebellum, which governs the co-ordination of muscular action, as obtains in all forms of muscular exercise. It is also said, and believed by pathologists of the physiological school, that the saccharine element of the blood, which is separated by the liver, is burnt up and metamorphosed chiefly in the muscular system, subsequently to being eliminated as effete material by the kidneys in the form of urea. True or false, as this theory supports the valuable adjunct of muscular exercise I here adopt it, but it does not follow that what takes place in health, can be accepted as fact, when reasoning as regards diseased action—as will be found true in this case. One year of muscular exercise kept the patient from "getting worse," but it did not diminish the amount of sugar, nor increase the urea thrown off by the kidneys during a whole year, at the rate of ten miles a day. I must be excused if I travel a little out of my way in order to explain the true source of resting the cerebrum and calling into action the functions of the cerebellum in all cases of cerebral irritation, inflammation or disease of the brain of any kind which admits of muscular exercise. It was gleaned from the works of the immortal Swedenborg. I think I see the smile of derision on the faces of the modern physiologist; those who never heard of the man as a physiologist, or that he had ever dipped into the subject at all. What kind of an authority can he be in anatomy or physiology who never occupied a chair in a university, or whose physiological works have never formed a part of the curriculum of study anywhere? We have all heard of Draper, of Müller, of Majendie, of Carpenter, of Todd and Bowman and the like, as stars of the first magnitude in the firmament of physiology, of "Regulars," but of Swedenborg, "never! or hardly ever!" Swedenborg's star is not setting, as these stars are bound to do some day;—the light of the planet Swedenborg is only reaching us but dimly now—and it is bound like "the lesser lights" of reflex action to shine by night as well as by day;—the planet Swedenborg can never set!

To all who desire to understand the Higher and Highest Homœopathy of Hahnemann, they must look into the transcendental anatomy and physiology of Swedenborg as is to be found in his "*Animal Kingdom*," in two volumes, translated by Dr. Garth Wilkinson, of London, in his "*Economy of the Animal Kingdom*;" "The Organs of Generation," and above all, let me recommend those who desire to study Anatomy and Physiology from a kindred spirit such as Hahnemann, to a work about to be published by Messrs. Bœricke & Tafel, of New York and Philadelphia, "*Swedenborg on the Brain*," consisting of portions hitherto unpublished of the "Animal Kingdom," and the "Economy of the Animal Kingdom," translated and edited by R. L. Tafel, A.M., Ph. D, in 4 vols., large 8vo, with an atlas of plates. But, it may and will be said, Swedenborg was no anatomist; granted, but his anatomy is taken from the very founders of the Science of Anatomy, whose names are recorded on all parts of our anatomy, in every foramen of the skull of man and over all parts of the brain and nervous system. Swedenborg's Anatomy is common to himself and to all of us, as it is gathered from the works of Willis, Vieussens, Ridley, Pachioni, Boerhaave, Heister, Winslow, Malpighi, Morgagni, Swammerdam, Leeunwenhock, Ruysch, Glisson, Schurig, Fantonus, Steno, Litre and many others, too numerous to mention. Such men like Swedenborg dissected brains with brains—with the scalpel of the soul—and I con-

Digitized by Google

sider that Britain and America are both deeply indebted to Dr. Garth Wilkinson for the rich treat he has afforded them, in acquainting us with the observations and views of the founders of the Science, and with the marvellous light thrown upon "the dry bones" of Anatomy by the Swedish Seer. If Dr. Tafel's proposed publication, which will be a *resumé* of all that Swedenborg has written upon the brain one hundred and forty years ago, with the delicate task of bringing the work up or down to the level of the Science of Anatomy, Physiology and Pathology of the brain of the present day, is equal to that of Dr. Wilkinson, who, I believe is assisting Dr. Tafel in seeing the work through the press, he will deserve well of all men, and of Homœopathicians in particular. I heartily wish Dr. Tafel all success in his arduous undertaking.

To return to the case of my patient, he was dieted *secundum artem*, à la Pavy and Co., and all I can say about the diet, exercise and medicine is, that he got *no worse*, which is saying a great deal. Once on a time the urine came down to 1025, but it was very temporary, as political elections came on in which he would bear a part, being of the High-Tory party, the result being that the specific gravity when next examined was 1048. This, and a considerable experience of diabetes, have suggested to me the absolute necessity of not exciting the brain to excess even pleasurably. Some pathologists blame the liver, some the stomach, some the kidneys, and some an irritation of the fourth ventricle of the brain, as the *fons et origo mali*. For my part, I think that if there is any organ more at fault than another, it is the brain which is primarily at fault—the rest of the body being secondarily affected.

Treatment.—As I saw that my patient's confidence was on the wane, and as I had just witnessed two remarkable cures made by Dr. Berridge, of London, on two of my own lady patients suffering from chronic disease, I determined to lay this case before him *in writing*, as I had done with the other two. He replied by return of post, "give him *Hepar*^{30} a globule night and morning," and on the 20th September, 1874, I so prescribed, and at the same time I directed my patient to continue his walking exercise as heretofore, and to go back to his *usual* diet of milk and eggs and flesh-meat; to leave off all *special* diet, such as gluten bread, almond meal biscuit, etc., but to be sparing for the present of starchy and saccharine food. No wine or tobacco in any form, or stimulants of any kind were allowed, because they affect the brain. When these

Digitized by Google

powders were taken, that is, in seven days he sent me a specimen of his urine passed that morning, *urina sanguinis*, the specific gravity of which I found to be 1022. *It contained abundance of urea and not a trace of sugar for the first time in one year.* He got no more medicine until the 30th October, 1874, when I gave him a globule of *Hepar*^{30}, night and morning for another week, at the end of which time the specific gravity of the urine was 1015, containing urea and not a trace of sugar. As he was still complaining of a symptom of dyspepsia which I have forgotten to mention, namely, a pain in the cardiac region after eating anything tough, as if the food stuck there and would not go down, I sent him two week's supply of *Hepar*^{35}, a powder to be taken every morning on rising. On the 23d December, 1874, I received a letter with the urine to examine. In the letter he stated, that his "urine *tastes* very salt now instead of sweet and the impotency is gone." The specimen of urine contained urea, no trace of sugar, and the specific gravity was 1014. I gave him no more medicine, and I told him to take none of any kind from any one but myself. If he felt any return of his symptoms or any new ones he has to communicate with me or call and see me. He resides miles from Liverpool, where I then resided.

I heard no more from my patient until 1st September, 1875, over eight months, when he complained of *headache if he presses his hat at all firmly on his forehead* to keep it from being blown off, and a gnawing pain in the region of the kidneys, which he says was a common complaint at the commencement of his illness. (Return of an old pain is best let alone.) It is a benumbing pain such as follows acute neuralgia. He also has great pain in the shoulders and upper arm, right worst, *when taking off his coat.* Urine, specific gravity 1015, no trace of sugar, although he was and had for long been freely partaking of sweet pears, grapes and peas, all of which he is very fond; two glasses of claret to dinner, besides a free diet of everything except pork and veal, both of which latter he was directed not to take, because much too fond of them.

My patient being very impatient under affliction and being importunate for relief, I sent him *Carb. veg.* 3 M. (Jenichen)

Digitized by Google

12 powders, one night and morning till better or worse; that was on the 25th September, 1875. On the 6th November following he reported himself "better or nearly well." Urine, specific gravity 1022, a more yellowish tint; no trace of sugar, but a distinct yellowish-red sand, uric acid. On the 1st December, 1875, I received a letter of thanks with a remittance, stating that he had really nothing now to complain of. With exercise he now freely perspires, which was never the case when there was sugar in his urine. His weight has been steady now for a year, 12 stones 12 pounds to 13 stones. He walks ten miles a day without experiencing fatigue. Urine normal, in quality and quantity, from two to two and a half pints a day.

An interval of four years.—For four years my patient considered himself a perfectly "well man," but chronic disease, particularly of the brain is apt to return, and more especially in such a deep-seated constitutional disease as *Diabetes mellitus.*

In the latter end of August, 1879, he began to lose the sight of his left eye. He knew that I was then not in Liverpool; and as he thought it would be necessary for me to examine his eye, and never dreaming there could be any connection between diabetes and loss of sight, he determined to consult the best or reputedly the best oculist in Manchester. He did so, and the oculist told him that as he could see nothing wrong with his eye, the disease must be deeper-seated. He asked him if he had or ever had anything else the matter with him, and Mr. B. told him that he had been "cured of diabetes by a homœopathic physician in Liverpool four years ago." To which the oculist replied: "Go back to your doctor who did not cure you, but who evidently can do more for you than I can; the loss of sight of your left eye is connected with the diabetes; you are suffering from what I should call diabetic-amaurosis."*

* I wonder what Dr. Dowling would call this noble, this generous specimen of an honourable and highly skilled ophthalmic physician of the Old School. Is he a "Regular" or an "Irregular" Practitioner? This physician knew the limit of his skill in therapeutics, and who will question his skill in diagnosis? Does this physician act or practise according to rule or no rule? How many "physicians practising homœopathically," when they know they can do their patient no good

Digitized by Google

On hearing this, my patient lost no time in communicating with me in Invernesshire, and sending me a specimen of his urine, which was all right. He complained at the same time of *cold feet and hands, constipation, sleeplessness and headaches, with forgetfulness*, and, when I took into consideration that it was *the left eye*, the sight of which to define objects large or small was *now entirely gone*, I sent him one powder of *Sulphur* M. M. (F. C.) and I told him to let me know in a fortnight how his sight and other symptoms were. Faithful to the day he wrote to say that his sight had improved daily, and all his other symptoms had vanished. "My left eye is now as good as my right." I. H. B. is now alive, and "as well and hearty as ever he was in his life."—(24th September, 1881.)

(N. B.—In my notes of this interesting case I find under Feb. 9th, 1876, that I gave him 12 powders of *Calc. carb.*^{mm} (Swan),

---

and that an Old School "Irregular" might do more, hand over their patient entirely without consultation or tie of any kind, as ought always to be done, and as was done in this instance? The idea of turning up Webster, abridged or "unabridged," to find the meaning of "regular" as applied to two schools of Medicine diametrically the opposite of each other, yet supported by the States in America and unsupported by the State everywhere else. It is this same State-support which is the curse of every form of truth which can be "jobbed" or turned to selfish purposes. Truth requires no State-support, and he who thinks it does, is a traitor to truth, whether he knows it or not; and as long as any truth requires the pecuniary aid or support of the State, farewell to its purity and innocence. I speak for myself and as I feel. The Army and Navy are State machines, institutions inseparable from the State, but medicine and religion are personal affairs, which are best supported by individual effort and enterprise. Judging by what has transpired in America, it would appear that the State-support of Medicine is not an unmixed evil, as little is it an unmixed good; and in-as-much as the States of America have done more for the good cause than any other nation under the sun, we cannot be too thankful. All hail Columbia, the foremost in remodelling the Institutes of Medicine. "May your shadow never grow less!" In the Army, "The Line" are the "Regulars," but I have still to learn who are the "Irregulars." Is it the militia or the volunteers, or the Naval Reserve? If they are the "Irregulars," let Dr. Dowling tell them so at a public meeting where they are in full force! If Dr. Dowling and those who think with him will take my advice, they will avoid such invidious distinctions in future as unprofessional, and cease to call their brethren by unbrotherly names which offend the *amour propre* and of necessity breed ill-feeling and do no good, besides, it sounds like being one's own trumpeter, or very like the spirit of the Pharisee, "Stand off from me for I am holier than thou." With Mark Antony let us say, whatever we may think, that Brutus and Cassius are both "honourable men."

Digitized by Google

but why I prescribed them, deponent knoweth not. It is consoling to know, however, that I. H. B. on the 28th Feb., wrote me asking for a repetition of the same medicine, and that I sent him 12 powders of S. L. instead.)

COMMENT is superfluous, but I am tempted to make one or two. In the first place, what led Dr. Berridge to select *Hepar* in a case of diabetes? According to Pavy and the like, physicians who treat disease by name or by a fancied pathology, and still more fanciful terms, glycosuria and the like; as if sugar in the urine and an absence of urea *was the disease*—when they and all other objective symptoms in chronic cases are only effects of diseased action, which diseased action is always subjective and part of the great invisible, which materialists to a man either willingly or unknowingly ignore as worthless, or point-blank deny. According to the teaching and practice of the great majority in the New School we should select a medicine which has been known to induce diabetic or some kind of sugar in the urine. This is simply putting the cart before the horse, giving primary importance to a single objective symptom, and which symptom is only the effect and not the cause of the disease, much less is it the disease, and ignoring the totality of past and present symptoms, especially the subjective, which clearly indicate the altered state of the vitality. If we do not select a remedy which has induced saccharine urine, let us at all events give *Phosphoric acid which is a specific for diabetes*, because nine cases at least have been reported as *cured* with it. Query, How long were the cases watched? Now, *Hepar* was never known to cure a case of diabetes, and *Hepar* was never known to induce saccharine urine, and so far as I know, it was never known to decrease the amount of urea. Allen is silent on both counts, and although this *unfailing test of the existence of the disease was totally absent in the pathogenesis of the remedy*, Dr. Berridge chose it, and it cured or removed the sugar from the urine and restored the lost urea "as if by magic." I say what led Dr. B. to select *Hepar?* It was a *moral* symptom, it was a diseased or altered state of the temper and disposition of the patient which chiefly led him, as it would Hahnemann or any genuine thorough-go-

Digitized by Google

ing Homœopath, to give the patient a medicine which has frequently induced *the same state of mind.* I. H. B. told me his temper was "like the fury of the devil, or of the British Lion when trampled on. He often felt as if he could *kill without hesitation any one who offended him.*" In Allen we read (Symptom 22, *Hepar*), "*The slightest thing made him break out into the greatest violence; he could have killed some one without hesitation.*" In Hempel's *Symptomen Codex*, the best translation of Hahnemann's works he ever wrote or published, this symptom is in italics, because it is a *key-note or characteristic symptom of Hepar;* why it is not in a peculiar type in Allen's great work, I am at a loss to understand. Can it be because it is *only mental* and not corporeal, therefore *unreal?* What can be more real than a man or a woman, or a lion or a devil in a diabolical passion with an unhesitating desire to kill? Seeing the marvellous effect of the *Hepar*, which was only about the sixth case of cure by homœopathy I ever witnessed, I took courage and conducted the rest of the case to its present happy termination, *in propria persona.* If any case shows the great value of mental and moral symptoms as first pointed out by Hahnemann this case does, and as I am on the subject I shall choose another case showing the extreme value of mental and moral symptoms, *when come-at-able.* One word more—what about the diabetic amaurosis which the first oculist in Manchester said he could do nothing for, total blindness of the left eye, and nothing visible with the aid of the Ophthalmoscope to account for the blindness? This was cured in fourteen days by one dose of a few molecules of sugar of milk, medicated with the millionth centesimal or Hahnemannian dilution of *Sulphur*, made by myself on my own "FLUXION CENTESIMAL ATTENUATOR," which makes each attenuation separately, completely emptying the attenuating glass one million times, one drop of the millionth attenuation being all that is used in medicating the sugar of milk. The time occupied by the machine running day and night at the rate of fifty attenuations per minute was close upon a fortnight. Can any man calculate or rather form a reasonable idea of the proportion of *Sulphur* present in the powder? I think not! considering that

Digitized by Google

the thirtieth represents the decillionth of one grain—as well might we try to calculate or conceive the infinitesimal particles of matter which pass through the sole of the shoe or boot of a man which enables the bloodhound to trace and find the foe or the run-away. Perhaps it was only another of those happy "coincidences" so common in my practice. As dozens, if not hundreds of such coincidences are likely to see the light in this JOURNAL, I shall not anticipate, and in the meantime Milwaukee will have time to ruminate. Another word with reference to the diet in this case of diabetes mellitus. Was the cure due to it? I never diet my patients specially as a rule, because sceptics are certain to give the special diet all the credit. I never diet them specially until I find that I cannot manage the patient without doing so. Just as the *Hepar* was given he was ordered to leave off his special dieting and return to his naturally selected food. This was on the 20th Sept., 1874, when the specific gravity was 1035, and had been so for a full year or more. On the 1st Sept., 1875, about one year after this, we find the specific gravity 1015, without a trace of sugar, "although he was and had for long been freely partaking of sweet pears, grapes and garden or green peas, besides a free diet of everything except pork and veal," including wheaten bread, sweet cakes, buns, and potatoes. At the present time, and when the amaurosis appeared, there was no restriction of any kind as regards diet, except that I know he has bravely denied himself the luxuries of wine, malt, spirits and tobacco, with the exception of a glass or two of claret to dinner. If my facts are correct and true, we may safely conclude that the diet had nothing whatever to do with *the cure*, except in sustaining the life, as in ordinary health. The unfortunate patient who happens to fall into the hands of gluten and bran-bread and almond-meal physicians, of those who deny them sugar, starch and the like digestible food and substitute for it the most indigestible food in the most tasteless form, as if there were not enough of indigestion, weakness and irritability to deal with in the disease, without such indigestible rubbish, is robbed of all chance of cure by trusting chiefly, if not entirely, to an innutritious and restricted indigestible

Digitized by Google

diet. As to Allopathic therapeutics, Opium, Carbolic acid, Creasote, and a few temporizing agents, such as Ammonia Phos., Lactic and Phosphoric acids, Codeia, Cod-liver oil, Hot-air and water baths, medicated and unmedicated, are about the total; with Professor Donkin's skim milk, goats whey, and *Palmer's Ligneous Matter of Potatoes made into bread for diabetic patients.* (*Lancet*, March 17, 1849.) The late Dr. W. Budd of Clifton, tried and recommended *sugar* as an article of diet in diabetes, and he published a case illustrative of its value in the *Brit. Med. Journ.*, Nov. 14, and Dec. 19, 1857, with the usual sequence. Drs. Williams, Burd and Bence Jones found sugar to be an utter failure in diabetes mellitus. Dr. Budd's saccharine treatment may be homœopathic in one sense, but it is certainly not the homœopathy of Hahnemann; as well might we attempt to cure every case of diabetes with *Hepar*, because it has cured this case. It would not at all astonish me if *Hepar* was now added to the list of homœopathic *specifics* for diabetes, and if it were "tried on" for the next twelve months in every case of diabetes which turns up, instead of every case being worked out as a separate arithmetical sum, and carefully individualised, there being scarcely one well proven medicine which may not be indicated in any case of diabetes or any other disease.

WINTER COUGH, *Lycopodium.*—A wealthy ship owner, age 53, used to suffer badly from two forms of cough for many years; yes, for 15 years, because I attended him as an Old School physician about that length of time. One form of cough with copious expectoration, was in general arising from stomach and liver derangement, caused by downright surfeiting or gluttony—a humoral asthma or bronchorrhœa—which was always relieved by a mustard emetic, followed by an alterative pill and a mild black draught. These were the easy cases to prescribe for, these were the sublimely happy days, the good old times! but I wish for all that they may never return! The winter coughs, being constitutional, were not so amenable to my Old School measures, and beyond a palliative linctus I was all but powerless. ℞. Chlorodyniæ ʒij., Vin. Ipec. ʒj., Syrupi scillæ ʒss., Mistura amygdalæ ad ʒvi. Misce;

Digitized by Google

dosis 3ij. urgente tusse sumendus. When my wealthy and heavy-living friend heard that I had become a homœopath, he concluded that I was "off it." So he declined to come near me or send for me. At last his old winter cough came upon him, and he well knew how very little any one could do for it, so he rummaged up my old prescription, and he took, most religiously, his dessertspoonful after every or nearly every fit of coughing, until the linctus or "cough mixture" made him ill otherwise, so he gave it up and resolved to go next morning and consult "globules," as he called me now to his wife.

18th January, 1876.—On the morning of this date he called before my consulting hours in order to make sure of being seen first. When I entered the room I soon recognized the old hard, dry, irritable, hacking cough, which neither the patient nor the physician could ever get under. "My dear doctor, you see if I could only get my breath under it, whatever it is, I would get it up, *but I can't.*" There was an absence of "guiding symptoms." It looked like *Cina* one moment, *Nux* another, *Bryonia* another; so that I was now as much puzzled as a *new* "Regular" as I was when an *old* one. *His tongue was a dirty-white, and he said that he had always a bilious, slimy bad taste in his mouth of a morning, and the cough was always particularly dry, no expectoration.* I gave him one powder of a very high attenuation of *Sulphur*, as a feeler and because well indicated. It fell "like so much water on a duck's back." I then gave him *Bryonia* M. M. (Bœricke) 12 doses, one night and morning, because of the surfeiting, with no better result. The next hardest and irritable cough I could think of then was *Nux vomica*, and this he got in the 150 M. of Fincke, which third effort was equally fruitless. I was at my wit's end, and my patient was now quite convinced in his own mind that homœopathy was "a swindle," and he begged of me that I would just "prescribe for him in my old way, for believe me, doctor, I'm dumb if they ask me." In despair I looked into Bönninghausen and Simmons, I could not see my way. At last "a sail in sight appeared." I remembered a remarkable conversation which took place some years before in his own bedroom in presence of his wife. He said to me:

Digitized by Google

"Doctor, if a woman was as ugly as sin, and she had plenty of money, I would kneel down and worship her. (His wife brought him a lot of money.) The wife stormed most justly and said, "How dare you say so in my presence, and in the presence of others?" To which he replied: "Well, well, my dear, if I said anything else I would be telling a lie." I had a *miserly disposition* to deal with and a *hard cough*. It was not difficult *now* to find the remedy—it was *Lycopodium*. I gave him 12 powders of it, M. M. (Bœricke). I told him at the same time to take no more than was necessary to relieve the cough; and I requested him to let me know which of the twelve relieved him. Next morning I received a letter stating that "after the first of your magic powders, I have never coughed once." Little does he know that he was indebted to the scene in his bedroom for relief not only to his then cough, but also to his "Winter Coughs," as I have heard no more of them, and I know the family well. I am sorry to add, that, for the sake of his dear and charming wife, I did not cure his unhappy disposition. It is enough to cover it with the remedy—such a *simillimum* is always bound to act "like magic." It is quite another thing to turn out the tables of the money changers and those who sell doves—that belongs to a higher skill and school than that of medicine. Here is another happy "coincidence" brought about by *the millionth attenuation of Lycopodium*, made upon another machine, that of Dr. Bœricke, of Philadelphia, which also makes each centesimal attenuation separately, and accurately measures and empties each 100 drops or minims as it proceeds. For a correct representation and description of this attenuator see "*The Organon*," Volume I., page 421. Dr. W. L. Breyfogle has said that he does not believe the millionth attenuation was ever or could ever be made. One thing is certain, he cannot say so now, as I have the millionth centesimal attenuations of Sulphur, Calcarea, Lycopodium and Syphilinum made on my own machine. I can swear that they are the millionth, and they act with marvellous certainty and power when selected strictly as Hahnemann directs in his *Organon*, but not otherwise.

(Continued in our next.)

Digitized by Google

ARTICLE XXVII.—Cuprum Aceticum.

By G. Schmidt, M.D., Vienna.

Hygea, XII, 112.

Let us study: 1. The diseases in which this remedy is indicated; 2. The pathological state, for which it is indicated, appears not rarely during other grave diseases, and may become dangerous to life.

1. The chief affection, for which Cuprum aceticum may be indicated, is a *peculiar eminent cerebral affection*, setting in during the course of different severe diseases. We meet here: 1. Acute *exanthemata*, where the eruption fails to come out or where the efflorescences rapidly sink in during that stage, often rapidly followed by death in consequence of paralysis of the brain. Such cases were observed in scarlatina, morbilli, variola, miliaria and erysipelas. The pulse becomes rapid, small, weak, irregular. The skin lost considerably of its former warmth, even becomes cold and clammy. Affections of the nervous system are never absent, as convulsions of different parts, distortions of the eyes, face, mouth, head, etc.; spasms in the chest, eclampsia; great restlessness, sopor, deliria, etc. Let me relate a case in point:

A patient had an angina tonsillaris, which ran its usual course, and he could be considered convalescent. Without any prodroma an epileptic fit appeared during the night. We then considered that the contagium of scarlatina caused the angina, and as it still remained in the body after the removal of the angina, it caused the nervous affection. In all such cases, which sometimes unexpectedly disturb our equanimity, Cuprum aceticum remains our sheet-anchor. I formerly used for such accidents Bellad., Hyosc., Stramon., Opium, Ipecac., Ignat., Chamom., Nux vom., Ver. alb., Coccul., Arnica, Digit., etc., but they all failed, whereas Cuprum acet. brought the desired relief. It is remarkable that the eruption appears or reappears, as soon as this cerebral affection, suppressing the exanthema, is removed.

2. The same cerebral affection we find in children, but run-

Digitized by Google

ning its course less stormy, less rapidly and with less danger, during dentition and during a catarrhal fever, with the same coincidence that as soon as the cerebral affection passes away, the prior state returns with full force. The children are at first either irritable or cross, or they are listless or apathetic. Sleep is restless, they throw themselves about and as the disease increases they are sleepy without being able to sleep. They feel unable to hold the head in the erect position; the face turns red; dryness of the mouth, even with diminished thirst, which never increases, though the disease may increase. Nausea, vomiturition, sometimes vomiting; constipation more frequently than diarrhœa; urination scanty, the urine clear, light or dark; horripilations with hot flushes, rapidly changing one into another. The heat mostly not considerable, only sometimes even burning for a short period; perspiration rare, never continuing very long; great variability in the pulse, in toto moderately frequent and full, somewhat irritable, changing in energy; exacerbation in the evening and during the night; sometimes twitching and gnashing of teeth. From such a state hydrocephalus may develop itself.* Formerly I used Bellad. in such cases, but it disappointed me, whereas Cuprum acet. soon shows its good effects. At the time of exacerbation, where the fever approaches a synochal state, I am in the habit of alternating Acon. with the Cuprum.

With the same morbid state a hepatic affection may combine itself, or it may arise after its decrease. The hepatic region is swollen and painful to the touch; here Arnica does well.

3. A similar, though transitory, cerebral affection may predominate during an attack of *typhus cerebralis*, for which I consider Cuprum acet. the remedium princeps. I may best explain myself by a case: A lady came under my treatment, suffering already for twenty days from typhus abdominalis.† For

* (Hydrocephalus or meningitis basilaris seu tuberculosa is most frequently found in children with a scrofulous, psoric (dartreux) diathesis, hardly ever in children of sound constitutions. If in such cases of metastatic origin Cuprum acet. is the remedy, we must study out the antipsoric character of this drug.)

† Typhus abdominalis is the old German nomenclature for what we call now-a-days enteric fever, also typhoid fever. The word "typhus" means something quite different now, the former a zymosis, the latter caused by deprivations.

Digitized by Google

nineteen days she had been treated by four allopathic physicians, who had given the same diagnosis. A younger sister had just succumbed to the same disease, and her former physicians made the prognosis that inside of forty-eight hours either a crisis or death would set in. For two days I gave Arsen. in alternation with Bellad., which brought some relief as urinæ crudæ were passed. The diarrhœa was frequent and copious; hence Dr. Lœwe counselled China in alternation with the Arsen.; the diarrhœa ceased, but an apparent amelioration of some symptoms was always followed by a decided aggravation. We prescribed Acid phosph., gtt. x in ℥iij, aqua dist., but before the prescription could be filled, nervous symptoms appeared, severe twitchings, light convulsions, which soon increased to an epileptic fit. To render this stage of the disease more intelligible I must remark, that our patient just menstruated at the onset of the disease, and that the menses stopped; at the ninth day of the disease there were severe congestions to the head for which she was leeched behind the ears, taking at the same time as stimulantia, Arnica (℥ij) with Valeriana, Opium, Camphor, etc. The second fit which I witnessed, was severe and lasted half an hour. I gave Cuprum acet., though I expected paralysis of the brain and death. In the evening she had some fever; the remedy was continued. It was remarkable how the whole disease concentrated itself now in the brain, with total recession of the abdominal symptoms.

4. In *delirium*, Cuprum acet. may render good service, when it appears towards the end of several chronic diseases, when all functions threaten to stop. A remarkable case of that kind I observed in a consumptive. He had regular paroxysms. A fixed idea was the most constant manifestation, continuing for a longer or shorter time in the same paroxysm and usually returning again. Sailors are said to suffer from a similar fixed idea when sailing in the equatorial regions. Surrounded by water they see meadows, fields and gardens, try to approach them and find a watery grave. The case I refer to happened in a patient in the last stage of phthisis, and it was remarkable that during the delirium the characteristic manifestations

Digitized by Google

of the pulmonary troubles subsided, only to develop themselves again when the paroxysm was over. His fixed anguish was that he considered himself persecuted by law officers, or he saw robbers, ghosts in his room. During his lighter attacks he had the same fixed idea, but could be reasoned out of them. In severe attacks he squatted down in despair, full of precordial anguish and faintishness; pulse and beat of the heart changeable and weak; skin cool, bedewed with cold sweat, etc. Arsen., which ought to be useful in such cases, failed entirely, and we only witnessed an improvement from Cuprum acet. We found it especially useful in fits of anguish where the patient loses all control, despairs, weeps, etc., is chilly all over and heat does not relieve.

5. In *delirium tremens*, Cuprum acet. may be preferable to Opium, and it may be worth mentioning that the former antidotes the action of the latter on the brain when it shows a permanent effect.

6. Another case cured by Cuprum acet. A student had to pass his last examination, and as he had failed in a former one he worked assiduously day and night to prepare himself for it, though the heat of the summer season was nearly unbearable. He became perfectly exhausted in mind and body. His skin was bathed in profuse, debilitating perspiration, and his appetite failed; pulse weak, irregular, somewhat accelerated; skin moist, not warm, the feet rather cool. From time to time he complained of anguish; vertigo and head painful; sleep restless and unrefreshing, full of bad, disturbing dreams; diarrhœa, etc. After failure of other drugs Cuprum acet. restored him in a few days.

7. A lady was confined about a week before she came under my treatment. Since the birth of her babe her character had entirely changed. Formerly delicate, modest, even full of fears, she became irritable and the flow of her ideas became rapid and constantly changing, without order or connection. Her delusion was mostly of a melancholic character, and when alone she tried to escape, although very little strength was needed to bring her to bed again. Her eye was dull and set, looking steadily at one object. No heat, except a slight in-

Digitized by Google

crease on the head; pulse hardly increased. After the failure of Bellad., Hyosc., Stramon., Cuprum acet. cured her in a few days. We may consider this case, if we choose, as puerperal mania, as we have another.

8. *Mania after erysipelas.* When I saw the patient, the erysipelas could still be seen in the face, but the patient was in a profuse and debilitating sweat; the heat was increased; pulse rapid, weak and irregular. Pulsations in the precordia, with extraordinary anguish, so that he could hardly be pacified. Remedies as Bellad. and Hyosc. failed. Suddenly, and to our astonishment, the scene changed. Patient failed to recognize her husband and son, talked nonsense, then appeared as if in deep meditation, from which she could be roused if any one occupied himself with her, or if opposed when she wished to rise frem her bed. Severer paroxysms during the night; when requested to take her medicine she refused and gnashed with the teeth. The erysipelas was entirely gone, the pulse slower and not near so weak, still irregular as to force. No perspiration, the heat of the skin normal, only the lower extremities were more cool than warm. Stramon. also failed. I had to see the patient twice in one night, when I ordered Cuprum acet. in alternation with Stramon. The mental disturbance soon ceased, and I ascribe the result to the Cuprum. The erysipelas then reappeared in the face, though in a slighter degree and then desquamated.

9. *Apoplexia nervosa.*—During several grave diseases attacks set in, curable by Cuprum acet. Consciousness is lost, convulsions disfigure the face, mouth drawn, tongue paralyzed and crooked; one extremity, most an upper one, is in a paretic state. I observed such an attack in a phthisical state and Cuprum relieved it. Here also it happened, that during it the cough and the other thoracic symptoms ceased and only reappeared when the attack was over.

10. *Tussis convulsiva* during its stadium nervosum, especially when the paroxysms end with convulsions. My favorite remedies in whooping-cough are Bellad. in the catarrhal stage and Hepar sulph. in stadio secretionis. Veratrum stands at the turning point of the stadium nervosum into that of secretion,

Digitized by Google

when the cough will not become loose on account of lost strength, etc. I do not wish to be misunderstood, there is no necessity that such a cough must necessarily run through all three stages, and I witnessed Bellad. cut it short during the catarrhal stage and Cuprum acet. did the same during the nervous stage.

II. We have seen now that the pathological state, indicating Cuprum acet., often develops itself in the course of other severe diseases and we must yet study: (1) the relation of the new disease to the preexisting one; (2) the cause of the sudden and dangerous changes.

1. Both morbid states stand in such relations one to another, that they do not coexist at one and the same time, but they alternately exclude one another; so that the one just prevailing suspends the other one and puts it in a quiescent state. Every physician often makes the observation, that different diseases mutually exclude one another, thus pregnancy stops the progress of phthisis, which reappears with so much more force when the former is over. Thus also some nervous affections, as epilepsy, exclude pulmonary tuberculosis. But let those diseases hide themselves in the background, the other develops itself and the patient may succumb to pulmonary phthisis. A patient of mine was for many years somnambulistic and frequently suffered from spasms, which threw her about in bed and even forwards. As soon as tubercles manifested themselves in the lungs, the spasms diminished and finally ceased before she died from tuberculosis.

Let us mention here another bit of experience. Adiposis and pulmonary excretion stand on reversed relations. What limits respiration favors not alone the enlargement and adiposis of the liver, but generally the production of fat. We often find phthisical patients, who before the softening of the tubercles grow fat and therefore are in less danger, and the prognosis becomes unfavorable as soon as they lose their fat.

2. This change in diseases passes under the name *metaschematismus*, and the fate of the patient depends whether the organ now attacked is of greater or less importance than the one first attacked. In the cases mentioned for Cuprum acet. it is the brain, and here paralysis of this organ may portend death.

Digitized by Google

Remarks: It is over forty years since Dr. Schmidt wrote this article, and it is as true to-day as it was then. It seems to me that the metals are to the nervous system what the antipsorics are to the blood and that we ought often use them where some poison oppresses the functions of the nervous, and especially of the cerebral system. We feel sorry to disagree with Dr. Burt, who in his physiological Materia Medica, p. 368, cites Dr. G. Schmidt (but probably meaning our Vienna Schmid) as saying under Cuprum: Cerebral symptoms which result from the retrocession of any of the acute exanthemata or from difficult dentition in children, *not active enough for Bellad.* (the italics are ours), whereas Schmid nearly in every case cited gave Bellad., Hyosc., Stramon., before it entered his mind to have recourse to Cuprum. Nor can we agree to the expression, "congestion of blood to the brain," as this fails to teach whether it is an active congestion from vaso-motor paresis or a passive one from capillary stagnation. "Cold face, blue lips and coldness all over, convulsions with pale face" rather hint to the state which Prof. Falck describes as the action of an irritant neurotic poison, producing great depression of temperature with progressive general paresis ending in death.

For such a close prescriber as Schmidt is, we felt astonished that he relied indiscriminately on our nervines without going to the keynote which indicates their use. None of his cases showed the flushed face and throbbing carotids of Bellad., nor the pleasant deliria of this drug. We can easier understand a prescription of henbane, as this drug gives us far better a similarity of symptoms to the cases given, but it fails in its totality, where we miss the fons et origo mali, yes: the pathological state, the differentiation between the poison lurking in the system and throwing itself with full force on the nervous system and the drug employed. That Cuprum eliminates that poison to the surface and thus saves the patient, we see in all cases, whether zymotic or puerperal, a property entirely absent in Bellad. or Hyosc. If active cerebral excitement is the keynote for Bellad., if we consider for Hyosc. the keynote lying in that purely nervous erethism, so popular to American nervousness which abound now-a-days, the keynote of Cuprum and of

Digitized by Google

Zincum are certainly far different. In the latter cerebral exhaustion prevails, vital force is used up, in the former vital force is only suppressed by a load which must be removed, before the nervous system is enabled to act again normally. Oh! how much is yet to be done, till we can read between the lines, till we fully understand the meaning of every symptom?

ARTICLE XXVIII.—Dentition and Homœopathic Posology.

By M. Deschere, M.D.

Many are the cases of neglected diseased conditions that are brought into the private office as well as into the dispensary. Most generally a cough or a diarrhœa is presented which has lasted for weeks, and which has been aggravated into bronchitis or pneumonia from one cause, and into entero-colitis or marasmus from the other. The immense number of infant mortality might be greatly diminished if we could teach the people more carefully how to preserve their children's health by not allowing diseases to flash up into full blaze, before thinking of stopping their destructive tendency, which to do *then* is often impossible.

Whenever, under such circumstances, you ask a mother why it is she could allow her dear little helpless offspring to suffer restless days and sleepless nights by cough and pain and fever, or allow its life to be gradually exhausted by continued drain, you will always receive the stereotyped answer: "I thought baby was only teething," or, "Mrs. O'Flattery said, that diarrhœa must not be stopped while the child cuts its teeth!" That is the fearful superstition, and superstition is the fruit of ignorance. It is therefore our duty, as well as the duty of public health-boards to spread better knowledge in regard to those points. Just as proclamations are made in daily papers warning against the dangers of (even not existing) small-pox, threatening the people with reports on diphtheria (against

Digitized by Google

which they are helpless), urging on to the doubtful blessings of vaccinations; *knowledge ought to be spread* in every possible way by newspapers, pamphlets, teachers and the clergy, *to clear the darkness of superstition and prejudice*, with reference to our own health and that of our children, who, unable to help themselves, are left to the mercy of those who want to do well and do not know how. The affection due to the process of dentition have to be divided into two classes, direct and reflex affections. Gingivitis and possibly simple stomatitis belong to the former; restlessness, nervous excitement, nervous cough, convulsions, to the latter kind of disturbances. But I consider it a physiological impossibility that bronchitis, meningitis, entero-colitis, etc., could originate from the simple process of the development of the teeth. If one wants to explain any remote phenomena by nervous *irritation*, I say that only nervous *affections* may be thus produced by reflex action as: convulsions, nervous cough, colic, etc., but they are not of an inflammatory character, and generally of short duration.

As before said, I should only regard those inflammations which take place in close proximity to the teeth, as caused by the act of dentition. With reference to encephalitis, meningitis, we must remember that the brain is the very organ which is developing most energetically at that very time while teething is going on; that therefore, a large amount of blood is needed by the brain and is conveyed to it. Any real febrile movement caused by catarrh of the respiratory or digestive organs, will therefore in consequence of accelerated circulation, produce a hyperæmia of the brain and its membranes, which, under the circumstances and the tender condition of the parts, will rapidly pass to inflammation and destruction, not to speak of tubercular tendency.

But why accuse dentition? Indigestion, diarrhœa, gastro-entero-colitis, cholera infantum are so easily produced by all possible influences, especially by improper food and wrong hygienic influences generally. Here, as in the brain, development is in full progress. The secretions of the salivary and peptic glands as well as of the pancreas, are almost nothing on account of the undeveloped state of these parts. The same

Digitized by Google

holds good of the intestinal follicles as well as of the proper shape and proportions of the stomach and intestines themselves. On the other side we have to take in consideration the hypersecretion of bile on account of the large size of the liver during that age, and I should like to know if there are not reasons enough for disturbances of all grades in the digestive apparatus besides blaming dentition. The affections of the tender respiratory tract (which reign during the cold months, while the former are the favorites of hot weather) are easily produced by sudden change of temperature, which may take place in an overheated room as easily as in a cold draught.

The same holds good in skin affections during this period, and here we must not forget the great influence of latent scrofula, although I do not deny the nervous origin of many skin diseases.

Having thus defined my position as to what I do *not* regard as "difficult dentition," I shall reflect on the following points of direct interest in the process under discussion.

For the construction of teeth nature requires principally lime salts in certain precise proportions. If the development of the teeth is to go on *physiologically*, these salts must be deposited *in the right place in their exact proportionate quantities.*

Now there are *three deviations* possible to make dentition pathological. Either there are *not sufficient* lime salts *introduced* into the organism, or they are introduced but *not properly attracted by the cells*, and again eliminated from the body; or they are present in abundance but *deposited in the wrong place.*

In a recent work by Prof. Leo. Liebermann, of Budapest, on "Chemie des Menschen," the author speaks of the "*chemistry of the ovum*" in the following manner, which will admirably adapt itself to our first point of deviation:

"The very fact that a perfect animal can be developed out of the ovum, will induce us to presuppose within the ovum all those chemical combinations which form constituents of the animal body, etc.:" "This, however, would not be such an urgent demand in those animals which are connected with the mother throughout the period of their development, by means

Digitized by Google

of a placenta, and which can therefore supply the necessary material by way of the connecting vessels.

"We really find in the egg all material necessary for the construction of the animal body, and at first with regard to the *yolk* large quantities of different *albuminous matter*, *lecithin* (an important constituent of nerve and brain) and its product *glycerin*, *phosphoric acid*, *cholesterin*, *fats*, *sugar*, *alkaline* and *chlorine compounds*, *iron* (for development of blood), *earthy phosphate* and *fluorine* (for bone construction) and *silicic acid* (for development of feathers in birds). An outspoken similarity is found between the yolk and the blood-cells on the one side, between albumen and blood serum on the other. For, as the ashes of the yolk come very near to the blood-cells in their quantitative analysis (much phosphoric acid and potash) there is a similar coincidence between the *white of egg* and *the ashes of serum* (little phosphoric acid and much soda)."

"The explanation for these facts is easy. The placental embryo grows at the expense of the substance of its mother, and it is the blood-serum of the mother which is used the first of all. Those animals (for instance birds) which develop themselves independently of the organism of its mother, find a substitute for the blood-serum in the albumen of the egg." (l. c. pp. 5 and 6.)

Therefore we have as one source for the *want of calcium phosphate* the hereditary predisposition dating from a *chemical insufficiency of the ovum*, and the abnormal *supply of material by way of placental feeding.*

Under such circumstances the child will be born in a feeble condition, sometimes with bodily defects, often unfit to sustain life. (Spina bifida undoubtedly belongs to this kind of malnutrition.)

Again development may be perfect up to birth, but the *milk* of the nursing mother may be *chemically defective.*

As all new material necessary for the growth of the infant has to be derived from the milk, this latter has to contain all the elementary chemical combinations for the constituents of the body in *correct proportions.*

Analysis proves this to be the fact, and for the interest of

Digitized by Google

bone-making and dentition we *principally* find calcium phosphate, besides sodium chloride, magnesium sulfate, and traces of iron, fluorine and silicon, contained in it. Any deficiency here will stop the growth of bone as well as the development of the teeth, and the result will be craniotabes with general marasmus and faulty dentition.

So far then the cause for difficult dentition is in the mother. But if the child has been well developed in utero, and the mother being in good health secretes a perfectly normal milk, there must be *a fault in the functions of the dental cells* of the child. There must be either a lack of attractive power of the lime salts offered or the function of converting the lime into bone-tissue or dentine is deficient, for a simple deposit of lime salts would only amount to *calcification*, it needs a converting or digesting process to induce *ossification*. Under these circumstances we would have difficult dentition *without disturbance in the growth of other tissues.*

But there may be perverted functions in other territories, and ossification may take place in tissues where no such deposit should be made, as in the connective tissue-sheaths of muscles. Or the attractive power of osteoblasts may be stronger in one region of the body than in another, and we have bone deposited there in super-abundance at the expense of other regions, especially of the teeth, as the latter need much more calcium phosphate for their construction than the bones do.

Grauvogl in his *Lehrbuch der Homœopathie* taught us to express those conditions as *disturbances in nutrition and function.* He consequently divided the remedies into *nutrition and function remedies.* The nutrition remedies are such as are used in the economy of the animal organism, and, for the purpose of nutrition, must be given (as a fertilizer) in *low triturations*, about the 3d centesimal. It would be of no use to give those salts in a more concentrated form, as Liebig and his followers have sufficiently shown in agricultural chemistry, and as homœopathic practice proves daily.

Substances which do not enter into the economy of the body, Grauvogl calls function remedies, as they disturb the organism functionally. These are to be used in *high potencies.* But

Digitized by Google

as *nutrition remedies* are also capable of *disturbing organic functions*, they may likewise act as *function remedies*, and under such conditions must be used in *higher preparations.*

To make practical use of this excellent teaching in difficult dentition, we must distinguish between the cases that want lime salts for nutrition, and those that are only functionally disturbed. Our explanation above has greatly helped us in doing this, and we must therefore prescribe the *indicated* Calcarea carbonica, or phosphorica, magnesia, etc., LOW, *when the fault is in the development or supply of food from the side of the mother.* At the same time I am in the habit of prescribing the same remedy *high* to the mother, *in order to correct the perverted functions in her organism.* This latter proceeding is often *all-sufficient* to produce a secretion of healthy milk in recent cases, and the child gets no medicine whatever.

But if the fault is entirely with the child, the drug must be administered to him in a HIGH POTENCY, and *finis coronat opus.*

The *selection* of the *remedy* must be *strictly* according to the *law of similars.* The *dose* will be governed by *cellular pathology.*

Guided by these rules I have *never* needed the gum-lancet in a pretty extensive practice among children, and I can only conceive one possibility of its use; that is where the submucus connective tissue of the gums is so thick and dense, that it acts as a mechanical obstruction to the advancing tooth. Under such circumstances I should advise cutting a small piece of membrane out of the gum just over the tooth to push through, as a simple incision into the dense tissue would only result in reunion by first intention. So far I have never met with such a case.

Gingivitis or stomatitis will have to be treated according to particular indications if the treatment sketched above should not be sufficient.

Digitized by Google

ARTICLE XXIX.—Comparison of Sepia and Kali Carbonicum.

By Dr. H. Goullon.

Sepia and Kali carb., two efficient drugs in the hand of a skilful homœopath, are terra incognita to the allopath, who knows only the potassium salts from their composition with bromine and jodine, with sulphuric acid (though here he feels more at home with Natr. sulph.—Glaubersalts) with chlorine, with nitric acid as saltpetre, etc., and still what great difference do we find whether we use one of these salts or the pure potentized carbonate of potassium on account of its rich pathogenesis. Sepia as a remedy they know not and consider it as superfluous as Graphites, which they acknowledge useful as a pencil. The ossa sepiæ as well as the lapides cancrorum are only mere chemical antacida to him. The succus sepia is good for the painter, whereas to us it is a remedy of great value. But enough of that.

Correspondence.

Both remedies show great beneficial effects in female diseases, especially in the years of climaxis, pregnancy and in a whole series of affections, based on disturbances of the sexual sphere in general and of menstruation. Both act well in chlorotic states. The respiratory organs, especially affections of larynx, bronchi (influenza) and pleura, witness their beneficial action. The activity of the heart is similarly influenced by Kali carb. as well as by Sepia, they reduce its stormy beating and thus moderate the pulsating pains in consequence of such increased heart's action, they reduce the pulse and inhibit, thus indirectly threatening peripheric hemorrhages. In relation to the skin we find that dartrous, herpetic persons with a skin inclined to dryness can use either remedy with great benefit. Both have cured herpes, and strict individualization is necessary in the choice between them. In ophthalmic practice Sepia is oftener used than Kali, for Sepia cures cataract, as we have shown in a case published in the "Internationale Presse." In regard

Digitized by Google

to hearing we know that many of these symptoms are caused by circulatory disturbances which can be removed by Sepia or Kali. Sepia may be more often used in toothache, but how nicely does Kali remove these hammering pains, appearing in the morning. The same may be said of headache, where Sepia comes in so frequently, and still headache caused by riding in a carriage (Sepia is aggravated in the fresh air) is beautifully removed by Kali.

Differences.

Let us see what remedies supplement either drug. Acid. nitr and Nux vom. ought to be put side by side with Kali and Graphit.; Pulsat. and Ignat. correspond with Sepia. Anatomically expressed Kali corresponds more to a prevalence of the arterial system, Sepia better to the venous constitution, a prevalence of the right heart. Thus we explain the rapid benefit from Kali in arterial hemorrhages, in cardiac palpitation nearly lifting up the covering of the bed, in stopping protracted menstrual discharges, epistaxis or hemorrhage from the lungs, especially where Acid. nitr. failed. The latter as well as Sepia are very effective in leucorrhœa. Sepia on the contrary oftener removes hyperæsthesia of sensitive nerves (pains). Arthritic headache with vomiting, boring excruciating pains slightly diminished by rest and external pressure, are suitable for Sepia (or Ignat.), whereas Kali does not remove migraine, although Hartlaub recommends Kali in chronic frontal headache with eructations. The rheum-arthritic pains, belonging specifically to Kali, have their seat in the hip and knee-joint, in the extremities, it acts well in strains, especially in affections of the ligamenta uteri. In lumbar pains even the old school recommends the liquor Kali carb. A characteristic differential point is the intermitting pulse for Kali and the frequent, even, soft pulse (*e. g.* in the course of puerperal fever in lying-in women) for Sepia; the hammering pains of the latter, the patients feel, when lying down, the rythmical beat of the arteries, whereas Kali has stitching pains. Both drugs alleviate, but Kali carb. is a surer hypnoticum. It does not remove every case of sleeplessness, but where *e. g.*, cough-irritation exists, as during

Digitized by Google

an influenza, where a kind of nervosity in connection with a rapid pulse exists, where precordial anguish and palpitations are not in a feminine temperament, Kali carb. will nearly always produce the desired sleep. Both drugs are used in whooping-cough; in Kali we meet: inclination to bleeding, tense muscular fibre, lively erethic constitution; in Sepia: mild temperament, soft lachrymose state of pale children. Tuberculous manifestations (*e. g.* also in whooping-cough), hæmoptœ, pleuro-pneumonia, sweats, diarrhœa and hectic hint only to Kali, but Kunkel shows that in similar cases Sepia might be indicated. We ought also to study the analogy between Sepia and Graphit. Kali will hardly ever be indicated in hæmorrhoidal states, whereas the constipation of Sepia is often found in connection with hæmorrhoids. Hartlaub and Simon used Sepia in painful varicose ulcers internally and externally in the form of an ointment, 0,15 Sepia to 30 grammes fat.—*A. H. Z.* 18, 1881.

It may be worth while to study a little more the action of the Bicarbonate of Potassium, as in comparison with the frequent use of Sepia it is rather one of our neglected drugs. Thus Bayes (*Applied Homœopathy*, 107) used it only in some cases of phthisis, where, in addition to the other symptoms, there have been stitches in the chest and neuralgic or rheumatic pains in the muscles of the chest and arms, or where there is a large quantity of purulent expectoration, with a tendency to gastric irritation. He also recommends it in ulceration of the nostrils (with one word, a scrofulous diathesis, whatever that means).

One of the most instructive articles is found in Prof. E. A. Farrington's pamphlet on comparative Materia Medica, page 96, and we wish only that our friend would condescend to give us his lectures on that most important branch of medical science and art. In comparing the principal salts of potassa he gives us the following valuable hints, which may render this drug of more frequent use than Dr. Bayes found it in his extensive practice. All Kalis in general show a state of apprehension, timidity, anxiety, the patient is easily startled, and in

Digitized by Google

Kali carb. the least touch makes him start; dulness of intellect predominate in all, associated with this is melancholy, indifference or apathy; a stupid, intoxicated state of mind or congestive vertigo of gastric origin in the carbonate, with anæmia, weakness of the legs, pale face.

In Sepia we may have inability for mental activity from venous congestion, but our patient is irritable, excitable, egotistic, with indifference even to those belonging to the family.

In the headaches of Kali carb. we see again gastric symptoms prevailing (also in Kali bichr.), accompanied by many nervous symptoms, as pressure and tension in forehead, temples and into the eyes, or one-sided headache with nausea and a sensation of goneness in the stomach, aggravated by eating, continual yawning, heat in head with coldness of hands and feet. In chronic headache there may be coldness of the painful part, relieved by external warmth, and the sharp pains in the head are worse from carriage riding.

Sepia on the contrary gives us the same peculiar sinking and all gone sensation in the pit of the stomach, almost producing faintness, but this sensation is here relieved by lying down and by taking food or wines. The headache of Sepia is chiefly pressing and throbbing with a kind of rush of blood to the face, which becomes red and hot, even to the ears, worse from motion. Both are suitable in migraine, but in Sepia (left side) the boring, stinging pain is from within outward, worse indoors, from motion or stooping, better by rest, sleep, in a dark room and from external pressure, while in Kali carb. the sensation prevails in the head as though something in it were loose and turned and twisted toward the forehead, here we have also the pressure from within outward, but also from the occiput forward, extending into the eyes and root of the nose, while in Sepia the pains often begin in the eyes and dart from there to the temples or towards the occiput.

In all the Kalis the senses are rarely too acute; in the carbonate the sight suffers from the loss of semen, anæmia (qualitative, spanæmia); in the Kalis the dulness of smell is usually traceable to catarrhs which tend towards ulceration, thickening and of course anosmia, and here Farrington remarks that the

Digitized by Google

carbonate answers for *psora* uncontaminated with syphilis, but the old question remains still unanswered, what is psora? The same catarrhal state gives us diminished hearing with bubbling, roaring noises in the ears with discharge of offensive moisture (liquid cerumen and pus) from the ear. Taste also becomes affected from the same catarrhal cause, fetor from the mouth belongs to all Kalis, but in the carbonate the ulcers emit a smell as of old cheese, and the mouth feels numb as if burned with caustic (Kali causticum). No wonder that the teeth also become affected, and in the carbonate we have especially throbbing while eating.

The blood-dyscrasia of Sepia has far less, if any, of this psoric element, it is rather a venous plethora, oppressing and irritating the nervous system; hence photophobia, hemiopia, painful heaviness of upper eyelids on awaking, even to ptosis (Kali carb. has swelling like a bag between upper eyelids and eyebrows, sensation of coldness in the lids); oversensitiveness to noise, particularly music, humming in ears followed by temporary loss of hearing; discharge of thin matter from ear with much itching; great sensitiveness to odors; fetid smell before the nose and also temporary anosmia; the gums are painful, dark red, bleeding from slightest touch, hence early decay of teeth.

All the Kalis have a bloated face, sickly expression; face swells suddenly, parts become œdematous or livid, and the anæmic carbonate adds an alternately red and pale face, sacs over the upper eyelids. Sepia produces (and cures) what are well known as hot flashes, sudden accessions of heat, followed by a momentary sweat and weakness and disposition to syncope (climaxis). The Sepia complexion is rather yellow and earthy, and there is often a brown discoloration extending across the bridge of the nose like a saddle, as well as on the forehead and cheeks, know as liver-spots.

In relation to catarrhal affections carbonate of potash cures coryza, rough voice, crawling in the throat and difficult detachment of phlegm; sensation of a plug in the throat; nostrils obstructed, better in the open air; discharge of green, bloody or fetid, purulent mucus, mostly from one side; nose

Digitized by Google

scurfy, bloody; the cough is so difficult and spasmodic that it often causes retching and vomiting in the effort to dislodge small, gray lumps of mucus; *lassitude and backache; even swallowing causes pain in the cervical spine.* The Sepia cough is rather a reflex cough, dry and fatiguing, provoked by a sensation in the region of the stomach, or coming, as it were, from the abdomen, especially evening in bed, till midnight, frequently with nausea and bitter vomiting, or there is a cough with copious, salty expectoration of yellow, green and gray pus, especially in the morning. The potash salts are proverbially useful in oppressed breathing, asthma; the carbonate, like its relative bichromate, awakens after midnight with dyspnœa; characteristically at 2 or 3 in the morning, the patient is compelled to sit bent forward, the head on the knees; worse walking; in phthisis, suppuration of the lungs, mucous phthisis, pneumonia, pleuritis, heart-disease. During the cold stages of fevers, the breathing is loud, dry; during the heat less marked, then only short; *the difficult respiration comes from spasmodic pain in the chest.* Sepia also produces various forms of oppression of the chest, burning in the chest and palpitation; but we hardly ever see it used in spasmodic asthma, but in chronic bronchial affections it gives us a dry, hard, short, spasmodic cough, preventing sleep, with morning expectoration of foul-smelling, yellowish-green sputa, which relieves; constant hawking in order to detach the adherent mucosities; nausea during and after the cough, even vomiting; after the cough oppression; worse in damp, cold weather.

In relation to pulmonary diseases Farrington teaches us that the carbonate becomes of paramount importance in pneumonia and capillary bronchitis of children. It gives us cough with difficult expectoration, worse after eating or drinking, vomiting and sour phlegm; face pale, but red during cough; pains referred to the abdomen because the lower lobes of the lungs are infiltrated; œdema of the limbs; livid face with puffed eyelids. The difficult expectoration, instead of arising only from its tenacity, there is added a *muscular debility*, the sputa must be swallowed again. The carbonate also is the first remedy to be thought of when symptoms of phthisis show themselves

Digitized by Google

after abortion, confinement, pneumonia. The pains are stitching, worse in the lower part of the right lung; stitches through right lung to the back. The cough is choking, with difficult sputa, that even when loosened must be swallowed; later the sputa are purulent, bloody (especially after pleuro-pneumonia); accompanying symptoms are sensation of a lump in the stomach; empty feeling, goneness before eating (thus differing from Sepia); coffee and soup produce fulness: pulse is weak, small, irregular; symptoms better after breakfast. In females we add profuse menses. In keeping with the goneness, inability to expectorate and general languor, in the condition of the chest; sensation of *hollowness, weakness from talking.*

Hempel and Arndt (*M. M.*, II, 781) find Sepia indicated in cough from tickling in the larynx and chest; cough which seems to come from low in the abdomen, spasmodic cough; cough in the morning and evening, with expectoration of pus or mucus, generally of a salty taste; *in persons who have not been well for a long time*, have had tetter or gastralgia, constipation and in case of women, uterine difficulties. In phthisis, we meet a deep, moist or dry, croaking cough, relieved on lying down; copious expectoration of saltish mucus or pus; stitching or dull pains in the middle of the right lung; sensation of dryness in chest or lungs. Sepia gives us sensation of emptiness in the chest, sensation of soreness in middle of chest, or great pressure in chest, all more on left side, and relieved by pressing on chest with hand. Like in Kali carb. we find here also a difficulty in expectoration, although the phlegm is loose. Another feature of the Sepia cough is that it will be frequently dry in the evening and therefore severe, while there will be free expectoration in the morning; again the expectoration sometimes occurs only at night, none at all during the day.

It is characteristic of the Kalis to produce a *paretic* state of *the heart-muscle*, the Carbonate, especially in females, cures throbbing of the blood-vessels felt like a pulse all over, pulse more rapid in the morning; weak, irregular action of the heart with cramp-pains and an empty feeling in the left chest (nearly like Sepia). In cardiac inflammation we look to the carbon-

Digitized by Google

ate where, with sharp, stitching pains we find a blowing noise in the place of the first tick and a louder second tick, showing a stagnation in the pulmonary circulation.

In Sepia the suppressed menses cause congestion of blood to the chest, with violent palpitations, an occasional hard thump of the heart, or an alarming, quivering motion of the heart, worse after mental emotions, after disease, and sometimes better by walking fast. Sometimes the Sepia patient wakes up with violent beating of the heart, which alarms him and renders the person fidgety and restless.

Dyspepsia is found in nearly all the Kalis more or less. The carbonate offers a red face made worse from cold washing; fulness in the stomach after eating; emptiness before eating; soup causes fulness; pulsations in the epigastrium; pulse weak, irregular; pains go into the back. In gastralgia this drug may be indicated for cutting, lancinating, boring pains, worse after midnight, in cold weather, and the patient cannot sit up straight. Sepia on the contrary gives us chronic gastric catarrhs, with stagnation in the portal system; pressing, burning, tensive pains up to the œsophagus, on account of the excessive acidity; twisting in the stomach which is sensitive to the touch, worse by eating and drinking and in hot weather, better by motion. Keeps quiet only during severity of attack. Sepia gives us an atonic dyspepsia with amenia, especially in women of dark complexion, with foul sweat of axillæ or feet; the gone sensation in stomach is relieved by eating or lying down; pressure in the stomach as of a stone, especially at night; repugnance to meat, bacon, and to the odor from cooking.

Constipation, or hard, difficult stool is common to all the Kalis; the carb. has large difficult stool from inactivity of the rectum; the patient feels distressed an hour or two before the passage, and a stinging, burning, tearing pain following even a natural stool; sensation as if the anus would be fissured; most suitable for persons suffering from cough or lung troubles. Sepia gives us difficult discharge, even of a soft stool; prolapsus ani during stool; stool retarded, insufficient, like sheep's dung, with straining and tenesmus.

Digitized by Google

In diarrhœa the Carbonate shows again its paretic tendency; the stools are light gray, fecal, profuse, involuntary when passing flatus or yellowish and brownish, with burning and smarting of the anus; yellow bloated face, abdomen hard, bloated, sensitive around the navel, with pain in back; worse at night or 3 A.M., and after milk, causing much weariness, debility and desire to lie down. It is only useful in chronic cases with the peculiar cachexia revealed by the puffiness under the eyebrow or in old people. Sepia has in all its abdominal troubles a nearly constant oozing from the anus; the green, slimy, bloody stools are expelled quickly, are frequent, profuse and of disgusting odor; worse during pregnancy, in children during dentition, after taking boiled milk or meat, with rapid exhaustion. Chronic debilitating diarrhœas with its decomposition of food, as shown by its offensive eructations and flatus, will often find its remedy in Sepia.

In relation to the kidneys and urine Farrington teaches that the potash salts play a not unimportant part in the treatment of Bright's disease, and the carbonate deserves attention when dropsy of one foot occurs, with œdematous sacs over each upper eyelid, urine blackish; exciting cause, getting wet, standing in wet clothes. Though Sepia is hardly mentioned as a remedy for that disease in our text-books, still Raue (Special Pathology, 2d Ed., p. 667) mentions it when in consequence of exposure to cold and wet, and Dunham (Lectures on M. M., II) shows what a great remedy Sepia often is in functional diseases of the liver. Moreover we find under Sepia urine heavier than normal, it deposits uric acid and urates; urine turbid, with sediment of red sand; blood-red with white sediment and a cuticle on the surface; very offensive, with much white sediment; symptoms differing widely from those of chronic Bright's disease (in fact an acute desquamative nephritis should never be designated as a morbus Brightii). The paretic effects of the Kalis are best known in the carb., for we note urine discharges slowly. Such a state may also belong to prostatic enlargement of old people, with prostatorrhœa, nightly micturition. Sepia on the contrary gives us with urging to urinate from pressure on bladder frequent micturition, even at

Digitized by Google

night or only in the morning, probably from overdistension of the bladder; difficulty of urinating, with a feeling as if drops came out of the bladder, which is not the case.

The Kalis tend to bring about weakness of the sexual organs; the carb. adds weakness of the body after an embrace, especially weakness of sight, and showing the atony of the ejaculatory muscles by pollutions after an embrace; scrotum feels as if bruised; dragging in the left testicle and penis. Sepia gives us in this direction similar symptoms, as increased sexual desire with weakness of the genitals; during an embrace insufficient erection and but little thrill, after it great weakness of the knees; after an emission burning in forepart of urethra, languid and drowsy, sensitive to damp air; profuse sweat on the scrotum; itching around the genitals.

The usual paresis of Kali carb. is also found in the female genital organs, hence the carbonate is highly extolled in the sequelæ of abortion and confinement, the uterus refuses to return to its normal size, a retarded (sub) involution follows with its backache, night sweats, dry cough, emaciation or menorrhagia. Menses too profuse and too late, of a pungent odor, corrosive, covering thighs with an eruption and excessive lassitude. The leucorrhœa is of the same character, acrid, corrosive, yellow, with backache, labor-like pains and itching burning in the pudenda. In abortus during second or third month the carbonate shows itself very efficient, when labor pains commence in back and pass down the thighs, resembling rather stitches; backache when walking, must sit or lie down; stitches in renal region, constipation. During pregnancy we find the woman ailing without vomiting, she feels so tired during a walk, she could lie down anywhere and die; constant aching in the back; very sleepy during a meal; vomiting with swoon-like failing of strength. When labor finally sets in we meet the same insufficiency of the pains, violent backache, wants the back pressed, bearing down from back into pelvis; sharp cutting pains across lumbar region or passing off down the buttocks, thus hindering labor; pulse weak.

On the sexual organs of women, says Dunham (l. c.), Sepia acts very distinctly. Along with cutting pains in the abdomen,

Digitized by Google

a pressure is felt on the uterus downwards, as if everything would fall out, she crosses the limbs to prevent protrusion of parts, which are often tender to the touch. Experience has shown its value in cases of congestion and ulceration of the os and cervix uteri, hence coition may become painful; engorgement and induration of the neck of the uterus; the menses come too early, but are scanty, preceded by violent aching in abdomen, causing even faintness, and by chilliness and shuddering. During the menses restlessness; drawing pains in the limbs and abdomen; palpitation and dyspnœa, with toothache, headache, nosebleed, depression of mind. At other times frequent stitches in the vagina in paroxysms, with or without a watery, yet lavish leucorrhœa, often bad-smelling, accompanied by much itching in genital organs. Sepia gives us miscarriage from fifth to seventh month; inclination to fainting, rush of blood to head, chest or womb; the motions of the fœtus are hardly to be felt; painful sensation of emptiness in pit of stomach; sense of weight in arms; stools mixed with slime, often ineffectual urging and straining; varices. During pregnancy the poor woman feels that her sexual organs are more or less out of order; constant goneness in pit of stomach and still the very thought of food sickens her, everything tastes like manure; aversion to meat and bread; vomiting of milky water, of food and bile; she feels oversensitive to the motions of the fœtus and complains of soreness of abdomen. During labor shuddering, she wants to be covered; shooting pains in the neck, extending upwards, with dyspnœa. If during the after-pains, Kali carb. gives us stitches and shooting pains, especially the back, shooting down in the gluteal region or hips; we find under Sepia constant sensation of weight in arms, pains shooting upward in vagina and are felt mostly in back. The lochia, indicating Sepia, are offensive, fetid, excoriating, scanty or profuse, painless or accompanied by prolonged bearing-down pains.

Itching and shooting pains are the common property of the Kalis. Farrington again teaches us that potash in different combinations is a physiological necessity to muscular tissue. Its deficiency develops a paretic state. The Kalis become nu-

Digitized by Google

tritive remedies in muscular rheumatism, paralysis, especially in old people. The carbonate is best proved in muscular paresis; thus, arms numb after exercise, want of strength in the arms, limbs go to sleep, even after a meal; faint, weak, after a walk, etc. Rheumatism with swelling, worse at rest. Lumbago worse at 3 A. M.; pains shoot into the buttocks and thighs, pains cause the patient to jerk, jerks the limb if the foot is touched. Arthritis far more than rheumatism is the indication for Sepia; here its hepatic symptoms loom forward as a strong hint for its use and we find the pains far more in the joints than in the muscles. Stiffness and arthritic pains in joints; weakness of joints, especially the knees; limbs go to sleep early after manual labor; pain in back and small of back, particularly with stiffness, improved by walking.

We can sometimes look to the Kalis to relieve spasms. Just as they are better serviceable in paresis than in paralysis, so analogously, they are oftener indicated in muscular twitchings, etc., than in general convulsions. Kali carb. is recommended in epilepsy and puerperal eclampsia when eructations relieve. The spasms co-exist with spinal irritation in the cervical region and involve the pneumogastric nerve; starts when touched, especially on the feet; head jerked forward, unconsciousness, blindness; a drink relieves but she remains weak, nauseated. Epilepsy selects the morning hours of the night and there is always a debility bordering on paralysis. In sciatica we have crampy, tearing pains from hip to knee, the limbs go to sleep, twitchings in sleep and when slightly touched. Sepia is hardly ever mentioned in the treatment of spasms or convulsions; it is true, we may find our patient restless and fidgety, but hysteria prevails, showing itself by symptoms as: paroxysms of something twisting about in her stomach and rising to throat; painful sensation of emptiness in pit of stomach; sudden fainting with undisturbed consciousness, though unable to stir and to speak, with profuse sweats; icy-cold hands and feet; involuntary fits of weeping and laughing; sensation of coldness between the shoulders, followed by general coldness; convulsive twitchings of right side and difficult breathing; the joints feel so weak, as if they could not support the body.

Digitized by Google

In relation to cutaneous affections our drugs differ greatly. The carbonate of potash has dryness of skin, deficient perspiration, hence scaly, dry eruptions, occasionally an exudate under the epidermis develops herpes, herpes of the scrotum, perineum or edges of the labia, only exceptionally do phagadænic blisters develop. The skin is painfully sore, with stitches in liver; long lasting gastric weakness, empty feeling; urticaria with uterine disease. Ulcers with livid edges; bleeding at night. Glands swollen after contusions. Erysipelas. Dunham considers Sepia a first class skin remedy, especially useful in affections of a vesicular character, attended by much itching, and followed by desquamation. Also in the treatment of herpes circinatus or ringworm, when this occurs in isolated spots. Brown discoloration of the forehead, cheeks, and of the bridge of the nose, known as liver-spots, found conjoined with constitutional symptoms hinting to affections of the hepatic region, and of the uterus and its appendages. Pustular erysipelas; boils; pustules; pemphigus; itching often changes to burning when scratching; painless ulcers on joints or tips of fingers or toes; itching, stinging, burning; epithelial cancer of lower lip, with soreness, burning pain, and a pricking, as from a splinter of wood. Profuse sweat when walking, during motion; the slightest exercise excites sweat; she feels either too cold, or else she is attacked with heat resulting in sweat; profuse perspiration of hands or feet, chilliness of lower extremities; sudor hystericus in migranie.

The action of Sepia has been fully demonstrated by Veit Meyer who used the following language: "The remedy acts especially on the portal system, by retarding the circulation and causing an overloading of the vascular system with venous blood or with blood more or less resembling venous. A plethora venosa, as it is called, gives rise to most of the various symptoms. The pathological process is also marked by a state of depression, all further morbid conditions are but secondary, etc. Anatomically expressed, Goullon considers Kali corresponding to the arterial system, as shown by its effect in stopping arterial hæmorrhages,—homœopathically. Looking at the action of the Kalis, from the standpoint of the pharma-

Digitized by Google

cologist we find (Kœhler Mat. Med. 99) that the alkalis diminish the plasticity of the blood and keep it fluid to such a degree that end- and exosmosis keep on undisturbed, increasing the oxidizing activity of the blood versus the carbohydrates, hence alkalis promote the destruction or the retrograde metamorphosis of some of the most important constituents of the blood and their long continued use must produce wasting. The potash-alkalis are cardiac poisons, says Bigelow (M. M. 149), they lower the blood-pressure, the temperature, the action of the heart and the depression of the powers of life is probably due in part to the influence of these poisons on the spinal cord, as well as on the cardiac muscle.

The Kalis deserve further study, physiologically as well as therapeutically. Who will lend a hand? Take any of the salts, and let us show what symptoms belong to the Kali, which to the acid, and what are the peculiar symptoms characteristic of the combination. It will be an interesting and instructive labor, and where there is a will, there also lies its accomp'ishment.

ARTICLE XXX.—On Murrain and Miliary Tuberculosis.

By Dr. Aufrecht, Magdeburg.

Villemin's experiments demonstrated that tuberculosis can be inoculated from man to animals, and the question arose whether the disease is based on a specific poison, and it was worthy of examination whether in an analogous manner a phthisical patient could infect a healthy person as well as an animal which was inoculated with the morbid matter. As Klebs had demonstrated that murrain is an affection corresponding to tuberculosis, we may well ask whether the meat and the milk of animals suffering from murrain may produce tuberculosis in man.

Digitized by Google

After giving in full his experiments, Aufrecht proposes the following conclusions:

Subcutaneous injections of murrainous masses succeeded in eight out of nine cases in sickening the rabbits, and it showed no difference whether fresh murrainous masses (one experiment) or such which was hardened for four months in bichromate of potash, or the affected organs of such rabbits to which the murrainous masses were injected, were used for hypodermic injections. The only experiment which failed was in a rabbit which died seventeen days after the injection, whereas the others were killed between the thirty-ninth and seventy-seventh day. In all of those and always in many organs were found nodules, which under a microscopical examination corresponded to nodules found in miliary tuberculosis in man.

In order to study the views urged by Klebs, that tuberculosis and murrain contain the same specific virus, experiments were made with non-tubercular and non-murrainous masses. Four such experiments gave negative results, only abscesses followed at the place of injection, and though some suppurated for a long time, we could never confirm the idea of some authors that suppurative foci of long standing are for themselves able to produce miliary tuberculosis.

In a second series of experiments analogous murrainous masses were injected through the aural vein directly into the circulation. Five of six rabbits showed most extensive miliary tuberculosis, the sixth died after four days, a time too short for the development of miliary tuberculosis. We proved thus the continued development of infectious matter in the circulation, and as we found the largest miliary tubercles in the spleen, we suppose that this organ may be the focus of the continued development.

Our next experiment was to inject blood from human miliary tubercles. Of four only two gave a positive result; two failed, perhaps because the animals were killed too early, after twelve days. That we can cause miliary tuberculosis in animals by such a procedure has been shown already by others; I only wished to assure myself of the correspondence of the miliary tuberculosis produced in this manner with that one caused by murrain, and herein I succeeded to my satisfaction.

Digitized by Google

The structure of the nodules caused by the inoculation of human tuberculosis corresponded fully with the other one, and we found especially in the centre the same micro-organisms.

Equally successful was the feeding with pieces of human lungs from phthisical patients or with pieces of murrainous lungs. Of the former we only saw once a positive effect, perhaps because the animals were only once fed with a few small pieces of the diseased lung. The feeding with murrainous lungs gave better results. Three rabbits were fed five times with murrainous lungs, and the experiment succeeded in two and failed in one again, because we killed the animal too early, on the twelfth day, before miliary tubercles could develop. In both successful cases the miliary tubercles were found in the intestines, whereas in those subcutaneously infected or by direct injection into the circulation the intestines were free. We may conclude therefrom that in the latter cases the infection primarily took place in the intestines.

Controling experiments, as feeding with mammary carcinoma, failed entirely.

It is of great importance to find out whether the milk of murrainous animals can produce miliary tuberculosis. Experiments on an enlarged scale ought to be made. I only had the opportunity to make one experiment. As the hypodermic injection of murrainous masses has caused miliary tuberculosis in rabbits, I thought it advisable to allow the infectious mass to act through the mother on the young ones, especially as spontaneously miliary tuberculosis is not found in rabbits. I bought a strong hearty rabbit with its nine young ones, one day old, and injected the murrainous mass into the old one who, when killed forty-seven days afterwards, showed all the symptoms of extensive miliary tuberculosis. Of the young ones only one, which died on the thirty-eighth day, succumbed to high-graded miliary tuberculosis. Here also we allowed too short a time for the development of the disease in the mother, and this is perhaps the reason that the others escaped. As many authorities consider infection of murrain by milk as possible, I tried to find out whether the infecting power could not be destroyed by boiling, using masses which were boiled in water

Digitized by Google

from three to six minutes, and injecting such boiled masses into rabbits, they failed to produce miliary tuberculosis.

We have seen now, a: that tuberculosis—I understand under that term all processes known by the name pulmonary phthisis, caseous broncho-pneumonia, chronic broncho-pneumonia—may by inoculation on animals b: produce a miliary tuberculosis, and b: that the same miliary tuberculosis is also produced by inoculation of c:, murrain, and therefore the question rises: are tuberculosis and murrain identical diseases? If A = B and B = C, then A = C. Still there are some objections to this conclusion. No experimenter has yet succeeded in producing in animals the affection which we meet in man as emanating from the apices of the lungs, remaining often limited to the lungs and running its destructive course in the lungs with formation of cavities. By injecting the infectious matter through an aural vein directly into the lungs, we could expect a primary affection in the lungs, still the miliary tubercles were not further progressed in the lungs than in any other organ, and I must confess that the nodules in the spleen were always farther progressed than those in the lungs; they were larger, more cheesy and yellow. The duration of the experiment is of very little influence in producing pulmonary infiltration in the animals, seventy to eighty days ought to suffice, and still they caused only a miliary tuberculosis, whereas in man we often witness in less time a destruction of the pulmonary tissue and the formation of cavities.

I do not believe that pulmonary phthisis in man is identical with miliary tuberculosis of man or animal, nor do I consider both as the final effect of identical micro-organisms. Last but not least: with the identical origin of phthisis and miliary tuberculosis we sacrifice an experience gained by centuries, namely the heredity of the disposition to phthisis, to which we have not the least right, for it would be only the outgrowth of a phantastic hypothesis to consider the hereditary disposition to tuberculosis a transmission of the specific micro-organisms of tuberculosis, present in the parent, by the semen to the child. Let us rather be satisfied with the conclusion, as tuberculosis of man nor murrain does produce by inoculation on ani-

Digitized by Google

mals neither tuberculosis, especially pulmonary tuberculosis in the abstract sense usually understood, nor murrain, but only miliary tuberculosis, hence it would be unfair to consider both processes identical; we can only assert that pulmonary tuberculosis and murrain are the carriers of those micro-organisms, which by inoculation produce miliary tuberculosis. We rather consider the disposition to pulmonary tuberculosis as originating in the constitution, and thus only will it be possible for those micro-organisms, which by inoculation on animals again produce miliary tuberculosis, to settle themselves in the lungs. Thus only we may perhaps explain, why in man the disease remains limited to the lungs, even to the destruction of tissue, whereas in animals miliary tuberculosis arises.

An important result may be expected by the feeding with specific masses. That miliary tuberculosis may be thus produced, experiments of Orth and my own have demonstrated. If then a specific agent causes murrain, we may suppose that also the milk of murrainous cows may produce miliary tuberculosis in man. This really happened in one of my experiments and it is therefore important enough to look this matter square in the face in relation to the feeding of our children, especially as miliary tuberculosis is quite frequent with children, though these micro-organisms may penetrate into the organs also by other roads than the intestinal canal, especially where there is a hereditary disposition. There are only two ways to render milk from murrainous cows inocuous. One and the safest plan is not to use milk from murrainous animals, but it is difficult to find it out. We must therefore try some mode, whether by boiling the milk these specific carriers may be destroyed. Our experiment succeeded. Of fifteen rabbits, to whom boiled murrainous masses were injected, not one took sick, especially those six not, which received the fluid after being boiled only three minutes.

If we consider the infection of children by murrainous milk possible, it would be a good advice to boil milk for a few minutes before giving it to our children.

Still one thing must be kept steadily in mind, the hereditary disposition of children to the acquisition of miliary tubercu-

Digitized by Google

losis. Just as we already considered the disposition of the lungs as the basis why the micro-organisms affect more that organ, so also may be supposed the same disposition in children as an heirloom from their parents. How often do we meet miliary tuberculosis in children belonging to phthisical families, and only thus can we explain why some escape and others suffer. Otherwise we had to suppose, that the infectious micro-organisms infest only those bodies where the disease has developed itself, a supposition which fails when we acknowledge that milk may be the carrier of the infection, and certainly with the raw milk of murrainous animals more children are fed than are sick with miliary tuberculosis. Experience also teaches that in tuberculous families the youngest ones suffer from miliary tuberculosis, whereas the older ones suffer from pulmonary tuberculosis, which must certainly be considered as a proof of constitutional disposition.

How infectious diseases arise is a question where authorities differ. Many believe in micro-organism which penetrate into our bodies from outside In two diseases the proof is fully established, in charbon (Milzbrand), and recurrent fever. In many other ones the presence of micrococci or bacteriæ has been shown by Klebs, Koch and others, though the specificity for the different diseases is still to be desired. I found a specific one belonging to syphilis and Neisser one for gonorrhœa.

We pass here by the question, whether micrococci appear in the production of the disease, or whether there are chemical agents, which are produced by their vital actions, nor does it need an explanation what diseases are infectious; we mean here such ones as measles, scarlatina, variola, exanthematic typhus, ileo-typhus, meningitis cerebro-spinalis, puerperal fever, septicæmia, pyæmia.

Presuming as a basis, that micro organisms stand in close causal connection with infectious diseases, we arrive at the conclusion that the origin and course of an infectious disease in man or animals can only be understood, if we accept: *Not the presence of micro-organisms in the human or animal body, but their habilitation and further development in suitable organs or organ-systems originates the infectious disease.*

Digitized by Google

This idea arose in me when studying an epidemic of cholera. I repeatedly observed the eruption of the disease in persons guilty of an indigestion, or who took a heavy meal before going to bed. The question then arose: Would the disease also have broken out without the indigestion? Has the agens of the cholera, standing in no direct connection with the food taken, penetrated the body shortly before that time? Or has this agens remained in the body for some uncertain time and only became active through the indigestion? I also saw that the cholera diarrhœa ran a mild course where the patient kept quietly in bed and used only the most simple diet, whereas condign punishment followed the contrary mode of life.

There can be no doubt that the cholera-poison penetrated into a larger number of organisms than were attacked with the disease, and the supposition is near at hand that the poison does not show its action in all organisms where it is present, but that it needs a special disposition of the organism, which might be caused by such an indigestion, and that it is possible to weaken the poison in its action by keeping off all aiding noxæ.

To follow out this surmise, I injected subcutaneously erysipelatous blood, diptheritic masses in rabbits. But I found the same state in healthy rabbits, kept in the same cage with the other ones, though nothing was injected, which fully agrees with the experiments of other authors who found micrococci in the blood, though a disease could not be demonstrated.

On the first of April we opened our lying-in-asylum in the hospital, and we used wards which had been empty for some time. Our midwife is not allowed to practice outside the hospital. During the first 25 days ten confinements passed off without any abnormity, the 11th woman suffered 48 hours after her confinement from diphtheritic endometritis with peritonitis and five days later she died. The possibility of the local transfer of puerperal infection is a matter of fact, as also the sacred duty to prevent such a state, even the most careful disinfection of every one who has charge of confinement. As everything in that line is our rule, we do not know how this happened.

Digitized by Google

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

By R. LUDLAM, M.D., of Chicago.

[Continued from page 247.]

XLVII. *The Curability of Uterine Displacements.*

THE October issue (1881) of the *American Journal of Obstetrics, etc.*, contains a well-written, twenty-page article by Dr. Paul F. Mundé upon this subject, in which the positive and the comparative value of pessaries, vaginal tampons, posture, electricity, pregnancy, operative treatment and vaginal injections are carefully considered. The paper is based upon the clinical history of 895 cases of uterine displacement, and the conclusions reached are summed up at page 809 as follows:

1. *Recent* displacements of any variety are the only cases which offer a fair chance of complete recovery by any of the mechanical means at our disposal.

2. Of these means, pessaries are the most convenient for temporary relief, but only in a comparatively small number of cases does permanent cure result.

3. The best curative means of support of the displaced uterus is probably the systematic and intelligent use of vaginal tampons, impregnated with a mild astringent solution.

4. Posture, while excellent as a means of relaxing the uterine supports and relieving pelvic congestion, is by its inconvenience at best but a means of temporary relief.

5. Permanent relief, CURE, can be expected and will be obtained only when the displacement is of recent origin, especially when it has been produced by some sudden physical shock; or when the complete tissue-metamorphosis accompanying puerperal involution aids in restoring to the uterine supports and the uterus itself their origiual and healthy tone.

This fortunate occurrence must be looked upon as decidedly the exception, since the favoring circumstances above mentioned are but rarely met with, or the displacement is seldom recognized at a sufficiently early date to permit of a perfect restoration to health.

6. The most favorable period, therefore, for the treatment of a uterine displacement or distortion with a view to a permanent cure, is within one or two weeks after delivery, before the woman has left her bed.

7. The excitation of a certain amount of plastic exudation in the walls of a flexed uterus may, if kept within bounds, result in permanent straightening o the organ. This may be accomplished by rapid dilatation, or by the protracted wearing of stem-pessaries, but permanent success will at best be rare.

8. The protracted wearing of astringent vaginal tampons, introduced daily, offers for some cases of ante- and retro-displacement an excellent, and for most

Digitized by Google

cases of procidentia, almost the only efficient and safe remedy for the displacement, far superior to all steadily-worn hard or soft pessaries. A procidentia of the uterus or of the vagina, may even be cured by several months of this treatment, if the affection be not of too long standing.

9. While a permanent cure is only occasionally met with, so much relief is afforded by pessaries and the other mechanical supports and methods above discussed that they should in no case be discarded, unless all treatment be contraindicated.

10. Electricity, if rationally and scientifically applied for a sufficiently long period, offers chances of cure of comparatively recent cases, which call for a more thorough and persistent trial of the method.

11. For prolapsus uteri et vaginæ, unless of quite recent origin, an operative construction of the vaginal canal and a restoration of the relaxed or destroyed perineum to its normal state is the only sure means of cure, and even for this affection the unfailing method remains still to be discovered.

12. The *cure* of a flexion by operative (bloody) treatment is impossible; the canal may be made comparatively straight by a division of one or the other, or of both lips of the cervix, but the flexed shape of the organ still remains. Only by gradually increasing the elevation of the fundus by a vaginal pessary (for which Thomas' cup is best), after delivery, or by the protracted wearing of an intra-uterine stem, can in a small proportion of cases a permanent cure be effected.

We have quoted this careful *résumé* for the purpose of calling the attention of our branch of the profession to the evident drift of experience in the use of mechanical supports for uterine displacements. This paper is in evidence that the indiscriminate praise or abuse of pessaries has not, and never can decide the question of their utility. Conservative physicians have waited long enough for the extremists on either hand to settle this business. The need of the hour, in so far as the use of mechanical supports is concerned, is to decide from intelligent and unbiased experience just what kind of cases require such treatment, and how we can best fill the mechanical indications presented. Dr. Mundé's essay is a move in the right direction, and his propositions, which we shall consider separately, are deserving of our careful study.

1. If this first conclusion could be accepted and adopted by all those who are treating the diseases of women, it would work a complete revolution in uterine statics. Once settle the question, and decide that pessaries and supporters are only applicable to *recent* displacements of the womb, and a vast amount of rubbish will be put out of the way. Narrow the mechanical indications to this limited class of cases, and the

Digitized by Google

choice of means will be simplified and the indications presented will be more easily met. In fact since this small class of deviations is so rarely met with in general practice, it may have happened, after all, that many a doctor has never seen a case of uterine displacement in which a pessary has really been needed.

The only amendment that we have to offer to this proposition is that certain chronic cases of flexion of the uterus are curable, absolutely curable, by the use of an appropriate stem-pessary.

2. The second corollary is carefully drawn, and conveys an important lesson.

3. The first part of this proposition is equally truthful. Vaginal tampons, whether of cotton-wool, charpie, oakum, or of carbolized tow, are of the greatest use and value as a means of propping up the uterus. They are especially adapted to flexions and versions of the organ: but they need not be impregnated with an astringent solution. They may be anointed with cosmoline, vaseline, glycerine, or olive oil, either of which, in a majority of cases, is preferable to a medicated mixture. There is no objection to the exceptional use of calendula, hydrastis, or hamamelis, when these remedies are called for by their special indications.

4. Our experience is quite in accord with that of the author as stated in his fourth proposition. The only exception that we should make to it is that the prone position is sometimes of great service in the treatment of retro-flexion; while the dorsal decubitus is equally useful, and sometimes a necessity, in ante-flexion.

5. If this deduction is true the whole fabric of uterine therapeutics, or of internal medication as applied to the cure of uterine deviations, through the relief of the conditions upon which they are secondary, is unsound and fallacious. The mere fact that too much has been claimed for constitutional treatment in this class of cases, and that a great many cases have been reported for this or that remedy, which was neither permanent nor probable, does not invalidate the honest experience of capable physicians in this regard. When this testi-

Digitized by Google

mony shall be written up, and the records of our experience in this direction shall be printed, in a form and character that is unbiased by a partisan spirit, the medical treatment for the permanent relief and even the cure of most cases of uterine displacements will be a recognized resource, and the first half of this fifth proposition may be stricken out.

Of the relations of the post-puerperal uterus, more especially of sub-involution, to the question of the curability of uterine displacements we have elsewhere spoken most emphatically. The range of application of ergot, china, ustilago, and similar remedies in cases of this kind is a very wide and promising one.

6. It has long been recognized, but is not always remembered, that the true prophylaxis of uterine luxations should be applied in child-bed. These displacements are more common in our day than they were when this JOURNAL first came into the charge of our friend LILIENTHAL, because the doctors are less careful than they formerly were to avoid such exercise and exposure of lying-in women as are almost certain to interfere with the puerperal involution, and to predispose them to this sort of dilapidation.

With paragraphs 7 and 8 we have no especial fault to find, except to say that the case would be very rare in which one would need to insert a vaginal tampon for the support of the uterus, if it was properly applied, oftener than every third or fourth day.

9. There is no solid reason why a pessary, or other mechanical support may not be worn for the temporary relief that is afforded without the expectation of a radical cure. Many cases of uterine displacement can be relieved in this way, and the patient permitted to go about her business or pleasure, like a man who wears a truss for a hernia.

10. The statement set forth herein is equivalent to saying that we know just nothing practically, and upon good authority, of the curative effects of electricity in this class of cases. All of which is true.

The two remaining items in this very interesting *résumé* are clearly and plainly, as well as practically expressed. The

Digitized by Google

value and scope of the operations for narrowing the vagina are recognized; while the mischievous habit of slitting and slashing the cervix for the cure of flexions of the womb is criticised and condemned as it deserves to be.

XLVIII. *Cantharis in Ovaritis.*

The Transactions of the Wisconsin State Hom. Med. Society for 1881 contains an interesting report of two cures by Cantharis made by Dr. W. H. TITUS, of Oshkosh.

The first case which I shall report is of a servant girl, aged twenty-one. About a month before I saw her, she was taken with severe pain in the iliac region, and was treated by a gentleman of the old school, who purged and blistered her, and otherwise tormented her, until she could hardly decide whether she was suffering from her own malady or that induced by her tormentor. She was confined to her bed, and had to be on her back most of the time. When I found her, her pulse was 105; fever every afternoon; appetite gone; great tenderness in the left iliac region; a continued burning pain in the left ovary, which she said was increased ten-fold when she was unwell. By vaginal examination, I found the uterus to be in nearly a normal condition; a slight endometritis existed, but no more than would be expected from the inflamed condition of the ovary. The ovary could easily be felt, enlarged, prolapsed and very sensitive. I could feel no fluctuation about the tumor, but there was a hectic condition which seemed to indicate the formation of pus. There was no pus evacuated from any outlets of the body. The usual remedies were administered, with no result, and she gradually grew worse. I then gave her Cantharis, after the recommendation of Dr. Ludlam, and was surprised and gratified to hear her say, the next time I saw her, that she wanted some more of the same medicine, for it had stopped the pain and made her feel better. Continued the same treatment and she gradually improved, and was able to sit up in two weeks with no discomfort. She suffered some relapse at her next regular period, but she soon recovered under the remedy, and is now able to go about her usual work with no trouble. As she gradually grew better the enlarged ovary subsided, and to all appearances is as well as the other. She has passed through regular periods since her recovery, and had no inconveniences from it, and I concluded she is cured and by Cantharis.

The next case has some points of interest. Miss S., aged twenty-seven, consulted me nine months ago for a trouble which to her was very revolting. She informed me that every few weeks she had a bloody discharge from her breasts, and she was so disturbed by it that she shrank from society, lest some one would find it out.

On examination I found that six or eight years before, she was thrown from a carriage, and so disabled that she was unable to walk for about eight months, during which time her periods were regular, but gradually grew scanty, until they finally stopped entirely. Her condition gradually grew better, until she could be about enough to teach school, which she did without increasing her suffering. It was about this time the vicarious discharge made its appearance. Her general

Digitized by Google

health was poor. She complained of the dragging weight in the pelvis, with a boring pain in the left ovary. She had much pain through her abdomen, which she said was of a hot, burning character. Her appetite was capricious, and her strength was at its minimum. An examination showed both ovaries to be much enlarged, prolapsed and tender, the uterus slightly anteflexed, great vesical tenesmus, more especially after being on her feet a great deal. The complications made me despair of ever being able to re-establish the flow. Nevertheless, I hoped to be able to relieve some of the more prominent symptoms. I therefore gave her Bell., which she continued to take for two weeks; no improvement, and I advised her then to take warm water injections twice per day, in which was placed ½oz. of Cantharis 2x, and gave her Cantharis 3x, 6 pills every three hours. When I saw her again, in about two weeks, she told me that the discharge from her breasts had not appeared, but she had a "regular time of spitting blood."

The same remedy was continued, and I did not see her for some twenty days; she said she was somewhat better, but continued to have the heavy dragging feeling about her pelvis. I advised her to come to our city, and stay a few weeks, which she did, and I gave her directions to follow the previous treatment and lie very quietly in bed for a week. Twice, during this time, I replaced the anteflexed organ, and was delighted to know that she had some symptoms of being unwell, and finally did flow a little for two days, which she said relieved her greatly. The ovaries were less tender, but no perceptible change in their size. She remained in town another week and took the previous remedy; on her return she informed me she was much improved in every way. I then sent her Bell., which she supposed was the usual remedy—Canth.—and in two weeks wrote me the old symptoms were all coming back, and she was discouraged. Cantharis relieved her again, and from that time until the present she is taking this remedy. She has menstruated four times since her visit to our town, the intervals varying from 52 to 41 days. Saturday, at my office, reported her condition very much improved; said she had no pain at all; appetite good; can walk or ride without any trouble, and thinks she is well. The ovaries are very much reduced in size and not at all tender. Her condition is greatly improved, and I shall continue this remedy in the hope a permanent cure may eventually be established.

I have only enumerated the symptoms which have a direct bearing on the subject; of course there were many hysterical symptoms, which were clamorous and distressing, but which subsided as she grew better.

The points of interest are, first, the long continued ovaritis, which was of traumatic origin, without suppuration; second, the suppression of the molimen, and the vicarious discharge from the breasts, and third, the benign effect of Cantharis in allaying the ovarian irritation, and re-establishing natural menstruation.

XLIX. *Inguinal Hernia of the Ovary.*

We find in a recent issue of the *Gazette médicale de Strasbourg* a very practical report on this subject, illustrated by six cases, by Dr. LENTZ. His remarks upon the treatment of this peculiar form of genital hernia are worthy of a translation:

The only means of cure for this infirmity i .ther to reduce the displaced organ

Digitized by Google

to the abdominal cavity, or to remove it by ablation. The operation does not differ essentially from an ordinary herniotomy, but it has some peculiarities. In case of absence of the sac, it should be made with a great deal of care, especially if the ovary is masked by adhesions. We may recognize the organ by its livid color and its peculiar form; but care should be taken in searching for the Fallopian tube and the broad ligament. We can follow the ovarian ligament as far as the ring, which may be dilated either with the finger or the bistory, in case we desire to reduce it; if not, a silk or a catgut ligature may be thrown around it.

Unless there is a positive contra-indication, the surgeon should always try the resources of conservative surgery by a reasonable attempt to replace the prolapsed ovary. Its removal is necessary:

1. In case of very severe strangulation, with inflammation of the broad ligament of the pedicle.

2. In case there are numerous adhesions.

3. When, despite a carefully applied bandage, the patient is subject to constant pain and to nervous derangements, which interfere with her duties.

4. When there is an intestinal strangulation that is provoked by the tension of the broad ligaments. Thanks to the removal of the ovary, the ligaments in these cases become relaxed, and the integrity of the alimentary intestine returns.

L. *The Milk Diet in Puerperal Albuminuria.*

We copy the following from a lecture on Puerperal Albuminuria contained in the *Clinique* for November 15th, 1881:

Within a very few years the interdiction of an animal diet in albuminuria has been changed, and the profession are learning to place a proper estimate upon the value of milk as an exclusive aliment in these cases. In 1875, Tarnier, of Paris, called attention to the efficacy of the milk diet in puerperal albuminuria, and, although his experience has not been verified or tested by many of our profession, it deserves to be remembered by you. The following is a synopsis of Tarnier's method as copied from *Le Progres Medical* for December 11, 1875:

"The advantage obtained from the milk diet in Bright's disease first suggested to him that it might also be useful in puerperal albuminuria; and for some years he has employed it at the Maternité in the case of every pregnant woman whose urine contained albumen, excepting in one case, which was that of an old subject of Bright's disease. The results obtained have always been satisfactory, for in each case the albumen has either rapidly diminished or disappeared before labor. His plan is to give one litre, which is one pint and three-quarters, with two portions of food on the first day; two litres and one portion of food on the second day; three litres and one-half a portion of food on the third day; and on the fourth and succeeding days, four litres without any other food and drink. In the worst cases, especially if there are signs of eclampsia, the patient is at once placed upon three or four litres of milk per day. The effect of this regimen is soon apparent, for in a week or a fortnight after it has been commenced there is a very noticeable diminution, or a disappearance of the albuminuria."

My own experience confirms the remarkable value of this regimen in the disease under consideration. Indeed, if I were left to choose between the milk diet

Digitized by Google

and our medicines in the management of albuminuria in pregnancy, and was limited to either as a curative resource, I would depend upon the diet recommended by Tarnier rather than upon our remedies, if they must be given with the old regimen.

Under the happy influence of this new bill of fare, however, I believe that our remedies will prove more efficacious than hitherto, for the one will supplement the other, and, so to speak, we shall have clear sailing.

LI. *The Obstetricians vs. the Gynecologists in New York.*

The *Medical Record* for December 24th, 1881, is responsible for this juicy extract:

The following amusing letter, which speaks for itself, was received by a leading gynecologist of this city: "I presume you remember the time, nearly four years ago, when you had attended my wife at the conception of her child. We lived at that event at —— West Thirtieth Street. You charged $20, which I paid you $10 on account. I intended to have paid you in full, but parties advised me not to do so, as you had not done an honorable act in hurting my wife. I now, knowing that my wife is in a verry precarious predicament from the effects of your hurried attention to her bringing forth the child, notify you that suit shall be brought against you should my wife die from said hurriness or negligence of duty on your part, I will do all I can to punnish you for this act. You gave her a milk leg—Indeed it was not so, but you closed a vein on the right of the womb. If you had taken time to do your duty, as a good doctor would have done, this would not have happened. Now, I hold you responsible for this; and, as my wife has just begun to suffer from it, I look to you as the guilty one.

Verry Resp., R. J. M."

LII. *The Value of Abdomino-peritoneal Drainage in Ovariotomy.*

This very interesting subject is carefully discussed by Dr. Léon Labbè in the *Archives de Tocologie*, etc., for August, 1881. His paper abounds in practical suggestions drawn from experience. Dr. L. resorted to drainage by the glass tube as long ago as 1868 and the case, although a bad one, got well. But in another case, the drainage being practiced in the same way and under the same conditions, the patient died. This result induced him to renounce drainage altogether, and not to practice it again for many years. Finally, however, being satisfied, as stated in his Clinical Lectures on Surgery in 1876 (p. 409), that of all the causes of death following ovariotomy the most frequent were *septicæmia* and *peritonitis*, he was induced to try it anew.

The gist of this paper is contained in the proposition that

Digitized by Google

preventive drainage is rendered inoffensive and unobjectionable by the addition of Listerism, or briefly that both are better than either of them.

I then resolved to resort to drainage whenever, in a case of ovariotomy, there was reason to fear that after the wound was closed, there might be an accumulation of liquid in the pelvic cavity. These conditions appeared to be of two kinds, viz: 1. When there was, as in some of the cases which I have reported, an ascites which in all probability would be likely to return. I should add that this ascitic fluid would become much more harmful in case there were adhesions, the tearing of which would cause the rupture of many small vessels, and would therefore occasion a more or less abundant hemorrhage. 2. When there are very extensive and very vascular adhesions * * * * * *

Practised in this way, the drainage of the abdominal cavity furnishes a very simple expedient, and one which certainly adds nothing either to the difficulty or the gravity of the operation. It is doubtful whether the different varieties of peritoneo-vaginal drainage are equally successful, for in this manner it is practically impossible to render it completely antiseptic. Experience has confirmed this theoretical objection. Many surgeons who have formerly used this vaginal method have now abandoned it. And why should we complicate the operation of opening the vaginal cul-de-sac when experience shows very clearly that a simple tube, placed at the lower angle of the wound with one of its extremities at the lowest point of the pelvis permits even the largest quantities of fluid to escape externally?

Undoubtedly, at first thought, it seems difficult that a liquid which has accumulated in the retro-uterine cul-de-sac, can easily pass through a region that is situated above the symphysis pubis. If only a motionless vase was concerned the tube would be useless, but, in this case, the operator may depend for assistance upon the normal play of the physiological movements which accompany each respiratory act, and which tend incessantly to force out through any orifice in the abdominal cavity the organs and fluids which it contains.

ARTICLE XXXII. — A Critical Examination of Our Materia Medica.

By T. F. Allen, M.D.

(Continued from page 279.)

Our pathogenesis of Aloes is derived almost wholly from the provings made by Dr. Hering, which, with some previous provings and quite extensive additions from the old herbals, ancient writers and clinical reports of all sorts were published

Digitized by Google

in the *Amerikanische Arzneiprüfungen*, translated and printed in the *American Hom. Rev.*, Vols. 4, 5 and 6. Dr. Hering in the introduction remarks as follows: "The problem is to present everything which could be collected, so that it can be accessible, and, what is most important, that all the individualities can be compared with each other. * * * * Reports of the provers are at present withheld and as far as possible substituted by references in the compilation.

"For by far the largest and most important part of the following compilation we are indebted to Dr. Helbig. Through him I received not only an extract from Wederkind and many valuable notices from other authors, but also the provings of Henke, Preu and E. S.; thereto must be added a proving of a young man (A—b), for which I myself become surety. * * The first who published a proving of Aloes was Dr. J. Buchner. * * I have been able to add to all these, the provings and experiences of the physicians of this country, the results of several provings with Aloes in substance, in the one-tenth and higher up to the two-hundredth (Jenichen) potency, partly upon myself, partly upon more than ten other persons; but some of these exhibited only very few or only one single striking symptom; several were observed in children who had been weaned from the breast by besmearing the nipple with Aloes. For my own experiments I succeeded in obtaining the really genuine Aloes from the Island of Socotra."

We now come to the examination of the individual provings, beginning with the early provings communicated to Dr. Hering by Helbig. All the provings of Aloes, early and late, were made with quite material doses of the drug, *except the first proving of* "*A—b*," who, "under the direction of Hahnemann himself," smelled of a vial containing one minute pellet, which, some time before, had been moistened with the thirtieth dilution; to this proving we shall come later on, since in order to judge fairly of its merit we must fully consider the effects of Aloes as exhibited by undoubted provings with more tangible doses, examining with special care the effects most remote from the first impression of the drug.

Helbig made one proving on himself, taking one dose of five

Digitized by Google

grains in the afternoon. The next morning he experienced colic followed by yellow, "bilious" stools with some mucus, and a thin evacuation, "almost involuntary" followed by crawling in the anus. A pain in the metatarsal bone of the left great toe seems to have occurred about this time. No other symptoms are reported till the third day (though only a small part of his symptoms have any time affixed), when he had a bruised pain in the bowels aggravated by pressure, and more yellow, pasty diarrhœa with some nausea. Some hardened fæces also seem to have been passed, for he complains of the pain in the anus caused by them and the subsequent aching and tense feeling in it. The sore, bruised feeling in the abdomen extended up over the chest and sides, and for eight days it hurt him to move the arms or strain at stool. He had little appetite for several days, but on the twenty-first day was very hungry and ate too much, after which he had a pain in the last dorsal vertebra, so violent that he could only lie on the side. The latest recorded symptom is placed in brackets by Hering: "Slight throbbing-like palpitation in the abdomen, during rest, especially at night on lying down, at times felt also in the occiput, after four weeks." The same prover records other achings in the occiput, temple and vertex, but no time is given. Other important and clearly genuine effects are "stool difficult, daily, it distends the rectum; stool soon after a meal; bitter eructations for many days; pain in the coccyx as if he had fallen on it; pain in the soles of the feet; aching in the knuckles evenings," and a few other less prominent but doubtless genuine symptoms. Helbig contributes in addition observations from *seven* other sources as follows:

(*Helbig.*) "*L. S.*, effect of two grains triturated with sugar of milk," see *Encyclopedia*, 942, of which 30 is a part. "Morose and ill-humored for several days; on the fourth day severe, drawing sacral pains which spread over the whole pelvis; they filled him with ill-humor; worse evenings; lasting eight days." The sacral pain is abundantly corroborated by Hencke in his provings.

(*Helbig.*) "*C*," took two grains at noon. This prover had the yellowish diarrhœa, the burning in the rectum, hæmor-

Digitized by Google

rhoidal pains, flatus, painfulness across below the ribs, and chilliness." In the *Encyclopedia* the symptoms belonging to him are, 230, 373, 471, 555 and 756. The "breaking out around the mouth" may be compared with Helbig's own symptom, "pustules in the canthus of the eye," and Hering's "painful pimples like nodes in the skin, beneath the chin on the right side," etc. These effects, rarely noticed by provers, have an additional interest to us when reading in *Kœhler*, "in what manner Aloes benefits sore places and diseased mucus-membranes we do not know." Galen extolled Aloes for cleansing sinuses and for healing obstinate ulcers, especially about the rectum and genitals. The ancients (Arabs and Greeks) used it externally to a great extent and it was considered especially good for ulcers in the eyes.

(*Helbig*) "*d.*" Two symptoms are credited to this authority (261 and 376), but we find no intimation of the dose; it seems evident, however, that the crude drug was taken. There is no objection to these symptoms.

(*Helbig*) "*b*," was a girl nine years old who licked a piece of Aloes and immediately felt a "pressure in the forehead" (108), the only symptom and doubtless a perfectly genuine one.

(*Helbig*) "*in a mesmeriser.*" No dose given. Three symptoms (103, 371, 449): "downward and inward pressing pain in the middle of the forehead" is almost characteristic of Aloes; the "snatching beneath the pit of the stomach" and "cutting in the abdomen as from taking cold" are perfectly natural effects of the drug.

(*Helbig*) "*in a woman, after rubbing the tincture on the abdomen;*" two symptoms (470, 1050). The first symptom is a very good account of the moderate action of Aloes due to its absorption; the symptom has been subdivided by Hering and reappears here and there in a fragmentary form. The eruption is well enough, though not very characteristic of the drug; the volatile oil is doubtless irritating to surfaces with which it comes in contact, and some of the purgative properties of the drug have been referred to this principle, especially as many observers deny the power of the pure glucoside "Aloine" to purge; and others think that the pure gum-resin, found in

Digitized by Google

Aloes, does not purge, though Dr. Harley thinks differently. It seems to be acknowledged by nearly all that Aloine is a very mild cathartic and does not gripe as Aloes itself does. Something in Aloes, at all events, irritates the skin and mucus membranes, both when applied externally and when taken internally.

(*Helbig*), *in a patient:* one symptom only (7). This is of no possible value any way, and even if it were, the source would condemn it for our purposes; it must be erased.

Hencke made three provings on himself:

"a" he took ten drops of the tincture;

"b" he took thirty drops in the morning;

"c" he took two grains rubbed up with sugar of milk, in the morning.

The main features of "a" are the stitches in the hypochondria; fullness, cutting pains, and distention in the abdomen; crampy pain in region of spleen; confused head, stitches in left temple and dull pain in left side of occiput; frequent urging to stool; pasty stools the second and third days, no stool fourth day, hard stools subsequently; severe heavy pains in the sacral region, involving the whole pelvis, with heaviness, etc., second to fourth days. A very excellent proving.

In proving "b" we find fewer symptoms, but some very important ones; the thin, pasty stools began after twelve hours and were repeated on the third day; on this day also he had frequent urgings without result; on the first day the frequent urgings were associated with *heaviness in the pelvis*, and *a dull, heavy sensation in the sacral region* (most important and characteristic symptoms of Aloes); this pressure and heaviness in the sacrum was worse while sitting, and relieved by motion, and troubled him for eight days; periodic clucking in the coccyx first and second days; emission of hot flatus and burning in the anus; blunt stitches in hepatic region affecting the chest and respiration, colic in upper abdomen soon after a meal, first day; anxious uneasiness preventing mental labor; pressing outward in the temples; heat of face; pressure in the orbits, and flickering before eyes; the first day: some nosebleed on the second morning. A most excellent proving.

Digitized by Google

Experiment "c" is also very good. The urging to stool began very soon after a dose, he passed a little dry stool which did not seem to satisfy him, and in ten hours had pasty diarrhœa; griping in the umbilical region and shivering over the whole body, cutting pain after stool; much offensive flatus. Dull stitches in the hepatic region, and in spleen extending to loins; stitches in præcordium on deep inspiration. Pressing-out pain in forehead toward temples began soon and persisted; headache worse on stooping and on motion; nose feels as if it would bleed. *On the second day* he had more rush of blood to the chest which provoked a dry cough; constriction and pressure and squeezing in the chest, especially in the right half; dyspnœa and dull stitches in lower part of chest. Dim vision on writing; peevish and morose. *On the third day* the pressive pain in the forehead continued and extended into the orbits, and he suffered from a *severe stiffness in the sacrum* after sitting, rising up was very difficult and then it felt like a load in the sacrum and pelvis. This last symptom is exceedingly important in the pathogenesis of Aloes. This proving is much more satisfactory than the former ones, though the dose was smaller (the tincture is made in the proportion of *one* part of Aloes to *five* of alcohol); probably the triturations with sugar of milk increased the activity of the drug; the quickness of its action is remarkable.

Preu made four provings with the drug (Aloe capensis or lucida), rubbed up with sugar of milk; "a" two grains; "b" three grains; "c" two grains; "d" four grains.

The first proving developed diarrhœa preceded by weakness in abdomen; cutting in the bowels; bitter eructations, and pain sticking and clawing in the metacarpal joint of the little finger the first day; on the next day he was still ill-humored and disinclined to work, with a dull pressure in forepart of the head, flatulent distention of the abdomen relieved by the emission of hot flatus; the pains across the abdomen, cutting and drawing, continued the third to the fifth days, and made him peevish, etc.

The second proving furnished very few symptoms; diarrhœa, flatulent distention, dull pain in the region of the liver, and

Digitized by Google

very painful itching and burning in the anus which prevented sleep.

The third proving was better, though no symptoms are recorded after the third day, except one on the eighth day, "lassitude alternating with great mental activity." As this symptom stands alone, unaccompanied or preceeded by any other symptoms, as no symptoms had been noticed for *five* days previous, and as the symptom has not the slightest character, we propose to drop it from the pathogenesis. The proving itself is fair; on the *first* day he had urging to stool, gurgling in the lower abdomen at night, cutting pains in the small intestines, hot flatus, confused head and the Aloes supra-orbital pains. On the *second* day, flatulence, stitches in the hepatic region, great appetite; and, with frequent urging to stool, emission of hot flatus with relief: that most characteristic Aloes symptom, "*a sensation of plug wedged in between the symphysis pubis and os coccygis.*" He was also weak, restless or excited, and noticed transient stitches in a metacarpal joint. If no other justification were required, the symptom of a plug between the pubis and coccyx would be enough; it has proved the key to the cure of many a sufferer, man and woman. Dr. Dunham used to consider it one of the best symptoms of the whole collection.

The fourth proving lasted longer and developed many of the more remote effects of the drug.

The flatulence, pain in the abdomen, etc., began the first day and continued for over a week. On the third day he had copious morning diarrhœa, with evacuation of hot flatus. The fulness in the stomach, eructations, pains in the hypochondria, are all marked and characteristic. The remote symptoms are as follows: *First day.*—Supra-orbital stitches; burning pain through the right eye like a stream of hot air; pressing-out pains in the shoulder; painful drawing and stiffness of the left middle finger, especially in the metacarpal joint; pressing and pains in the thigh. *Second day.*—Weary and indolent; dull sticking pains under the scapulæ; dull sticking pains from the shoulder into the ulna; heaviness of the right arm; jerking drawing pain in metacarpal joint of left little finger; general

Digitized by Google

relief from exercise in the open air. *Third day.*—Ill humored, restless, incapable of work, pressive frontal pains; pressing out pains under the scapulæ; pain and stiffness in the right fingers. *Fourth day.*—Throbbing of the occipital arteries and cold feeling in the back of the head; twinging earache, and crampy pain in the right ear; inflammation of the left portion of the mouth, with pain and confused feeling over the whole left side of the face; very painful, tearing stitches in the second joint of left little finger; heaviness and pain of the right thigh. *Fifth day.*—Frontal pains continue; jerking, drawing and dull stitching pains in the joints; pimples in various places; boil on the upper arm. *Sixth day.*—Stitches in region of spleen, through left breast, in supra-orbital region, in frontal eminences and in finger-joints; heaviness of the thighs. *Seventh day.*—Weary and indolent; eructations; flatulence in colon; stitches in spleen. *Eighth day.*—Copious hot flatus; heaviness and weariness of the lower extremities; dull sticking pains in the joints. We have quoted these remote symptoms of Aloes in Preu's fourth proving to illustrate the character of the general disturbances caused by the drug, in order to compare the symptoms of other provers, less clearly pronounced, with those of this prover, concerning which there can be no doubt.

We now come to the consideration of the provings of:

A—b, a physician between twenty and thirty years of age, who proved under Hahnemann's direction in 1833; he began with olfaction. I. In a vial, an inch and a half high, he placed one pellet, the size of a mustard seed, moistened with the thirtieth dilution of Aloes by Hahnemann some time before; of this he smelled at eleven A.M., and even in one hour experienced distinct effects. He repeated it the next day and again on the fourth day. On the fifth day he took, at noon, a pellet of the thirtieth, also on the sixth, seventh and eighth days; on the ninth day he took twenty-four pellets, after which all his previous symptoms were remarkably aggravated and multiplied: on the thirteenth day he took one pellet; on the sixteenth day he smelled again. II. A proving four weeks later, when he took at six A.M., fasting, one grain of Aloes. III. More than a week later he took in the forenoon, in full health, four

Digitized by Google

grains of the best Aloes, coarsely broken, with six swallows of water.

The first proving embraces about 125 distinct symptoms and extended over a period of more than three weeks. In order to judge it impartially, it is better to obtain some notion of the manner in which Aloes, in tangible doses, affected the prover; who, fortunately for our purpose, made two other "heroic" provings. We will, therefore, examine first his second and third provings, the main features of which we will present to our readers.

After taking one grain of Aloes in *ten minutes* ineffectual inclination to sneeze, eructations of wind: after *four hours*, feeling as if the head were enlarged, pressed out on all sides and a single darting drawing over the left eye and outward through the eye; after *five* hours sneezing and watery mucus from the nose; the *first day* in the evening, fine crackings in the right maxillary joint; the *second day*, on rising, cracking in the right hip-joint, and cracking of the cervical vertebræ on moving about; at three A.M. awoke with hasty urging to stool, dull griping and movings in the abdomen, thin pasty stool followed by a feeling of more fæces in the bowel that ought to pass; fruitless efforts to sneeze in the morning, canine hunger in the forenoon;* a sore pain on the right of the vertex, touching the hair hurts; pressive boring in the left temple, followed by a sticking outward through the left eye from the brow downwards; bruised pain in the back between scapulæ and on the back, as after stooping; *third day*, while lying in bed, a sprained feeling in the ankle-joint, or left great toe, or in a finger, or thumb (which had formerly been sprained); *a feeling as if he had taken cold in the bowels;* driven to urinate so quickly that he can scarcely hold it; on urinating in the morning a second and at eleven A.M. a third stool with flatulence; a paralytic drawing in the right arm; drawing stitches over the right temple; a tensive numb sensation extending over the scalp with increased warmth; *fourth day*, *morning diarrhœa*, movings in abdomen, *with hunger*, a straining at stool, more fæces after he thought

* A very common symptom of Aloe.—T. F. A.

Digitized by Google

he had finished; pharynx raw and swollen, with hawking up of thick mucus; drawing tense pain on right side of the nape of the neck, as if in the muscles; drawing pain below right ear and in the ear; *dull drawing and sticking over the right side of the forehead, the head feels confused,* IT COMPELS ONE TO MAKE THE EYES SMALL.* *Fifth day, hunger* so that water accumulates in the mouth, soon after breakfast; hawking tough jelly-like mucus; blood blown from nose. The tenesmus in this proving was characterized by an unpleasant sensation in the anus, *as if more fæces were to follow, which must be held back on account of the soreness, yet he does not dare to draw the anus together.* This proving is a very good one, developing some of the best characteristics of the drug; the remote symptoms (headache, neuralgia, etc.) are clearly genuine, but there are a few symptoms which require a closer scrutiny. The prover states that before taking the drug his disposition was apprehensive, speculative and amorous, and after taking it he became quiet; contented, mind clearer and inclined to work; these alternations of moods appear repeatedly in the provings and are not, we think, due directly to the drug. A purge of any kind usually "clears the head" for a time, and we are inclined to eliminate these "moody" symptoms from the proving, as well as those of his sexual organs. He had emissions now and then (not always involuntary!) and they were, sometimes followed by lassitude, cold extremities, wakefulness, ill-humor and the like; all these we propose to ignore, since they are clearly foreign to the pathogenesis.

The third proving, with four grains, also developed many characteristic effects of the drug, and many of the same symptoms noticed in the second proving. Some of the more important symptoms are: EVERY TIME HE PASSES URINE A FEELING AS IF SOME THIN FÆCES WOULD ESCAPE WITH IT; third day, *the stool passes without any effort, it falls, as it were, out of the bowel;* third day, *with the stool there is always a feeling as if more were at hand;* sixth day, *soft painless varicose swellings on the perineum;* fourteenth day, *urging to stool drives him out of*

* See Dunham's Lectures on Aloes.—T. F. A.

Digitized by Google

bed at six A.M.; fifteenth day, *soft piles at the anus itch;* eighteenth day, after rising a hard small tough stool, *with sore pains in the hæmorrhoids which are sensitive to touch, and pain as if inflamed, even while sitting still; at ten P.M. another stool with smarting in the hæmorrhoids, some of which still protrude;* nineteenth day, *dull pains in the abdomen as after taking cold;* twenty-third day, for many weeks *the first part of a stool is hard, the latter part thin and pasty.*

The more remote but perfectly genuine symptoms of this proving are found grouped in a general way as follows: Pulse slow, weak and irregular soon after the dose. Coldness of portions of the body, chilliness, etc., are noticed from time to time. Unnatural hunger. Neuralgic pains in the head, eyes, neck, chest, extremities; sensation as if the extremities had been sprained, etc. Sore throat, as if in the pharynx, at times quite severe, second, fifth, sixth, ninth days. Skin dry, lips crack, nose crusty and sore. Coryza-like discharges from the nose, third to fifth days and subsequently. On the twenty-fourth day the tongue is sensitive, as if the inner margin of the teeth were sharp, etc.

We now come to the *first* proving of this man and approach it with all possible scepticism. In order to be perfectly fair with our readers, we give it in detail day by day and solicit a careful perusal, reserving comment till it is finished.

(1) At noon, very little appetite and a feeling as if one does not himself know what is the matter, whether one has appetite or not, so that two hours later he again ate more apples, a kind of torpidity of the stomach, he did not know when he was satisfied, the stomach showed no decided will; after one to three hours. (2) At two o'clock in the afternoon, an unusual time, a stool too small, in disconnected small pieces, with much offensive flatus, two hours after dinner during a disturbed state of mind, which was still increased after the stool; after three hours.

First day. (3) At noon he ate well and much; first, second, eleventh and twelfth days.

Second day. (4) In the forenoon he is disposed to become reconciled, where he would not otherwise have been so. (5)

Digitized by Google

At an early hour, quick, complete awakening, with inclination for mental labor, good appetite. (6) *Feeling of hunger in the stomach*, after a few minutes; from olfaction. (7) *After the morning stool, the feeling many times as if he ought to go again;* at four in the afternoon, thick, pappy, natural stool, with the sensation as if it were solid. (8) A lower hollow back tooth becomes sensitive, especially when eating, the second day; on the afternoon of the third day it is still sensitive; on the fifth day he cannot bite thereon; on the sixth day, it is still more sensitive, it even pains without touching it; it is no more sensitive on the ninth day; on the tenth day a pustule appears on the front part of the gum under this same tooth. (9) After a meal very sleepy; he lay two hours in a dozy, half senseless condition, from which he must make an effort to arouse. During this sleep he was conscious of hearing many things, without being able rightly to recollect or arouse himself. (10) Wakes many times at night, with chill.

Third day. (11) In a dream at night, he was in danger he would scream out, but could not from hoarseness; in the morning he awoke with hoarseness low down in the fauces, which disappeared after breakfast. (12) Makes a pedestrian tour of five miles, very quickly, without fatigue or difficulty.

Fourth day. (13) After a nocturnal emission of semen, fright at the rattling of the windows by the wind. (14) In the afternoon he works with a will, without a midday nap. (15) *At noon good appetite, then it seemed to him as if he were not yet satisfied*, as the first day; still he did not eat again, and on working it went away; it seemed again as if something ailed him, he knew not what; this took place many times before long enduring hunger. (16) A stool at ten o'clock in the evening, thirty hours after the previous one, less than usual, with the feeling again as if it came indolently, it does not present itself in the right way. (17) He awoke at one o'clock at night with active desire; without being wide-awake, he seized hold of the parts until the emission of semen; he had to make water, and on fully awaking, it seemed as if the time must be much later.

Fifth day. (18) Contented, happy humor, in the evening, as

Digitized by Google

well as all the following day. (19) Towards evening, uncommonly aroused by spirited, joyful news. (20) In the morning, good appetite, and inclination to work. (21) Rather an inner sensuality than an irritation of the parts compels him to satisfy himself; at evening on going to bed. (22) After a meal no sleep; could immediately labor well without sleepiness. (23) Tired early in the evening, the first day; he even sleeps on the sofa. (24) Restless sleep, with waking up and feeling cold. (25) After an emission of semen, restless sleep, with repeated wakings; at eight o'clock in the morning, when he must go immediately to stool, a copious passage, with vigor, seven hours after the previous one. (26) Coldness of the hands and feet; the fourth and fifth days. (27) Cold feet in going to bed at nine o'clock. (28) Coldness of the feet up into the calves at evening in bed, occurring after a seminal emission, preventing sleep for two or three hours.

Sixth day. (29) On rising before five in the morning, the head feels completely aroused; an excited condition of the whole brain. (30) Pale over night (as if up all night), sickly look. (31) Pale gums. (32) Soon after supper, growling movement about in the abdomen as if griping of the bowels would take place. (33) In the morning, before eight, after breakfast, a disconnected soft stool, with pressing, passing flatus and eructations, at ten o'clock in the evening another stool, soft, disconnected and copious. (34) Urine increased, and more deeply colored; the fourth day; much at one time. (35) He awakes many times in the night with some chilliness and sensitive pain in the great toe on every motion, as if it were sprained; sometimes in the right, sometimes in the left; whether in the first or last joints could not be distinguished; the first day, again the sixth. (36) At seven o'clock in the evening much yawning, with hunger. (37) Cold hands and feet in the morning; the feet are cold the whole afternoon; toward evening they *become suddenly warm; so also the hands.*

Seventh day. (38) Rising to urinate. (39) Increased quicker urgency, and more copious discharges. (40) Painfulness behind the vertex as of subcutaneous ulceration; the hair stands up more in this spot, continuing from mid-day, the seventh day:

Digitized by Google

tenth and eleventh days again a sensitive spot behind on the vertex.

Eighth day. (41) A stool at three P. M. and nine in the evening. (42) Cold feet the whole night; little sleep.

Ninth day. (43) Some hunger in the evening and long wakefulness. (44) After the mid-day nap *much offensive flatus*, just the same toward evening. (45) A stool at six and eleven o'clock in the evening. (46) *Pain as if sprained or taken cold in the last joint of the left fore-finger.* (47) He felt very cold at night, passing urine at two o'clock; he thought it must be later than two. (48) He feels very cold in the night; the ninth to the eighteenth days.

Tenth day. (49) Longing for juicy food, fruit, but not for water. (50) Appetite good. *In the afternoon again hunger, continual eating, as after long abstinence.* (51) Sometimes growling movement about in the bowels. (52) A stool at six o'clock in the morning, after getting up, small, thin, pappy, easy; the same again at noon and at three in the afternoon with sputtering, that is, with gushing flatus and thin fæces. Just the same in the evening at six and before ten o'clock; could have gone still oftener. (53) Urgency to stool on passing water at night. (54) The night from the tenth to the eleventh days, chilliness, mostly from one to two o'clock, decreasing toward morning. (55) With the last stool, at ten in the evening, the passage of urine is somewhat impeded, it presses out from the bladder a few seconds before it appeared, then with interruptions, and every time with some urgency, which the urine does not immediately follow. (56) Warm feet and icy-cold hands the whole evening; they alternated often through the day; now the feet and hands, now only the hands, cold. (57) Restless sleep (the tenth and eleventh days), with repeated wakings; at half-past one he had to urinate, shortly thereafter sexual excitation with erection.

Eleventh day. (58) Frequent loud flatus, without smell, during the tenth day; the morning of the eleventh day. (59) *Canine hunger soon after morning stool.* (60) Eructation from time to time, part of the time without any taste, morning. (61) On walking, after the morning stool, *many drawing stitches*

Digitized by Google

in the anus; more on the left side and forward to the region of the prostate gland and vesiculæ seminales. (62) Late rising, with great urgency to stool and to urinate. (63) As he, in the forenoon, came from a cold room into one much heated, weariness, weakness and creeping chills through the whole body. (64) Frequent violent yawning with stitching in the forenoon; it pulls the mouth wide open. (65) At nine o'clock in the forenoon a second stool, *small, yellowish, slimy, with much sputtering flatus, with some tenesmus;* HE DREADED LEST HE SHOULD LET FÆCES AND URINE BOTH GO TOGETHER; *whilst he would force out yet at the same time he held back,* at eleven in the forenoon again. (66) A stool at three and six o'clock in the afternoon and nine and eleven in the evening; with the last, much loud flatus with very little fæces. (67) Active desire at evening and uncommon thirst for water. (68) The brain is again somewhat excited. (69) Cold feeling, with a soft stool. (70) A blackish point (maggot) on the edge of the upper lip, on the left side, becomes inflamed; it is the next day a yellow pustule; goes away the eighth to the eleventh day. (71) The nights, from the eleventh to the twelfth, and from the twelfth to the thirteenth days, little chilliness, better sleep; at half past two he waked up and had to urinate; had thick mucus in the mouth and fauces.

Twelfth day. (72) On combing the hair in the morning, *a sensitive spot on the left side on upper part of the occiput;* towards evening on the right side of the head on the top. (73) Little appetite in the morning. (74) *At seven in the morning, immediately after rising, another stool as yesterday; five times through the day, sometimes only flatus with little fæces, also many passages of flatus besides; could have gone oftener.* (75) After meal no sleepiness, but a forbidding and unconcerned humor; about half past three he is better, and is much inclined to joke, continually mocking the remarks of others; in the evening is inclined to work. (76) *There is moving about in the bowels frequently audible to him, swashing and gurgling.* (77) MUST TAKE CARE THAT HE DOES NOT HAVE AN INVOLUNTARY STOOL WHEN PASSING FLATUS.

Thirteenth day. (78) He awakes at four o'clock with great

Digitized by Google

sexual desire. (79) Immediately on rising sensitive pressive pains, as if sprained, behind the middle of the sternum, only on moving the arms, on stooping and crouching together, relieved by stretching the chest out straight and throwing it forward. (80) In the afternoon, uncommon thirst for water; the twelfth day, not the thirteenth day. (81) *Stool five times up to three o'clock in the afternoon, then again five times; continual passage of much flatus*, WHEREWITH HE FEARS THAT A STOOL WILL ESCAPE WITH IT; in the evening he could pass flatus loud and strong, without being obliged to fear this. (82) Swollen hands in the evening, eight to ten o'clock, with heat and tickling itching, especially in the balls of the thumb, compelling vigorous rubbing; feels as if frozen. (83) After the seminal emission he had to go to stool, immediately the first time at night. (84) After evening sleepiness, poor night sleep, constantly half awake, coldness of the feet in bed, much chilliness, excited brain; the thirteenth and fourteenth days. (85) Frequent appetite, but not great. (86) *Urging to stool immediately after eating.* (87) He is very sensitive to the coldness of the weather, has a very pale look; sunken and sickly.

Fourteenth day. (88) Dozy sleep toward morning, with less coldness than in the night. (89) Woke up frequently, with urgency to stool and urinating, but went to sleep again until *four o'clock, when the urgency compelled him to get up, then a slight passage.* (90) A stool at eight in the morning, the same at noon, then indeed, twice, just as liquid, though less flatulence. (91) In the afternoon, on walking in boots, pain in the right third toe, as if frozen. (92) *Straining as for a solid stool, which was then soft or liquid.* (93) The night, from the fourteenth to the fifteenth day, without chill, and with a good sleep; the weather had become warmer. (94) On a walk of two miles the perineum became very sore; which otherwise seldom happened in five or six miles.

Fifteenth day. (95) Wakened to urinate at two o'clock; the fifteenth, sixteenth and following days. (96) *On rising, he must immediately go to stool, thin, and so indeed three times;* MUCH FLATUS BESIDES WHEREWITH SOME STOOL EASILY ESCAPES INVOLUNTARILY the fifteenth day. (97) In the morning he lay

Digitized by Google

till toward eight o'clock; the fifteenth day. (98) After a meal sleepy, the eleventh day; midday sleep; the fifteenth and sixteenth days.

Sixteenth day. (99) Urine scanty, dark, with a slimy sediment.

Seventeenth day. (100) Sweat on the genitals of an offensive, pungent, urinary smell, like a child-bed, morning and evening on going to sleep; the fifth day, again the fourteenth to the seventeenth day. (101) The teeth have looked badly for many days, have a yellowish coat. (102) *The concave edges of the teeth seem sharp, they hurt the tongue.* (103) The epidermis cracks, and thick matter discharges. After we had torn some hard skin from the foot too deeply a sore resulted, suppurated slowly and did not heal; the third to seventeenth day.

Eighteenth day. (104) *Four copious stools sometimes appear undigested; the sixteenth and seventeenth days. In the forenoon, copious fluid stools within three hours, after hasty urging, greyish-yellow, undigested, with much growling about in the abdomen.* (105) Indifference or sleepiness, evenings. (106) Immediately after eating a meal a sluggish sleepy mood, he sat down by himself without speaking, without any desire for mental or physical exertion, meditating, wrapt up in himself, as after a sickness, or a fit of anger, which still gnaws internally, which one cannot express. Nothing can engage his attention, he is averse to and disgusted with everything. From one till after four in the evening already an opposite condition sets in; he is not at all angered about an accident which otherwise probably would have angered him. (107) At evening, in a happy mood, he feels completely happy and contented. (108) Wakened many times by urgency to urinate. (109) Thirst awakened at night; sweat after drinking. (110) *After waking at three o'clock, a copious, thin, pappy stool without straining.* (111) Awakened at night with thirst; drinks a glass of cold water and breaks out into a sweat; several nights. (112) THIN STOOL MORNINGS, till the twentieth day.

This was the first proving of Aloes ever undertaken, of which there is any record. The prover could have acquired no information concerning its action from any source what-

Digitized by Google

ever. With this premise let us take the worst possible view of the record. There is nothing worthy of note in the first five symptoms. Nos. 6 and 7, though good Aloes symptoms, might have occurred accidentally, as they do often enough when one has *not* smelled of Aloes. Nos. 8 to 12 are trivial. In 13 we find a seminal emission which we presume belongs to No. 17, and which gives us some idea of the man's habits; these notions are confirmed by Nos. 21, 78 and 83 of this proving, and by some symptoms in his other provings. which tell us that he masturbated whenever the fancy took him, and that he had emissions at other times. Such a mental and physical state is not conducive to the development of the best sort of provings. Note for example that after 21 there was restless sleep, with feeling cold (25 and 28); in the morning pale sickly look (30), pale gums (31), disturbance of the bowels (33). How persistent these symptoms were after his emissions may be seen by reading 83, 84, 87, etc.; they may also be traced in his later records. The question naturally arises, did Aloes cause the sexual excitation, the tendency to onanism, emissions, and its consequences? This we can answer positively in the negative, for he states (before quoted) that his natural temperament was amorous. We must therefore condemn a large part of this proving as foreign to Aloes; but we are brought up, against this stubborn fact, that taking the general character of his stools throughout the proving, they are strikingly like Aloes. The most convincing point of all is, however, the wonderfully characteristic action of Aloes, as shown in symptoms 65, 77, 81 and 96. These indications have been the "household gods" of our school for many a year; no other prover has so clearly illustrated them; they never disappoint the therapeutist who prescribes in accordance with them. Take these symptoms and add thereto the others we have italicised, and we would unhesitatingly pronounce them genuine in any proving with "probable" doses. Until, then, olfaction of the thirtieth potency shall have been proved incapable of disturbing a state of health, these symptoms must remain on record; much as we may regret their admixture with so many of doubtful value.

Digitized by Google

Hering took one dose of the first decimal trituration, "and afterward a higher, without repetition." Over his name appear also symptoms from other sources, which will be examined in detail. We find it quite impossible to separate completely Dr. Hering's own symptoms from some which evidently have been contributed by others, but which he has vouched for by his own initials with no other distinguishing mark; for example, "diarrhœic stools on the morning of the seventh day, *after daily doses of a small quantity*," cannot belong to Dr. Hering, though it is so marked; but with a few exceptions like this a group of symptoms belonging to him can clearly be made out, and show very well Aloes characteristics; for example, "pain in left side of head; fulness of the hæmorrhoids; stitches in sides of the chest; *pain as if sprained* in the liver, and in other parts; ill-humor (third day); pimples under the chin;" pharyngeal and nasal symptoms, etc.

Other symptoms contributed by Dr. Hering are: *First*, from infants affected by smearing Aloes on the nipples of the mother in order to wean them; these, we think, should be thrown out altogether. Children, being weaned, are so apt to suffer from change of diet, that any disturbances, especially of their temper or bowels, could not safely be referred to Aloes; in the Encyclopedia, Nos. 8, 246, 305, 703, 795, 825 and 1154. *Second*, one symptom, 566, burning in the anus, etc., in two brothers, from repeated doses (a good symptom). An ear symptom (193 of the original, and translation) was omitted from the Encyclopedia.

Dr. Neidhard took for his first proving one grain of the first decimal trituration, and experienced immediately pain in the right side of the stomach, movings in the abdomen, easy and copious emissions of flatus, two pasty stools the same evening (after twelve hours), straining in the rectum, toothache, quarrelsome disposition, *dragging down in the abdomen*, etc. In the second proving he took a like dose every evening for two weeks, but experienced fewer and different effects; obstinate constipation; increased urine; *increased appetite;* weakness in the chest; and inflammation in the throat.

Dr. Rauc took the first decimal trituration every hour, three

Digitized by Google

times in the evening and twice the next morning (until he had distinct symptoms); "the symptoms could be distinguished for three days;" but we find very few symptoms credited to him, only these: "Pressure in the whole head, the brain feels loose, with pulsation, especially in the occiput, aggravated by cold air and lying down, relieved after eating; urging to stool at 9 A.M., with griping in the abdomen as after taking cold after the thin stool, first and second days; yellowish tongue." The following are however credited to "R," and in the absence of any explanation may be supposed to belong to Raue, though they do not exactly harmonize with Raue's own brief proving: "Oppression and apprehension; periodic headache alternating with pain in the loins; congestion of head; clayey taste; poor appetite; uneasiness, heat, pressure and tension in region of liver; fulness, heat and distention in abdomen; throbbing, boring, sticking in the umbilical region." Also credited to Raue, but marked "t" (toxicological), are some very good symptoms from a woman, but we do not know how they were produced. The principal points are: Vertigo, dull frontal pain, weight in forehead and vertex and in eyes, headache worse in warmth, better in cold, eructations of gas, nausea, *pains from stomach into sides, chest and back*, griping in bowels and diarrhœa after midnight, sticking pain over pubis, pain through flank into thigh, pain on sacrum, a heat, etc., as from mustard, etc. These all are very good and will bear close inspection.

Dr. Williamson's symptoms are few but exceedingly good; probably they were not observed on himself, and they do not seem to have been the result of a systematic proving, but observations on the effects of large doses. "Stool escapes almost involuntarily; menses early and copious, with flatulence, dragging in rectum and fulness in the pelvis."

Dr. Koch contributes two symptoms, one of which (and probably also the other) is stated to have followed the "$\frac{1}{1000}$;" they are very doubtful and should be expunged. "Neuralgia sublingualis, fine, severe stitches under the tongue; the left epididymis is painful to touch and on walking." "A. Koch" also contributes two trivial and doubtful symptoms; "painful

Digitized by Google

weariness on walking, especially in the calves, ankle and inguinal regions; pain in the loins, and lassitude on walking." As no other provers noticed such symptoms, and as they were associated with no other symptoms whatever they should be expunged.

Three observations are taken from Dr. Buchner A. H. Z. 20. 263. B. and St. took for a few days small doses (one to three grains) of Aloes. "*B*" vertigo; drawing, sticking pains in the ears; cracking of upper lip; nausea; eructations; rumblings; bilious eructations; heat in abdomen; fulness and distention; much flatus; frequent desire to stool and to urinate; etc.

"*St.*" Stitches in the left temple; dry mouth and throat; congestion to the abdomen; offensive flatus; blood follows the stool; burning pain in anus after a hard stool; urine scanty, hot." Though these provings differ considerably from each other, they are doubtless genuine, but Buchner's other contribution can not be allowed to remain; a young girl took daily three grains of the aqueous extract of Aloes for amenorrhœa. The menses came on with violent backache, preceded by pasty taste, loss of appetite, congestion of the head, headache, relieved by cold applications, alternated with backache; griping; three soft stools. In the Encyclopedia all having "16." *Symptoms by Dr. J. Jeanes* are clinical.

Dr. Wedekind, partially quoted, originally reported his observations in Bull. d. sc. med. de Ferrussac, XII. p. 79. They consist of general statements concerning the action of larger and smaller doses, and are reliable.

Giacomini made experiments upon himself extending over a period of four years, during which he took over four ounces; his doses varied from one to fifteen grains, and once after being heated by the sun he took half a drachm. His symptoms are reliable.

In addition to the above we find the following scattered through Hering's "schema," concerning which nothing is said in the introductory list of provers; *Zumbrock*, effects of trituration, two fair symptoms; *Gosewich*, "effects of the fourth" (stated after one symptom), three good symptoms; *Whitey*,

Digitized by Google

effects of $\frac{1}{100}$, two symptoms which may remain, "throbbing headache and dryness of the tongue and mouth, with thirst and red lips." Also three symptoms from "N. N.," loss of appetite, dyspepsia with constipation; ten violent, labor-like pains in the hips; teeth affected as after eating sugar; first and second days, good enough. Then nine symptoms from "N. T.", concerning whom Hering remarks as follows in his introduction, "also I have selected some from the worst of all observers, and designated with 'N. T.', more by way of caution than from confidence." We find them very good; severe, but probably Aloes symptoms; inflammation and ulceration of the intestinal mucous membrane; copious watery stools mixed with blood, griping before the diarrhœa, with it tenesmus; burning in rectum; evacuations of large pieces of intestinal mucus, and membranous mucus; severe pain in the kidneys, discharge of blood from the urethra; oppression and anxiety in the chest. Symptoms from "K." and "W.", of which there are a number, are very good, but are doubtless general observations which, according to our way of thinking, should be avoided as far as possible in making up pure and reliable pathogeneses. For example the following serve to show the origin of these symptoms, "meat diet was welcome to jaundiced persons after Aloes, W."; "Aloes increases the menses, and the leucorrhœa, K." Still, with a few exceptions, the observations of these men are reliable. In addition we have taken from Hering many observations of authors most of whom contribute one or two, namely, Trousseau, Schroeder, Dioscorides, Honigberger, Arnemann, Richter, Greenhow, Weikard, Voigtel, Schreger, Techner, Bartolinus, Ideler, Gesenius, Vogt, Hong, and some others.

Last of all of Hering's authorities we have to consider "F. R. L." (by mistake E. R. L. in the Encyclopedia, No. 20), taken from *Fickel's Real Lexicon.* This man *Fickel* published *manufactured* provings under different names, was caught and exposed; it therefore behooves us to examine the symptoms with care. We may expect some general accuracy in the Aloes list, for he might easily have had some knowledge of the common effects of the drug, but if we find symptoms at variance

Digitized by Google

with those of other provers, they should be thrown out without the slightest hesitation. It will be noticed that the very first symptom is not sound, no one experienced such a mental state as that, and it is so *over-done*, that it stamps itself with suspicion; the following is the list.

Great anxiety, timorousness, restlessness, dread of death, and great anguish so that she cannot stay anywhere. Unsteady anxious look with extreme restlessness. Pressive tension, sometimes pulsating, in the sinciput. Severe pressure in the occiput, often a pressing asunder. Continued and severe congestion of the occiput and sinciput, whereby the eyes are pressed out. Congestion of the head. Throbbing in the middle of the brain. Heat in the scalp. Eyes glittering, reddened, prominent. Throbbing and heat in the back part of the ear. Ringing and buzzing in the ears. Nose-bleed now and then. Burning heat, especially in the face. Turgescence of the skin, especially of the face; it is very red and hot. Lips dry, red and hot, sometimes trembling. Tongue red and dry. No expectoration of mucus. Abdomen distended and tense, very sensitive to touch, even painful. Severe pains in abdomen. Frequent cutting and twisting about the umbilicus, so that she lies upon the abdomen; but she cannot remain lying quietly, because the pains do not decrease in severity. Unendurable tearing and tension deep in the bowels, sometimes single transient stitches through the abdomen. Severe pressing in the left side of the chest, across over the abdomen. Stool at first hard then liquid, which seems very hot. Drawing sticking, or tensive tearing from the anus into the loins and abdomen. Burning in the anus. Tenesmus and burning heat in the anus. Passage of very much blood with the stool, with severe pain in the loins. Hæmorrhoids swollen, painful as if raw. Painful burning in the neck of the bladder on urinating, at times. Urine scanty, deep red. Menses very copious, though they had occurred not long before. Hæmoptysis and impeded respiration. Seldom chilliness. Most violent thirst with the fever. Heat followed by sweat.

Digitized by Google

The remaining provings of Aloes are by Watzke, Mueller and Fischer.

Watzke, A. H. Z., 74, 29, reports a very important proving on himself; he began with three drops of the tincture, increased gradually his daily doses till he took every second day for one week twenty drops before breakfast. His symptoms were almost wholly confined to the abdominal organs; he was usually waked from sleep in the morning by an urgent desire for stool, followed by a profuse evacuation, etc., etc. Very interesting are the persistent effects which lasted six to eight weeks; "(1) a difficulty in evacuating even a soft stool; (2) a distressing, from time to time very prominent, fulness and painful tension of the abdomen; (3) violent cuttings in the intestines; (4) urging to stool at unusual times and frequently during the day, which persisted even after a stool, sometimes was followed by sticking cutting pains in the rectum; (5) heat and swelling of the rectum, usually more acute when walking; (6) decided weakness and powerlessness of the sphincters, after an evacuation they closed slowly and imperfectly so that it was difficult to keep clean. The last symptom was the one which really made me stop proving Aloes."

Dr. Mueller, in Zeit. d. Ver. d. hom. Aerzte Oest., 1857, 1, 38, made the following experiments with the third dec. dilution of the tincture.

1. His son, five years old, perfectly well, took three drops and had a few slight symptoms the first day; distention of the abdomen, passage of much flatus; on the third day he was seized with burning in the anus; very severe tenesmus, with discharge of a little yellow mucus; creeping chilliness during which he begged for warmth applied to abdomen and legs; colic.

2. A woman of 35 took five drops; in two hours, tearing in the head with heaviness, confusion and vertigo, with scotoma which flickered before the eyes, etc.; headache worse in the dark; nausea on moving about; gurgling and swashing in bowels and stomach; restless sleep, throwing off the clothes; great weariness; after rising from bed pain and shooting from back toward anus, hips and abdomen, relieved after moving about.

Digitized by Google

3. Dr. M.; took twenty drops of the same; eructations, some salivation; colic with chilliness; three thin dark stools, preceded by gurgling and griping in the lower abdomen and followed by pressing-like tenesmus; contraction and unusual unsteadiness of the anus during the stool; fulness and heat in rectum and anus when not at stool; tickling, crawling and red points on the glans penis; urine scanty, dark.

We have separated these experiments and given their chief characteristics, not because there can be the slightest doubt of their value, but because they were not properly divided in the Encyclopedia.

Dr. Ant. Fischer, published in the Jour. du dispensaire Hahnemann de Bruxelles, Vol. 3, p. 235, 1864, experiments made with Aloes on five persons, who took from four to six drops of the tincture each morning for three days. Six provers are mentioned in the symptomatology, one a child of three years, one of four years, one a maiden lady of thirty, one a woman of twenty-eight, one a woman nursing an infant two months old, and one a man of forty. Many of the symptoms presented in his resumé are so new, that it is necessary to examine them carefully. We shall therefore separate as far as possible the symptoms into groups belonging to the different provers, though a large portion cannot be allotted to any individual.

1. A woman nursing a two months old baby, had a discharge of blood like the menses; she felt sick all over with great sensibility, tension and compression in the neck behind the ears; the discharge of blood was preceeded by pains in the lower abdomen premonitory of menstruation, which came on four days after taking Aloes. On the fourth day also cramps in the lower abdomen and in the right groin which extend down the thigh and below the knee. The infant had a green stool, four hours after a drop of the tincture; on the second day it was uneasy, cried when wakened, moaned in its sleep and perspired profusely.

2. The woman, æt. 28, suffered on the first day with whistling in the throat as if something had fallen into the trachea and embarassed the respiration, pressure under the sternum and scraping in the larynx.

Digitized by Google

3. The woman, æt. 30, the night after the third dose dreamed at midnight of being very sick and woke with pressure on the chest, whistling and labored respiration, larynx tight as if she would suffocate, throat dry, tongue dry and red; many attacks of cough. This lasted an hour and gradually passed off.

In a woman (not specified), the menses appear six days too soon, with coldness, the blood deep red, clotted and profuse; movements mostly in the lower abdomen, like movements of the uterus. The menses appear on the twenty-fifth day very abundant; for three days clotted, the four following days frequently intermitting, they last seven days, three days longer than usual; twelfth day, painful sensation in the pudenda as if torn, this changes to a painful pulling in the whole right foot; twenty-seventh day, cramps in the uterus with discharge of some white mucus for several days. On the twenty-sixth and twenty-seventh days a woman experienced from time to time stitches in both hypochondria which extend to the navel and finally to the rectum.

4. In a child, æt. 3, a very profuse soft stool the morning after the second dose; on the second day loss of blood at stool; on the twenty-fifth day it passed a dead worm resembling a bit of skin.

5. A child, æt. 4, pain in the nose attended with coryza, the second day; an undigested stool with traces of blood, the third day; the child was easily chilled on uncovering at night in bed, had a hoarse, crepitant, deep-sounding cough as if the trachea were raw, *dry and full of mucus;* on the first three days the child was out of humor and cried on the slightest provocation.

6. A man, æt. 40, dreamed on the second night that he was crazy and that all the world was watching him; on third day his usual sombre mood easily roused to anger gave place to serenity and gaiety (?).

In addition to these fragments are many other symptoms whose origin is not stated, many of which are strange to the Aloes student, briefly as follows: headache mostly on the right side; a sudden crash as of breaking glass in the left ear, etc. (see Encyclopedia, 183); burning in the nose and coryza; nausea;

Digitized by Google

pains in the hypochondria; pains in the bowels; stinging in the rectum; tenesmus; soft stools; constipation (after the fourth day); *many laryngeal and cough symptoms*, scraping rawness, sticking in the larynx; dry cough followed by tough expectoration; difficult breathing with pressure in the chest as from engorged lungs; *pain as from a sprain* in the ankle; bad dreams.

The presence of so many familiar Aloes symptoms compels us to accord respect to the new-comers; certainly the symptoms in the women are good, and we can rely on those from the youngest child; the dry, hoarse cough at night in the four year old child is a novelty and might be considered accidental, were it not for the presence of so many severe laryngeal symptoms from the others.

We feel obliged to admit all of these and reserve judgment till they have been tried at the bedside. The man's dream and his moods are (in the absence of any concomitant symptoms) to be considered trivial and marked doubtful or expunged.

It is interesting to follow the resemblance of certain *Aloes* symptoms to those of *Belladonna:* when Aloes fails to purge freely and produce its hæmorrhoidal engorgment, we get head, throat and chest symptoms strikingly like those of *Bellad.* (and *Sulphur*). The list of symptoms given by Fickel read almost like a proving of Belladonna, and we confess to a certain weakening towards Fickel's list, but his reputation is bad and there are many very serious departures from an Aloes line, so they must go. As a whole we find our pathogenesis of Aloes good. Very little weeding is to be done, but of course for practical use much condensation.

In Index, *K. n.* is frequently printed instead of *Kre.* This arose from the similarity of script; *K. n.* having been written without the dots, looked like *Kre.* The author will correct in detail as soon as possible.

Digitized by Google

General Record of Medical Science.

Short Extracts from Foreign Journals.—Jaquemart affirms (*Paris Méd.* June, 1881) that abuse of tobacco renders men impotent, and in forty per cent. of women causes abortion or miscarriage, or the infants born are weak and die soon.

Féréol recommends the following potion anti-neuralgique in old and obstinate neuralgiæ: ℞. Cuprum sulphur ammon. 0,1–0,15, Aq. dest. 100,0. Syr. flor. aurant 30,0. Mds. to take a tablespoonful during meals.

Purjuz: A case of poisoning with 0,06 Atropia in water; an hour afterwards the well-known symptoms of intoxication with Atropine. Subcutaneous injections of Pilocarpin 0,01, together 0,16. After three hours cure. (*Journ. de Pharm.* III, 5.)

Galezowsky (*Prog. Méd.* June, 1881) considers the essence of the chromatic visual disturbances from the abuse of alcohol to consist, that the picture remains abnormally long, and this has not yet disappeared when a second color is seen, so that thus a combination of both arises.

Aufrecht (*Path. Mittheilungen*, 1881) simplifies the treatment of pharyngeal diphtheritis, recommending a gargarisma of Kali chlor. and frequent changing of icy-cold cloths. Where the cervical glands are much swollen, he applies a small bladder filled with ice.—(What a generalizing!)

Gonorrhœal and syphilitic micrococci.—Neisser and Aufrecht examined the secretion discharging from a gonorrhœal urethra. They found micrococci of extraordinary size, sixteen to twenty together, either as monococci or as diplococci. They are found either in or between the pus-cells, more rarely in the epitheliæ of the urethra. The micrococci of condylomata are well developed, mostly diplococci; three together in one mass are more rare. Fuchsine gives them a very dark color. For examination only such condylomata are suitable which have not ulcerated nor been subjected to specific treatment.

On Pulmonary Syphilis, by Dr. Pancritius (Berlin).—Syphilitic pneumonia has primarily its seat in the connective tissue of the lungs and in its further development gradually draws the other specific tissue elements of the organ in the circle of its morbid states. This localization in the initial stage is of great diagnostic importance as the centre of the lung is always the primary seat of the disease, the process therefore starting from the hilus of the lung. The further development of syphilitic pneumonia gives, like all other syphilitic processes, the picture of polymorphy, but we can always find, notwithstanding all the difference of manifestation, pathologico-anatomical analogies, whether the syphilitic process is in the cutis, the mucous membrane, the gland, the bones or in internal organs. The initial sclerosis of the ulcus teaches in its course the development of syphilitic pneumonia. The different morphological changes of the syphilitic ulcer, phagadaenic, necrotic, hypertrophic and indurated serve us as the paradigma for the different morphological syphilitic processes in the lungs. The syphilitic virus, by its specific and chemical affinity to the connective tissue, produces there the most important pathological states, especially as it possesses, according to Recklinghausen, its own vascularisation, the lymph-channels. Just as in all syphilitic

Digitized by Google

processes we meet at first an active and irritative process, followed by a passive and destructive one. As long as the pneumonia remains confined to its origin, the connective tissue, we only observe hyperplasia and simple connective tissue growth, as soon as the other parts of the lungs are drawn in, the retrogressive metamorphosis begins—always in the periphery—and drawing secondarily the connective tissue in the destructive process. Let us never forget that syphilitic processes never appear seriatim, but that they follow one another irregularly.—(*Med. Neuigk.*, 45, 1881.)

On Pulmonary Syphilis, by Dr. Ph. Schech (München).—The question at which stage of syphilis the lungs become affected, cannot be strictly answered, on an average four or five years after the general infection, though cases were observed as early as eight weeks and as late as ten years. Pancritius even considers pulmonary syphilis as belonging to the early stages of syphilis, but with hardly any exception other syphilitic affections in the skin, mucous membranes, bones or testicles preceded the pulmonary disease, or appeared simultaneously or followed it. In other cases again we meet pulmonary syphilis in connection with syphilis of the brain, cord, heart, liver, spleen and amyloid kidney.

Cough is one of the earliest symptoms.—At first rare, then increasing, it may degenerate in paroxysms lasting for hours, still its intensity is not always in proportion to the gravity of the disease, and the cough is the more severe the more larynx, trachea and bronchi are attacked. Mostly dry or scanty sputa or very copious, as in blenorrhœa or bronchiectacy, mucous, purulent, yellow or green, mixed with blood, foamy or not, nummularis and balled when they come from small cavities, sometimes particles of the pulmonary parenchyma can be detected.

Dyspnœa does not always stand in proportion to the diminution of the respiratory surface; very often it is caused by extensive capillary bronchitis, complicating pleuritis, but especially by simultaneous stenosis of the larynx, trachea or bronchi. Asthmatic attacks may set in when the patient is perfectly quiet, during the evening or night, worse during expiration than during inspiration.

Disturbance of Speech and of Deglutition.—The changes in the voice are either of catarrhal nature or may be caused by disturbances of motility or syphilitic ulceration. The difficulty of swallowing hints to a co-affection of the pharynx and larynx.

Hæmoptœ belongs to pulmonary syphilis as well as to phthisis, but it is never so profuse and frequent as in phthisis. It appears early, when the parenchyma is not yet destroyed and may then be caused by infarction and ampullic dilatation of the blood-vessels which burst when coughing.

Fever is absent for a long time or appears only periodically and slight. This very absence of fever is of differential importance in relation to phthisis, though nocturnal sweats are common to both.

In regard to its seat all authors agree, that pulmonary syphilis attacks especially the middle and lower lobes, and it may attack one lung or both. It never attacks the apices. Anatomically there are two forms of pulmonary syphilis, *diffuse and circumscript.* The former is especially found in neonati; one or both lungs or only some places are airless, resistent and of exquisite paleness, hence the name white hepatization, characterized by considerable hyperplasia of the in-

Digitized by Google

terstitial connective tissue; not only the interlobular, but also the interalveolar connective tissue is infiltrated with numerous spindle-shaped and round cells, emanating from the walls of blood-vessels and bronchi. The capillaries are often changed into solid cords, whereas in the larger vessels we observe proliferation of the adventitia. In consequence of these processes the alveolar tissue is compressed, the endothelia desquamate and fall to pieces, and the alveoles disappear.

More characteristic is the circumscript or nodulated, *the Gumma or Syphiloma of the lung.* It appears more among grown people, but also in new-born infants, and often both forms are observed in one and the same case. The syphiloma presents a round, sharply circumscribed tumor of the size of a pea to a hen's egg, of different colors and consistency; the more recent ones are grayish-white, or grayish-red and tough, the older so tened ones, yellow and doughy. The softening progresses from the centrum to the periphery. When they fall to pieces cavities appear in the pulmonary parenchyma, becoming smaller by shrinking and even close up. The syphiloma of the lung is hardly ever solitary, but diffused over one or both lungs.

According to Pancritius the initial and primary stage of every syphilitic primary disease is the hyperplasia and hypertrophy of the interstitial, interalveolar and peribronchial connective tissue at the hilus of the lung. He differentiates an active or irritative stage, closing with shrinking of the connective tissue and destruction of the alveoli, and a passive and destructive stage, where the form-elements of the lungs are changed or totally destroyed, where we meet fatty degeneration, caseification, amyloid degeneration, and finally gummata and white pneumonia appear, in order to give a still deeper specific impression to the disease.

The results of auscultation and percussion differ according to the stage of the disease. At first the catarrhal manifestations prevail; according as the catarrh extends over larger or smaller surfaces we meet rough or stronger vesicular breathing, dry or moist rattling without symptoms of condensation, and though the latter may be absent, destructive processes in the lungs may be already present. According to Pancritius a dull sound on percussion in the region interscapularis, corresponding to the pulmonary hilus, weakened respiratory murmurs, diminished expiration, a tympanitic sound in front of the second or third intercostal space, increased inspiration with weakened expiration, are the first physical manifestations. The dulness in the middle parts of the lungs increases and radiates gradually up and downwards, the excursions of the affected side of the thorax diminish. He tries to explain the anterior tympanitic sound from a partial vicarious emphysema, the dulness and diminished respiration posteriorly from an increase of the connective tissue and the consequent shrinking of the lung.

The diagnosis of pulmonary syphilis can only be made from the totality of symptoms; from the objective examination of the morbid state of the middle portion of the lung, the clearness of the apex, the febrile state, by laryngoscopic examination, by the study of the sputa whether they contain parenchymatous parts or not, by the antecedentia of recent or old syphilis in other parts of the body, and by the result of our therapeutical measures.

The course of pulmonary syphilis is slow; the state of the patient remains satisfactory for a long time, emaciation and loss of strength appear only gradually, whereas in phthisis the malaise predominates early, as there is consuming fever

Digitized by Google

in the latter, but none in the former. Fournier strikingly remarks that in pulmonary syphilis that decrepidity and deep change in the whole organism, so specific to tuberculosis, is absent, because the whole patient is tuberculous. In late stages of pulmonary syphilis the emaciation and loss of strength prevails, so that then the symptoms of both are nearly alike. We must not forget that phthisical patients may become infected with syphilis, and thus offer the symptoms of both dyscrasiæ, and it will be often of the utmost difficulty to find out the connection of syphilis with the pulmonary affection. In relation to prognosis, pulmonary syphilis may be considered amenable to treatment during the first stages, but it becomes incurable when amyloid degeneration of the liver and spleen and albuminuria is present.—*B. Aerztl. Intell. Blatt.* 43, 1881.

On the Mode of Action and Indications of Digitalis, by Prof. Leyden.—In relation to the theory of the action of Digit., Traube in his last resume, remarks: 1. It acts primarily stimulating and then paralyzing on the inhibitory system of the heart. 2. It acts stimulating and in its further course inhibitory on the vasomotor system. 3. It paralyzes the cardiac muscle. As it kills by paralyzing the cardiac muscle, we must consider it a poison to the heart. When the heart has ceased to beat, the strongest electrical current fails to set it in motion again, whereas the other muscles of the body still react.

This theoretical resumé corresponds to the actions gained by small doses. During the first stage the regulatory system is stimulated, the pulse slowed, the aortic pressure increased. A transition-stage follows, whereby the pulse rises and the aortic pressure remains high. Then the second stage, the paralysis sets in, where the beat of the heart becomes regular and frequent, the aortic pressure falls, finally cardiac paralysis sets in or at least the danger of paralysis becomes apparent. This second stage may set in suddenly and rapidly, leading to such a considerable increase to the frequency of the pulse, as found after the division of the vagi, *i.e.*, to two-hundred beats.

R. Bœhm's experiments led to the following conclusions: 1) the digitalis puts into a state of increased irritability the inhibitory centres situated in the heart (from the gradual slowing of the heart's beat to systolic standstill); manifestations similar to irritation of the vagi. 2) Digitalis has a peculiar specific action on the cardiac muscle, increasing its contractions during the first stage, rendering them irregular during the second and causing a peculiar tetanic state in the third one. 3) Digitalis and digitalin produce in small doses regularly an increase of the labor done by every solitary beat of the heart, which, when given in larger doses, causes decrease or total destruction of the activity of the heart. Digitalis shows no influence on the lumen of the smaller vessels.

F. Williams' conclusions are: 1) Digitalis causes during the first stage without a diminution of the absolute capability of activity of the heart an increase of volume in the pulsations. 2) The stage of peristalsis follows. 3) This peculiar form of the heart's contraction passes over into the well-known systolic stillstand of the auricles, where the heart by mechanical extension may be made to beat again. 4) Total paralysis of the heart in systolic position.

The increase of blood-pressure is exclusively the consequence of the changed state of elasticity of the heart, caused by the digitalis.

Digitized by Google

Holding fast to these conclusions, we can with safety only employ it during the first stage of its action, *i. e.*, during the increased volume of the pulsations and the rise of aortic pressure; the second stage of decrease of pressure is of the utmost danger, as it sometimes passes over in a tetanic state of the heart and thus becomes fatal.

Traube gives us two therapeutical indications: 1) in acute febrile diseases; 2) in cardiac diseases and 3) he notices it also in hæmoptœ, as by its use we diminish the blood pressure and thus stop the bleeding, but further experience has failed to show any benefit from its use. Schœnlein and after him Traube used in febrile diseases Digitalis in large doses of two to four drachms, to be taken in twenty-four to twenty-eight hours. There can be no doubt that the frequency of the pulse and the temperature fell, but often simultaneously a dangerous collapse followed, and now-a-days we hardly hear it mentioned in febrile diseases. Thus we have only the indication in cardiac diseases left, but even here it may be beneficial or dangerous. When wrongly applied we risk a stoppage of the heart, whereas its fair application strengthens and refreshes the heart. Let us examine each case for itself.

It should be used in *valvular diseases* during the stage of compensatory disturbance, when the tension of the radial arteries falls, when the diuresis diminishes and other disturbances appear, especially dyspnœa. Though we witness improvement, it is only for a limited time. Sometimes, frequently only after years the time arrives when the disturbances cannot be any more removed, where the Digitalis refuses to act. In all such cases the drug must be given in small doses which strengthen the cardiac muscle and render the contractions more powerful; as prescribe it in doses of 1–10, 1–5, 1–4 grmm. pro die, sometimes even in yet smaller doses; at other times somewhat larger. The smaller the effective dose, the more favorable. Where small and medium doses fail, we are in a quandary. We may well ask, when the heart got used to the drug, can we expect the effect of small doses from larger ones? do we risk a paralysis? My experience taught me that it is most difficult to come to a conclusion *a priori*, for in some cases a decided effect may be witnessed. We have then to wait before we try again the same remedy.

It would be a mistake to consider Digitalis indicated in all valvular diseases. Corrigan believes the drug contra-indicated in insufficiency of the aortic valves, as it prolongs the diastole of the heart and thus favors the extension of the left ventricle, but now-a-days we do not consider the slowing of the pulse the chief action of Digitalis, but the strengthening of the cardiac muscle, and it is therefore suitable to diminish the extensibility of the left ventricle, and experience proves that Digitalis is effective in insufficiency of the aortic valves. It acts equally well on the mitral valves.

The second series of cardiac defects, indicating Digitalis, are hypertrophies and dilatations of the *right ventricle*. For those cases of hypertrophy of the right ventricle in consequence of mitral troubles we know Digitalis to be effective. But where it depends on pulmonary troubles Digitalis fails. When emphysema is present or kypho-scoliosis with hypertrophy of the right ventricle, dyspnœa, cyanosis and dropsy from stasis, the action of Digitalis is very uncertain, so that it appears as if the right ventricle with its smaller quantity of muscular fibres profits very little in strength by this drug.

Digitized by Google

A third series are *states of debility of the left heart* without valvular diseases, as in angina pectoris, asthma cardiale, weakened heart, all of those weakened states of the left ventricle either with extension or at least with a tendency to it. Digitalis is here at first very useful, but in later stages we find the same difficulties as in valvular afflictions.

As a fourth indication we find *renal affections*. Digitalis is not a diureticum *per se*, neither in animals, nor in a healthy person, nor in a fever does Digitalis aid in the excretion of urine, and we find it only acting as a quasi diureticum, where states of the heart which can be removed by Digitalis, are the cause of the diminished urinary secretion, especially weakened states of the left ventricle. Such weakened states appear principally in cases of shrinking of the kidneys, connected with concentric hypertrophy, or with dilatation of the left ventricle, and such compensation is in danger to become paralyzed. In other renal diseases its effect is very uncertain. Still recent examinations show that even in acute nephritis we may meet at an early stage circulatory disturbances and hypertrophies. Friedlænder demonstrated that in relation to scarlatinous nephritis dilatation of the left ventricle may develop itself rapidly, and therefore that the strength of the heart may be threatened with paralysis, necessitating a toning up of the left ventricle, to produce a compensation, and to increase the diuresis.

As a fifth we must mention *states of acute debility of the heart*, setting in during acute febrile diseases, sometimes even in connection with dilatation of the left ventricle. It has also been used in ileotyphus, delirium tremens, where the indication was suitable.

Its sixth application is in *œdema pulmonum*, as according to the studies of Cohnheim, Weld und Samuelson it may be taken as an expression of suddenly appearing weakness of the left ventricle, whereas the right ventricle continues to work. Acute œdema pulmonum indicates Digitalis when it developes itself in consequence of the cardiac weakness. Subcutaneous injections ex Tincturia Digitalis may be used on account of its prompt action.

A change of rhythmus gives its seventh indication. The rhythmus may be altered so that it shows a greater frequency, then an irregularity or that form known as palpitation, but its effect is doubtful. Palpitations are rarely a symptom of a weakened heart. In abnormally high frequency of the pulse Digitalis acts well, but only in very small doses, where it reduces that frequency.

Finally the *irregularity of the heart's action, the delirium cordis* indicates Digitalis, but we must never forget that Digitalis in somewhat larger doses produces that irregularity.

Of all the preparations of Digitalis the infusion is to be preferred, the Acetum Digitalis and the Tinctura Digitalis are favorable prescriptions.—*Allg. med. Centr. Zeit.*, 90, 1881.

Psychoses in Consequence of Acute Somatic Diseases, by Dr. L. Mendel (Berlin).—Psychoses after typhus, pneumonia, rheumatismus artic. acutus, variola, erysipelas, more rarely after pleuritis, cholera, dysentery, recurrens, nephritis, scarlatina, were already well known to the ancient writers.

After febrile diseases we often meet hallucinations in the afebrile state which precede the attack, and frequently they are a continuation of the deliria during the fever. The patient keeps them at first to himself, there is hyperæsthesia of

Digitized by Google

one or another nerve of the senses, especially opticus and acusticus, there are sensations of constriction in the pit of the stomach and precordial anguish. Such an initial stage may last several days or a week, till the deliria demonstrate themselves by speech and deed, and where such hallucinations passed unobserved, it seems like an acute eruption of insanity, mostly in the form of melancholia agitata, more rarely stupida; in one quarter of the cases it is a mania hallucinatoria, where the greatest nonsense is put side by side. Sometimes this state passes off in a few days to six or ten weeks, and only 10 to 15 per cent. pass into dementia or vesonia.

In other cases the hallucinations pass into a state, where some false ideas combine themselves with these hallucinations, the intelligence otherwise being apparently normal. Light degrees of such disturbances usually pass away quickly.

Cases of acute dementia, apparently of a severe order, still offer a good prognosis, especially after typhus. From cases where consciousness was greatly disturbed during the febrile state, with symptoms like meningitis, a chronic dementia may develop with weakened memory, feeble power of judgment, especially after typhus and scarlatina. Etiologically it is of importance to consider whether before the disease heredity, mental impressions, cerebral poisons (alcohol, tobacco, morphium) affected the patient. Different forms of psychical secondary diseases correspond to the different forms of somatic diseases.

In relation to diagnosis we must consider: 1., that the beginning psychoses must not be mistaken with the return of a febrile delirium, as the thermometer proves an afebrile state; 2., that we must not take them for states of alcoholic intoxication, as they appear only when the fever did run its course, whereas the latter may appear during the fever.—*All. Med. Centr. Zeit.*, 69, 1881.

The Therapeutic Uses of Nitroglycerine.—William Murrell (*Lancet*, 1879) recommends nitroglycerine for angina pectoris. For more than twenty years it was employed for diverse nervous troubles, toothache, hysterical attacks, and given in small doses of one fiftieth of a grain (about 1 mgrmm.), and even then causes fulness of the head, especially of the forehead, throbbing in the temples, drawing in the neck, an increased and rapid pulse. Its action on the pulse is similar to that of amyl. nitrite, but appears somewhat later, six to seven minutes after taking the drug, but lasts longer, and the dicrotismus of the pulse which follows continues nearly half an hour. With this change of the pulse micturition is increased. The quantity of urine which before taking the drug was 2¾ dr. (10.3 grmm.) in a quarter of an hour, increased after taking 15 drops of a solution of 1 per cent. in the same time to 12, 16, 6¾, 8¾, 5¾, 3 dr. (45.0, 60.0, 25.3, 32.8, 21.6, 11.3 grmm.). Shortly after taking the drug the urine was neutral and became only acid again when the quantity of urine diminished. It never contained sugar or albumen, sp. gr. (normal = 1003) fell to 1000 and rose after a half hour to 1002. All the three patients showed symptoms of arterial degeneration and two a moderate emphysema. The attacks were often very severe and appeared after the least exertion. One or two drops of a 1 per cent. solution, repeated when necessary every four hours, sufficed to cut short the attacks. Where the dose had to be increased to even ten drops, amelioration followed, but symptoms characteristic of the drug were then clearly perceptible.—*Med. Chir. Rundschau*, July, 1881.

Digitized by Google

Reviews and Bibliographical Notices.

Ophthalmic Therapeutics, by Geo. S. Norton, M.D., etc. Second Edition, rewritten and revised, with copious additions. Boericke & Tafel, 1882.

I have no use for this work, I am no specialist nor oculist, some cranky physician perhaps says and he would consider it money thrown away to invest his earnings in such works on special subjects. The same objection I often heard against Eggert's work on uterine and vaginal discharges, and yet how much can be learned from such works for daily use in general practice. Take that first page in Norton's work, and he teaches us that in croupy affections, wherever they happen to be located, acetic acid is useful when the membrane is dense, yellow-white, tough and so closely adherent that removal is almost impossible, thus differing from Kali bichrom., in which the membrane is loosely attached, easily rolled up and separated in shreds or strings. Iron is recommended in exophthalmic goitre, a disease certainly not alone of the eyes, but a nervous disease affecting simultaneously the blood and nervous system. Thus we might go through the whole work and learn from every page something useful for general practice.

Alas! he holds out very little prospect that senile cataract can ever be cured, it must be removed in its own good time, but let us be thankful that our British confréres have shown us that it can be kept at bay and sight thus prolonged even in the affected eye.

A second edition speaks its own language that the work was needed, and the senior surgeon of our New York Ophthalmic Hospital has done his work conscientiously and con amore. We may well feel proud of our oculists. Let us hope that the health of our friend Dr. Houghton may soon allow him to give us a similar work on aural diseases.

Insanity and its Treatment, by S. Worcester, M.D. Bœricke & Tafel, 1882. Price, $3.50.

Everybody ought to write a book once upon a time, just to find out, what hard preparation, how much study and labor is necessary, before you are able to write down the first line. No wonder that the preface is the last part written, for many a time the would be author is scared by the multiplicity of labor which stares him in the face, he loses courage, and whatever he possesses already of the manuscript is committed to the flames. It is therefore so much more gratifying to a reviewer, when he can from the inmost recesses of his heart praise the author and his labors. Such a work is in truth Worcester's lectures on insanity, and though we tried our utmost, just for the honor of the reviewer's profession, to find fault with something, so far we failed to detect a flaw. Still we doubt, whether the lectures were really delivered, as written out. Students tire so easily of mere theoretical instruction, they want practical hints, which are abundantly supplied in the practical part of the work. We were glad to see that Worcester also fails to define insanity, a negation, and so far I always acknowledge to our students my inability to do so, for insanity, in the sense of the alienist, differs too much yet from the definition given to it by the legal profession, and we better leave the thing undone till we agree on a definition acceptable to both professions. To put medical jurisprudence in relation to insanity into part of one lecture, is putting th

Digitized by Google

author under too much restraint. In Liman's Gerichtliche Medicin it fills nearly a volume and is mighty pleasant reading.

The work is justly dedicated to our friend Talcott, who has done so much to extend our knowledge of the proper homœopathic treatment of the insane, and who kindly aided the author in the therapeutical part of the work. Take it all in all, we have here a good work before us, and we must heartily congratulate the author to his lectures. That old trite "finis coronat opus" we turn round, for here the whole work from beginning to end deserves our unstinted praise.

Special Pathology and Diagnosis with Therapeutic Hints, by C. G. Raue, M.D. Second Edition, 1882. Boericke & Tafel.

We feel extremely pleased to receive and to publish the following endorsement of the great work. Prof. L. J. M. Goss, A.M., M.D., of Marietta, Ga., writes us:

"I have just examined the second edition of Dr. C. G. Raue's Special Pathology and Diagnosis with Therapeutical Hints, and I am so pleased with it that I adopted it as a text book in the Georgia Eclectic Medical College at Atlanta. As a work for reliable pathology this work stands unexcelled and the indications for remedies are hardly equaled anywhere. I have used the indications as given in the first edition and found them altogether reliable, and I find them more accurately expressed and their spheres more enlarged in the second edition. We have the cream of medical literature as found in length in more voluminous encyclopædias and text books of all schools before us in an apparently small and convenient compass of about one thousand pages. It does not claim to be a "special therapia," yet it is a trustworthy guide in therapeutics. No unprejudiced mind can read it without great benefit. Dr. Raue, like Dr. Hale, of Chicago, is very original in thought. We predict a rapid sale for this valuable addition to a physician's library."

We are glad that eclectics like homœopathic works, and the praise which Dr. Goss, the author of a good Materia Medica, gives to Dr. Raue's Pathology is well merited, in fact terseness and clearness in expression is a peculiarity which very few possess in the same thoroughness as Dr. Raue and herein lies the great value of this author's writing. It is *the* book for the desk and for daily application.

The Hom. Physician's Visiting List and Pocket Repertory, by R. Faulkner, M.D. Boericke & Tafel.

The Medical Record Visiting List for 1882. William Wood & Co.

Really I do not know to what Visiting List to give the palm; both are invaluable. That of the Record is more concise and compact. In one the repertory is a very valuable addition, in the other we find a judicious selection of such tables and methods, as a young physician is more likely to refer to. May these blank pages be well filled, is the New Year's prayer of the young and old disciple of Aesculapius, a mean prayer perhaps, but business is business.

Transactions of the 34th Session of the American Institute of Homœopathy, held at Brighton Beach, June, 1881.

The printed transactions leave very little to be desired, though the meeting itself left much to be desired, and the sectional meetings, where the discussions ought to have brought out the hidden talents of the members, failed to be appreciated, and were only meagerly attended. Let us hope for better results from Indianapolis.

Digitized by Google

Our general secretary, Dr. Burgher, deserves the thanks of every fellow for the promptness with which the transactions appear to those who have forked out their V to the rapacious treasurer. A mighty good plan, or else the treasury would be in arrears, and the lame ducks cannot complain when they do not receive the transactions on time.

The proving of Viburnum Opulus is a gain to our Materia Medica, and if we only gain a better knowledge of even one remedy by provings or reprovings at every session of the Institute, our work is well done. The deathly nausea on motion, the constant nausea relieved by eating, the cramping pain in lower abdomen, as if going to be unwell, the profuse flow of pale, watery urine, stamp it as a nervine of great power, and if it does only part of what it promises in neuralgic and congestive dysmenorrhœa, we may well be satisfied with these provings.

To me the reports and discussions on sanitary science are always of the utmost importance, and they deserve reading, rereading, and then have them carried out in your practice.

We would like to do justice to all bureaus, if we could only spare the space. Come one, come all to Indianapolis next June. Let us be a band of brothers in truth and in reality. The past is buried, may our country, north and south, east and west, know neither north or south, neither east or west, but One undivided country for all its citizens.

Proceedings of the Hom. Med. Society of Ohio, 17th Annual Session, 1881.

The great state of Ohio, the state entitled to receive all she wants from the U. S. government, and asks still for more, may well be proud of her hom. physicians. We read these proceedings with pleasure, as they contain many practical ideas. Our friend Buck hits the nail always on the head, especially when he growls that the study of physiology is too much neglected by the Simon pures of our school. Anatomy and physiology certainly are the cornerstones of the studies of any physician's life, and our symptoms must yet be explained on their physiological laws. Midwifery and gynæcology are O. K., and sanitary science looms well up. Taken all in all, we feel satisfied, still some more weeding would be advisable, though it might hurt somebody. Blessed are the waste-baskets.

Otis Clapp & Sons Visiting List and Subscription Record for 1882.

A handy little book with flexible covers, perpetual, which we prefer to diaries with dates. It is not overburdened with introductory pages, which is another advantage, for hardly any physician makes much use of them, and even his toxicology ought to be well stored in his mind. There is too little room for remarks, but now-a-days every physician ought to keep with him a note-book, to take notes at the bedside, and it is a pity to see this habit so much neglected. May every diary be filled, may the ledger contain no black list of lame ducks, and physician and patient will be made happy.

The Child of Promise, or the Isaac of Medicine, and Ishmael, the Half Brother, by W. M. Cate, M.D. Washington, D. C., 1882.

A queer book, a book for the lay people to show them how much the old fogy

Digitized by Google

ruled the world from ancient time up to this day. And still, perhaps, Dr. Cate can remember when at Philadelphia one of our own members was severely criticized for preaching: religion versus creed. Before Christ, with the Nazarene, and even to this day, the old story remains the same, dogma and nothing but dogma. Teach to think, but alas! people will rather be led than to think for themselves, for to doubt and thus to investigate has always been considered the unpardonable sin. Only we feel the injustice more when it comes home to roost.

Suppression of Urine, by E. P. Fowler, M.D. New York, W. Wood & Co.

In this age, where so much is superficially studied and superficially published, it is a pleasant task to review a treatise, where the painstaking author has worked con amore and therefore accomplished his task satisfactorily. Dr. Fowler can justly claim this distinction. The clinical descriptions of nearly one hundred cases are given and the symptoms deducted from it are characteristic of the affection. The essay teaches us fully how any subject ought to be handled to be instructive to its readers.

A Treatise on Food and Dietetics, physiologically and therapeutically considered, by F. W. Pavy, M.D., F.R.S. Second Edition. New York, W. Wood & Co., 1881.

This is the October number of Wood's Library of Standard Medical Authors, and no work of greater value could these enterprising publishers have given to their readers.

Doctor, what can I give our patient to eat? is the question so often asked, and how many young practitioners are in a quandary when this question is propounded to them, a question certainly always of equal importance to the medicinal treatment. To them Pavy's treatise is a God-send, for a careful perusal of its pages will not only teach him what to allow his patient in time of suffering, but in health as well. There is hardly an edible or drinkable article which has not received careful attention. Our author has not only studied the diet of what is considered the civilized world, but has roamed among the aborigines to make the treatise complete and tells us of things considered by them as delicacies which, we fear, our pampered stomach would rebel at.

Doctor, what can I give our patient? Read and digest Pavy's treatise and you will find the solution for every case.

Artificial Anæsthesia and Anæsthetics, by H. M. Lyman, of Chicago. New York, W. Wood & Co, September, 1881.

How many different Anæsthetics there are and how few are used by the practitioner, still it is well to know them all, though habit will make one preferable to the other, just as fashion also rules in antiseptics. It is not so much what we use, as to be thoroughly familiar with its application, with its dangers and how to prevent them, and this Lyman teaches us in the different chapters. Several times we read the physiology of Anæsthetics and though we may find exceptions here and there; our re-reading proves how well we were pleased with it. There is nothing new in the work, some might say, and our author himself excuses himself in the preface, but what is new, is not always good on that account, and we often prefer the old wine, though it may be presented in new pipes.

Digitized by Google

NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

NEW SERIES. VOL. XII, NO. IV. } MAY, 1882. { WHOLE NO. CXX. VOL. XXX.

Original and Translated Papers.

ARTICLE XXXIII.—Keratitis Parenchymatosa.

THESIS FOR FELLOWSHIP IN NEW YORK MEDICO-CHIRURGICAL SOCIETY.

By GEO. S. NORTON, M.D.

[Synonyms: Keratitis interstitialis, Keratitis diffusa, Keratitis syphilitica, Keratitis lymphatica.]

VARIOUS divisions of this form of infiltration into the cornea have been described by different authors. For instance, Wells* considers a vascular and non-vascular variety; while Saemisch† makes three divisions: central parenchymatous infiltration of the cornea, infiltration which follows episcleritis or scleritis, and diffuse interstitial keratitis. In all these, however, the pathological changes are the same or vary only in degree; therefore we shall consider all under the one general head of keratitis parenchymatosa.

Symptomatology.—As a rule this disease attacks an hitherto perfectly healthy eye. Both eyes are usually involved, though not at the same time; the second not generally becoming affected until after the disease has been present in the first for

* Treatise on Diseases of the Eye.

† Handbuch der gesammten Augenheilkunde.

Digitized by Google

some time, even until the inflammation has reached its height and has, perhaps, subsided in a measure. We first notice a varying degree of ciliary injection, characterized by a more or less marked pinkish zone around the cornea. The conjunctival and sub-conjunctival vessels will also be somewhat congested. Early after the injection of the ciliary vessels a gradually increasing haziness of the cornea will be observed, which plainly has its origin in the parenchyma, as it appears deep, without disturbance of the epithelial layer. This haziness usually begins at the periphery, where its density is greatest, and gradually shades off towards the centre of the cornea. But it may begin at the centre and extend towards the periphery. It finally covers the whole area of the cornea. Its density varies greatly. It may, in rare cases, be evenly distributed throughout the cornea, but generally it will be thicker in spots here and there, especially over the pupil. When at its height the density of the infiltration, especially in the deep layers, may be so great as to completely cover the iris. The color also varies according to the density, from a thin, grayish-white color, like ground glass, to a yellow, creamy tint, which is found in the spots, especially at the centre of the cornea. This central patch often covers the whole pupil completely, destroying all useful vision. Even in cases in which the whole cornea does not seem to be involved, the apparently transparent portion will often be found, by oblique illumination, to be hazy. In the beginning of these changes the epithelial layer will retain its normal smoothness and transparency, but after a time it becomes rough and thickened, appearing as if covered with small opaque points. Sometimes the cornea loses its sensitiveness to touch so that no sensation is experienced even by touch of a probe. Ulceration of the cornea is very rarely observed in parenchymatous infiltration. The cornea may be so much swollen as to change its true curvature, especially when the inflammation has been accompanied by much vascularity. It may become flatter or staphylomatous.

The cloudiness of the cornea has not usually far advanced, although this stage may vary widely, when new blood-vessels will be found extending from the margin of the cornea to-

Digitized by Google

wards the centre. According to Arlt*, this more commonly begins above than below. These will be seen to lie deeply in the cornea and in different layers, but are never superficial as in pannus. This vascularity may be very moderate and confined to the margin, or it may extend densely throughout the whole cornea, giving it a bright red appearance; in a small number of cases it is absent entirely. If the engorged condition of the blood-vessels is very great, small extravasations of blood into the corneal layers may be present.

The symptoms of ciliary irritation are not usually prominent, although sometimes the photophobia is considerable and persistent, while the lachrymation is profuse, and ciliary neuralgia marked. The vision is always greatly impaired. In the early stages or when the infiltration is diffuse and thin, it appears to the patient as if he were looking through ground glass, but as it becomes more dense, total loss of sight results, so that the patient cannot see the movement of a hand before his eye. If this loss of vision is in both eyes, it has a very depressing effect upon the patient and requires the utmost confidence in his surgeon to prevent him from passing into a state of hopeless despondency. The tension of the eye is usually normal, though it may be diminished, especially if there is great vascularity, even without any inflammation of the uveal tract; increased tension usually indicates that the vascular tunic of the eyeball has become involved.

After a few weeks or months, as the case may be, the infiltration begins to absorb and the vascularity to diminish; the cornea clearing from the periphery towards the centre.

Complications.—In a large majority of cases the inflammation extends from the cornea to the iris, and we have either a serous or plastic iritis associated with the keratitis. It is often difficult to diagnosticate iritic complication, as it never appears early, and later the opaque cornea conceals it from our view. Slow dilatation of the pupil under Atropine by no means indicates iritis, for in parenchymatous keratitis the absorbtive power of the cornea is so much diminished that the reaction of

* Klinische Darstellung der Krankheiten des Auges.

Digitized by Google

the iris to Atropine is usually slow, and may be absent entirely. Severe pains at night should lead us to suspect iritis, but we may not be able to confirm our diagnosis until after the cornea has cleared and the results of iritis, posterior synechiæ and closure of the pupil, become apparent. The inflammatory process may, however, extend to the posterior divisions of the uveal tract, and we have the more dangerous complication of cyclitis or even choroiditis. This is not a common sequence of parenchymatous keratitis, but should be suspected if the intensity of the symptoms of irritation become greatly aggravated, the eyeball sensitive to touch and the tension increased. The diagnosis of choroiditis cannot be made until the cornea has somewhat cleared, when we find that the vision does not improve to the extent it should, and upon ophthalmoscopic examination the choroideal inflammation is detected. Von Graefe* has observed secondary glaucoma result from parenchymatous inflammation of the cornea. Scleritis and episcleritis may be associated with interstitial keratitis, and in one variety of the disease the former precedes the latter, the infiltration extending slowly from the margin, involving the deep layers of the cornea and usually causing a permanent opacity.

Pathology.—In the beginning we find only an accumulation of round cells throughout the affected part of the cornea, which are wandering lymphoid cells from the injected blood-vessels at the corneo-scleral junction. These round cells are usually at first in the middle layers of the cornea, involving the layers next to Bowman's membrane, only at a later stage. Later on, there may be a proliferation of the fixed corneal cells. The corneal fibrillæ, themselves, are not involved unless the infiltration is so great and long continued that pathological changes take place by compression, when the cornea will not regain its transparency after absorption of the infiltration. The epithelial layer remains unchanged when the infiltration is in the deeper layers, but as it comes nearer the surface the epithelium will become irregular, granular and thickened, especially at points where the exudation is most superficial. The

* Arch. f. Ophth., XV. 2, p. 123.

Digitized by Google

thickening of this layer may be due to the enlargement of epithelial cells by serous inhibition or to a proliferation and formation of new cells.

The development of new blood-vessels takes place from the ciliary vessels at corneo-scleral margin. According to Arnold, as endorsed by Arlt*, this new formation takes place as follows: "At first we find small protoplasmatic offsets growing from the marginal blood-vessels nearest the diseased part, which grow thicker as they grow farther into the corneal tissue. Gradually the central part of these solid offsets becomes hollow, and we find later on a protoplasmatic tube, with endothelium filled with a few blood-corpuscles. Carmalt and and Stricker saw new blood-vessels being formed out of fixed corneal cells. * * * This new formation of blood-vessels begins in the innermost layers of the cornea. Later on we sometimes find blood-vessels in the superficial layers, too."

As already stated, the corneal parenchyma is rarely altered by the infiltration, so that no scar tissue results. In this way it differs from purulent keratitis or ulcers, in which there is always destruction of tissue. In some cases of parenchymatous keratitis, especially if the inflammation has extended from the sclera, we have sclerosis with new formation of translucent connective tissue between the normal, when a permanent opacity will always be observed.

Aetiology.—In entering upon the discussion of the causes of parenchymatous inflammation of the cornea, we find a field in which there is great difference of opinion. I refer especially to the constitutional dyscrasia. Before, however, considering this subject, let us look at two or three other points in the aetiology. The disease is almost always bilateral, although both eyes are not affected at the same time, the second eye becoming involved from one to three months after the first. It may, however, be monocular, affect both eyes at the same time, or the second eye may not become inflamed for several months or even a year or two after the first.

Diffuse inflammation of the cornea is more liable to occur

* Lectures on the Human Eye.

Digitized by Google

between the ages of five and twenty (especially eight to fourteen), although it has been observed as early as two years, and we have seen typical cases as late as thirty-five and forty; and in one case of a man nearly seventy. Sex has very little influence, though it seems to be more commonly found in girls than in boys; and it more frequently attacks the eldest child in the family.

It has always been recognized that this form of keratitis has been usually found in persons who are in a very low state of general health. It was therefore considered as scrofulous in its origin until about 1863, when Jonathan Hutchinson* advanced the theory that all cases of interstitial keratitis were dependent upon hereditary syphilis. Since which time there has been a great difference of opinion regarding the relative frequency of hereditary syphilis in causing this disease. German authorities, as a rule, consider that a less per cent. is due to this disease, although as can be seen, they differ widely. Hirschberg† found hereditary syphilis in only 5 per cent. Mauthner,‡ Geigel,§ Alexander‖ and Stellwag,¶ also considered the per cent. small. Hermann Cohn** found parenchymatous keratitis in 77 cases out of a total number of 20,000 eye cases, therefore 38 per cent. Of these 77, only 5 were considered to be dependent upon hereditary syphilis, viz. 6.5 per cent. Upon the other hand, other authors as Schweigger†† and Forster‡‡ found it more frequently the cause. Sæmisch§§ in his clinic could trace the disease to this cause in 62 per cent. Horner,‖‖ in 51 cases of parenchymatous keratitis found hereditary syphi-

* A Clinical Memoir on Syphilitic Diseases of the Eye and Ear.

† V. Graefe's klin. Vorträge, herausg. v. H., 1871.

‡ Grundriss der Patholog. u. Therap. d. syph. Zeissl., 1876.

§ Geschichte, Path. u. Ther. d. Syph., 1867.

‖ Syph. Augenkrankheiten, 1874.

¶ Treatise on Diseases of the Eye, 1873.

** Syph. Augenkrankheit, v. Paul Schubert, 1881.

†† Handbuch d. Augenheilkunde, 1875.

‡‡ Bezieh. d. allgem. Leiden zu Veränderg. d. Schorgans in Graefe und Sæmisch's Handbuch, 1876.

§§ Handbuch der gesammt. Augenheilkunde.

‖‖ Handbuch d. gesammt. Augenheilkunde, Sæmisch.

Digitized by Google

lis in 26; in 10 it was probably the cause, and in 2 there was acquired syphilis. Davidson* considered 20 per cent. of his cases were due to syphilis. Jakowlewa,† in 63 cases, ascribed the cause to hereditary syphilis in from 41 to 57 per cent. Wells § and Carter‡ believe that it is frequently the cause of diffuse keratitis, but not always. Arlt‖ has not found hereditary syphilis as commonly the cause as scrofula (the latter having been present in 70 per cent.). Thus we see that experiences vary widely as to the aetiology of this disease. For the first five or six years of our practice it seemed as if every case could be traced to this cause, but within the last few years we have seen several typical cases of parenchymatous keratitis in which there has been no indication of a syphilitic taint. We would, therefore, consider it a frequent, but by no means invariable, cause of this form of inflammation of the cornea. We all know how difficult it is to obtain a history of syphilis from the parents, which therefore renders the confirmation of any suspicions we may have extremely hard. According to Hutchinson,¶ the diagnosis of syphilis may be established even though the primary disease is denied by the parents, as follows: (*a*) The patients are of a peculiar pallor, pale, earthy or sallow hue. (*b*) The skin generally, and that of the face especially, is thick, coarse and flabby. (*c*) The bridge of the nose is wide and depressed. (*d*) In the skin of the face there are numerous small pits and scars, and about the angles of the mouth the radiating scars of former ulcerations. (*e*) In those who have cut their permanent set, the condition of *the upper central incisor teeth are very peculiar, both in form, color and size.* "When first cut these teeth are usually short and narrow from side to side at their edges. In the edge is a crescentic portion, thinner than the rest, which after a time breaks away, leaving a broad, shallow, vertical notch, which is permanent for

* Annal. d'Oculiste, 65, p. 126.
† Syph. Augenkrankheiten, P. Schubert, 1881.
‡ Treatise on Diseases of the Eye, 1880.
§ Treatise on Diseases of the Eye, 1880.
‖ Klinische Darstellung d. Krankht. des Auges, 1881.
¶ Syphilitic Diseases of the Eye and Ear, 1863.

Digitized by Google

some years, but between twenty and thirty usually becomes obliterated, by the premature wearing down of the tooth. The two teeth often converge, but sometimes they stand widely apart. In certain instances in which the notch is either wholly absent or but slightly marked, there is still a peculiar color, and a narrow squareness of form, which are easily recognized by the practiced eye." In addition to the above symptoms which will be observed by the physician in his examination of the patient, Hutchinson relies also upon the previous history of the patient, especially as regards infancy; at which time symptoms of inherited syphilis, as "rash, sore mouth, ulcers at anus, prolonged snuffles, etc.," will have been present. Another point which he considers important is the great mortality among the brothers and sisters of the subjects. The death rate being very high in early infancy, and the miscarriages frequent in those families in which syphilis is to be found in one or both parents.

According to Arlt, whose observations in this respect we have also confirmed, parenchymatous keratitis dependent upon inherited syphilis, is usually marked by a denser and deeper opacity of the cornea, though the vascularity, ciliary injection and symptoms of irritation are relatively less severe than when it is of scrofulous origin. The uveal tract is also more often involved with the cornea in syphilis, though gummata are rarely, if ever, seen on the iris; thus contrary to the condition so frequently observed in syphilitic iritis. The syphilitic variety is more subject to relapses than the scrofulous, and is more common between the ages of eight and fourteen.

The causes of diffuse inflammation of the cornea are not necessarily confined to scrofula and hereditary syphilis, for it may be found in other low states of general health, or it may arise in persons who are otherwise perfectly well. Arlt* has observed it follow or be caused by malaria in eight cases, all men. In three of which both eyes were affected, one after the other. The haziness was moderate, diffuse and more at the centre of the cornea, though not wholly opaque. The sur-

* Klinische Darstellung d. Krankht. des Auges, 1881.

Digitized by Google

face of the cornea was clear and sensitive to touch. There was only slight ciliary injection, and no blood-vessels were developed in the cornea. An injury often gives rise to a certain form of interstitial inflammation of the cornea, though it is usually more circumscribed in character, and will not be considered in this paper.

Course.—The course of this disease, if not treated, is extremely slow and of long duration. This is not due to relapses but is the steady advance and decline of the inflammation. Relapses rarely occur, except occasionally in the syphilitic form. Even under the most careful treatment this disease will often continue weeks, months and even years, before the final results are reached. This is especially true when the infiltration into the cornea is very deep and the vascularity is excessive. A moderate amount of blood-vessels in the cornea does not protract the course of the disease. The course is longer in old people, or in young persons in whom hereditary syphilis is the cause. We have succeeded, by homœopathic remedies, in aborting the inflammation in its early stages, so that absorption has taken place in from two to four weeks, but if the disease has become well started it is better not to expect a favorable result in less than six or eight months.

Results.—If the infiltration into the cornea has not been present so long as to cause sclerosis of the corneal fibrillæ, it may be wholly absorbed, the cornea regaining its transparency and leaving no trace of the disease behind, or the haziness may be so slight that it can only be detected by oblique illumination. If the exudation into the cornea has been deep, dense and of long standing, it has in all probabilty caused a sclerosis of the corneal laminæ, so that an opacity of the cornea remains after the termination of the inflammation. This opacity may be dependent upon fat or chalky deposits in the cornea, and in rare cases pigment cells may be found. The extent to which any opacity may interfere with vision will, of course, depend upon its density and situation. From long protracted inflammation the cornea not unfrequently becomes flatter. Upon the other hand it may become staphylomatous,

Digitized by Google

especially if the vascularity has been very great. Iritis, which often accompanies parenchymatous keratitis, may result in adhesions of the iris to the lens (posterior synechiæ), or even in occlusion of the pupil. These results may be first detected after the cornea has cleared. If the complications of inflammation of the sclera, ciliary body or choroid have been present, staphyloma, atrophy of the eyeball, haziness of the vitreous, etc. etc., may result.

Prognosis.—The prognosis varies according to the extent, character, duration, cause and complications of the infiltration into the cornea. Taking it all in all, the prognosis is more favorable than one would be led to suppose, considering the severity and long duration of the disease. One reason for this may be, on account of its being more often found in children or youth, in whom the reparative process is more active than in adults or old people. In fact very little clearing of the cornea must be expected when the infiltration has occurred during old age. Upon the other hand we are often surprised at the rapidity and degree with which the cornea may clear in young persons. The general health of the patient and our ability to tone up the vital forces will have a decided influence upon our prognosis, as will also the sanitary surroundings of the patient. Other things being favorable our prognosis should be good, even if the infiltration is diffuse throughout the whole cornea. Excessive vascularity is unfavorable, but a moderate development of blood-vessels should not be so considered. The early appearance of intense photophobia is usually an unfavorable symptom; the prospect being more favorable in proportion as the intolerance to light is slight. The situation of greatest density will also guide us; it being more unfavorable, as far as vision is concerned, at the centre than at the periphery of the cornea. Perfect transparency of the cornea cannot be expected unless the haziness is very moderate. The longer the duration of the disease the more doubtful will be the result. Especially is this true during the active inflammatory process, until the height of the inflammation has passed and absorption has really begun, for long continued inflammation with exudation into the parenchyma of the cornea

Digitized by Google

will produce, by pressure, such degenerate changes in the corneal fibrillæ that a clearing of the cornea cannot be expected. It is impossible to tell how extensive these changes in the cornea may be, therefore an improvement far beyond our expectations may result, or vice versa. In severe cases, when both eyes are affected, the patient may be practically blind for a month or two, or even more, from the corneal opacity and intolerance of light, and still recover an useful amount of vision. Recent exudation into the cornea, even severe, if checked in its progress by treatment, will usually absorb perfectly, leaving no trace of the inflammation behind. Diffuse keratitis, caused from the extension of an inflammation in the sclera will usually produce permanent changes in the cornea, which will render our prognosis as to the improvement of vision, very guarded, as a general rule. When scrofula is the cause of the inflammation the prognosis is more favorable than when it is syphilitic in origin. If ulceration of the cornea should supervene, a more or less dense permanent opacity will result or even perforation and atrophy of the globe. Iritis, the most common complication of parenchymatous keratitis, renders necessary a still more guarded prognosis, which will be more favorable if the pupil can be kept dilated by a mydriatic. This, it is however, often impossible to do, owing to the interference in absorption through the diseased cornea. Often, after the cornea has cleared, the iris will be found to be bound down to the lens (posterior synechiæ), or there may be occlusion of the pupil. A still graver and more dangerous complication is inflammation of the ciliary body, which will, of course, render our prognosis very doubtful to say the least. Thus the extension of the inflammatory process to any of the other tunics of the eye, as sclera, choroid, etc., will influence our opinion as to the termination of the disease, according to the character of such inflammation.

Relapses very rarely occur in interstitial keratitis. Even when the disease is syphilitic in origin, in which case they are more common, the tendency to recurrences is fortunately rare.

Treatment. — Before considering the proper homœopathic treatment of this form of inflammation, let us see what meth-

Digitized by Google

ods of treatment, local and constitutional, are recommended by the Old School, and what success results therefrom. We have examined a large number of prominent authorities upon this point, and the general verdict is the same as expressed by Well's in his treatise upon the eye, viz.: "In the treatment of this disease, we must be chiefly contented with guarding the eye against all noxious influences, such as bright light, wind, draughts, etc., and must endeavor to prevent the inflammatory symptoms from gaining an undue prominence. *Unfortunately we do not at present know of any means of checking the progress and development of the disease, or of curtailing its protracted course.** The use of *hot fomentations* have sometimes seemed beneficial, not only in causing the development of new blood-vessels in the cornea to hasten absorption, but also in preventing the lymphoid infiltration. As in all affections of the cornea, *Atropine* is a remedy of the first importance, especially in the early stages of the inflammation, but even this is of little avail after the cornea has become diffusely clouded, owing to its non-absorption; its long continuance tends to aggravate the inflammation. *Caustics and astringents* must be avoided, for they only increase the inflammatory process and cause more or less serious complications, such as ulceration of the cornea and inflammation of the iris and ciliary body. Antiphlogistic treatment is not usually well borne, on account of the low state of general health, although leeches to the temple are sometimes recommended, if the vascularity is excessive, or if symptoms of cyclitis make their appearance. After the height of the inflammation has passed and the cornea has begun to clear, the use of the following *irritants* is recommended to hasten absorption: Calomel, yellow precipitate ointment, collyrium of iodide of potassium, laudanum, oleum terebinthinæ, etc., etc. Counter irritation by a *seton* to the temple has been employed in obstinate cases. Hasner † has performed *paracentesis of the cornea* even when there has been no complicating iritis or excessive vascularity. *Iridectomy* has proved beneficial in some cases including the progress of the disease.

---

* The italics are ours.

† Klin. Vorträge über Augenheilkunde, 1860.

Digitized by Google

The chief reliance is, however, placed in the building up of the general health. Hutchinson advises, "the continuous use of mercurials and iodides, at the same time supporting the system by tonics and a liberal diet." He uses a mild mercurial ointment behind the ear or beneath the axilla, every night, keeping a strict watch upon the patient to prevent salivation. Others, where there is a syphilitic taint, administer the iodide or bromide of potassium, the bichloride of mercury, or the two in combination. That form of parenchymatous keratitis, which according to Forster is complicated with inflammation of the joints and chronic periostitis, requires the use of iodide of potassium (Goldzieher*). If the disease is scrofulous in origin, or if occurring in patients of a feeble cachectic habit, tonics, especially the syrup of the iodide of iron, quinine, or the citrate of quinine and steel, are prescribed. Cod-liver oil, either with or without quinine or steel is also employed. Arlt recommends very highly various kinds of mineral waters.

Great attention should be paid to the diet and hygiene. The diet must be generous and nutritious. Meat may be allowed at each meal, and in certain cases stimulants may be advisable. Everything should be done which will possibly strengthen the patient. Exercise in the open air will often prove an important aid in the treatment. After the severity of the symptoms has in a measure subsided, a change of air will often be of great advantage.

Having now given the most approved modes of treatment employed by Old School authorities and their degree of success, the questions naturally arise, in what respect does the homœopathic method of treatment vary from the above, and can we more successfully cope with this disease than they. Let us first answer the latter question. They acknowledge that they "do not know of any means of checking the progress and development of the disease, or of curtailing its protracted course." We, upon the other hand as homœopaths, are satisfied that we have not only hastened the absorption of the infiltration into the cornea, but have also often checked the pro-

* Therapie der Augenkrankheiten, 1881.

Digitized by Google

gress of the disease in its various stages. It is true that some cases will run their course, notwithstanding the most careful treatment, but they are in the minority, and may be due to a great extent to our limited knowledge of drug action. The truth of this statement as to the curability of parenchymatous keratitis will be confirmed as we proceed with the treatment.

There are some points in which the treatment of the two schools must necessarily be the same; as for instance, the hygienic rules and diet. As parenchymatous keratitis usually occurs in delicate, ill-nourished children with a constitutional dyscrasia, our first attention must be directed to the diet. This must be of the most nourishing character. They should have meat, vegetables, bread, oat-meal, hominy, milk, etc., and in quantities sufficient to satisfy the appetite. Candies, pastry, highly seasoned food, tea, coffee, and the like, should be strictly prohibited. Stimulants may occasionally be advisable as well as various tonics. Especially useful as a tonic in low conditions of the general health have we found Avena sativa, ten drop doses, three or four times a day. At the same time the surroundings of the patient require particular consideration. Cleanliness, not only of the patient but of the habitation, is most essential. They should at no time be confined to a room in which the air is rendered impure by many occupants or surrounding filth. The sleeping room should be clean and airy. Exercise in the fresh open air should be insisted upon. As these patients are so often found in our tenement house population or among the lower classes, in whom all rules of hygiene are constantly violated, it is better in these cases to take them into a hospital where they can receive proper care.

When in the open air, the eyes should be protected from bright light, especially if there is considerable photophobia, either by a light bandage or by colored glasses. Either smoke or blue glasses may be prescribed, as are most agreeable to the patient; the preference will usually be given to the former. Care must also be taken to prevent any exposure to draughts of air and other injurious influences.

The local treatment should be even more limited than recommended by the Old School.

Digitized by Google

Hot fomentations have occasionally seemed to be of service, though we do not usually find them necessary.

The employment of Atropine is not advisable for this disease, *per se*, but is required and should be faithfully instilled if the iris has become involved.

By keeping the pupil dilated, the various results of posterior synechiæ are prevented. If the infiltration in the cornea is so great as to interfere with absorption so that the iris does not react to the Atropine, its use should be discontinued, notwithstanding the danger of adhesions of the iris to the lens; for it does not seem to act beneficially on the cornea in parenchymatous inflammation. In extremely rare cases, it may possibly happen that the iritic pains are severe and are relieved by Atropine, even though there is no perceptible dilatation. In such cases Atropine should be used. The solution of Atropine, four grains to the ounce of water, has been found most beneficial. The frequency of instillation varies widely according to the case, from every hour to once in twenty-four hours.

If the intra-ocular tension should become increased, which is a complication we have never yet met, paracentesis of the cornea or iridectomy would be required.

Our main reliance must, however, be placed in the internal administration of the indicated remedy. As in every disease, the "totality of the symptoms" must decide us in the selection. The following are the drugs, with their indications, which we have more commonly found useful:

Apis mel.—A remedy which has been highly recommended by some writers for various diseases of the cornea, especially with infiltration and vascularity. *Oedematous conditions of the lids, chemosis and stinging pains in the eyes*, would point to its use, especially if accompanied by *drowsiness and thirstlessness*. It is not often indicated, but the following case will illustrate its action: *Keratitis parenchymatosa*. John K., æt. eleven, was brought to our clinic with the right cornea densely infiltrated. It had been in this condition for two or three weeks. There was a fair history of hereditary syphilis, according to Hutchinson. The joints, especially the knee, were swollen, inflamed, and painful on slightest use. There was an exostosis

Digitized by Google

of inferior maxillary. He was taken into the New York Ophthalmic Hospital and treated for some time with various remedies, with no benefit. He grew gradually worse until there was almost total loss of vision, both corneæ having become infiltrated, with slight vascularity, much photophobia and some pain. In connection with these symptoms, he became very drowsy, with high fever and no thirst. Apis[1] was now given with immediate relief of drowsiness and fever. The infiltration into the cornea also began to absorb and a speedy cure resulted.

Arsenicum.—Indicated in interstitial keratitis occurring in weak, irritable subjects. The haziness and vascularity of the cornea are accompanied by *excessive photophobia* and *burning pains*, which are liable to be periodic in character. The lachrymation is profuse, hot and often excoriating. Warm applications usually relieve the symptoms. The eye as well as the general symptoms are usually aggravated at night after midnight. The Arsenic patient (contrary to Apis) is always *restless, especially after midnight*, and complains of *great thirst* for small quantities. Although restless, there may be extreme prostration at the same time. Illustrative of its action is the following case:

Mrs. S. J., æt. thirty, came to my clinic, Nov. 11th, complaining that both eyes had been inflamed for eleven weeks. Both corneæ hazy, especially the right. The redness was moderate. There was pain over the eye, extending back into the head, worse at night. The pupil dilated slowly under Atropine. No specific history. Cinnab. or Aurum mur. were given until November 16th, with no benefit. The pains became more severe in the eye, shooting over the head and down into the cheek, like pins and needles; were worse at night and relieved by warm water. There was also some burning pain the latter part of the night. Considerable photophobia and redness in the right eye. Vision nearly lost. Under Arsen.[3], given by Dr. Boyle, the pain was at once relieved and the eye began to rapidly improve. After about ten days the thirtieth potency was given. The improvement continued until December 20th, when V. $\frac{20}{200}$, and with concave ten glass, was $\frac{20}{50}$.

Digitized by Google

Aurum mur.—The muriate of gold has proved one of the most efficacious remedies we possess for the treatment of diffuse inflammation of the cornea. It has cured more cases and seems to be more often indicated than any other drug. Its characteristic indications are by no means well marked. The diffuse infiltration throughout the cornea which does not tend to suppuration, points to Aurum. The cornea may be vascular or not. The photophobia and symptoms of irritation vary widely, though are rarely excessive. Especially is this true regarding the pain, which is usually absent. It is particularly indicated in cases which can be traced to hereditary syphilis, although we have witnessed even more rapid improvement from its use in interstitial keratitis when no syphilitic taint could be detected. The general health is usually poor, as found in markedly scrofulous or syphilitic children. Enlarged cervical glands, inflammation of the joints, pain in the bones, etc., etc., often accompany the disease in the eye. The patients are often despondent. The following cases will show its sphere of action:

CASE I.—*Keratitis parenchymatosa.* A boy, æt. seven, appeared for treatment, November 15, 1879. The vision had been failing for two weeks. Upon examination, it was found that he could only count fingers at two feet. Both corneæ were diffusely hazy, with some points here and there more dense. The surface of the cornea was smooth. The ciliary injection and photophobia were very slight; no pain. The cervical glands were somewhat swollen. There was no trace of hereditary syphilis, and the teeth were all right. ℞. Aurum mur.^{3}

November 19. Counts fingers at three feet. On account of ciliary injection, Atropine was instilled. Continue Aurum mur^{3}.

November 23. R. V., fingers at one foot; L. V., fingers at six feet. L. V., $\frac{20}{200}$. Pupils dilated. Both corneæ clearing at the periphery. Right eye more inflamed. Photophobia and lachrymation more in the morning, with some pain in the right eye. Only slight redness of the left eye. Continue the Aurum with a dose of Nux. vom.^{30} at night.

Digitized by Google

Nov. 29. R. V., fingers at one foot.

December 4. R. V., fingers at six feet; L. V., $\frac{20}{40}$. Both corneæ clearing.

December 12. R. V., $\frac{20}{70}$; L. V., $\frac{20}{70}$, difficulty.

December 30. Discharged with only slight haziness of the corneæ remaining.

CASE II.—*Keratitis parenchymatosa.* A girl, æt. eleven, had had inflammation of the eyes for seven months. The right cornea was very opaque, especially in spots, and vascular; ciliary injection marked. The left cornea was infiltrated, but not vascular. The child was delicate, and suffered from chronic rheumatism, with enlargement and stiffness of the joints. Although a clear history of hereditary syphilis could not be obtained from the parents, yet in all probability it was the cause of the trouble. As Atropine had been used, it was continued for a time. Under Aurum mur.[3] she was nearly well in two months.

Baryta iodata.—The use of this remedy for parenchymatous inflammation of the cornea was first advocated by the late Dr. W. H. Woodyatt, who reported the cure of a case of specific interstitial keratitis of both eyes under its influence. The vision had decreased so that fingers could be counted at not more than four feet. Enlarged cervical glands, which were hard and painful on pressure, complicated the eye trouble. Since the publication of the above, we have also derived benefit in one or two cases of this form of inflammation, especially when found in scrofulous subjects with enlargement of the cervical glands. In one case very marked temporary benefit was observed, although the cervical glands were perfectly normal.

The *Carbonate of baryta* may be of service, though has not, to our knowledge, been employed in this form of keratitis.

Calcarea carb —It has been useful in clearing up the diffuse haziness of the cornea, though is not as commonly called for as Calc. phos. It is indicated in pale, flabby, scrofulous subjects, who sweat much, especially about the head; the hands and feet are cold and perspire easily; the children are pot-bellied. Aggravation of the eye and general symptoms are

Digitized by Google

frequently observed in damp weather, or from getting wet. There are no characteristic eye indications.

Calcarea iod.—It should be thought of in interstitial scrofulous keratitis, with enlargement of the tonsils, etc.

Calcarea phos.—A valuable remedy in parenchymatous keratitis of scrofulous origin or dependent upon a low condition of the general health. The local indications for Calc. phos. are not prominent, and the general condition will not vary greatly from that of the Calc. carb. patient. The photophobia has usually been pronounced, as is commonly the case in scrofulous affections of the eye. As illustrating its action, is the following: *Keratitis parenchymatosa* occurring in a woman, æt. thirty. The left eye only was involved. The infiltration into the cornea commenced above and gradually increased for two weeks until the vision was lost; the exudation was deep in the cornea and not superficial as in pannus. There was some vascularity and considerable photophobia. The tonsils were much enlarged. Calc. phos.[3] was given. Improvement was soon apparent, the photophobia and ciliary injection diminished, and the cornea began to clear. In three weeks L. V., $\frac{10}{200}$, and in six weeks L. V., $\frac{20}{50}$. In another case, by Dr. J. H. Buffum, in which the corneal epithelium was lost in connection with the infiltration into the parenchyma; photophobia, lachrymation and slight pain; a cure resulted in four weeks under Calc. phos.[6]

Calcarea sulph.—As one of the "tissue" remedies, it may be employed with advantage in this form of inflammation, especially when Hepar sulph. seems indicated. Its more extended use must verify its value.

Cannabis sativa.—Like many other remedies in our Materia Medica, this drug has been recommended by certain enthusiasts, for all manner of diseases of the eye, among which we find parenchymatous keratitis, with great vascularity of the cornea. That it is important in this affection, we have had occasion to verify. In one case of a boy, æt. ten, the right cornea had been involved, but was clearing, when the left became affected. The child was delicate and had a suspicious history, though not positively of hereditary syphilis. The

Digitized by Google

knee joints were swollen, stiff and inflamed. The left cornea became so densely infiltrated and vascular that the iris could not be seen. The surface of the cornea was smooth and glistening. Before the haziness was so great as to obscure the iris, Atropine would not dilate the pupil, from non-absorption through the cornea. There was great redness of the eye, excessive photophobia and lachrymation, and considerable pain at times. Various remedies had been prescribed, with no benefit. Under Cannabis sativa θ, in water, internally, the intensity of the symptoms began at once to subside, the vascularity of the cornea to diminish and the haziness to disappear. In from four to six weeks the cornea had so far cleared that the iris could be distinctly seen, and a moderate amount of vision had returned.

Hepar sulph.—It has been especially useful in hastening the absorption of the exudation into the cornea after the progress of the disease has been checked by other remedies. Its sphere of usefulness is not, however, confined to this, for it has been of service when the inflammation has been at its height, as illustrated in the following case: *Keratitis parenchymatosa.* Mary A., æt. thirty, was admitted to New York Ophthalmic Hospital, January 14, 1878. The left cornea was very hazy, so that the iris was just visible; very little redness and irritation. The right eye was very red and painful, and the upper part of the cornea very hazy. From this time until February 23, various remedies were given as seemed to be indicated by pains and general condition, but with no avail, except occasional temporary relief from certain symptoms. She suffered nearly all the time from pain in the eyes, head and joints. The cornea became more and more infiltrated, until it was wholly opaque. There was considerable redness of the eyes, much photophobia, and marked sensitiveness to touch and cold air, with pain. Hepar^{30}, "ter die," was prescribed March 4. Great improvement was noted. All the symptoms were relieved, and the cornea was clearing from below. Could see much better. April 1.—She was discharged with a tolerably clear cornea.

Kali mur.—The potashes are especially indicated in low

Digitized by Google

forms of inflammation, in which there is very little redness or photophobia. In true parenchymatous inflammation of the cornea, more benefit has been derived from the muriate than any other preparation of Potassium. One of the first cases in which we employed this remedy, occurred in a man, æt. thirty-five. For three months the right eye had been affected (a year or two before the disease had run its course in left eye). The infiltration began at the outer border and extended over the whole cornea, so that he could only count fingers. There was moderate redness and photophobia, and slight pain at times. The pupil would dilate regularly but very slowly and incompletely under Atropine, and would contract quickly. Aurum mur. and Cinnabar had been given with no benefit, except relief of pain. Kali mur., 6 dec., arrested the inflammation, and the cornea gradually cleared under its use. In three months, R. V. $\frac{20}{20}$. Other cases in which the cornea has been infiltrated, appearing like ground glass, with no vascularity and very moderate symptoms of irritation, could be reported in which rapid and permanent improvement took place under Kali mur.

Mercurius sol.—Some preparation of mercury is often required in the treatment of diffuse keratitis, as one would be led to suppose from its origin. It is especially serviceable when the disease can be traced to hereditary or acquired syphilis, though may be useful in other cases. It is somewhat similar to Aurum in its action, although there is generally more redness, photophobia and pain when mercury is called for. Any iritic or cyclitic complication would especially point to this remedy. The pains are not confined to the eye, but are especially severe in the corresponding side of the head. The *nocturnal aggravation* is always well marked, as well as various concomitant symptoms. Special general indications would decide the choice of preparation. The intensity of the subjective symptoms is more marked under Merc. corrosivus. There is more tendency to a superficial abrasion of the cornea under Merc. protoiod, especially if accompanied by a thick yellow coating at the base of the tongue.

Nux vom.—Useful, especially as an intercurrent remedy when there is marked morning aggravation.

Digitized by Google

Sepia has been employed with benefit in parenchymatous keratitis, associated with uterine disorders.

Sulphur.—It is indicated in interstitial keratitis of a strumous origin, even when the inflammation is in an active stage, though it is especially useful in promoting the absorption of the infiltration into the cornea after the inflammation has been allayed by other remedies. In one case, occurring in a scrofulous subject, the cornea had the appearance of ground glass; the photophobia was decided, and the lids were swollen and bled easily. Permanent relief was obtained from the use of Sulphur.

ARTICLE XXXIV.—On the Value of Mental Symptoms.

By Dr. Gallavardin.

Dr. Gallavardin de Lyon in the April (1881) number of the *Bulletin de la Société Médicale Homœopathic de France* fills the entire number of this valuable journal with recital of cases where the homœopathic remedy not only cured the case, but changed at the same time the character of the patient and took his evil propensities away. I may be allowed to translate some of his very interesting cases:

1. It may be five or six years, when one of my old patients entered my office weeping, half crazy from excitement and at the point to quit the marital roof. Widow, æt. 50, she again married a clerk, spare made and of small size, a great smoker and lover of coffee and liquors, morose, unobliging, stingy and making her life miserable. I beg her to have patience for a few weeks or months, and advise her to dissolve six or seven globules of *Causticum*[200] in some water and to mix this solution with his evening porridge and await the result. Three weeks afterwards she returns highly satisfied as her husband is again as friendly as when he courted her, even smoking and drinking are nearly given up.

2. A young married scapegrace neglects his family and his profession to run with women. I gave his poor wife *Causti-*

Digitized by Google

cum[200], to be given in the same manner. A few weeks afterwards she relates with astonishment that her husband remains now at home on Sunday, which he never did before.

3. A lady suffered for sixteen years from a passionate, jealous and irritable husband. I prescribed *Nux vomica*[200], to be prepared and given in the same manner in his soup in the evening. He soon became more content, more lively, began to hum and to sing, so that his wife feared craziness. But six months afterwards she confesses that she fails to see even a trace of his former passionate jealousy, he even encourages his wife to visit her parents which he formerly forbid her. She may now go wherever she pleases without any complaints from his side.

4. A married man of sixty has been jealous for thirty-two years, but for the last five years he became more violent, rousing the whole family up during the night, he was violent, insulting to everybody. Consulted, I ordered *Lachesis*[200], unknown to him, to be put in his soup, as in former cases. Three weeks later his wife reports him decidedly worse. Considering it a medical aggravation I order one dose Sac. lac. Three months later he was neither worse nor better and another dose of Laches.[200] was given, when five weeks afterwards he awoke one night, bathed in sweat, so that he had to change his linen, he felt contrite about his former behavior, cried bitterly and asked pardon of his wife for the maltreatment during the thirty-two years, and henceforth such scenes of contrition are more or less often repeated. He now behaves like a gentleman.

5. An unhappy woman complains that her husband is irritable, passionate, so that he strikes her, tells untruth and pouts often for days without speaking a word. He receives, without his knowledge, a few globules of Nux vomica[200] in the same manner. A week afterwards some improvement, which gradually increased to a cure, for his wife felt mighty sorry that she did not consult me long ago.

6. A wicked, sullen drunkard maltreats his wife and children, neglects his business and carries them to the brink of poverty. November 19th, 1879, I order him Laches.[200] as in the preceding cases. December 17th he is less jealous and

Digitized by Google

sullen, but keeps on drinking, so that his wife gives him a dose of Laches.^{2m}. January 28th, 1880, his wife reports him only five times drunk in a month, he behaves better and attends more to his business. He receives Sac. lac. June 9th, and she reports him only once drunk during all this time. Sulphur^{5m}, one dose, which dissipates an occasional cough from a tubercular diathesis.

July 20th, his wife reports two sprees, probably caused by the company he was in. His right lung shows symptoms of phthisis in the first or second degree. Phosphor.^{200}, one dose and a fatty diet, which I find useful in such cases. October 20th. When left to himself he keeps sober, but in company he still gets drunk. Right lung improving. Laches.^{2m}, one dose.

December 20th. He has kept steadily drunk for a month, but his intoxication has changed its form for he does not drink in company, but on the sly when alone. Sulphur seems indicated, and he received one dose Sulphur^{5m} (drinking on the sly). A year has since passed, and though much in company where drinking was going on, he never takes anything now but water. He has lost all taste for wine, is more lively and wide-awake (Sulphur).

7. An obstinate, sullen, egotistic and avaricious father, well off in the world's affairs, refused his consent to the marriage of his daughter on account of the dowry. At the request of his wife he received *Calcarea carb.*^{300}, one dose in my usual manner. Three weeks afterwards amelioration began and shortly afterwards everything was settled to mutual satisfaction.

8. An infant of four years, onanist, disobedient, bossing, obstinate, violent, received from me *Silicea*^{30}, a dose four or five times a day for about a week, which changed his character so that he became docil, gay, obliging, and partook with pleasure in the games of his playfellows.

9. Miss X., æt. nineteen, would never share with her sister what she received. After taking a single dose of *Calc. carb.*^{300} she became more affectionate and free-hearted. She embraces her mother four or five times a day, which she never did be-

Digitized by Google

fore. A month later she received, unbeknown to her, a few globules of *Silicea*[30], which single dose cured her of her avarice.

10. Eight or ten months ago a jolly workwoman came to me with the words: "Doctor, I heard that you can change characters. I wish you would change the character of my sister, who is thirty years old, pock-marked and hump-backed. A few weeks ago a young man courted me with the intention of marriage. Since that time, though she never had received an offer, she became jealous, hateful and malicious, so that I hardly can live with her any more." I advised her to put some globules of *Lachesis*[200] in her porridge. Three weeks afterwards my consulting woman returned joyfully, as all these bad traits had disappeared and harmony is restored.

11. One of my clients had an excellent nurse, but she was sombre, did not talk, was repulsive to strangers, and when excited frightened the three little children under her charge. On February 21st, 1881, her mistress gives her a dose of *Nux vom.*[200] A few weeks later, the nurse is already more talkative and docile, and especially more pleasant with the children.

12. Madame, æt. thirty-five, became pregnant after having been sterile for fourteen years of her married life. During her pregnancy she was very irritable and distrustful to all around her. *Causticum*,[30] a dose once a day for a week, cured not only her irritability, but also removed the chronic distrust from which she suffered for the last ten years.

13. A young lady was brought to me in the first or second stage of phthisis. The usual remedies failed, until I learned that she had been unhappy in her love affairs. *Staphisagria*[30], one dose a day for a week, changed all for the better; her sleep returned and she again enjoyed her meals.

14. A very devout and benevolent lady took care of a patient in her last extremity, but against her will it became so repugnant to her that she threw up everything. She received *Nux vom.*[12], to take a dose twice a day for several days. After an aggravation, the vomiting ceased and she could attend to her charge without repugnance and without vomiting.

15. M., æt. forty-six, presents all the symptoms of a begin-

Digitized by Google

ning general paralysis, and feels against certain persons an unjustifiable antipathy, with increasing physical awkwardness. *Natr. mur.*[25] once a day for a week. Fifteen days afterwards, the awkwardness and the antipathy are gone. He cannot believe that the drug would have this double effect.

16. Miss —, well educated, suffering from heart troubles, and decided tendency to drown herself. She had great antipathy and behaved shamefully toward her excellent mother, even to striking her. After the failure of several remedies, she got *Natr. mur.*[200], a few globules in her porridge, without her knowledge. Henceforth she acted very affectionately toward her mother.

17. A nurse, æt. seventeen, was so apathetic and slow in her daily duties that discharge was threatened. *Calc. carb.*[300], a dose for three days, made her more lively, more active and intelligent. Eight months have passed, and the amelioration continues.

18. A young phthisical patient, after overwork with insufficient nourishment, became very slow in his work. A fatty diet and Calc. carb.[300], one dose for six days, increased his weight daily about 150 grammes. Two months afterwards he took Sulphur[300], a dose for five days, which rendered him more lively, assiduous in his work, and he accomplished again his usual task.

19. A man, æt. fifty-two, surnamed in his younger days, "*Le Rapide*," lost gradually, after chronic disease and mental trouble, his vivacity. Calc., followed a few weeks later by one dose of Sulphur, restored his vivacity.

20 and 21. Two young ladies, eleves in a convent, were originally given to onanism. Before the threatened expulsion was carried out, I was requested to treat them, and prescribed *Origanum majorana*[1], a few globules dissolved in four teaspoonfuls of water, to be taken in two days. Several other cases were cured by the same drug.

22. A young moral woman was suddenly taken by an attack of erotomania, which had already persisted for several days. Her husband, by my advice, gave her one single dose of *Platina*,[30] which sufficed to cure her. This happened seven or eight years ago.

Digitized by Google

23. An old lady, æt. eighty-two, a great reader, suffered for some time from great indifference for everything and everybody. At that age it is too often past all cure, still she received one dose of *Conium mac.*[3m], which helped her, and she felt nothing of it for the last three years of her life.

24. A woman, æt. thirty-five, timid and undecided in her actions, so that it produced conjugal discord. *Carb. veg.*[30], a dose daily for a week. Assurance comes on the third day, disappears on the fifth, returns anew and progressively becomes stronger. At the same time she gets a singular appetite for porridge, which she digests well and likes better than anything else. A month later she receives again six powders of Carb. veg. A few weeks later she assures the doctor that she is now perfectly able to manage her own household, and her husband is delighted with the change.

25. The same remedy cured a young man suffering from the same indecision. If too often repeated, it will set up at first an aggravation, but by the eleventh day the cure begins. This drug would render sufficient assurance to the timid young gentlemen who have to pass a rigid examination, and though well prepared, lose their chances by their timidity.

26. During the war of 1870–'71, I treated in our hospital (created through the liberality of an American, A. T. Stewart), ten soldiers whom the excessive fatigues, bad nourishment, loss of sleep and of hygienic means, as well as different diseases, had so prostrated their minds, because thus enfeebled, that they could not even answer the most simple questions. I gave *Belladonna*[12], a dose every hour, to a young soldier who failed to answer for the last eight or ten days. The dilatation of his pupils indicated the drug. The day following he answered promptly all my questions.

Ten times I have thus prescribed Bellad.[12] to soldiers with or without other morbid affections, where this momentary state of hebetude and imbecility was present, and in nine cases I obtained prompt replies in a day or two. Only once I failed, in a native Algerian; but Bellad. cannot give intelligence where there is none.

27. About eight or ten years ago, I was consulted by a gen-

Digitized by Google

tlemen, æt. thirty-four years, suffering from hæmorrhoids and hypochondriasis. As a child he was artificially brought up in a village where, to strengthen the child, they gave him lots of wine, and he blames that for his present troubles. Against his vesical affection I prescribed Canth.[12] A month later he told me: "Your drug has not only driven away my bladder troubles, but it has cured me otherwise. Naturally of a timid character, I was all my life easily frightened. This also is gone. I had confused ideas and my judgment was not clear. My ideas are now clear, and my judgment prompt." I meet that gentleman from time to time. His fright is definitely gone, but when his bladder troubles him his mind is confused and his judgment not so prompt.

28. To a young lady, æt. twenty-two, very impressible, very easily off her balance, suffering from headache from every little cause, not intelligent, but disobedient and lazy, I prescribed on account of a vascular naevus, the following drugs. September 21st, 1876, *Calc. carb.*[6m], one dose; November 21st, improving, less passionate and less headache; *Calc. carb.*[2000], one dose, and January 23d, 1877, a similar dose.

March 10th—Her mother rejoices in her intelligence, obedience and love of work.

In the same family I dissipated nearly completely the disposition of passion by Nux vom.[12], and completely by Caust.[30] the disposition to wickedness and tormenting in a child of seven. She struck her mother when dressing her, but she never did it afterwards.

29. A young lady, æt. twenty five, very happy, loving her husband and her child, felt often an irresistible impulse to throw herself out of the window with her child, and this for the last four or five months after her confinement. She received one dose Bellad.[300] Ten days afterward, the impulse gone, but the following July it reappeared on account of a disagreement, and then definitely disappeared, as five years have since passed. A month later, when, meeting the husband, I told him that Bellad. destroys the disposition to coquetry and asked him whether the drug had no effect on his wife in that direction, "Oh," he replied, "my wife used to be very extrava-

Digitized by Google

gant and exact in her toilette. Many a time I had to wait more than half an hour until she got ready. All this is changed." The August following, the husband complained that his wife is not as neat as formerly—lost her taste and nearly her intelligence. He felt down-hearted. I knew that a dose of Ammon. carb.[200] would set her all right, and a month afterwards he complimented his wife on the neatness with which she dressed herself and her child, without extravagance and coquetry. Her intelligence is perfect.

30. I knew a man, æt. seventy-eight, who, if his circumstances allowed it, would have made a splendid professor of literature; there was nothing vulgar about him. He comes to my office with haggard eyes, dull features, and just intelligence enough to ask me to cure him. What will retard or cure dementia senilis? As I relieved him several times of hæmorrhoids with *Natr. mur.*[25], I hoped for its influence on psychical symptoms, and I ordered him to take a dose daily for a week. A month later, I see this old man again full of intelligence and sprightliness, which remained the same until he succumbed a few years later to an acute disease.

31 and 32. The head clerk of a large commercial house consulted me about some bodily ailment, for which he received a single dose of Calc. carb.[300] A month later he tells me of the great pleasure with which he works at his additions for the last two weeks. I was not astonished, fully convinced that this drug develops a taste and appetite for mathematics.

A few years ago I treated a young man who studied especially mathematics, as he wished to enter the Polytechnicum. As he had already symptoms of threatening phthisis, I made him take every three to six weeks, a few globules of Calc. carb.[300] He acknowledged that every dose relieves his cerebral fatigue and gave him back his taste for mathematics.

33. Consulted by a father and mother, both passionate, whose child was sick. I recommended to them a dose of Nux. vom.[200] but they could only give it in a cup of coffee, the very antidote of Nux vom., yet it did the work for one or both of them.

34. Consulted to give more independence of character to an old bachelor, æt. seventy-six, who was ruled by his house-

Digitized by Google

keeper. I advised to give him a single dose of *Lycopodium*[30], which he took in a glass of diluted wine, and thus the remedy was certainly mixed up with all the food he had taken. In some cases, in order to obtain a double effect, it may be necessary to repeat the thirtieth potency, but high potencies and only a dose of it, always give a definitive result, though when given in repeated doses they may produce a transient aggravation.

35. A child, æt. three, had not yet learned to talk, though his younger brother, only fourteen months old, was more advanced in it. To make a double experiment, I gave to each of them a single dose of *Natr. mur.*[35] on the tongue. Three weeks later the older one began to talk, and his younger brother ceased to talk for three weeks, when he spoke again as formerly. The drug produced, probably, a curative effect on the older one, but it certainly produced a pathogenetic effect on the younger one. Both facts, especially the latter, show the elective action of the drug to the faculty of expressing thoughts by words.

36. A rachitic child, æt. two and one-half, with curvature of the tibia inwards, was cured by appropriate alimentation, but he kept the bad habit of knocking his feet together when walking, and against this bad habit (which may be, perhaps, a mental habit voluntarily acquired, or, more possibly, a somatic habit caused by the exaggerated contraction of muscles, especially of the adductors of the feet) he received one dose of Lycop.[6m], dry on the tongue. About 4 o'clock the same afternoon the child was taken with high fever, so that they put him into bed, and for a month he had daily at the same time a febrile paroxysm, only gradually decreasing. This is certainly an incontestable pathogenetic effect of the drug, known to everybody. But a week after taking the dose, the child brought the point of the right foot outwardly, and a week afterwards also the left foot. Gradually the feet came into normal position, and this bad habit could be considered cured.

37. A single dose Arsen. album[200] given without his knowledge in his soup, sufficed to cure a married man of his truly exceptional wickedness. He recognized the change in his

Digitized by Google

character, but ascribed it to several glasses of syrup of orgeat which he took about the same time.

38. To destroy the disposition to polygamy in a people with the aid of medicine, we must prescribe those which dispel the disposition to follow such a traditional custom, or rather those which dispel the impulse to follow the animal instinct, which predominates generally in persons of slight moral and intellectual culture. Among such drugs Platina takes high rank, as it destroys the impulse to lewdness, and with it I have even removed abnormal periods of heat in animals.

39. A servant in a farm-house, æt. eighteen, very lively, a hard worker, was at an early age addicted to lewdness and seemed disposed to give away to temptation again, so that after her work was done she went regularly to the village in order to meet young men. One dose *Nux vom.*[200] was put, unknown to her, in her porridge, which greatly diminished her genital passion, and a few weeks afterwards a similar dose of *Platina* was substituted, and now she remains at home, as lively and full of work as ever.

40. One of my clients asked me whether I could cure a mare which was for several months in heat, so that her groom could not attend to her, and she smashed the carriage of her master. I advised him to dissolve several globules of Platina[200] in five teaspoonfuls of fresh water, put a teaspoonful of it in half a glass of water and moisten with it a handful of bran, or a piece of bread, and then feed her with it. She received a teaspoonful of it every fifth day, and after the first dose improvement set in; after the fourth dose she was as gentle as could be desired.

41. The same treatment succeeded in a bitch with exceedingly long-continued heat.

We certainly possess, also, other means than drugs to ameliorate the intelligence and the character of persons, and these aids were better known to the ancients than to the moderns; but, even if we knew them, we could not utilize them, for in our active social state we have not the leisure which slavery allowed to people given to moral and intellectual culture in ancient times. But besides the drugs whose power was un-

Digitized by Google

known to them, we have numerous agents of modern alimentary regimen which we might employ in order to modify the moral and intellectual state, as it is well known that by giving up some of our bad habits and tastes we might ameliorate our mental and bodily state. For the former it is our duty to administer, unknown to him, nothing disagreeable. We must also be acquainted with the psychical properties of our different aliments, which I intend to give in my work on Alimentation.

I am sure that as homœopathic physicians we can treat with equal success moral and intellectual imperfections, which has followed our treatment of somatic diseases. No less an authority than Maudsley has shown the intimate connection between the health of the body and moral and intellectual disorders, and that the former in its affections precede the latter. "One of the first symptoms of insanity," says he, "and which may be detected at a time when there is not the least intellectual derangement, is the perversion or the departure of the moral senses. He feels no distinction any more between good and bad, no remorse. Thus the modest becomes presumptuous and exacting; the chaste obscene and lewd; honest people thieves: the truthful a liar. We meet at the very least a degradation of sentiment and of delicacy. Such symptoms of moral perversity are too often the first symptoms of an intellectual derangement, leading finally to its total abolition. It certainly proves the intimate connection between moral sense and physical constitution. The moral sense is potential or hereditary in many people, though it seems that they do not have it from birth; it develops by culture or decreases by non-use, or it may become deranged or destroyed by disease. The last faculty acquired in the progress of human evolution is the first one to suffer when disease invades the functions of the psyche. An epileptic attack may efface the moral sense, just as it sometimes effaces all memory. We are too familiar with the marked changes in the moral character of epileptics—changes which precede and pronounce the fit. A fever or a wound on the head may totally change the character of a person, and we observe the same in opium eaters and habitual drunkards. As it is our duty to preserve unto our old age the integrity of our

Digitized by Google

intellect, we must study the defects in character and intelligence, and make common property among homœopathic physicians the treatment suitable to it.

The well-known homœopathic physician of Lyons, Dr. Gallavardin, opens here a new field before us, and that conservative journal, *Bulletin de la Société Médicale Hom. de France*, is not afraid to publish it, or, rather, to the exclusion of everything else, gives up its pages for a whole month to the article, which we felt it our duty to translate so that our readers may profit by it. Bantering and sarcasm are cheap; to deny what we have not done nor could do ourselves is a fatal error to which too many of us must plead guilty. Those high potencies, and only one dose of it, and those few pellets given in soup, in wine and water, and then wait! How long? As long as the amelioration lasts, be this days, weeks or months. Shades of Hahnemann! This new procedure will not satisfy mongrels nor saints, and what then? *Mach's nach, aber mach's recht nach*, facts are stubborn, and Gallavardin invites us to a verification of his treatment. If true, and we have not the least doubt of it, what a boon to humanity! Insanity is fearfully on the increase, and Maudsley truly warns us of these prodromal symptoms of a perverse moral nature When we send our patient to the lunatic asylum, intelligence has lost his balance and fallen from his high throne, but the family physician sees these prodromal symptoms and by his energetic actions, hygienic as well as medicinal, saves that intelligence from becoming a wreck. Let not our own pride and self-satisfaction prevent us from giving this new departure our careful attention. "*Aude sapere*" was the motto of a Hahnemann; *aude sapere*, let that be also our guiding star, and let us throw nothing overboard because it does not harmonize with our notions or our practice. Causticum, Platina, Nux vomica, the Antipsorics, etc., are no strangers to us, really, they are good old friends; only their application may be a stranger. Let it be so no longer, and let us labor assiduously in this new field for the honor of Homœopathy and for the benefit which must thus accrue to ourselves.

Digitized by Google

As a journalist we have done our duty. May our labor bear good fruit.

ARTICLE XXXV.—Nitrate of Uranium in Two Cases of Saccharine Diabetes.

By L. Hallock, M. D.

From the few provings made of this remedy its pathogenetic effects seem almost confined to the kidneys; for the slight headache, epigastric flatulence, and general languor reported during the trials, were so inconsiderable as hardly deserving record as reliable effects of the drug. And while its provings as thus far reported have shown it to be a decided excitant of renal functions, increasing the amount of the urinary secretion, adding to the normal uric acid free or combined with soda or ammonia, and sometimes producing an increase of its specific gravity and traces of albumen, they have failed to show in any instance the presence of *sugar* in the urinary discharge. Doubtless the failure to produce this result is due to the limited amount taken being insufficient to produce the effect of large and hazardous doses of the drug; for when given to animals in large and poisonous quantities the presence of sugar has been a uniform result, and it is hence to these experiments we are indebted for the knowledge of its power to produce this important effect.

To Dr. F. S. Bradford of our city is due I think the credit of having first recommended the Nitrate of Uranium as the specific remedy for diabetes, as founded upon its proven effects to produce that disease in the lower animals. In 1860, Dr. Bradford while a resident of Charleston, South Carolina, having seen the statement in a British journal that the gradual poisoning of dogs with small doses of this drug invariably caused the urine to become sugary, was led to infer that it might prove a valuable remedy in the treatment of diabetes in the human subject.

Accordingly he prepared a trituration of the drug and after using it successfully not only in diabetes mellitus, but in several

Digitized by Google

cases of acute and chronic diuresis, proposed it as a *new remedy* for the cure of diabetes. Several physicians have since reported the successful treatment of this usually intractable disease and verified the usefulness of the remedy.

A few of these cases I will briefly notice before mentioning one of my own. Dr. E. M. Hale reports the following:

An old gentleman, æt 65, had suffered for three years with a form of diabetes believed to be a real case of glycosuria. The usual symptoms with occasional variations of relief and aggravation had continued for several years, during which Cauthar., Cannab., Terebinth, Merc. sol., Phos. ac. and Arsen. had been tried with little effect when the Nitrate of Uranium was given. The symptoms were "great debility and emaciation, dropsy of legs and abdomen, dryness of mouth and thirst, dry harsh skin, constipation, urination frequent and amounting to sixteen pints a day." Uranium was given of first decimal, a small powder three times a day. The effect was prompt and decisive. The first night the urine was diminished and was passed but twelve instead of twenty times as had been usual. The following night but six times, and all other symptoms were much diminished. He took the remedy three weeks when the urine had become nearly normal and the health and strength much improved. After several months of comparative health he suffered another attack which yielded on a return to the remedy in a single week. In another case of a vigorous man, æt. 40, with profuse discharge for six months of burning, scalding, occasionally milky or straw-colored urine with strong ammoniacal odor, several remedies had been tried without benefit, when the Nitrate of Uranium was given and improvement commenced immediately, and continued until the urine became nearly normal and all the symptoms greatly improved.

Another case of an intemperate man, æt. 45, with aggravated symptoms from great debility, aching pains in back and lower limbs, bloated abdomen, etc., was promptly relieved by the Uranium, after which Phos. ac. removed the remaining debility.

Dr. B. F. Cornell reports the case of a lady who passed from eight to ten quarts of urine daily, was anæmic, emaciated and

Digitized by Google

suffered greatly from thirst, palpitation, faintness, etc., and had been treated by several physicians for "all the ills of diseased humanity." Nitrate of Uranium the third decimal trituration was given three times a day, and in two weeks she declared herself well. The remedy was continued a short time, and fourteen months after there had been no return of the former symptoms. Dr. Cornell also states he had subsequently treated several cases of diabetes with the same remedy with great success. Another case is reported of the cure of a child, æt. 3, suffering with diabetes, by the use of the same remedy of the third decimal given three times a day for three weeks only.

To the foregoing, which comprise most of the reported cases within my knowledge, I may add the following which occurred more recently in my own practise:

About two years ago I prescribed the Uranium for a farmer, aged 60 years, residing near Poughkeepsie. The disease had existed for months and been treated with various remedies. The thirst and debility were moderate, but the urine was profuse, of high specific gravity, and largely saccharine. The remedy invariably relieved him and enabled him to resume his employment till from excessive labor and neglect to continue his medicine he had a relapse of the disease, when a return to the Uranium of the 1st centesimal trituration again relieved him. He thus continued to return at irregular periods of weeks or months for his favorite remedy when suffering anew from the symptoms, till six or eight months ago, since which time he has not been heard from and the result is unknown; but the uniform improvement obtained by each return to the remedy justifies the belief that had it been persistently continued the recovery would have been permanent.

Mr. A. D. S., of this city, aged 60 years, a robust, healthy man, seldom sick, began to complain early in August last of gastric disturbance and unusual debility, followed in a few days by achings in back and limbs, greater weakness, thirst and increased urinary discharge. For these symptoms he received successively Bryon., China, Hepar, Sulphur, and Phosphor. acid with little relief, when to escape from the oppres-

Digitized by Google

sively hot weather he went to the country. There the sufferings increased, and at my request a specimen of his urine was sent which, on examination, was found of 1035 specific gravity, contained a trace of albumen, and a large per centage of sugar. The quantity had increased to several quarts daily (no accurate measurement could be obtained) and was passed every thirty to sixty minutes. When visited September 6th, one week after leaving the city, his appearance had greatly changed; instead of the usual florid color, he was pale and anæmic, had hot dry skin, parched mouth and throat, suffered urgent and incessant thirst, the debility had so increased as to confine him to the house, and emaciation had reduced his weight fifteen pounds in less than a single week.

Arsen. slightly abated the urgent thirst, and Phosphor. acid afforded a grateful refreshing drink, but neither, after a trial of three days, diminished the profuse urination or arrested the rapid emaciation and increasing weakness. On the 9th of September, Nitrate of Uranium was prescribed of the 1st centesimal trituration, three grains every three hours. The effect was prompt and surprising. The following night the amount of urine was diminished and the sleep less disturbed; the second day, the secretion was reduced one half, the thirst abated and appetite improved; and on the fourth day, the specific gravity of the urine was but 1030, and the saccharine deposit reduced nearly fifty per cent. At the end of one week all the symptoms had so improved, the appetite returned, and the wasting discharge arrested, that he had regained ten pounds of the lost weight. The remedy was then continued twice a day for another week when, on examination, the urine had become normal in quantity and without a remaining trace of sugar. Up to the present time, now three months since the attack, he has continued well and fully regained his former health and vigor.

Careful inquiries for the *cause* of the disease in this patient have induced belief in the absence of any other satisfactory explanation than that it was produced by the excessive use of Vichy water, of which he had long been in the habit of drinking from one to two quarts daily. In Europe, we are told, dia-

Digitized by Google

hetic patients are often benefited if not cured by the use of the Vichy at the natural springs. May not the abuse of the article thus found curative have produced in this case the pathogenetic effect and thus afforded another illustration of the law of similia? In confirmation of this view of the cause it may be stated that there had been no unusual physical or mental exertion, no atmospheric exposure to produce chilliness, cough or other catarrhal symptoms, no signs of liver derangement to induce suspicion of its hepatic origin, and no variation from the usual diet or time of meals except taking the large draughts of Vichy, and this not because of actual thirst but from the indulgence of an acquired *habit*, and a belief that its liberal use was healthy and beneficial.

ARTICLE XXXVI. — Two Cases of Large Uterine Fibroid Tumors Treated by Electrolysis.

By JOHN BUTLER, M.D., New York.

(Read before the New York Medico-Chirurgical Society, December 13th, 1881.)

CASE I.—Miss H. W., æt. 39, a healthy looking woman below the average stature and of slight build, was sent to me by Dr. Archer, of Brooklyn, on April 4th, 1877, for advice as to a fibroid tumor of the uterus.

History.—About three years before her visit, she noticed an enlargement of the abdomen, but attributed it to a deposit of fat, as she had grown more fleshy generally. About one year after noticing the enlargement, an umbilical hernia occurred, caused by some slight strain; for this she applied to a physician, who returned the hernia but said nothing about a tumor existing. Tumor had grown rapidly during the past year.

Status præsens.—Body well nourished; appetite fair; circulation normal, sleeps well, menses regular in quantity and frequency. Complains of shortness of breath on exertion, constipation, frequent urination, great annoyance from the hernia and the weight of the abdomen, which latter she said was becoming intolerable. Otherwise, says her health is good.

Digitized by Google

Examination. — Measurement of abdomen taken one inch below the umbilicus, 44½ inches. Hernia protrudes when patient stands up, recedes when she lies down. I found a large fibroid tumor, sub-peritoneal, attached to the anterior surface of the uterus. The tumor was immense, filling the abdomen and giving the patient the appearance of a woman at the full term of pregnancy.

The uterus was crowded posteriorly and was with difficulty reached with the finger but was readily examined with the sound. Its internal measurement was but little more than normal and moved with the tumor.

The rapid growth of the tumor and the likelihood of the functions of the abdominal viscera becoming soon interfered with, rendered it advisable that if possible the tumor should be reduced in size, or at least prevented from enlarging further, as removal was out of the question.

The only feasible method that presented itself to me was electro-puncture.

There was not in the history of electro-surgery, a case of so large a tumor having been treated by electrolysis, and although I had been almost uniformly successful in the treatment of smaller tumors I had never before treated one of this size, still I reasoned that if a number of small coagula could be caused to form within the substance of the growth numerous enough to act as barriers to the blood supply, but not sufficiently large to cause suppuration or too large to be absorbed in time, that the nutrition of the growth would be sufficiently interfered with to prevent its increase if not to lessen its dimensions. This I had every reason to hope would take place, from former experiences with smaller growths.

With a view of testing the toleration of the patient, I inserted an insulated needle through the abdomial walls and into the tumor. Completing the circuit with a surface electrode, I allowed a mild current to flow for about ten minutes (about five millevebers).†

* See Cases reported, Text-Book on Electro-Therapeutics, page 228.

† A current of ten millevebers produces a coagulum of about .1398 of a grain of albumen in a minute.

Digitized by Google

April 10th. No change, no disturbance, measurement the same. Operated again using two needles, one from each pole; current of about twelve millevebers for twenty minutes.

15th. Some tenderness of abdomen. No febrile symptoms.

18th. Tenderness gone.

24th. Hernia strangulated. After half-an hour's unavailing efforts to return it I aspirated it, and drew off about two ounces of a brownish serum. After this it was easily returned, and gave no further trouble.

May 31st. Circumference of abdomen 39½ inches.

I performed eight operations subsequently, at intervals of from three weeks to a month, the result of which was a much further reduction in the size of the growth. The sense of weight disappeared and all the symptoms so far improved that the patient being satisfied with the result so far, I dismissed her, hoping in time that further absorption would take place. I have not seen the patient since but her physician tells me that the tumor has almost entirely disappeared.

CASE II.—Miss H., 38 years of age, was sent to me by Dr. South, of Plainfield, on January 17th, 1878. She was very weak and anæmic owing to almost continuous metrorrhagia. Examination revealed a very large submucous fibroid, sessile and attached to the posterior wall of the uterus. The os was dilated to about two inches, and the tumor engaged the cervix to such an extent that it felt like a child's head in the early part of labor. The sound could be inserted seven inches. I gave her Hamamelis, and suggested electro-puncture. The Hamamelis reduced the flow, and for a time her health improved.

She visited me again on April 2d. The tumor had markedly increased in size. The os was much more dilated and part of the tumor protruded. I placed the patient in the Womans' Hospital, then at the corner of Thirty-seventh Street and Lexington Avenue, and on April 6th performed electro-puncture. The patient being anæsthetized by Dr. Glenny, I inserted two large insulated steel needles through the part of the tumor which protruded through the cervix, driving them well into

Digitized by Google

the substance of the growth, and after allowing the current to flow sufficiently long, to produce a firm coagulum at the site of each needle point, I changed the position of the needles, and produced in all about sixteen coagula in the substance of the tumor.

April 7th. Some tenderness, pulse 125, temperature 105. Acon. ordered every half hour.

8th. Tenderness all over the abdomen. Temperature 102, pulse 86.

12th. Much improved. Temperature and pulse normal. Scarcely any hæmorrhage since the operation. Patient steadily improved up to April 30th, when she was sent home to report in a month.

June 6th. Tumor much reduced in size, within the os and difficult to reach with the finger.

After this the patient continued to improve steadily, and now has no hæmorrhage and but little of the tumor. While the patient was under my care, about once a week or so, I passed a mild galvanic current through the tumor, with a view of stimulating absorption. The only remedy which was used besides those mentioned was ergot given in suppositories. This was used a short time and discontinued on account of no apparent benefit being derived from it.

Remarks.—I have treated thirteen of these cases successively, and all successfully. This method of electro-puncture, I think, promises well in the treatment of these growths which heretofore have resisted all other surgical resources.

ARTICLE XXXVII. — A Case of Perityphlitis.—Operation.—Recovery.

By George M. Dillow, M.D.

(Read before the New York Med. Chir. Society, December 14th, 1881.)

On the morning of July 19th, 1881, J. M. C., æt. 25, a lithe, active man, of bilio-nervous temperament, whose previous health had been perfect, was suddenly seized with vertigo,

Digitized by Google

vomiting, intense colic, and inclination to stool. He shortly had a small and slightly constipated movement of the bowels, but without relief. An hour or so afterward, he drank some Selter's aperient, which moved his bowels more freely, but still without relief. By afternoon, he was compelled to go home to bed, where I saw him about twelve hours after his illness began. He told me that, during the day his nausea and vertigo had been constant, that he had vomited all food as soon as taken; and that his colic had been unintermitting and excruciating. On examination his pulse was 72, full and firm, temperature normal, tongue moist and without coating. As he had had no diarrhœa, or flatulence, and there were no evidences of primary gastric disorder, I concluded that I had no disease peculiar to the summer to deal with, and therefore made a careful examination of the abdomen. The abdominal walls were not disturbed. Although he complained of his colic as centering about the umbilicus, pressure there produced no feeling of tenderness; but he winced under deep pressure in the right iliac region. On deep palpation, an induration, immovable, the size of a large hickory-nut, and exceedingly tender, could be distinctly felt about two inches internal to the anterior superior spinous process of the ilium, and apparently posterior to the gut. Percussion elicited the normal sounds over the whole abdomen, and showed the ascending colon to be free from fæcal impaction. Nor could any impaction be felt. I immediately suspected perityphlitis due to inflammation of the *appendix vermiformis*. Hot fomentations were ordered, absolute rest in bed enjoined, and Ipec. and Coloc. given in alternation a half hour apart. When seen three hours later, the patient's nausea had disappeared, the diffused colic was alleviated, but the pain had concentrated in the right iliac region, where the local tenderness was also more marked. Verat. vir., Coloc. and Merc. dulc. were then administered; Verat. vir. to anticipate peritonitis, Coloc. for pain, and Merc. dulc. as a strongly advocated specific.

On the morning of the second day (July 20th), the patient had had no return of nausea, vertigo or general colic. During the whole night he had suffered severe iliac pain. The area of

Digitized by Google

local tenderness was greater and the induration was of the size of a small hen's egg. Pulse 69, temperature normal. In the evening his pulse had increased to 78, his temperature to 100.4°. On deep breathing sharp stabbing pains were felt in the right iliac region in addition to the constant acute aching located there. Bryon. and Acon. were substituted instead of Coloc. and Verat. vir. Toward midnight the stabbing pains were better, but the aching had become so intolerable and the patient so restless as to compel the use of morphia.

During the *third day* (July 21st), there was no change of symptoms, except that the abdominal walls were more tense, thus preventing accurate palpation of the tumor. The area of tenderness and percussion dulness had, however, increased. The patient complained of intermitting exacerbations of pain which seemed to him to be caused by an effort of wind to pass the sore place. An apparent slipping by of something would be immediately followed by relief, and gas would soon after pass *per anum*. Morning, temperature 99.2, pulse 72; evening, temperature 101.4, pulse 84, respiration 22.

On the *fourth day* (July 22d), there was no improvement. Slight tympanites had appeared. While the area of dulness had not extended, and that of tenderness had slightly diminished, there was one spot, about one inch internal to and on a line with the superior iliac spine which was exceedingly tender. Dr. W. O. McDonald, who had been called in as consultant with a view to possible operation, confined the diagnosis of perityphlitis with threatening abscess from perforation of the appendix. Bryon. alone was given. Morning, temperature 100.4, pulse 90; evening, temperature 101, pulse 90.

During the fifth day (July 23d), the temperature was throughout 101; the pulse 90 in the morning, 96 in the evening. The tympanites went down a little in the morning to increase again in the afternoon. The tumor, for the past two days, the apparent size of a woman's closed hand, was larger, extending farther toward the mesial line and upwards along the ascending colon. But it was no more tender. The localized pain was greater, and gas constantly struggled, with partial success, to pass the strictured point. The urine, of ordinary febrile

Digitized by Google

tint, was tested for sodium chloride, which was present in normal quantity, thus eliminating any large serous exudations, and for excess of indican, to exclude a possible stricture of the small intestine. Indican was not in excess. At the consultation with Drs. Warner and McDonald, it was decided to alternate Acon. with Bryon., and to administer a tablespoonful of olive oil night and morning.

At 3 A. M. of the *sixth day* (July 24th), the patient had a stool, soft but formed, and completely filling the bed-pan. Soon afterward, the temperature fell from 101° to 100°, the pulse to 84; the patient had less pain; the swelling was less; the tympanites diminished; and it seemed as if the tumor might resolve. But, in the evening after this day of slight improvement, the temperature rose to 101°, and the pulse to 96.

The *seventh day* (July 25th) saw no marked change; perhaps slight improvement.

On the *eighth day*, the patient believed that he was better. He had slept more under less opiate than during any night since his sickness began. His temperature at 8 A. M. was 100.4°, his pulse 80. But his swelling had extended. Percussion dulness was elicited over a rounded area reaching from the spine of the ilium to about an inch within the mesial line, and from the middle of the ascending colon above to the junction of the lower with the middle third of Poupart's ligament below. Its borders could be indistinctly mapped by the fingers; it was hard and resisting to the feel, so far as pressure could be exerted without producing too much pain, and tender all over. There were two points, however, which were especially sensitive; one, an inch internal to the superior spine of the ilium, the other, just above the iliac crest an inch posterior to the spinous process. Although at noon I thought that I detected fluctuation, it was not decisive enough to warrant a positive opinion. At midday his temperature was 101°, pulse 84. At 4 P. M., temperature 102°, pulse 90. At 4.15 a rigor set in, lasting twenty-five minutes, during which the temperature rose to 108°, and the pulse to 108. A consultation was then held, at which it was decided that the patient's life might be imperiled by delaying operating until morning. At 7 P. M.,

Digitized by Google

Dr. McDonald operated, Drs. Warner, Cowl, and myself assisting. After anæsthetizing the patient, an incision, beginning an inch internal to the superior spine of the ilium and nearly three inches in length, was made parallel to Poupart's ligament down to the transversalis fascia. The aspirating needle was then introduced into the tumor at the point which had been most sensitive. Pus was found at the first plunge, and, using the needle as a guide, an incision was carried into the tumor, large enough to admit the surgeon's finger, which passed in to its full length. The pus evacuated was exceedingly offensive in its fæcal stench, dirty grayish-yellow in color, and thin; contained a few shreds of plastic lymph and tissue, and amounted to about eight fluid ounces. A most careful search was made for a foreign body, but beyond a few yellow flakes, like fæces, nothing was discovered. It should be added that a few bubbles of gas escaped with the pus.

The effect of the operation was magical. Within an hour the temperature fell to 102°; within four hours, to 99.4°, and the pulse to 80; and within twenty-four hours, the temperature and pulse to normal. On the second day after, he ate solid food. Under the use of the drainage tube, washing the cavity with a one per cent. solution of carbolic acid, and Merc. sol. 2, the abscess healed from the bottom and the wound closed in three weeks from the time of the operation. But a spot of induration remained, and after being closed for a week and almost cicatrized over, the wound reopened so deep as to admit the probe a distance of more than two inches. The induration then melted away, and, in another week, the wound finally closed. The patient is now entirely well. Since the operation, he has had no unfavorable symptom; no colic, no indigestion or constipation, or even a dragging sensation in the right iliac fossa.

There are several points of interest in connection with the case worthy of special remarks.

Was the abscess due to perforation of the appendix? I think undoubtedly that it was. For a week or two previous to his illness, the patient had breakfasted principally upon blackberries. In addition to this explanation of hard foreign bodies

Digitized by Google

for lodgement in the appendix, there was positive evidence of a communication between the intestinal canal in the right iliac region and the cavity of the abscess. For not alone did gas escape at the time of the operation, but, the morning following, a large-sized bubble floated on the surface of the pus within the glass drainage-tube, and, on moving the patient, with each lifting of the body, several bubbles rose through the purulent fluid. In addition, on the second day succeeding the operation, after I had irrigated the cavity and was just about to insert the drainage-tube into the clear water standing in it, a yellowish substance like fæcal coloring matter came in a little spinal whirl from the bottom and spread in a film on the surface af the water, several bubbles followed, and the water then sunk out of sight. Passing more water into the cavity by the fountain-syringe and at the same time placing my hand on the hypogastrium, some of the water continued to disappear, the patient said he felt like having a stool, and his intestines could be felt moving under my hand. The overflow-waters returning clear, and not wishing to give an enema in that way, I desisted. There was never afterward any evidence of perforation.

When did the perforation occur? It is not unreasonable to suppose that it took place prior to or during the first days of the attack. There are several cases recorded where the patient's first warning of illness was intense colic attended by collapse, found post-mortem to be due to extravasation of fæcal matter into the peritoneal cavity, there having been no preceding adhesive inflammation to glue the appendix to the neighboring parts. Inflammation and perforating ulceration of the appendix can thus be present without premonitory symptoms. In the case of my patient, the induration was remarkably present upon the first day, earlier, so far as I am aware, than in any case recorded. There can be no doubt that it then existed, for it was clearly outlined by my fingers, was not doughy to the touch like a ball of fæces but hard and resisting like the induration of a subcutaneous abscess, gave the patient acute pain as soon as the finger was firmly pressed upon it, and was the centre around which the subsequent increase of induration

Digitized by Google

formed. Conjecturally, we can then presume that the appendix inflamed, ulcerated, adhered, and was perforated, without symptoms; and that fæcal matter coming in contact with and irritating the retro-peritoneal connective tissue, caused exudation into it for the purpose of expelling the foreign materials.

When did pus form? If we were to consider the rigor as heralding the formation of pus, it must have occurred on the eighth day. But it seems incredible that eight ounces could have been formed in the three hours elapsing between the chill and the operation. In perityphlitis pus-formation without rigor is common, and, instead of rigor being a precursor, I believe it is more often a pyæmic symptom, lagging in its information, and liable not to appear at all. Presuming then, that pus formed before the eighth day, it is difficult to fix the period of its formation. Sweating, which occurs sometimes with and sometimes without pus-formation, was not present in greater degree than could be accounted for by the excessive heat of the weather and the effect of morphia, until the break of the high fever immediately after the operation; it was then drenching. Pain was no criterion, unless its slight diminution on the sixth, seventh and eighth day be considered as indicative. The size of the tumor was not a clear guide; for accumulation of fæces in the colon plainly increased its size as shown by diminution after a large stool. In connection with decrease of pain and tumor, a case, reported to this society by Dr. E. P. Fowler, has pertinent bearing. It will be remembered that, after large and many movements of the bowels, the pain and tumor apparently disappeared, and yet at the autopsy there was found an abscess cavity, which had contained five or six ounces of pus, rupture having taken place on the eleventh day. I do not find in the record of pulse and temperature marked indications. Continued elevation of temperature from 101° to 103° is laid down as a rule pointing to pus-formation. But, in my patient, the temperature ranged between 99.4° and 101° the last three days, until the approach of rigor. The pulse followed closely the fluctuations of fever and, in character, showed only the course of the localized peritonitis by becoming corded with advance and full and

Digitized by Google

softer with decline. There was, however, present in marked degree an indication much relied upon by Dr. Gurdon Buck—spots of excessive tenderness, already mentioned. These corresponded with the deeper parts of the abscess, and were the points also where pus was nearest the surface. The first point of excessive tenderness, within the iliac spine, was noticed on the fourth day; the second, above the iliac crest, on the sixth. I am therefore inclined to the belief that pus appeared as early as the fourth day.

I have reported the case at such length since it illustrates the importance of early operation. The rule laid down by some that the time for surgical interference is from the twelfth to the eighteenth day, if followed in my case, would probably have cost the patient his life. Even the time advocated by Dr. Buck — the seventh or eighth day — was late. I am convinced that no rule with regard to time, or temperature, or size of the tumor, can be safely adopted. Setting aside the rigor which is too uncertain and tardy, perhaps the most reliable indication is a spot of excessive tenderness. But this is not invariably present. Given, then, a clear case of perityphlitis, arising probably from inflammation of the appendix and not from fæcal impaction, with tumor, and doubt as to the formation of pus, especially when the temperature remains elevated, the only safe rule seems to be to explore for pus with the fine aspirating needle at the most sensitive point. Under antiseptic precautions, either with or without an incision down to the transversalis fascia, there seems little danger of adding to the peril of the patient. If the incision be made without finding pus, tension and congestion are relieved, and, should pus form afterward, it will tend to seek an outlet at the place of least pressure which has been made. The objection offered that incision favors ventral hernia by making a weak place in the abdominal wall appears founded upon reasoning rather than recorded experience. In my reading of all the cases recorded in the Medical Record, I have seen no instance of hernia reported after the operation for perityphlitis. I would ask the experience of the Fellows of the Society.

A few words reviewing the treatment employed will finish the report of the case.

Digitized by Google

Absolute rest was observed prior to the operation. For a week the patient did not move but once (first night) from the position on his back, or flex the thigh upon the abdomen without assistance. To his obedience and rare endurance, in great measure, I attribute his recovery.

Fomentations, as hot as could be borne, were applied every few minutes throughout, and gave great relief.

Morphia was imperatively demanded, and proved a most valuable adjunct. Given in one-sixth grain doses according to the suffering, it enabled the patient to remain quiet, gave sleep, and secured greater rest of the intestine, thus permitting firm adhesion and preventing the spread of inflammation.

Ipec. and Coloc. promptly arrested the nausea, vomiting and colic, which never returned after the first few doses.

Veratr. vir., so far as can be inferred, had no special influence.

Bryon. undoubtedly stayed the spread of peritonitis, and promptly dispelled the stabbing pains along the ascending colon.

Acon. had also a favorable effect upon pain and fever. When given with the Bryon., the temperature did not have so high an average, nor was the pain so great, as when Bryon. was administered alone.

Merc. dulc.[1] was given for the first three days, and I think acted unfavorably. It seemed to increase peristalsis and pain, thus opposing rest, the most prominent indication for treatment. Given in doses large enough to produce a physiological effect, I believe that it is prejudicial in perityphlitis with perforation. If it be true that mercurialization prevents plastic exudation and promotes absorption of lymph, then it directly opposes the adhesive inflammation which constitutes the safety of the patient. If it also act, as it often does in superficial abscesses, in hastening pus formation, then it hastens what should be retarded, hurrying nature, as it were, in her efforts to expel a foreign body before she had time to throw her conservative protection around the neighboring parts in the shape of inflammatory lymph. In a simple typhilitis or typhlitis stercoralis, given in laxative doses, it may liquefy hardened

Digitized by Google

fæces and expel them; or, possibly a calculous concretion in the appendix may be softened by increased intestinal secretion, and urged out of the appendix by increased peristalsis; or, the irritating body already having passed onward and the inflammatory action being expended, it may promote absorption of exudation which would be absorbed without it. But, putting aside theoretical reasoning, in great deference to the opinion of those who advocate calomel in small, repeated doses up to marked physiological effects, that is, touching the gums and purging, its specific effect does not seem to me to rest upon a sufficient basis. Cases recover under its administration; cases recover where it is not given. And, it is certain that, relying upon a fallacious improvement, the physician is sometimes disastrously deceived. The testimony in its favor is founded upon unrecorded experience where the evidence *pro* and *con* cannot be judged, and the limitations of its employment be definitely determined.

The use of olive oil, a suggestion for which I am indebted to Dr. L. T. Warner, seems worthy of attention. It is well borne by the stomach, contributes to nutrition, is a bland, unirritating lubricant, softens fæcal masses which, whether the primary cause of a typhlitis or complicating secondarily, are sources of pain and inflammation, and may, perhaps, cause even a calculus to pass from the appendix. It cannot theoretically add to the danger of the patient. Its use in my patient, it will be remembered, was followed in a few hours by an immense soft stool, which the attendant said was covered and mixed with an oily substance. Whether or no the stool, following so closely, was really due to one tablespoonful of oil, I am not prepared to say. The same amount given twice two days afterward produced no effect, and further experiment with it was interrupted by the rigor and operation.

Digitized by Google

ARTICLE XXXVIII.—Cases from Practice.

(Continued from page 404.)

ACUTE RENAL CATARRH, BY DR. WEIL, Berlin.—(*A. H. Z.*, 17, 1881.)

A rich brewer, a strong, corpulent man, between forty and fifty years of age, enjoying usually good health, suffered in February, 1881, from an intermittent fever, which was suppressed by large doses of quinine, but he complained since then of great lassitude and relaxation of the whole body, and every slight exertion, especially ascending stairs, tired him greatly and caused dyspnœa. No appetite, the digestive apparatus failed to work, icterus and hypochondriasis. The intermittens returned and with it a nephritis desquamativa and a lobular pneumonia on the right side. Temperature, evening, 40°; morning, 39°; cough, with expectoration of bloody sputa. Physical examination gave clearly the symptoms of pneumonia, with pleuritic lancinating pains. Examination of the urine revealed considerable quantities of albumen, microscopically a red color under transparent light, which microscopically proved to be a large quantity of separate red blood-corpuscles, also numerous epithelial cells from the kidneys, crystals of oxalate of lime, and scanty hyaline cylinders. The quantity of urine was diminished.

At first the pneumonia caused some anxiety. After a few doses of Acon. and Bellad., the patient received Antimon. tart., under the use of which absorption took place slowly. Now the symptoms of nephritis appeared in the foreground with a copious dropsical swelling of the lower extremities. Without any benefit whatever he took Bellad., Canth., Sulph., Coccus cacti (recommended by Rademacher), Ol. terebinth. in small and large doses (Ol. tereb. 1:10, thrice daily, ten to fifteen drops) and ex adjuvantia hot baths to procure a greater activity of the skin. Finally we gave Plumb. acet. 2d dec. every three hours 0, 20, and from that time improvement set in. The albumen and the hæmorrhages decreased, the dropsy disappeared, and the patient fully recovered, except the gastric state in conse-

Digitized by Google

quence of his constant use of beer and wine, and for the removal of which Kissingen was ordered; and after four weeks' sojourn at this spring he returned home in perfect health and fully able to attend to all his duties, though Leyden and the family physician had pronounced an unfavorable prognosis.

That Plumb. cured the case cannot be doubted, as all the other remedies and even the hot bath failed to give the least relief; that it was a homœopathic cure we feel justified, from the following symptoms: Occipital headache going to the forehead; relaxed and œdematous eyelids; sunken eyes with staring look; pain in extremities and emaciation; small, retarded pulse; rough voice; laryngeal catarrh with secretion of tough mucus; dry, short cough, bloody expectoration, dyspnœa and oppression of the chest; coated tongue, total inappetency and vomiting; disgust for all food; eructions and vomiting of mucous masses, with constipation; retention of urine, spasm of the bladder, painful urination; bloody, fiery-red urine, containing albumen; restless sleep and continual sleeplessness; great down-heartedness and *ennui*.

Remarks: Plumb. is also one of our rather neglected drugs, and still its action, when indicated, is prompt and satisfactory. It may be worth while to study the why and wherefore of its action, or, in other words, its physiological character.

Raue, in the second edition of his excellent pathology, does not mention Plumb. in desquamative nor in parenchymatous nephritis, but cites a case from the practice of Dr. S. A. Jones, who cured a case of interstitial nephritis (renal cirrhosis) with Plumb. Though we are convinced that every reader of the *N. A. J. of H.* possesses a copy of Raue's second edition, still, it may be worth while to recapitulate this interesting case.

L. K. M., æt. fifty-two, of robust frame, family history good. The past and present absence of any œdema, the general profuseness of urine, with all else, led to the diagnosis of Bright's disease. Variety: granular degeneration; perspires all over the body as soon as he gets into bed; perspiration comes and goes all through the night; cough on first waking; cough comes as he gets out of bed, continues until he has had his breakfast; it is occasioned by a sensation as if he had a

Digitized by Google

"wheat hull" low in his throat, just behind the manubrium sterni; lying on his back makes him cough, on right side also. When lying on his back, feels as if fluid rolled from one side to the other (purely subjective, no fluid there); in the morning, mouth and lips are dry and lips swollen; tongue also dry; lips crack open when coughing; drinks at night on account of dry mouth; oppressed for breath; breathes with difficulty, especially after walking; going up stairs causes it; is markedly weak now. Rash as it may appear, considering that the sweat did not break out each time he awoke, I gave him one drachm of Sambuc., 1st dec. dil., in half a glass of water, a dessertspoonful every hour. Result: No sweat that night. May 15, Bryonia[30] for pleuritic pains in the right lateral thoracic wall. This was an old trouble of his, sinapisms and blisters having hitherto been applied for them. The action of Bryonia won his heart. He had thought the effect of Sambuc. on his night-sweats a coincidence, but the Bryonia dispelled the pain inside of fifteen minutes. May 23, his prescription was Plumb. met.[30], a powder (two grains) every four hours. He has exchanged his pasty, yellow look for the ruddy hue of health, for he is a ruddy man now again. (*American Observer*, Nov., 1875, p. 561.)

We wish our readers could refer to the article in question, for it is written in Dr. Jones' best style, and exceedingly instructive. It is an article worthy of his pen, and if we could spare the space, would republish it for the benefit of the rising generation. It clearly proves the pathological relationship of Lead to at least one form of Bright's disease, and now Weil proves from his case the close similarity of the symptoms of the drug to the symptoms of this insidious disease. We also refer to Hughes' Pharmacodynamics, fourth edition, p. 755, where our indefatigable friend demonstrates the action of Plumb. to the urinary organs, and we quote with pleasure his closing remarks:

"We conclude that lead causes granular degeneration of the kidneys by a direct and specific action. No medicine, however, so closely corresponds to the general phenomena of the disease—as the atheroma, the cachexia, and the depression of spirits. The amaurosis also of the two is precisely similar."

Digitized by Google

Only thus we understand, why in Weil's case apparently well indicated remedies, as Bellad., Canth., Sulph., Coccus cacti, and others, failed to give relief: *The cachexia of the patient corresponded to no remedy better than to Plumbum*, and we might surmise that in a wealthy brewer *gout* is often the punishment of loving too well the good things of this world.

We also refer our readers to a good article on lead poisoning in *Hempel and Arndt's Mat. Med.*, II., 639, where, among the post-mortem symptoms, we find in relation to the kidneys the following: Both kidneys have diminished to one-half their size; the surface of the cortical substance shows large degenerations or granulations of the size of a millet seed and slightly raised above the surface, of a dingy, yellowish-white, very firm, tenacious; a deposit of blackish-blue pigmentum was deposited here and there through the degenerated portion of the kidneys, with a few scattered cysts of the size of a pea, containing a brownish serum. The bladder was contracted, containing a few drops of turbid urine, etc., etc.

And on page 653 Arndt gives the following indications for diabetes, as well as for Morbus Brightii: Great emaciation; unhealthy cachectic look of the countenance; dryness of the skin (Allen in his Encyclopedia, VIII., 126, gives us also under Plumb., symptoms 4140–4150, copious sweat, sweat over the whole body; sticky perspiration or perfectly dry skin; surface bathed in perspiration, etc.); dryness of the mouth, tongue and lips, with a thirst which it is difficult to satisfy; great prostration of mental and physical powers; with profound melancholy; impotence; severe constipation; boring, pressive headache from the occiput to the frontal bone, with vertigo and dimness of sight; constriction of the throat, making deglutition difficult and even painful; wasting away of the muscles of the body, with paralytic weakness of the extremities.

A Case of Menière's Disease, by Dr. J. Leeser (Leipzig), *A. H. Z.*, 17, 1881.

G. R., a hearty old man, æt. seventy, suffered for the last three years from vertiginous attacks which appeared every three or four weeks. The vertigo was worst when rising up

Digitized by Google

or walking, so that he could not move about without support. But even when lying down or closing his eyes he was not free from vertigo. Before the attack set in he nearly lost his hearing; appetite slight, sometimes headache. The paroxysm lasted two or three days, was followed by salivation with relief of the vertigo and with amelioration of hearing. At the beginning of August he had another attack, and on the 12th one of greater intensity, with great thirst, eructations and vomiting of sour masses; he also complained of a sensation of coldness in the occiput.

Examination of the ear showed the tympanum to be perfectly normal; no abnormal noises during the use of the air douche, nor any change in hearing, so that after a functional examination with the watch and tuning-fork any affection of the middle-ear could be excluded with certainty. The complex of symptoms showed great similarity to the affection first described by Menière, and which he located in the semi-circular canals. In 1861 he published the following thesis, based on many cases in his practice: 1. A perfectly healthy organ of hearing may become suddenly the seat of functional disturbances, consisting in diverse noises, continual or intermittent, with decrease in hearing. 2. These functional disturbances have their seat in the external auditory apparatus, and may produce apparently cerebral symptoms, as vertigo, stupefaction, insecurity in walking, rotary motions and suddenly falling down, accompanied by inclination to vomit, vomiting and faintness. 3. These symptoms, after repeated attacks, are followed by more or less high-graded difficulty of hearing and sometimes perfect deafness. 4. It is most probable that the material changes which cause these disturbances take place in the semi-circular canals. He found in an autopsy of such a case, brain and spinal cord perfectly normal, whereas the semi-circular canals were filled with a reddish plastic fluid, a kind of hæmorrhagic exudation, of which there was only a trace in the vestibule, none in the cochlea; the other parts of the ear were sound.

From the symptom, *great vertigo even in lying down*, we concluded to give Arnica, especially as it had no aetiological mo-

Digitized by Google

ment to go by, and he took of the third dilution three drops three times a day. After a few doses the vertigo decreased, and soon passed off entirely, and after a week more his hearing was normal. Several months have since passed, and so far no return.

Remarks: We refer our readers for a study of this interesting disease to the excellent treatise on Diseases of the Ear, by Robert T. Cooper, London, 1880. When speaking of this labyrinthine vertigo, he puts salycilate of soda forward as a remedy of the first rank, and gives the following indications: Noises in the head, deafness and giddiness, *a giddiness which was indetermined as long as she lay still, but very considerable and definite when she raised her head or sat up*, and objects seemed to move to the right. Where Dr. Leeser got this symptom of Arnica is a mystery to us. We looked through German and English repertories; we failed to discover it, though we found several drugs with the symptom: vertigo worse when lying down. As it cured the case so promptly, it is worth while to make a note of it for further reference.

3. Intermittent Neuralgia Cured by Thuya, by Dr. Kœck, *A. H. Z.*, 100, 1881.

Commissioner H., æt. fifty, complained that since he had during his military service an intermittent fever, he suffers from time to time, about every six or eight weeks, from excruciating headache. He is a strong, hearty man, living in fine style, and has spent a fortune to get rid of his tormentor. The seat of the pain is especially in the vertex, radiating from there to all directions of the head. During the day he feels perfectly well; about nine in the evening the pain begins slightly, gradually increasing during the night, until it becomes nigh unbearable; tearing, stitching, burning, pressing, as if ten thousand devils were in his skull and brain; he cannot remain in bed, the restlessness and the pain forbid it. Towards morning the pain ceases; he falls asleep and feels hale and hearty during the day. After suffering this from one to three weeks, he feels worn out, nearly paralyzed in his extremities, takes then a short journey, but is certain that the pain

Digitized by Google

will return in a few months. It had been styled cerebral intermittent neuralgia from suppressed intermittens, and all schools have so far failed to give relief. Kœck saw him in one of these attacks, and observed that his wife, with whom he conversed during the paroxysm, carried some suspicious scars about the nose and forehead, so that I could suspect some specific infection of the blood in the family, and therefore surmised that these pains might be caused by the poison still lurking in his body. In Goullon's Monagraph on Thuya we find the following hints: Intermittent fever, intermittent neuralgia, aggravation in the evening, before and after midnight, sleeplessness and great restlessness, excessive manifestations, excessive obesity, paretic weakness in extremities. He received, therefore, Thuya, thirtieth dilution, two drops morning and evening, especially as none of his former attendants had given it. After having taken only four drops, the first night showed already great improvement, which steadily kept on. Two years have passed and no return.

Remarks: Totality of symptoms! How often do we fail because we forget the totality, that great aetiological moment which bred and upholds the disease, and which patients willingly or accidentally keep from us. We do not doubt in the least that physicians as eminent as Dr. Kœck had prescribed for this patient and failed, with all their symptom hunting, because the *pons et origo mali* was not detected. We have other grand remedies which antidote the action of Quinine and which are at the same time sovereign remedies in intermittent fever, as Arsen., Ferrum, Natrum mur., but the suppressed intermittens may have been one cause, but not *the* cause. Sycosis was the root, and Dr. Kœck had the good luck to observe what escaped the others. *He only found out the totality of the symptoms*, and thus he succeeded where others failed.

4. Fibrous Polypus of the Uterus, Cured by Calc. Carb. and Thuya (*Biblioth. Hom.*, May, 1881).

A lady, æt. forty-three, well built and strong, had three confinements; observed for the last two years a change in her menses, which were too copious, with tearing pains in the

Digitized by Google

groins and malaise over the whole abdomen. During the flow she felt a bearing down toward the external genitals, with frequent and irresistible desire to urinate. Between the courses she only complained of some uneasiness when sitting, and sometimes of a severe pain during coitus. As she menstruated copiously at the time of my first visit, she received Crocus^{6}, six globules to 100 grammes water, to take four tablespoonfuls in twenty-four hours. The hæmorrhage ceased until the next menstruation, twenty-five days later, and ran the usual course. A local examination revealed a pedunculated, fibrous polypus of the size of a nut, inserted a centimetre above the anterior lip of the uterus. She received Calc. carb.^{30} one dose and twenty placebos. The next menstruation was again very copious. Calc. carb.^{200}, one dose and twenty placebos. The whole winter passed with moderate flooding, and our lady fully enjoyed the pleasures of the season. A rather severe flooding in May, moderated again with Crocus. She continued to take one dose of Calc.^{200} per month and felt well for five months, when another severe hæmorrhage took place. Old school physicians advised surgery for its removal, but just then she took another dose of Calc., followed in a few days by a dose of Thuya^{15}, when on the very day set for the operation she felt a labor-like pain and the polypus was discharged with some serous fluid. Since then she enjoys perfect health.

Remarks: Which drug deserves the praise, the Calc. or the Thuya? The woman may have had the leuco-phlegmatic constitution so characteristic of Calc., with the menses too copious, too long and too often, as if the muscular fibres of the womb were too lazy to contract, a laziness which goes all through the symptom-complex of this drug, from disinclination to any kind of work to sleepiness and weariness even in daytime. Our great remedy for malnutrition; but a woman who can attend balls and parties and enjoy them, notwithstanding all her monthly loss of blood, must be well-nourished to stand the drain on her system. The expulsion of the polypus must therefore be ascribed to Thuya, and still we cannot find the symptoms laid down by Guernsey (Midwifery, 581 and 609): "The sufferings are increased during motion and immediately

Digitized by Google

afterwards;" "pain during motion so severe that she is compelled to lie down;" "sensation as if the whole body were very thin and delicate and could not resist the least attack—as if the continuity of the body would be dissolved." In the case before us, we receive more comfort from *Teste's Materia Medica*, page 537, where we find Thuya particularly suitable to persons of a lymphatico-sanguine or of a sanguine temperament, with dark complexion, black hair, dry fibre and not very fat. Polypus of the nose and uterus are mentioned, also hypertrophied mucous follicles, warts, etc., and we thus find Thuya a grand remedy for neoplasmata, especially when of sycotic origin. Though Thuya shows mostly scanty menstruation, it is well known that a polypus is often the sole cause of uterine hæmorrhage, and the Crocus as well as the Calc. were only palliatives, but not the simillimum. How few know how to report a case *in toto*, so as to make it instructive. The picture of the patient as well as of the diseased state should be given in all its minutest details, so that he who reads may grasp the why and wherefore of the selection of the drugs.

5. Tic Douloureux, by Dr. L. Schroen (*Hom. Vierteljahrschrift*, Vol. III., p. 126).

Let us see whether the old men of our school were not more precise than we are now-a-days in reporting cases. It cannot be given too minutely, for only then the characteristics will come out in full force and in all their beauty.

A lady, æt. thirty-eight, brunette, good constitution, mother of several children, inclined to nervous manifestations, especially from external influences. Palpitation of the heart, followed by tearing pains in face, taught her years ago never to take coffee; only lately she tried sometimes in the afternoon a weak cup of coffee. One day she took in the morning a cup of coffee with a lady friend. During the dinner, during mastication, she felt as if she had touched a carious tooth. The pain radiated from the *left* upper maxilla to the region of the foramen infra-orbital, and from there to the ear. It soon felt as if all the muscles of the left side of the face from the forehead to the neck and from there down to the left axilla were

Digitized by Google

pulled with red-hot pincers, and the action of the muscles of the cheek and around the eyes made them appear contracted and smaller. She complained of terrible hammering, burning, tearing pains, in connection with severe palpitation. When lying perfectly quiet on her face for half an hour, the pains gradually diminished and she felt as if paralyzed on that side, with general malaise and downheartedness. During supper a second paroxysm set in, preceded by palpitation and lasting about two hours. At breakfast the next morning she took only some milk, but it caused another attack, and the same happened in the afternoon from a glass of milk.

Several remedies had been tried, and as I blamed the coffee for it, she received Nux Vom., Chamom., and other remedies, but the result was nil. The beating of the heart, always preceding the attack, led my attention to Spigelia, of which she took six drops of the first dilution in a wine-glass full of water, a teaspoonful every half hour during the attack, which lasted only one hour and did not return. Two years have since passed without a return of the neuralgia. Spigelia is nowhere mentioned as a remedy whose symptoms are roused or aggravated by eating.

Remarks: But it is well known that Spigelia is for neuralgia of the left side what Kalmia latifolia is for the right side, especially in face-ache. Dunham (Lectures I., 197) teaches us that Spigelia acts decidedly on the trifacial nerve, producing prosopalgia which involves the orbit, the zygoma, the superior maxilla, and this prosopalgia is distinguished by striking, burning pains, with subsequent swelling and soreness of the part, by general erethism and excitement, and the intolerance of pain. In the heart Spigelia gives us: Very violent pulsation of the heart, audible to the patient and visible to the by-stander; violent palpitation and anxiety; tremulous motion of the heart; palpitation increased by sitting down and bending forward, by deep inspiration and retention of breath. According to Allen (Encyclopedia IX., 93), Spigelia gives us pain on chewing, but no aggravation from eating or drinking, which acted only here as the momentary exciting cause, but did not produce the prosopalgia. The general

Digitized by Google

erethism and excitement of Spigelia differs from that of Chamom. or Nux vom., for in Chamom. peevishness prevails, nothing seems to please, whining, restlessness and the hypochondriasis of Nux vom. shows itself by over-sensitiveness to outward influences.

A gracile lady, æt. twenty-five, mother of two children, never sick nor inclined to nervous manifestations. In consequence of catching a severe cold, she suffered that night from severe, tearing, paralyzing, burning pains over the whole right side of the face upwards to the temporal bone and down to the clavicle. Towards morning the pains decreased, returned in the forenoon, and *became easier or ceased quickly as soon as she took some food.* At night a new exacerbation, and again relieved by the dinner. She could not lie down, because pressure, as well as every touch, whether from the periphery to the centre or *vice versa*, increased the pain and woke her up. It is a well-known fact that in tic douloureux massage from the centre to the periphery eases the pain, and that the opposite manipulation increases it. Formication in the right arm set in after the neuralgia had lasted several days, and her features turned sallow. The pain followed strictly the course of the infra-orbital nerve from the second branch of the trigeminus and of the third branch of the maxillaris. Her ten days suffering reduced her greatly; she felt weak and exhausted, and though she would have welcomed sleep, she dared not lie down, as every such attempt produced new paroxysms. After the failure of several drugs, the characteristic aggravation at night and when lying down, from the touch or pressure and the decided amelioration from eating, led me to China, which worked grandly. After a few doses of the first dilution, a teaspoonful every three hours, sleep came and she rested sweetly and refreshingly for eight hours. The pain returned yet several times, but the paroxysms were light. Allopathy had entirely failed.

Dr. Gersung, of Teplitz, cured with Verbascum a desperate case of prosopalgia, where Allopathy totally failed. The lady during the paroxysm acted insanely, if her moaning and screaming could be taken for a criterion.

Digitized by Google

Remarks: Quinine is a favorite remedy with the old school in all forms of neuralgia, and we may therefore suppose that our patients had their full dose, and still it failed in their hands, when a homœopathic dose cured the case rapidly. Thus Bartholow (Practice of Medicine, 629), gives for the relief of recent cases, beginning suddenly and with violence, full doses of Quinia, gr. xv. to xx., with Morphia, gr. ½, and if everything fails, deep hypodermic injections of Chloroform, 5 to 10 drops. Reynolds (System of Medicine, I., 1043) recommends Quinia not only in neuralgia of malarious origin, but also in non-malarial cases; but there is no need, nor is it advisable to employ it in such large doses. From two to three grains, three times a day, is the largest quantity which is likely to be of any use. Quinia seems always much more effective in neuralgia of the ophthalmic branches of the fifth, than in other non-malarial neuralgias.

Generalization instead of Individualization: If Quinine fails, try Fowler's solution, and if that fails, try Chloroform or Aconitine, says the Allopathic physician. The law of similars teaches strict individualization. It teaches us that China can only be of use where there is that aggravation by pressure as well as by the lightest touch, where the patient feels worse at night and when lying down, and feels for the time or permanently relieved by taking food. How different from Arsenic, with its burning, tearing pains, especially at night and even during sleep, with its excessive restlessness, the patient at the same time feeling so weak that he has to lie down, face pale and distorted, some relief from applied heat. Chamomilla, on the contrary, has aggravation by heat, at night, and intolerance of pain, with spiteful, sudden, and uncivil irascibility; the pains frequently come on soon after eating or drinking, and are much increased by drinking cold things. Rhus tox. helps in jerking, tearing, burning pains, with great restlessness and necessity to move about, relieved momentarily by applying a cold hand, but hot applications give steady relief. Verbascum, which Schroen seemingly throws in, has its clear-cut indications: Violent pains, jerking like lightning, or pressive, numbing, like crushing with tongs, brought on by

Digitized by Google

pressure, sneezing, talking, chewing, and reappears with clock-like regularity.

A mentally active man, æt. thirty-six, with dark skin, black hair and lustrous black eyes, was several years ago treated for facial neuralgia, and quickly cured by Rhus. Great chilliness, aggravation evenings, from fresh air, and a dysenteric diarrhœa led to its use. This time the attack was brought on by washing himself with cold water when the body was overheated. Very few persons are able to describe their pains during the paroxysms, and only rarely afterwards. During the attacks, which were most severe at night, the face turned red and the eyes fairly brightened. Between the attacks the face looked pale, sunken, and marastic. During the attack it was impossible for him to keep his head quiet, and he kept it in constant motion. Rhus failed this time; Bellad. and Spig. shared the same fate. He received then Ferrum carb., two doses a day, with immediate improvement and a cure in two days.

Remarks: Clear-cut indications again, for Ferrum has neuralgia after cold washing when overheated; during the paroxysm the face gets fiery red, sometimes only in one spot; during the intervals the face looks pale and earthy; cannot keep the head quiet during the pain. The individuality of the remedy is thus nicely demonstrated, and Schroen, just like all of us, missed the mark, failed with his other drugs, because he prescribed for the neuralgia and missed the symptoms specific to the case. Some might ask, is Ferrum a remedy for nervous affections? We do not care, says the Simon-pure; it heals, and that is all that Homœopathy and the patient claims. And still it is fair to look into the mysteries of nature's gifts. "Iron," says Woodbury (Mat. Med., 253), "has a tonic influence over the nervous system, and may be used in all conditions of nervous exhaustion and debility; thus, in neuralgia, which consists in a weakened state of the roots of certain sensory nerves." Bartholow (Mat. Med., 103) considers neuralgia often depending on anæmia, and many authorities consider ferruginous preparations most useful in the treatment of rheumatism, and it is a well-known fact that neuralgia may often be caused by atmospheric changes.

Digitized by Google

A similar case happened to a middle-aged man, suffering from debility of the rectum and great inactivity of the intestinal tract, living well and formerly drinking a great deal of wine. In consequence of catching cold, he was attacked one forenoon with an indescribable pain in the left side of his head and face. The pain was burning, lancinating, tearing, increased from 10 to 1, then decreased so that it ceased at 3 P. M. Heat relieved it, but the patient felt as if he had to move about constantly. The next day the pain returned again at exactly 10 A. M. and lasted until 3 P. M, and this happened for four days in succession. During the evening the patient felt perfectly well, enjoyed his meal and slept quietly during the night. Quinine relieved at first, and then stopped the pain entirely.

A neuralgic intermittens with clear apyrexia; hence Quinine homœopathic to it

A strong man, æt. thirty-eight, was attacked in the forenoon with severe pain from the top of the forehead to the vertex. It felt as if a live coal were there. He thought the pain must burst his skull, and tight bandaging relieved. The skin of the forehead was swollen, and the eyelids pressed together so that there remained only a small fissure. Every noise rendered the pain unendurable, and he hid himself therefore in the most secluded corner of the house. At 4 P. M. the pain ceased and the patient could enjoy his dinner. Thus the pain returned for several days, and always lasted from 10 A. M. to 4 P.M., and was the worst about noon. Stannum cured the case rapidly, and when the pain returned a year afterwards, it stopped it short after the second paroxysm.

Remarks: The pain ascending, reaching its acme, and then descending in its severity, is found in several remedies, as Stramonium, that grand remedy in prosopalgia, as well as in Stannum. Bellad., has the attack gradually rising to an intolerable acuteness, with a sudden cessation (no stadium decrementi). Canth. is here similar to Bellad. In almost all diseases where Stannum is indicated, the patient has a feeling of great weakness and exhaustion, especially of the chest; his face is pale and sunken, features elongated, of which we see

Digitized by Google

nothing in this case, and we confess we would have had more confidence in Stramonium, which has great sensitiveness to noises, and the face swollen and distorted. The one the remedy for neurasthenia, the latter for nervous hyperæmia. But it cured the case! (?)

A spare-made man, æt. thirty-seven, of nervous disposition and suffering from all sorts of pains, bald-headed, caught a severe cold from exposure to a draught. After going to bed a severe pain struck his cheek near his left ear, radiating to the temples and to the cheek-bone, with the sensation as if the bone were sawed through. In the temporal bone he felt on a small spot as if there was a hole, and that the slightest touch went into the brain. The pain moved through the upper and lower teeth as if they were held in a vice. Sometimes a burning, tearing pain ran down his neck to the left axilla. At the acme of the pain all the muscles of his face were distorted. It seems as if the eye would be pushed out from its socket, and the eyelid trembled spasmodically. The pain lasted during the whole night, with constant deliria. At first heat gave some relief, and then became unbearable. He moved constantly about, moaning and groaning and acted like a madman. Towards morning he fell asleep from mere exhaustion, but awoke in a fright. During the day he had no pain, but the night was a repetition of the former one. After the failure of Rhus, he received Stramon., ¼ of a grain of the extract, at 4 P.M. At 6 the same dose was repeated, and gruel ordered for supper. At 8 his throat was so dry that all the water he took did not moisten it; he saw fiery balls rolling over his bed. He received again ⅛ of a grain. No pain that night, but still he could not sleep. In the morning only some pain in an upper carious tooth, which ceased about noon, and that was the end of it. Stramonium was particularly indicated by this pain, especially as the patient raved with open eyes, and I acknowledge my great indebtedness to this drug, as it brought relief in many a case where the apparently well selected remedy left me in the lurch.

Remarks: Hughes (Pharmacodynamics, 834) teaches well that Stramonium acts chiefly on the brain, and in a manner

Digitized by Google

closely resembling that of Belladonna and Hyoscyamus. The delirium it causes is more furious than that of either; but the determination of blood to the head while greater than that of Hyoscyamus, is less and not so inflammatory as that of Belladonna. With the delirium are hallucinations, dilated pupils, extreme mobility of the muscular system, with loss of voluntary control, great dryness of throat, etc., etc. We have looked in vain through Allen's Encyclopedia to find the particular local symptoms characterizing this case, as the sensation of sawing through the maxillary bone, the sensation as if the finger touches the brain; but were they not, after all, the mere expression of an irritable, neurotic person's pains he suffered during these nights, and his excited imagination described them in high colors. Why, then, did Stram. cure the case? The answer is plain: it was similar to the general character of the patient and to the symptoms of the patient, taken *cum grano salis.* This so highly-drawn picture of his suffering, his constant restlessness and screaming, could only find their simillimum in Stramonium.

A leuco-phlegmatic lady, æt. thirty, mother of five children, and at every confinement she lost a great deal of blood. She menstruated every twenty-one days, but the discharge was pale and scanty. Frequent diarrhœas weakened her still more, so that she was exhausted from slight exertion. She went to a ferruginous spring, but failed to gain any benefit therefrom. After her return she complained of great dizziness, especially at night and when lying on her side, so that she passed the whole night on her back. When getting up she felt a pressure as of a heavy weight at the forehead, vertigo now also in daytime, so that she could only open partly her eyes and had to support herself when walking about the room. It was impossible for her to look at the ceiling. Painful muscular twitching in the face, followed by a spasm in the chest, so that she held her breath for a minute, alternating with spasmodic spells of laughing. A few drops of the third dilution of Stramonium, a teaspoonful every little while during the afternoon, relieved the whole train of symptoms. She slept well during the night, and in the morning even hardly any vertigo, the traces of which also passed off in a few days.

Digitized by Google

Remarks: How often do we find hysteria based on an anaemic state, and this case belongs *in toto* to hysteria. Raue (Pathology, 2d Ed., 887) gives us the following list for Stramonium in hysteria: Hallucinations; desire for light; great sensitiveness; weeping and laughing alternately; sexual excitement. And for Gelsemium: Paralytic symptoms in throat, in limbs; spasms from reflex irritation; cataleptic immobility, with dilated pupils, closed eyes; with consciousness—but Gels. was unknown when Schroen cured his case. Guernsey (Obstetrics, 567) gives for Stram. in hysteria: She is full of strange and absurd fancies; she is fearful, so that she starts back and stares wildly at the first sight even of familiar objects; very great loquacity; she desires light and society; her face is puffed up with blood; praying and imploring. We quote these two of our highest authorities, and according to their version Stram. could not be indicated, and still it cured the case.

Let us go back to the only trustworthy source, to the Materia Medica, and Allen gives us: Symptom 279, vertigo with diarrhœa; 283–4, vertigo with staggering gait; vertigo and flickering before the eyes; 344, weight on the head; 346, woke in the morning with an uncommon, dull, heavy pain in head; 452, eyes almost bursting from their sockets, so widely were they opened; 1154, feeling of tightness across chest, with oppressed respiration, etc., etc. Thus only by hard, hard work can we get at the simillimum. Can we wonder at the many failures?

6. Helminthiasis, by Dr. Hirsch, in Prague.

Helminthiasis plays a grand part among the diseases of infancy, partly from its frequency, partly from the different forms in which it may appear. In looking over the causes, my experience teaches that not only heavy, indigestible food, but, far more, irregularity in giving food, where, before digestion is half finished, new material is loaded down on the digestive apparatus, is in many cases to blame for it. Another cause is that precocious exercise of the mental powers, which diminishes the activity of the digestive organs. Whether

Digitized by Google

from one cause or another, normal assimilation is prevented, the nutritive material taken never makes that degree of organic perfection, and thus the origin is given for the formation of lower organisms, the different worms, and in childhood especially the two forms of ascarides, lumbricoides and filaria. Among many symptoms caused by the irritation from worms, I frequently observed palpitations of the heart, with intercurrent stitches in the cardiac region, and oppression of the chest. In all cases Spigelia[3], a drop morning and evening, removed in a few days all these symptoms, and in one case on the second day a large quantity of pinworms was discharged. In many cases of severe, dry night-cough, which I always ascribe to irritation from worms, Spigelia acts splendidly, so that often one dose suffices to remove thoroughly this harrassing symptom. It may also be mentioned, that very small doses of a ferruginous mineral water often remove the disposition to the formation of worms.

7. Asthma Millari, by Drs. Hirsch and Kafka (Prague).

A delicate child, æt. nine months, caught cold and a cough, which at night became spasmodic. I found the child very cross, but without fever, breathing rather labored and rapid. Examination of the naked chest showed clearly abnormal respiration; with every inspiration the right and left hypochondrial region was strongly drawn inwards; percussion failed to show anything very abnormal, and auscultation gave only some deep mucous rales. No appetite; tongue white; abdomen soft; two or three stools a day, thin, watery, greenish. ℞. Ipecacuanha[9], a drop in twelve teaspoonfuls of water, half a teaspoonful every second hour. During my evening visit I found the child asleep, respiration normal, but after half an hour breathing became more labored, the child got restless and threw herself about in her bed. The face turned livid, eyes wide open, larynx drawn upwards, with its little hands it grasped the sides of the cradle, the respiratory muscles were visibly inhibited by a severe spasm, and abdominal respiration prevailed. During the labored cough one could hear a peculiar, hollow sounding, somewhat hoarse sound, sometimes me-

Digitized by Google

tallic sounding, whistling turns of cough. The hands were cold, cold sweat on forehead, pulse spasmodic, small, frequent. The attack lasted about five to six minutes, when the child sank back exhausted; coughed easy and loose, and fell into a comatose sleep. According to the parents, the attack was shorter than those on former nights, when she had several such attacks during the night. The remedy was continued during her sleep every two hours, and at the morning visit I learned that she had another lighter and shorter attack about four hours later. During the day the child felt weak, took off and on a few teaspoonfuls of barley water and beef-tea, and did not cough for four to five hours, and the respiration was normal. Several mucous stools during the day. The following night two attacks, at 9 P.M. and at 2 A.M., though lighter than before. During the day the same exhausted state, and I changed, therefore, to Cuprum^{9}. Gave her a few pellets immediately, and left a powder with pellets of the same for the night. Only one very light and short attack during the night. In the morning another dose of Cuprum, which brought back his former state of health.

A similar case happened in a delicate male infant, a few months older, where those spasmodic respiratory attacks had already lasted six nights. Three doses of Cuprum^{9}, a dose every night, removed every trace of the affection.

Kafka reports similar cases.

Asthma Millari Acutum.—A blonde girl, æt. three, of scrofulous disposition, was taken sick at 3 A.M. with a barking cough. During my morning visit I found the child very comfortable, and the closest examination failed to show decisively any disease, still I supposed a slight catarrhal affection of the respiratory organs and prescribed Hepar sulph., a powder every four hours, with the usual hygienic admonitions. Next day the mother reported that after 2 A.M. the child had again an attack of barking cough, which lasted until morning. I could not discover any objective laryngeal symptom, and therefore kept on with the same remedy. The following night another such attack, but with considerable short breathing, and I requested therefore to be called during the night, and I found

Digitized by Google

the child in the following state: It cannot lie quiet a minute; wants to be carried about from fear of suffocation; face bloated and livid; cold perspiration on forehead and cheeks; eyes protruding and rolling about; lips blue; mouth wide open; tongue clear; no thirst; cough dry, barking as in croup, returning every two or three minutes; respiration anxious, sawing, labored and very rapid, as in the most severe laryngostenosis; neck bloated; carotids swollen and strongly pulsating; at every inspiration the larynx is drawn strongly towards the root of the tongue; sternum and epigastrium drawn in, as in the most severe croup. Percussion shows nothing abnormal, auscultation not possible; extremities cold, bedewed with cold sweat; pulse contracted, cannot be counted. The child had been lively the whole day, no cough, no hoarseness; slept quietly during the first part of the night, until it was roused up by the dry, barking cough and the dyspnœa. This orthopnœa and cough, without any objective laryngeal symptoms, the periodicity with perfectly free intervals, confirmed the diagnosis of asthma millari, for which Ipecac.^{3}, twelve drops in half a glass of water, was prescribed, a teaspoonful every quarter of an hour. At 3 A. M. the cyanosis and coldness had disappeared, and the orthopnœa diminished. Only a moderate dyspnœa, with the dry, barking cough returning every ten to fifteen minutes, still remained for a few hours, when the child fell asleep and perspired profusely. Ipecac. was continued, and after three days the child could be discharged cured.

The great differential point between asthma millari and croup, lies in *the total absence of laryngeal symptoms during the interval between the attacks*, which in true croup are always present during the remission, as they are caused by the presence of plastic exudation in the larynx. The periodicity in asthma millari is of less importance, because some cases of croup give long, lasting remissions and very severe exacerbations; but, though we may meet a decided remission, certain laryngeal symptoms, as bronchial breathing, some hoarseness, and that peculiar croupy cough can always be detected, if carefully looked for. Many consider asthma millari identical with

Digitized by Google

croup, but the former originates from spasm of the glottis, the latter from deposited plastic lymph in the larynx; and in every severe case of croup we will meet at its acme, from the over-exertion of the breathing apparatus, a spasmus glottidis, but this spasm is not the essence of the croup, but the plastic exudation in the larynx. We can never remove a croup with an antispasmodic drug, but our chief reliance must be on such remedies having a specific relation to the absorption of the plastic exudation.

A delicate male infant, weaned since a month, no teeth yet, good appetite, often has diarrhœa, abdomen meteoristic, lean extremities, sleep interrupted by frequent crying, so that they feed him several times during the night. After sleeping for several hours with frequent interruptions, he suddenly awakes with a long-drawn, crowing inspiration, lasting four to six seconds, the respiration stops then for twenty to forty seconds, till expiration takes place. During the stoppage the child turns blue in the face, becomes cold, eyes open, staring and pushed out of the orbits as it were, the mouth wide open, thorax expanded, the normal beat of the heart can clearly be felt. The child fights about with hands and feet, till the sighing expiration finishes the attack, which leaves him very weak, ill-humored, and for fifteen to twenty minutes he breathes rapidly and perspires freely. Appetite undiminished. Percussion of the anterior wall of the thorax shows an enlargement of the thymus gland; the size of the heart and its sounds show no abnormity; auscultation of the lungs and large blood-vessels proves everything right, and I concluded therefrom that this affection neither arose from an enlargement of the thymus gland, nor from a dilated heart or an unclosed foramen ovale, nor from tuberculosis, but that it was a neuropathic affection. The child's food was changed, and Bellad.^{6} given for four days, followed by Ipecac.^{3} for two days, without the least benefit. Veratr. alb.^{6}, a dose every two hours, soon changed things for the better, and after three days the paroxysms ceased. During its use the child had daily three or four dark brown, mushy, very foul-smelling stools, after which the meteorism was gone.

Remarks: Ipecac., Cuprum, Veratr. alb. Let us try to dif-

Digitized by Google

ferentiate between them, so that we may know the characteristic differences.

Philips (*Mat. Med.*, 260), mentions the well-known phenomenon produced by the inhalation of Ipecac. dust; in ordinary persons this produces merely cough and sneezing, and might be attributed merely to the local irritant action; but in certain subjects the sneezing, coughing and running of the eyes and nose, are supplemented by an amount of dyspnœa and feeling of anxiety which is comparable to that caused by an attack of spasmodic asthma or of the more spasmodic form of hay-fever. Hughes considers its action half neurotic, half inflammatory, and considers therefore, in purely spasmodic affections of the respiratory organs, Cuprum and Corallia preferable. We really ought to study Teste more, whose recommendation of Bryonia and Ipecac. in croup deserves more consideration than is usually bestowed upon it. There is certainly a spasmodic as well as an inflammatory element in most cases of croup, and as Bryonia, which we have seen to have the power of setting up membranous inflammation of the air-passages, controls the latter, Ipecac. may well help by its influence on the former (*Hughes, Pharmacodynamics*, 568). Bürt (*Mat. Med*, 504) considers the Ipecac. cough as not having an organic base, but being of a simple catarrhal origin, mixed up with a neurotic element; loose and spasmodic in nature, with a large accumulation of mucus in the air-passages. Heinigke (*Mat. Med.*, 273) recommends it in *hyperæsthesia of the laryngeal and tracheal mucosa* with catarrh, frequent dry, titillating cough, with expectoration of thick mucus; asthmatic sensation in the chest and difficulty of breathing; attacks of oppression with anguish of suffocation, spasmus glottidis, especially in the evening and night. Allen (*Encyclopædia*, V. 143) gives us: Cough caused by a constrictive tickling sensation extending from the upper portion of the larynx to the lowest extremity of the bronchi; violent and convulsive cough; suffocative racking, very exhaustive cough, whereby the child becomes quite stiff and blue in the face; the muscles of respiration seemed tetanically convulsed, producing a condition not unlike what is denominated "holding the breath;" cough impedes respiration, even to suffocation; extreme restlessness.

Digitized by Google

In regard to Cuprum, we can do no better than to quote our valued Hughes (*l. c.*, 449), where he teaches: in spasmodic affections of the respiratory organs it takes a high place. In prolonged laryngismus it may be given with great relief, though it is doubtful *whether it can check the recurrence of the complaint in children, where deeper causes are at work.* It is especially indicated when the cough is so violent as almost to suffocate the patient. The violent dyspnœa and convulsive breathing, and finally complete failure of respiration, all go to show the marked influence of Cuprum upon the pneumogastric. As we have in Cuprum a purely neurotic remedy, we need not wonder to find in Allen (*l. c.*, IV. 11) such symptoms as: "Cough with interrupted, almost suppressed respiration: occasional paroxysms of coughing, without any physical signs of lung disease; difficult labored respiration; spasmodic attacks of dyspnœa, the chest feels constricted, respiration is difficult, even to suffocation. And Hering (*Condensed Mat. Med.*), recommends Cuprum for contraction of the larynx with the cough; cough dry, suffocative, worse nights; with whooping, children get stiff, breathing ceases, spasmodic twitchings; dyspnœa; short, superficial, quick breathing, followed by great prostration.

How Kafka could prescribe Bellad. in his case, where the primæ viæ were so much at fault, where that infant, to keep him quiet, was never allowed to finish one digestion before more indigestible nourishment was poured down his throat, is just the landmark which shows us that even the best men in our or any other school are liable to mistakes. "*Timeo danaos et dona ferentes*," I always am afraid of those great doctors, be they dynamists or low potency men, even mongrels, who always hit the right remedy instantly, who always cure, and of whose failures the literature of the day is silent. Kafka is more honest; he gives us the plain facts, and through his errors he was enabled to select the simillimum to his case, Veratr. alb. There was torpor of the vegetative system, great weakness in consequence of it, which was his keynote to the prescription. Ipecac., always so true where we find that constant nausea, has not that torpor, and Cuprum is a more neurotic

Digitized by Google

drug. Dyspnœa and oppression of the chest are natural sequelæ of such a state, but Hering (*l. c.*, 869), shows us its applicability in spasmus glottidis, where we find paroxysms of constriction of larynx, suffocative fits with protruding eyes; dry, spasmodic cough, rattling, but nothing loosens; deep, hollow, ringing cough, with cyanosis and cold sweat. How does such a state take place, may well be asked, and may we not answer, that the very abdominal trouble is telegraphed upwards and thus the pneumogastric nerve becomes irritated and shows its displeasure by the dangerous state thus momentarily produced.

(To be continued.)

ARTICLE XXXIX.—Cases of Chronic Disease.—Cured

By Thomas Skinner, M.D., London.

(Continued from page 417.)

Anasarca for one year after a cold sponge bath, whilst pregnant; China.—Mrs. K., aged 30, was confined eight months before she consulted me for dropsical swelling of her hands and feet. When four months pregnant, during a hot day in July and when cooking, she felt uncomfortably hot and perspiring, which tempted her to take a cold sponge bath. This was bad enough, but then "mortals are such fools," she took the cold sponge bath immediately after her dinner. The bath was very soon followed by a bursting or congestive pain in both feet.

Mrs. K. had been under homœopathic treatment all along, but without benefit. The physician who attended her is a man of "rare parts" but who then did not believe that high-attenuations were really higher powers; in fact, he thought they were worthless, having been taught by his astute master that Hahnemann's doctrine of dynamization by attenuation was, like some of his other doctrines, untenable. This most excellent physician does not think so now—the pupil has gained a march upon his master on this point—but he has still a great deal to unlearn and to learn.

Digitized by Google

Mrs. K. is at present rather stout, good appetite, bowels regular, a good deal of thirst, drinks much liquids; *bladder irritable, especially during the night*, but she thinks that her baby's restlessness may account for part of this. She has considerable swelling of both feet and ankles, which pit on pressure and her hands are the same, *always worse towards night.* Morally, she is *very irritable and impatient, worse at night in bed*, especially if awoke by baby. She informed me in presence of her husband that "she never allowed him *to sit upon her.*" She also owned, though not in the same presence, that "*she felt she would go crazy at times from irritability.*" For some years back she has suffered from semilateral headaches over the right temple and occiput; and *her scalp is so tender and sensitive, she cannot bear it to be dressed.*

14*th June*, 1877.—Taking the immediately exciting cause into consideration along with the totality of the symptoms *Rhus* seemed to me pretty strongly indicated, so I made up a cupful of *Rhus C M* (F. C.), one teaspoonful to be taken every morning on rising until feeling better or worse. On the

21*st June*, I called to see her, but the *Rhus* had had no effect whatever.

Some who would wish to be thought wiser than their neighbours would probably recommend under the circumstances a higher potency of *Rhus*, but wherefore? If the C M, repeated every morning for a week has no effect, *Rhus* is certainly not the *simillimum.*

Taking *the extreme irritability, the fear of its driving her insane, worse at night; the tenderness of the scalp, preventing her from dressing her hair; and the presence of dropsy*—I had now little doubt that *the simillimum* was *China.* I gave her CHINA[200] (F. C.), night and morning, and when I called on

28*th June*, I found Mrs. K "as well and hearty as ever she was in her life." I have seen her frequently since 1877, and she has always informed me, that "I had not only cured her dropsy, but made an angel of her." The fear of going insane entirely left her a week after she began the *China*[200] (F. C.), of which she had fourteen doses. It is possible that one dose would have sufficed.

Digitized by Google

COMMENT.--If this case proves anything, it shows the immense superiority of moral over physical symptoms; the dropsical symptoms playing a very insignificant part in the diagnosing of the remedy—the finding of *the simillimum.* Some will say why did you not examine the urine for albumen? Simply, because I do not put so much faith in the state of the urine as some physicians do, or as I invariably did when I was an Old School physician. I am guided always by the totality or gist of the characteristic symptoms in every case, however simple, and that too each time I prescribe for the same case. The past, present, and new symptoms must always be covered by the remedy as much as lies in our power, that is according to our individual knowledge of the Materia Medica. Neither Rhus nor China have ever induced albumen in provers that I am aware of; but I grant that if I had examined the urine before giving the China, we might have learned whether or not China could remove albuminous urine with dropsy.—"Better luck next time!"

Dropsy with heart affection; Arsenicum.

Mrs. P., aged 40, has had three children, and is said to be "fond of a drop." I attended her gratuitously at the urgent request of a lady, a patient of mine, as the woman had been years in the service of the family—one of the first in Liverpool. I was informed that both the "Club" and the "Parish" doctors had given her up as perfectly and hopelessly incurable, and they advised her removal to the Royal Infirmary. But this proved to be an impossibility, as the weakness and irritability of the circulatory and respiratory systems was so great, she could not be moved out of bed, far less carried down some five or six flights of stairs before they could get her into a cab. So it was given up, and I was applied to. I visited her first on the

30*th July*, 1875.—She was propped up in bed, and had a very haggard livid look, with dropsy written everywhere. Her feet and legs were like those of an elephant, so large and swollen were they. Her breathing was short and difficult, her speech and temper hasty and impatient. Her history and symptoms pointed clearly to Psora as the *fons et origo* of her habits of in-

Digitized by Google

temperance, especially at her monthly periods—because of the fearful sinking exhaustion experienced daily at the epigastrium, relieved for the time by "a drop o' gin." If the truth were told, medical men are their "brother's keeper" and a great responsibility rests with them *in re* the question of intemperance. This symptom of "*sinking at the epigastrium, worse at or about* 11 A. M. *daily*," a purely *Sulphur* symptom, is largely at the root of the sin or vice of secret habitual drunkenness—and *it is curable.* When will physicians cease to quarrel amongst themselves and begin to occupy their valuable time, of which they have much too little in the longest life, with curing and preventing disease, and vice and crime. Teetotallers, temperance orators, and tractarians may do their best; they may even vainly try to make men and women sober by Act of Parliament, but whilst this hereditary miasm Psora resides in the interior of man, as is evidenced by the universality of this one symptom, characteristic of the King of Antipsorics, all I have to say is, they have got up-hill work to do which cannot be done.

To my case.—*The menses delay*, and every five or six weeks, otherwise normal—no whites. She has and has had for years *a sinking, empty, exhausted sensation at the pit of the stomach every day, worse from exertion, washing, and about* 11 A. M. *daily, also before the menses.* Frequent bouts of sickness and vomits pure water. *Fainty spells; hot flushes to the face, and liable to throbbing headaches* with a sensation as if the forehead opened and shut. *Head hot, feet warm.* Food of any kind seems to her to pass through her system as soon as taken, or it causes her to call for the bed-pan. *Thirst is very great and constant.* Dare not lower her head for fear of being "smothered." Her nights are restless and sleepless. Extreme irritability and irascibility of temper. Violent palpitation of the heart, and she feels terribly nervous; she trembles all over. Losing flesh about her body.

TREATMENT. 30th July, 1875.—As *Sulphur* was so strongly indicated I thought I could not do wrong to commence the case by giving my patient a single dose of *Sulphur* 2 M. (F. C.). Two days after this dose I called and found the principal symp-

Digitized by Google

toms much the same, and as the heart was still extremely irritable, auscultation was out of the question. The only new symptom was that the urine was of a higher colour, more blood-like and scanty.

20*th Aug.*, 1875.—Her limbs are most comfortable when they are *warmly wrapped.* Prescribed *Arsen.*[30] (F. C.) every four hours.

21*st Aug.*—No change. *Arsen.* 15 M. (Fincke) a dose every four hours, the same as the 30th (F. C.).

22*d Aug.*, A.M.—Can take food and drink without the bowels being immediately acted upon. Diarrhœa gone; urine clearer and more of it; legs less swollen and dropsical. She thinks she may soon be able to get her stockings on, an utter impossibility for many months. She feels much better of herself, but still very nervous and thirsty.

23d *Aug.*—Anasarca going down; stools natural and twice a day; thirst normal; urine clear and more of it. Restlessness gone, and she can now lie with her head as low as ever she could, and sleeps sound all night. Although there is great improvement the lower limbs are still a tremendous size. The heart and respiration being much quieter, I auscultated her heart, and I found there was tumultuous action of the organ masking most of the natural sounds. The action was both visible and audible even in the neck by a double and very rough venous murmur, corresponding to the systole and diastole of the heart. One might have reasonably suspected the existence of incompetence of the mitral valve with regurgitation, which does not exist. Continue *Arsen.*, 15 *M.* (Fincke) every four hours.

I did not see my patient again until the 13th September, when I found her *in statu quo*, exactly as I left her on the 23d August, 1875. Arsenicum was evidently played out, or what about a higher attenuation. I had none then, so I took a fresh photo. *The urine is still scanty, high coloured, turbid and stringy.* For the last two days there has been a return of the looseness after a meal, and the stools are white and clay coloured. Thirst very great and for much at a time. Her legs and feet are still greatly swollen, and at night they *burn and*

Digitized by Google

sting like fire. The palms of her hands are hot day and night. Often, if not always, she feels as if she had on cold, damp stockings, and there is a cold clammy sweat always on her feet. She is sleepless except towards morning, when she ought to be rising. I found a difficulty in reconciling the above photo to *Apis*, because of the inordinate thirst, and *Apocynum cannabinum* corresponded chiefly and best to the thirst. The *burning stinging* in the legs *worst at night when warm in bed* pointed strongly to *Apis.* I felt inclined to give it. In order to make assurance doubly sure, I asked her if she felt more cross than ordinary, *angry or irritable, during her courses?* Upon which she "looked daggers" at me, and asked me "What I meant by asking *her* such a question?' "No!" she replied, and as her husband entered the room at the moment, I determined to repeat the question so that he might hear what I asked. She again replied, "No! have I not told you so already?" Upon which her husband turned towards her and said, "Maggie, how can you say so, when you know well that there is no living with you then!" I gave my patient the benefit of the doubt and prescribed *Apis*, 15 M. (Fincke) with confidence. A dose every four hours in water. This was on the 22d Sept., 1875. On the 29th, the limbs were decidedly less, and she felt less nervous and trembling, and more like her old-self.

On the 8th October, she told me she was becoming "steadily better and better in every respect every day." She was now out of bed, moving about her room, and, as she said, "able to do a hand's turn," what she had not been able to do for many a month. No more medicine until the 17th November, when she was seized with a severe form of quinsey, for which I gave *Mercurius*[30] (F. C.), which increased the inflammation so much, I had to give her *Hepar*[30] (F. C.), but which had no effect. I then took a more careful photo. *Heat on vertex with throbbings in the head, cold feet, sinking at* 11 *A M. at the epigastrium, left tonsil first and most affected.* I gave her *Sulphur*, 20 M. M. (Swan) which being unsatisfactory, possibly too high for her state and system, I gave her *Sulphur*[30] (F. C.), the inflammation disappearing with each dose. Within a week from now my patient was seen washing down some five or six flights of

Digitized by Google

stone steps, as if nothing had ever been the matter with her, and she remained perfectly well for a year, after which she left Liverpool and I have not seen or heard from her since, except that she had resumed her fondness for "a drop too much." The time to cure such a habit is at the first approach of the sinking at the epigastrium, not after the psora has developed itself into a vice. Prevention in these instances is better than cure, but it is astonishing what can be done in the prevention and cure of dipsomania at any stage and age, if the will of our patient is heart and soul with us in the desire to be cured; the more important remedies being: Ars., Calc., Cinch. flav. et rub., Lach., Nux v., Op., Sel., and Sulphur—as also Acon., Angel., Arg. met., Atrop., Bov., Bry., Cic., Hep., Mosch., Mur. ac., Puls., Sep., Spig., Staph. and Sulph. ac.

General Dropsy of Five Years Duration. Apis, etc.—Although the termination in the two following cases was fatal, and consequently not properly coming under the title of these papers; yet, they are so remarkably interesting and instructing, especially the first, I have no hesitation in publishing them.

A lady, aged 55, had been under Homœopathic treatment for five years, suffering more or less from dropsy. There was a general tendency to effusion of serum almost everywhere. Although under Homœopathic physicians of the highest popularity, she was *systematically purged* for two (homœopathic?) reasons: (1) to keep her bowels regular and remove constipation; (2) to help to keep down the slow but certain accumulation of serum in the abdomen, to relieve her breathing, and if possible to remove the disease. And this was done in the name of Hahnemann and Homœopathy! But this is not all, I was informed by the patient and her friends, that when the constipation and her breathing were worse than usual, recourse was had to "Blue Pill and Black Draught." The consulting Homœopathic Physician in this case has been "practising homœopathically" for at least the last forty years. When I was called upon by the brother of the patient to meet these "physicians practicising homœopathically," (a gentleman whom I knew well), I elicited from him the above particulars, of the *methodus medendi* adopted by the gentlemen I was ex-

Digitized by Google

pected to meet. He informed me that the principal reason he had called was, however, that he heard that I practised a purer form of Homœopathy than those now in attendance, and they have decided "that nothing can save my sister's life or extend it, *except tapping her.*" "My sister says she prefers to die."

I agreed to see the lady but not in consultation with such incompetents. On the 25*th Nov.*, 1879, I saw the lady, a very lymphatic, stout, somewhat elderly looking person, age 55. The menopause occurred about 48. The dropsical swellings occurred first in the face and hands, then in the abdomen, and lastly in the feet. A more hopeless case than this no man ever took on hand single-handed, the worst symptoms to combat being "the disease of the doctor"—the obstinate constipation met by cholagogue-cathartics. The special cathartic used was an ingenious disguise of allopathy, namely, "Tamar-indien" *Lozenges*, the active purgative ingredient in which is Jalapine, the resin or active principle of Jalap. "Physicians practising homœopathically" are partial to alkaloids and active principles, the better to disguise their old school proclivities and practises. The allopathic dose of Jalap is from 10 to 30 grains, the dose of Jalapine or Resin of Jalap is 1 to 5 grains, therefore, my patient was getting from 10 to 20 grains of Jalap every two days for months. I have practised allopathically for 27 years, and I should call this heroic treatment with a vengeance, something approaching to "culpable homicide." I overcame the constipation confirmed by the treatment of the "physicians practising homœopathically" in about a fortnight with *Lycopodium*, *Nux* and *China* in the C. M. attenuation. The first was given (1) because of the great amount of flatulence incarcerated under the left ribs in front; (2) because of the left foot and leg being colder than the right; (3) because of despondency and lowness of spirits, worse always in the morning; (4) sour risings and water-brash, with hot flushing of the face of an evening; (5) habitual, obstinate, and long standing constipation. *Lycopodium* C. M. (F. C.) did good to all except the constipation, but it brought on "an ineffectual desire for stool" which was once relieved by *Nux* C. M. (F. C.) the bowels remaining as obstinate as ever. Considering the

Digitized by Google

amount of previous purging I gave *China* C. M. (F. C.) one dose, which was followed by three scanty motions, and without repetition, the bowels became marvellously regular. At this time the urine was extremely scanty, otherwise normal; the quantity for weeks having been no more than a wine-glassful once or twice in the twenty-four hours. Having got the bowels to act regularly, I now looked to the dropsy. There was no difficulty in determining the medicine, because (1) there was *thirstlessness* well marked; (2) the patient *dreaded the fire and heat of any kind or her legs being wrapped up.* She now got *Apis* C. M. (F. C.) every four hours in water. Within ten days, the patient who had never been in bed for months, and who had been obliged to sleep erect in an arm chair all the time, could now lie back without fear of suffocating. The urine instead of being two or four ounces each day, was measured in pints. The swelling of the hands and face was gone, and she could speak and breathe and move with comfort, to which she had been a stranger for months. The *Apis* was continued thrice daily.

On the 17*th December*, 1879, from the knee downwards the skin of both legs became erysipelatous, and the cuticle rose in immense blisters filled with serum. This alarmed her and her friends immensely, and they begged me to visit her twenty miles off. I told her that it was the saving of her. I told her that "it was the medicine *tapping* her instead of the surgeon." Her breathing was now perfectly normal, and her abdomen, especially the lower half which had been long greatly distended, and as hard and as heavy to her sensation as lead, was now soft and pliant; and altogether she felt hopeful that she would ultimately recover. Against my better judgment, I really thought so too. The blisters burst of themselves and discharged a copious quantity of serum for weeks together. The legs were dressed with muslin spread thinly with sperm-aceti ointment which afforded great comfort to the raw surfaces, but she still could not bear them to be much wrapped or to be near the fire. There were no burning or stinging pains complained of anywhere, but she had felt such pains at the commencement of her trouble, both in the legs and in the abdomen.

Digitized by Google

23*d December*, 1879.—Continue *Apis* C. M. thrice daily, and plenty of oatmeal porridge and cream, and gruel *ad libitum*. Steady improvement, and she wrote to me herself to enquire "if she can have a little roast goose for her Christmas dinner." To which unexpected request I could not say nay; so I allowed her the goose without skin or fat or dressing, but with plenty of apple sauce instead.

30*th December*.—The goose has agreed, and was greatly relished.—All went favourably until about the beginning of February, when very ugly symptoms set in. Violent salivation and stomatitis with deep fissures and ulcerations of the tongue. The serous discharge from the legs became purulent and most offensive, and great drowsiness set in, with evident effusion of serum into the ventricles or on the surface of the brain, with other symptoms of collapse of the entire system. *Bryonia*^{30}, every hour or two, restored her from a state of comparative insensibility to one of perfect consciousness without drowsiness, but with such an amount of prostration that wine in the form of champagne and brandy was necessary to keep her alive for a few days, when she expired.

COMMENT.—This case, if it shows anything, it shows to the profession the weakness of those who revile the Master, yet whose own practice of homœopathy is a disgrace to themselves as "physicians," as well as to our noble and exclusive system, exclusive because founded on unerring law, which they profess to understand and practice. There is nothing better qualified to destroy the confidence of the public in Homœopathy, than having men attached to it who are incompetent to practice it *exclusively*. I have practised Homœopathy exclusively ever since I embraced it, and if any man or woman-physician cannot practise it exclusively, let them examine themselves faithfully and compare their practise with the directions given by Hahnemann in his "Organon." If their practise is not in accordance with these directions, wherefore blame the Master, when it is their own blind ignorance which they have to blame. There was nothing to have hindered these "physicians practising homœopathically," doing as I did, aye, even to saving of the life of their patient or making the last five years of it

Digitized by Google

more bearable, if they had possessed the knowledge which they only *pretended* they possessed. Here am I, a physician who had not then known or practised homœopathy above two years, has the courage to decline to meet one of forty year's standing —a perfect demi-god in his own and in public estimation—because he was practising *allopathy* in the name of Hahnemann and homœopathy. And why do I so judge him? Because he does not know how to choose *the simillimum*, or how to handle a high attenuation. And from want of this knowledge—for "knowledge is power"—he allows the patient to get worse and worse until the surgeon's bungling business in medical matters is needed, or the patient must go to the grave. This "scientific" physician allows a man of yesterday to show to his patient and the world his utter incompetency—by practising the simple though difficult homœopathy of the Master. No wonder that such incompetents wish to return, like the dog to its vomit, to allopathy, or to have their Lectureships and teaching recognised by law, as if the law could make an honest or a skilful man of any one.

Such physicians feign to look down upon dynamization. Let them look upon the picture I have drawn of this case, every line of which is as true as truth itself, and was witnessed by those who can vouch for the truthfulness of my description, if need be. Here we have potencies used from the mother tincture, from the crude drug *downwards* to blue pills and black draughts for five years—beaten hollow in a few weeks by what fools call "moonshine"—infinitesimal doses—the smallness of the dose being so great that the human mind can form no adequate conception of it. Yet, no one who can put two and two together, can fail to realise the immense superiority of my infinitesimal doses by the superiority of the results, when compared with the heroic doses and mode of selecting the remedy of a disbeliever in dynamization and in the truth as we find it in Hahnemann, a name which he takes daily in vain. This physician is mortally offended if anyone charges him with being "a mongrel"—one who attempts to practise two systems diametrically the opposite of each other, at one and the same time.

Digitized by Google

CARDIAC DROPSY—ARSENICUM.

Shortly after this case I was consulted by letter about another dropsical patient, but *in articulo mortis*. *Arsenicum* was strongly indicated, from the *debility with intense irritability and irascibility; the utter impossibility of leaving for one moment the sitting-erect position, and thirst for little and constant day and night.* She was given up by two physicians of the Old School who said she was in the last stage of cardiac dropsy, of which I make no doubt. Without seeing the poor woman I sent her one dose of *Arsenicum* 150 M (Fincke), and within one week she travelled eight miles by rail to see me, and to thank me for the miracle I had performed in saving her life. This step was an act of folly, *she had cardiac disease*, and soon after reaching her home the symptoms returned, and she died in a few days after her visit to me.

In my next paper I shall give some cases belonging more particularly to my speciality—Gynæcology.

ARTICLE XL.—The Single Remedy.

AN ESSAY.

BY W. S. SEARLE, M.D.

(Read before the Medico-Chirurgical Society of New York, February, 1882.)

FROM the time of Hahnemann to the present, the tenets of homœopathy have included the doctrine of the single remedy.

This dogma was doubtless adopted in part as a reaction against the ridiculous polypharmacy of a former day, but it is a legitimate outgrowth and a logical deduction from the basic law of the system established by Hahnemann.

If we admit the truth of his famous law of cure, the first sequence is the necessity of drug-proving upon the healthy. Then follow a variety of deductions, among which is the doctrine that if the drug chosen for the treatment of any case of disease is really homœopathic, it alone and by itself is competent either to eradicate the disease, or to so modify it that

Digitized by Google

some other single remedy will be indicated to further or complete the cure.

In discussing this topic I first remark that there has been but little theoretical question of the propriety or desirability of giving only one remedy at a time in any case of disease.

A few have contended that it is practically better to alternate certain particular remedies in peculiar classes of disease.

Only one writer, so far as I now remember, has discussed this subject in the affirmative, and given his reasons for the belief that the alternation of remedies is more logical in theory as well as more successful in practicle than the single agent. And he only took this ground in considering the therapeutics of intermittent fever. I refer to the late I. S. P. Lord, M.D.

His idea, in brief, was that in this disease we had to deal with a sort of double-headed monster; that as the cerebro-spinal and sympathetic nervous systems were both attacked, it could be best and soonest cured by alternating two remedies, one of which acts primarily upon the brain and spinal cord, and the other on or through the sympathetic nerve. He divided our remedies into cerebro-spinal and sympathetic irritants with a third class which affects both.

I may be allowed to interpolate here, that, whatever may be thought of Dr. Lord's theory, I believe that I have at times obtained superior results by practically applying his idea, not only in intermittent fever, but in other forms of disease.

But though, perhaps, all of us are ready to endorse the theory of the single remedy as a logical sequence of the homœopathic law, and to regard it as the *summum bonum* of practice, still we find so much difficulty in its practical application that most of us, I presume, depart from the rule at times by alternating, if not by mixing medicines.

And just here I remark that I am unable, either as a theorist or as a practical man, to discover any material difference between the alternation of Nux and Arsen. every half hour or hour, and uniting the two in one dose. In fact if they are both to be administered, I can see some reasons why they should pull together rather than by jerks, so to speak.

But to return: Our daily problem is to find truly homœo-

Digitized by Google

pathic remedies for our patients. What are the difficulties which embarrass the practical solution of it? and how shall we meet and overcome them? These are questions that touch, not the head alone, but the heart of the practitioner every time he prescribes—questions with which conscience as well as reason has concern. They are weighty ones indeed, and such as need careful and unbiased consideration.

Now, what is necessary to a genuine homœopathic prescription?

1. Reliable pathogenesis of our drugs.

2. Physiological and pathological knowledge enough not only to diagnose the disease to which we are to apply them as remedies, but (what is more uncommon and at least equally requisite), enough of the same sort of knowledge to correctly diagnose the remedy.

Failing, the former of these—a reliable Materia Medica—we are altogether at sea, and lacking the latter we degenerate into what I am sorry to say most professed homœopaths really are, viz., mere symtomists—men who patch up from their Materia Medica a pathogenetic coat to cover a certain list of symptoms; men who fail to cure far oftener than they succeed in so doing, and whose short comings a beneficient nature hides by restoring the patient herself while the lucky doctor gets all the credit.

Such dabblers have I seen gravely discussing whether to give Bellad. in a case of flooding on the basis that the clots were dark and the liquid blood bright red. Nor were these men tyros in medicine. They had wide and varied experience. But to this lame and impotent conclusion had their symptom-hunting career led them. Where was their pathology and their common sense?

Now, have we reliable, not to say complete pathogeneses of our drugs? Assuredly we have not. Of some of them we have a fair knowledge; of most our information is extremely partial. Not only is this true, but our Materia Medica is a wheat-field sadly choked with tares. And the worst of it is no man of us can certainly tell the grain from the weeds, and so hesitate to root out the tares lest we pull up the wheat also.

Digitized by Google

To drop metaphor, it is probable that one-third of the symptoms recorded in Allen's *Encyclopædia* have no business whatever where they stand. They are fictitious or imaginary, and not only cumber the ground, but mislead even the thoughtful and intelligent student. Even our masters of Materia Medica acknowledge and deplore this state of affairs.

Still I would not leave the impression that I am one of those who clamor for a radical revision of this heterogeneous mass. I regard that as a question for far wiser heads in this line of investigation than mine to decide. I may be allowed to say, however, that many of these symptoms which appear fictitious and even foolish, not seldom turn out to be true, and the very ones which help us to the cure of many a disease. What, for example, could be more mirth-provoking to the average allopath than the record of a sensation as if there were hairs on the tongue. And yet that puny, shadowy and seemingly will-o'-the-wisp little hand, held out to me, through the mists of the Materia Medica has led me safely over ground and by-ways I could not and cannot now see to most brilliant cures.

Such experiences restrain the vandal hand and prevent the hasty grasp of what we believe to be the tares with which our Materia Medica is so thickly sown.

But still the unpleasant truth remains and forces itself upon us; we are far from having a "Materia Medica Pura." Why this should be so, the sources of the impurity of this boastedly limpid stream, we cannot stop here to inquire. They are many and natural enough. They must have existed, and must still exist for their roots are in human nature.

Still another and very serious practical obstacle to the really homœopathic prescription is inherent in our Materia Medica as it at present stands.

It lies in the fact that the natural order and sequence of the symptoms, induced by proven drugs, has been destroyed, while in their place we have only isolated facts arranged in the traditionary schema form. Primary and secondary symptoms are confounded, and the day-books of the provers, if they ever existed, have disappeared, so that often we have no idea where the drug action begins or ends.

Digitized by Google

Some feeble efforts have been made to form out of this inchoate mass a philosophical and, if I may so say, pathological Materia Medica. Notable among these are the lectures of the lamented Dunham. And all who knew him, his great acquirements, his good judgment, his conscientiousness, and, with all these, his great diffidence of his own powers in this direction, as well as the light estimate he placed upon his best endeavors, can somewhat appreciate the profound knowledge, the wide experience, and the immense labor which are absolutely necessary to such an undertaking.

The fruits of his labor are precious, but their very paucity, brevity and incompleteness testify to the almost insurmountable obstacles which surround the task; they stand as results which many may emulate, few approach, and which we can only hope some master may arise to excel.

Compared with these the efforts of a Hughes are mere nursery tales, and the dabblings of a Hale the flutterings of a gull upon the ocean.

All of these attempts, puny as they are, testify to the yearnings of our school after philosophical and reliable interpretations of the implements with which we are daily compelled to labor.

If you will pardon the digression, I will say that I have sometimes thought the time of societies like this could hardly be better employed than by the selection of some drug for each month to the analysis of which every member should pledge his best endeavor in a paper giving his reading of the drug and furnishing cases illustrating its action. Each single effort might be puny enough but our united powers might result in something worthy of record and preservation. The very attempt at such study would bring facility and increase our knowledge, so that, at the end of each year, we should find ourselves better fitted for our therapeutic labors.

We come next to the second requisite, to the truly homœopathic prescription. I hold to the belief that no one can make a genuinely homœopathic prescription except by accident, who does not know his physiology and pathology thoroughly.

The term accident, however, needs definition when used to render our meaning here.

Digitized by Google

A successful prescription may be termed accidental when the physician makes it upon a symptomatic basis only, in accordance with the law of cure. It is properly so named because the vaunted totality of symptoms is not an infallible nor always even a safe therapeutic guide.

Take, for illustration, a case of vomiting. The symptoms, both subjective and objective, may be exactly the same whether the disturbance be due to uræmia or to simple gastric or bilious disorder. Would anyone worthy the title of physician prescribe here upon a symptomatic basis only?

The usual pains of hepatic or nephritic disease may be produced by a variety of pathological conditions to which widely different remedies would be really homœopathic, when, judging from symptoms alone, but one or two might appear to be indicated. Those protean disorders, diarrhœa and headache, and a vast variety of other maladies might furnish us with equally opposite illustrations of the truth that something more than the mere totality of symptoms is requisite to the genuine homœopathic prescription. It must be supplemented and interpreted by pathological investigation before that can be determined with any accuracy.

Let no one assume that I decry or deride the value of the totality of symptoms, or even, in a minor degree, that of key-notes in therapeusis. I recognize the fact that both are useful—oftentimes our only possible reliance—not seldom better than our imperfect and misleading pathology. I even believe that to their assistance is largely due the greater measure of success which we, as homœopaths, attain over those who depend upon pathology alone as a basis for prescription.

But, when obliged to depend upon the totality alone we really "go it blind," as the boys say, *i. e.*, we prescribe in ignorance of the real nature of the disease we are attempting to cure, and in blind reliance upon our law. It may be that this will always be the lot of the physician in regard to some diseases. Certainly it is so now.

Who can tell us, or is likely ever to be able to tell us the pathology of migraine, or of epilepsy, or of a hundred other maladies that we often reach and cure by means of the totality

Digitized by Google

and our noble law? And herein lies one of the grounds of the homœopathic rejoicing — that though the mists and darkness of pathologic ignorance settle thickly down upon us, and we may never see them wholly lifted and dispersed, the God-given and God-established truth of *Simillimum Simillibus Curantur* enables us to stretch out helping hands through the night of disease, and save the sick and perishing even though we know not how or why.

But, on the other hand, when we work in the light, when we can avail ourselves of the assistance afforded by clearly established pathology, we recognize at once how various are the conditions which may express themselves through almost identical symptoms; the necessity of a thorough and complete pathological knowledge as a basis for the genuinely homœopathic prescription becomes apparent, and we discover how truly accidental is success when our sole resource is the totality of symptoms. A similar course of thought and illustration demonstrates the remainder of my proposition, viz.: that to the genuine homœopathic prescription is requisite such a knowledge of physiology and pathology as shall enable us to correctly interpret the pathogeneses of our remedies.

This is simply the converse of the dictum we have been discussing. We have a picture of disease, symptomatic and pathologic. The problem is to find a remedy for it, and we are to be guided by the law of similars.

Surely, if pathology be requisite to complete or interpret the picture on the one side, it is equally necessary on the other to him who would discover the companion piece in the materia medica.

It may be objected that, if this be so, the genuine homœopathic prescription is a *rare avis*. And so it is. I mean by this term a prescription which shall not merely cure the patient, but which the mind of the physician shall recognize and know to be sure to do it, as every such prescription is sure to do in every instance where a homœopathic prescription is proper and suitable—a prescription which is homœopathic so far as the prescriber is concerned, as well as regarding the patient.

Digitized by Google

But even taken in a narrower and more common sense, are not the large majority of our prescriptions mere symptom-covers, and only more accurate than those of the lay prescriber, as our experience and knowledge of the same sort as he possesses is more extensive than his? How few are the cases of even chronic disease in which the action of our remedy is so quick, so decisive and so enduring that we can conclude with anything like an approach to certainty that we have even hastened the recovery of our patient by the drug we have administered.

Lest I should be suspected of too great credulity here, let me recall the instances which have happened to all of us more or less frequently where, in desperate acute diseases, or in obstinately chronic ones, the favorable change which has come over the patient has been so rapid, so decisive and so lasting that, with our knowledge of pathology, we could say thankfully and confidently, *that* was the genuine homœopathic remedy—*then* we hit it *surely*.

Now, are not such instances rare in your experience? I grieve to say they are in mine. But if homœopathy be true (and it most surely is), why are not such results the rule and not the exception?

Thank God! they come often enough to make us sure beyond a peradventure of the truth of our law of cure. But compare the number of such happy results with that of those obtained from the great mass of our prescriptions, and we at once discover how sadly seldom we succeed in making a truly homœopathic prescription.

Has it not happened to you to take a chronic case and sit down to its study deliberately, with all necessary time, rise up perfectly satisfied that you have found the exact simillimum, prepare and administer the remedy, and then experience the mortification of utter and absolute failure? This has been my lot, and similar confessions by far better therapeutists than I am, lead me to believe that mine is no uncommon experience.

Now, if these things be true, what shall be said of those who, with sublime faith (or sublime impudence) and a lack of conscience most deplorable, go to the bedside of an acute and

Digitized by Google

complicated case over which the death angel is already hovering, ignorant, perhaps, of the heredity of the patient, of his habits of life, of his entire physical, mental and moral antecedents, unable often, from the youth or unconsciousness of the sufferer, or the incompetence of attendants, to obtain a full symptomatic basis for prescription, and yet are willing to have us believe that they can, with any approach to accuracy, select from our imperfect and bedeviled Materia Medica, the single remedy for the case before them? Why, the ghost of a key-note even will satisfy some of these wiseacres. Are they dishonest or self-deceived?

Multitudes of instances occur in the practice of every physician, where severe acute and even dangerous disease exists, and yet no distinctive symptoms are manifest to warrant the selection of the single remedy. At times no symptoms at all of a subjective nature are apparent.

An illustrative case has just occurred in my practice. A girl of fourteen years passed through the eruptive stage of scarlet fever, and emerged from it in a seemingly perfect condition. Very soon after the advent of desquamation, however, and while three pints of apparently normal urine were being daily excreted, she suddenly developed œdema of the face. During the next twenty-four hours the quantity of urine sank to one pint, and the microscope gave decisive evidence of nephritis. No blood nor albumen were found, but a large number of kidney epithelia with granular and epithelial casts. Not a sing'e subjective or objective symptom, aside from those named, was discoverable. Now, how was I to discriminate between Merc. cor., Canth., Apis, Helleb., etc., in this instance?

The day may come when, the urine of provers having been competently examined and the microscopic appearances recorded, we shall be able to select the single remedy in cases like this, but it has not yet arrived.

I must not be misunderstood here. I do not claim that the homœopathic therapeutist does not *as a rule* find at the bedside sufficient basis for a fairly accurate prescription, and one which, if his knowledge of Materia Medica were complete enough,

Digitized by Google

would generally be the truly homœopathic and successful one. But I do say, and without fear of demonstrable error, that the occasions when the conscientious homœopath finds himself unable to fully satisfy his mind as to a single remedy or even two remedies, which shall meet the conditions of the problem, are by no means infrequent. Two, three, four occur to his mind, but he is unable to distinguish conclusively between them.

What then shall he do? Give the one which the probabilities favor and go away content, leaving the patient to suffer or die? Shall he carry his Materia Medica to the bedside, and con the case there? Or shall he give the whole three or four remedies at once?

The first alternative I reject as unworthy the conscientious physician. He must not, at any risk of loss to mere science, allow his patient to die or even suffer for want of the right remedy. The second, viz., study in the sick room, I also reject as unsatisfactory, unappreciated, misinterpreted by patient and friends, and in the present condition of the Materia Medica absolutely impossible. The last is, I submit, the only honest, intelligent and possible course.

I am well aware that some objections may be urged against such a proceeding, and that my advocacy of it will expose me to the unmitigated objurgations of the purists of our school. But it is one which all the knowledge and experience I have been able to gather in a quarter of a century, as well as my conscience force me with irresistible power.

And now let me ask is this such a very objectionable course, and are there sufficient reasons why it should not be adopted by all?

Bear well in mind that I am not dealing with the majority of cases. I admit that the diligent student of both disease and the Materia Medica can practically and must often satisfy himself as to the applicability of one or at most two remedies in the ordinary run of cases, and can fulfil his entire duty by prescribing it or them. But I insist that instances not unfrequently occur to all of us—the best of us—in which it is practically impossible to decide between two or several closely

Digitized by Google

cognate remedies in the time and under the circumstances of an ordinary visit, and I hold, not only that the practitioner legitimately *may* give both or all of these, but *that he is criminal if he does not.*

We will now consider the main objections to such a course. It will, perhaps, be said—

First, that such practice does not teach the physician anything. If his patient experience relief he must always remain uncertain which of the remedies administered was the real curative agent.

I accept the criticism as just, and still hold to my theorem. For the cure of the patient or his release from suffering is an object which should indefinitely outweigh any possible other. But it should be noted here that experience, except as confirmatory of our pathogenetic knowledge, is of little worth to the homœopathic physician. His problem of cure is new every time. He does not give a drug because he or some one else has used it before, and the patient recovered, as does his allopathic confrere. So far as he is a homœopath he prescribes upon the basis of his law wholly and only. And if he is sure of the reliability of his pathogenesis, he gives with equal confidence an untried drug or the hero of a thousand conflicts.

Secondly, it may be objected that several drugs combined in one dose will antidote one another. Indeed, that they are all the more likely to do so since, confessedly, the drug actions in the supposed case are so similar that the practitioner is unable to decide between them.

This would be a fatal objection to the course I advocate if the assumed premise were true, viz., that drugs similar in action antidote each other in the human body. Let us then consider this point.

A great deal is said in homœopathic literature about antidotes. Many seem to believe what I must say I wholly disbelieve, viz., that the curative power of a drug homœopathically administered can be antidoted, in fact that it is a common occurrence. Now, I apprehend that a great deal of looseness of thought is current on this subject. Men appear to think that two opposing medicinal agents may set up their

Digitized by Google

forces in the body, and fight until either one wins the battle or both become exhausted. They also fail to appreciate the difference between antidoting the pathogenetic or poisonous effects of drugs and their curative or therapeutic effects.

These ideas indicate a misconception, both of the facts and of the theory of antidotes derived from these facts.

Probably nothing is more certain than that if the man who has been bitten by the crotalus drinks plenty of whiskey, he will escape with his life, whereas, if he had not taken this or some similar antidote he would have died. What is the rationale of this fact? Simply that the poison of the rattlesnake kills by paralyzing the heart and vaso-motor nerves. Alcohol stimulates these organs, and in large and repeated doses is competent to do it efficiently until the serpent poison is ejected from the system or loses its activity. But does any one suppose there is anything in alcohol capable of destroying, either inside or outside of the body, the curative virtues of crotalus? Why, the very dilutions of all the serpent poisons are made with alcohol, and they are just as curative of disease in the whiskey drinker as in any other individual.

Antidotes are of two kinds, chemic and dynamic. The former operate for the most part in the stomach—somewhere exterior to the blood certainly. Arsenic and its antidote iron furnishes an illustration. Dynamic antidotes are those which operate only after the poisonous material has entered the circulation.

Now, in the chemic antidotes the neutralization of poison is accomplished by the union of two elements—both noxious perhaps—to form a third which is comparatively or wholly inoffensive. But nothing similar to this occurs in the dynamic field. The only possible antidoting to be accomplished here is of the nature indicated in our illustration of the serpent poison. Does the poison congest or inflame? The antidote must be one of those drugs that tend to arrest these processes. Does it paralyze? The antidote must stimulate. Does it cause spasm through brain or spinal cord? Those drugs which soothe or lull or deaden those organs must be employed.

The skilful allopath combines his drugs so that one may

Digitized by Google

limit the action of another. He adds belladonna to his opium to control the poisonous effect of the latter, so that he can give it in larger quantity than he could otherwise safely do. But it is to be remembered that he gives the opium for its pathogenetic effects, *i. e.*, antipathically. When, however, belladonna is prescribed upon the law of similars the case is quite different, and all the opium consistent with life cannot prevent its curative effects. The truth is that there is no such thing as antidoting the curative influence of any drug. You may give belladonna to the habitual smoker who is saturated with one of its antidotes, and, without the least difficulty, obtain curative results. This is also true of the opium eater. Belladonna will cure him whenever it is indicated, and in small doses too.

By way of experiment, I have administered several narcotics in one dose when only one was appropriate under the law, and its curative effect was neither weakened nor retarded.

Nux when mixed with Ignat. and Pulsat. in the same glass is just as efficient as it is alone.

This dogma of homœopathic antidotes rests upon a purely hypothetical basis, and the long lists of antidotes laid down in our Materia Medicas are simply theoretic deductions from our law of cure. They will be found, one and all, to be utterly baseless when tried by rigid experiment. This is one of the ghosts of the dead past of homœopathy. The time was, and not far behind us either, when the orthodox homœopath remorselessly banished from the sick chamber all odoriferous substances. He was scandalized by flowers, mad against cologne and positively frantic at the smell of camphor about his patients. Who of us is so foolish now? There were even those, I am ashamed to say, who objected to the sale of perfumery in our pharmacies, and who utterly reprobated the sale of homœopathic medicines by ordinary druggists, for fear of their becoming impregnated by noxious elements, and their curative value thus impaired. And yet these very men swore by the provings of Bellad. and other narcotics, by that prince of smokers — Hahnemann, and by his nicotized colleagues.

Fortunately such notions have vanished with other superstitious foolery, or find a nidus only in the cranium of some

Digitized by Google

self-satisfied "International." It only needs a little practical investigation on the part of anyone to dispel the idea that the curative influence of any drug can be prevented by the action of any other, however close analogues they may be.

If there be any other objection to the mixture of remedies in prescription under the circumstances I have detailed, I am unaware of them, and I assert that he who, under those circumstances, allows any pride of intellect or adherence to dogma or fear of the condemnation of others to stand in the way of his so prescribing, is guilty of conduct unbecoming a christian and a physician.

ARTICLE XLI.—On Alternation of Remedies.

By Drs. Martini and Bernard.

(Revue Hom. Belge, Dec., 1881.)

Allow us to give you the principal combinations, among others already mentioned in our clinical cases, which stood the test of practical experiment, trusting that our confréres will repeat and control our experience.

Prosopalgia.—Puls., Merc. sol., Sulph. and Arsen. alternately.

Whooping-cough.—Ipecac., Drosera, Kali bichr. and Arsen. alternately.

Asthma.—Ipecac., Arsen., Laches. and Cuprum alternately.

Pleurisy.—Acon. and Bryon., or Bryon., Acid sulf. and Arsen. jod.

Pneumonia.—Bryon. and Kali hydrojod. or Brom.

Phthisis.—Kali bichr. and Calc. phosph., Arsen. jod., Hepar and Lachnantes.

Membranous croup.—Brom. and Merc. cyan.

Gastralgia.—Chamom., Coloc. and Arsen.

Dyspepsia.—Nux vom., Sulph. and Lycopod.

Metritis.—Lapis alb., Kali bichr. and Sepia.

Menopause—Acon., Laches. and Sepia.

Arthritis.—Lithium, Kali bichrom. and Kali jod., sometimes we use Natrum silicat. instead of Kali bichr.

Digitized by Google

Biliary calculi.—Podoph., Chelid., Merc. sol. and sometimes China. We allow every morning a wineglassfull of the waters of Contrexéville (a purgative containing to the pint nearly five per cent. carbonate of lime and 8.4 sulphate of lime).

We are in the habit of using the entire scale of doses, *though we prefer the lower attenuations.* We do not wish to be believed on our word and without examination, we rather solicit the verification of our assertions, and we appeal to the experience of all. But it may be objected how do we comprehend the action of alternate remedies? We might be satisfied with the hackneyed answer: facts speak louder than mere theories.

The next easy and most probable reply would be that after all only one remedy is acting, because it is homœopathic to the case the other falls on barren ground and therefore inactive. But we rather believe that alternated remedies influence one another in different ways, thus: (1) they act as mutual adjuvantia; (2) one corrects the other; (3) both together become a new medicinal agent, composed of the properties of both; (4) under the influence of remedies of different action, sometimes even antidotal, the *vis medicatrix* acts more thoroughly, and removes the torpor into which she was plunged. Let us give you some examples:

1. One of the most accepted and oldest alternation is that of Spongia and Hepar in croup, and we believe that in this alternation the drugs mutually aid one another. Rummell (*Gaz. Hom.* III, 26, 1833) writes already, that the disease appears to be more promptly cured when both remedies are given alternately than when he gives only one of them. With us Acon. is also considered an adjuvans when we alternate it in acute inflammations with Bellad., Bryon., etc.; the same in Mercury with Pulsat., Cauthar., Arnica, Bellad , etc.

I may cite here the words of Dr. Fredault, of Paris: In the treatment of whooping-cough after Acon. and Bryon., I prescribe in the premonitory bronchitis Drosera and Coccus cacti in the third attenuation, taken alternately. They complete one another and when given isolated I failed to witness the same good result, than when given in alternation. Dr. Eeneus also publishes three interesting cases of croup, cured by the

Digitized by Google

rotating alternation of Acon., Hepar and Spongia.—(*Homœopathy Militante* II, 439.)

2. A remedy alternated with another may play the part of a corrective. We all witnessed in our practice certain specific susceptibilities for some of our remedies. Such idiosyncrasies are often the source of great difficulties, for they often happen in that drug most homœopathic to the case. Is alternation here in its place? We know patients who cannot bear Sulphur alone, but who take it well in alternation with Nux vom., though the latter alone is not efficacious with them. Other patients cannot bear Bellad. or Arsen., till we alternate these drugs with an intercalary one which plays in relation to them the part of a corrective.

3. Several cures made by alternating different remedies, when the same, given one by one failed, show that certain alternations of drugs bestow upon them especial power. We find this to be the case in rebellious dyspepsia, in biliary calculi and others. In relation to affections of the stomach Kafka (*Hom. Therapie*) relates that he cured chronic catarrhs of the stomach by alternating Nux vom. with Calcarea, after their failure when given separately. Dr. Martini followed this advice, prescribing Nux vom.[6] in the evening and Calc. carb.[30] in the morning, and records the same complete success. This was the first time that he alternated remedies in so short an interval in chronic diseases. Since then it has been frequently done in chronic cases by many physicians.

4. By alternating remedies it appears that the constitution, as it were, is roused up and becomes more sensitive to medicinal action. Thus in chlorosis Pulsat. and Sulphur given separately never show the same good effect as when alternated from day to day. Dr. Martini even added Phosphor. to this alternation and the headache, the lumbar pains, the pale cheeks disappeared, the menses returned and the case was cured, though Dr. Mouremans had given the same remedies, each for itself, without result.

Digitized by Google

ARTICLE XLII.—Angular Curvature—Therapeutics.

By Geo. H. Taylor, M.D., New York.

The successful treatment of vertebral disease necessarily depends on correct ideas of pathology. In this affection, of the two objects of special regard, the form and its causes, the latter is unaccountably and habitually lost to sight, both by physician and interested friends. The exterior, visible, mechanical deformation is so pertinaciously obtrusive as to effectually displace all considerations of those pathological elements of which *form* is but the objective symptom, and on which the form entirely depends. In its full development, no less than in its incipient stage, and through all the phases of its progress, vertebral disease is the product of and is supported by causes existing in the general system; is in fact a specific culmination of constitutional faults, consisting of nothing less than incompleteness of nutritious processes in its two branches of *assimilation* and *elimination*. To raise these in degree and in scope is to transform pathological activity to physiological activity. The true remedial "indications" are therefore founded solely on what are known to be the specific physiological imperfections which give origin and support to the affection in both its pathological and mechanical aspects.

The details of these remedial requirements, especially as related to muscular nutrition and support, may now be further dwelt upon for the purpose of contrasting the therapeutic effects thus arising with those produced by remedial treatment to which these cases are too often limited.

1. General muscular nutrition requires to be promoted in order to secure the direct depurative effect of such action on the quality of the nutritive fluid represented by the blood. To secure active nutritive support of the general muscular system is to withdraw from the circulating fluids the materials required for such support, which otherwise must encumber the system instead of supporting its normal energies. Not thus to apply nutrition is to relegate to the department of waste and therefore to elimination, the most valuable of nutrient ele-

Digitized by Google

ments; to consign that which is capable of support of vital energy to the category not merely of dead and useless, but of obstructive matter, demanding either medical or increased physiological means for its elimination.

Spinal curvature of any sort cannot occur in a person of good muscular development and activity; not merely for the reason that adequate support for the spine is thus afforded, but no less because the quality of blood capable of feeding local pathological process in the vertebræ is not faulty. Muscular nutrition and whatever promotes it, is therefore directly depurative and acts in a more effectual way than any remedial substitute can do because more natural. The effect is spontaneously *self perpetuating*, which is the case with no other remedies.

2. The spinal muscles specifically require to be increased in power and in functional activity. The permanency of the forward bend or curve of the spinal column is due to the insufficient power of the spinal muscles to maintain the erect position. To secure the erect position it is therefore necessary to duly increase the power of the muscles whose normal duty it is to hold the spine erect.

The action of the spinal muscles is also required to prevent and to remove hyperæmia of the vertebral column, which is always an essential part of vertebral affections. The bony and cartilaginous constituents of the column, are a class of tissues which have very little control over the blood circulating through them, for their own nutritive support. This control is normally assisted by the action of the muscular masses in which the spinal column is deeply imbedded, whose physiological activities are constantly operative to withdraw all excess from the vertebral vessels. The remedial process called revulsion consists in the removal of local excess of blood, secured by causing demand for it in contiguous parts.

3. The action of the spinal, and the co-operating trunk muscles are also required to maintain the *flexibility* of the spine. Without flexibility the continuous pressure of the vertebral functions is concentrated and unintermitted at the anterior portion. This condition is highly prejudicial to the vertebral

Digitized by Google

bones and cartilages, and co-operating with the causes of hyperæmia above described, powerfully conduces to local vertebral disease. To afford flexibility is therefore a necessary part of removing vertebral disease *in whatever stage of its progress.* This object is perfectly practicable in spite of the seeming impediments.

4. Spinal deformities of the angular variety are demonstrably associated with inefficacious respiration. Oxidation and removal of waste in the innocuous forms that obtain in health is diminished; thereupon incompleted products of waste appear; these offer chemical as well as mechanical impediments to the various physiological processes. The degrees of oxidation which obtains in the vital system is closely related to the movements of the respiratory apparatus effected by its muscles. This effect is nugatory till supplemented by that caused by the minuter motions of contracting fibrillæ, producing fresh contact of diverse constituents of passing organic fluids in which all muscles are bathed, and by which chemical changes are superinduced.

It is in this way that in health, unusable, as well as effete materials, are silently but effectually removed from the system. No more certain or expeditious method of securing the same effect has yet been devised by medical science, than the promotion of oxidation. This is the physiological, that is the natural method, for which remedial recourses are but substitutes, which, however, flattering at first, necessarily fail for want of continuity at the last. To increase the vigor and capacity of the respiratory function, is to insure continuity of elimination, in place of the fitful effects of the usual remedies.

5. Judging from the attention usually bestowed by physicians as well as by patients upon the digestive process, it would appear that its restoration is regarded as indispensable for that quality of blood suitable for repair of diseased vertebræ. This inference is undoubtedly correct. But the movements of the digesting and digested matters are quite dependent on motions natural to the digestive tube, which are partly instigated by the respiratory waves, coincident with similar motions of the coverings of the abdomen. In all cases of vertebral disease

Digitized by Google

the muscles forming the anterior walls of the abdomen are also thin and weak, and are therefore incapable of acting reciprocally with the respiratory motions as in health. The consequent sluggish digestive process is indicated by puffiness, often distention of the abdomen. Not infrequently the mesenteric glands are swollen, which fact indicates retarded transmission of the products of digestion into the circulation, through which only can it become actually nutritive.

The restoration of function to these abdominal muscles is therefore indispensable to the recovery of vigorous digestion, without which the normal health of the blood is impossible.

6. One other physiological condition, deficient or absent in cases of angular curvature but absolutely essential to recovery, should be included in the present statement. This is the mechanical relation of the molecules, or what in this connection may be regarded as the primary forms of changing organic matter. In various ways the effect of *pressure* is in the living system brought to bear to facilitate those changes, and to increase them both in amount and degree up to the normal standard. Frequent change of position of body, which renders gravitation universally available for this purpose, is one way; but doubtless the impulsion afforded by strong muscular contraction is indispensable. The contraction of muscles not only produces currents, therefore rapidity of contact of atoms and molecules of displaced fluid, but also brings to bear a degree of pressure, or energy of contact of these organic forms, and of the oxygen also a constituent of the blood.

Physical science affords evidence that the chemical aptitudes inhering in heterogeneous mixtures are intensified very nearly in proportion to pressure and inter-molecular motion.

In the living body the action of the muscles everywhere contributes the above named conditions, and is doubtless essential to the evolution of those degrees of chemical energy required for health. The evolution of dynamic energy manifested by muscles, is attended by the production of those chemical forms of wasting matter which alone are eliminable. The value and the therapeutic bearing of this principle will be clearly seen further on.

Digitized by Google

It is these and other subsidiary physiological conditions which are perfect in good health, that are as positively and certainly imperfect in vertebral disease. What can be more logical or better common sense than that the *cure* of vertebral disease is best sought in the restoration of the defects connected with these essential functions by the most direct and effectual methods?

Having now the leading therapeutic "indications" for vertebral disease clearly before us, the neglect of which leads to inevitable failure to benefit these cases, under whatever therapeutic regime we are prepared to review various methods in actual and practical vogue, and to inquire into their relavancy and efficacy, singly and combined as compared with the natural requirements above presented.

The effect of that very popular measure, *instrumental support*, has already received a share of attention; and the incongruity of trying to remedy a disease which is caused in part by deficient muscular power and support, by means which has for its object the diminution of such support by the substitution of instruments has been shown.

When the weakening of the muscles produced by supports is supplemented by weakening of the vertebral bones and cartilages, by withdrawing as far as possible the natural incentive to their nutrition, by suspending the superincumbent weight, by preventing the natural flexibility of the spine, necessary for preventing harmful *continuous* pressure of the anterior portions of the vertebral junctions, which precludes free circulation of the blood, therefore superinduces hyperæmia of these dense structures; by restraining the rythmic motions and restricting the size of the breathing space through which the system is supplied with needed oxygen; by preventing the natural and necessary revulsive effects upon the spinal column of the natural and unimpeded action of the spinal muscles; by diminishing in many ways the eliminative functions of the system; by these and other ways diminishing the vital supremacy and increasing that of the non-vital forces operating in the vi al economy, it is plain that the expected compensating advantages are far outweighed. The expected benefit consists

Digitized by Google

solely in the rectification of form or shape of the spines. This has been shown to be impossible in the absence of the very conditions so effectually excluded by the instruments used. The apparent aid is transitory and deceptive. In due course it will be shown to be superogatory, and that far more satisfactory and perfect results in the correction of the spinal shape are attainable without than with the mechanical remedy.

In ordinary practice, the employment of *counter-irritation* has not been wholly abandoned, although formerly far more in vogue than at present. By counter-irritation is meant the artificial production of a local, superficial wound or sore, near the affected vertebræ; by blisters, cautery, or other quick and certain means of injuring the skin. The purpose of this recourse is to divert to the new pathological region the support previously afforded to the old process whereby the latter may be diminished.

The apparently good effects of this recourse are so exceedingly transient as to discourage its use, even without reverting to general principles. It is obvious that the effect sought, however perfectly realized, is incapable of correcting in the least degree, those constitutional faults that are the actual source of vertebral affections. It is powerless to distribute the circulation of the blood, producing only a temporary local stasis; does not increase the revulsive effect of action and consequent nutrition of spinal muscles; or promote any eliminatory function; or any physiological activity necessary for either local or general health. Such procedures are in reality only additions to previously existing pathological manifestations, and derive their claim to consideration from their power to *obscure* the pre-existing morbid sensations, and not from any diminution of the contributory causes secured thereby.

The question of *medicinal* remedies requires in this connection cautious treatment. On the one hand is the public, with hereditary faith in the boundless efficacy of drugs, irrespective of vital capabilities, and of the structural defects into which prolonged physiological defectiveness ultimately degenerates. On the other hand are physicians, reluctant to afford hospitality to principles of ordinary science, which may disturb their well established routine systems.

Digitized by Google

Conceding the specific relevancy of scientifically and properly selected drug remedies to vertebral disease, of which the evidences are too direct and conclusive to admit of candid doubt, it must also be admitted that the task demanded of them in these cases is inordinate. It is no less than that of supplying physiological deficiencies in each of the particulars above pointed out. This is beyond the legitimate sphere of drug remedies, whose function it is to impress specific modification of nutrition rather than to fructify the instruments of vital power. Drugs therefore, when wisely used, have their plan as auxiliary rather than principal in the therapeutics of vertebral disease, which of necessity must mainly consist in rendering more perfect as well as more extensive the ordinary physiological activities on which all health is ultimately based.

The employment of massive and continued doses of drugs, of whatever nature, can never prove otherwise than prejudicial in the end. To excite the circulation by so-called stimulants and tonics without adequate physiological basis for its maintenance; to produce in the stomach the feeling of want of food without a corresponding demand by vital acting tissues; and to effect eliminatory activity, through any channel of waste out of proportion to current requirements of supply, or incentive to organic activity, cannot in the nature of things afford more than a temporary *seeming* if of returning health, sure to prove, not merely disappointing, but unnecessarily even prodigally wasteful of the vital resources and energies, perhaps fatal to recovery.

The question of adopting *diet* to the spinal needs of the feeble, has of late years received increased attention. Since vital energy in all its modes of expression, is ultimately derived from food, the inference is ready that a proper adjustment of supplies must facilitate its development, and increase the power of the instrument of energy. Hence, dietetics has, with many physicians, become a principal means of remedying those constitutional defects, which vertebral disease is the outcome and evidence.

A large proportion of cases of vertebral disease belong in the

Digitized by Google

well to do classes of society, where the suggestion of imperfect quality of the ailment provided would be, at least, disfavored. Such considerations indicate that specialization of food cannot alone prove a radical or even an essential remedy in vertebral disease.

The nutritive process, carefully considered as a whole, may be properly regarded as one of *selection* from the abundant commixture of usable and non-usable matters of which aliment is composed, of the special elements required to remove the wasting vital tissues; a remainder, but far in excess as regards amount, is destroyed by direct oxidation, whereby the necessary animal heat is provided. The indispensable condition for the perfection of nutritive processes must necessarily be eliminatory. For this includes at once the dissociation of vito-dynamic, vito-nervous and heat-energies, and the material from which these are derived, and the exclusion of the whole from the system. These acts are preliminary to appropriation of aliment, of whatever kind, or quality, or amount, and serving for whatever physiological purposes.

It would be incorrect to infer from the above statements that dietetic control of the patient by the physician is unnecessary. On the contrary this is an important part of his duty, for it is he only that, during the invalid's transition to health, can adjust the dietetic supplies to the needs of the invalid who is constantly inclined to be controlled by his unhealthy feelings. Since the gustatory sense is more or less obscured by viscid and unhealthy secretions, and since the consciousness of weakness throughout the frame are sure to perplex the judgment as to dietetic proprieties, the physician alone can be relied on to rescue the feeble from these difficulties by interposing his scientific prudence and judgment.

The imperfect and entirely unsatisfactory results of treatment of vertebral disease by either of the special methods which have passed under review, in conjunction with the very conspicuous muscular deficiencies which never fail to exist in these cases, has not unfrequently led to the conclusion that *exercise* must be the true remedy; this appearing to be the natural means of removing the deficiencies named.

Digitized by Google

Most of the attempts to employ this remedy to correct *lateral* curves of the spine have been conspicuous failures, often even to the extent of producing irremediable aggravation of the deformity it was designed to correct.

This result necessarily follows incorrect or deficient *specialization* of the remedy. For, since lateral curvatures depend on want of symmetry of muscular action and development, it follows that its removal must equally depend on a *reversed* symmetry of action and development. Otherwise it will be the stronger instead of the weaker muscles that will receive the effect of cultivation, and the consequences must be as stated.

This difficulty applies also in cases of vertebral disease, but fortunately for the consequences, the excessive weakness of this class of invalids forbids the use of the remedy to a damaging extent.

It is important, however, that the principles involved should be clearly understood, since these are of frequent practical consequence. Exercise, as this term is commonly understood, consists of two distinct physiological parts—action of the *will* and action of the *muscles*,—the first being both antecedent and incentive to the second.

As thus defined, exercise is therapeutically useful, to a limited extent only, in vertebral cases, and is almost certain to be injurious if rigorously insisted on. The reasons for this conclusion are easily seen.

The incentive to muscular action, the *will*, is itself a product of nutritive support. By a universal law of the animal economy, its action sets in motion the series of physiological activities which terminate in the nutritive support of those nerve centres from which nervous energy of this special variety emanates, which in turn causes muscles to contract.

The second part of exercise, muscular contraction, is likewise a product of corresponding nutritive support, which support is superinduced by the muscular act.

These two trains of organic activity are the concomitants and correlative of every exercise. In health, the actions and the products are in a state of equipoise or balance, and healthy action serves to maintain this balance.

Digitized by Google

Now, in vertebral and some other forms of disease, this balance of nutritive support between the nerve centres and muscles is imperfect. The muscular nutrition and power, and therefore muscular nutritive support, are defective, as we have seen in discussing the causes of vertebral disease. It follows that nervous activity and power are in excess of the muscular. It further follows that any therapeutic means which neglects this pathological fact and fails to increase the relative proportion of muscular to nervous nutrition, is both theoretically and practically a fault.

Now, in all exercise, deficient muscular power requires increased effort or nervous energy to produce muscular effects. One *tries*, that is, puts forth, nervous energy in proportion to the obstacle to be overcome. Diminished muscular energy is compensated for by increased nervous energy.

These proportions of energy in the two instruments for its manifestation are duly represented in the nutritive support from which either are derived. In all cases of weak muscles the great nervous action manifested by the will requires proportional increased nutrition of nerve centres, which thereby becomes *disproportional* to that of the muscles.

This consequence is, of course, exactly the reverse of therapeutic indications. It is *muscular* support which should be increased, and not nervous expenditure, and the kind of increase of nutritive action which it involves. It is also nervous activity which should be repressed, and no therapeutics are proper which do not include this effect.

We may now review the consideration of remedies for angular curvature, for the purpose of impressing more emphatically, if possible, the philosophical discrimination between the remedial expedients which in the nature of things can have little or no influence for good in their ultimate effects, and those radical measures which are adapted to supply the physiological defects from which first the constitutional, then the local, injuries arise which constitute the local disease.

Angular curvature is a concomitant of vertebral disease. This latter is so dependent on habitual defective physiological action in one or both of its great branches of assimilation and

Digitized by Google

elimination that the importance of them becomes both primary and paramount. This etiological position is proved equally by the insufficiency of ordinary remedies, and by the well-demonstrated success of the physiological method of treatment.

Nothing is clearer, rationally and practically, than that mechanical supports fail to supply the curative indications. Their use does not in the least degree contribute aid to the eliminative function in any of its departments; the causes which consist in the noxious presence of effete eliminable material, rendered obvious by vertebral hyperæmia, are unprovided for, and continue their disease producing efforts, as unrestrained as before.

The remedy infallibly *diminishes* muscular spinal support; the substitution for muscular support being even the ostensible purpose of and argument for their use. This substitution entirely prevents the functional revulsion which is always produced by muscular action and which in those special cases is the crying therapeutic indication.

The supports equally prevent twisting the trunk on its axis, whereby digestive weakness are invited and perpetuated. They further suppress the flexible function of the spine, positively essential for securing change of contents of the vertebral capillaries, without which the hyperæmia is infallibly followed by progressed stages of vertebral disease, probably by disorganization of articulating discs.

Nor does the loss of natural spinal revulsion, and of the elimination by oxidation consequent upon diminished chest-motions conclude the evil effects of mechanical supports. These chest-motions (of respiration) naturally extend to and include the contents of the cavities of the abdomen and pelvis. This withdrawal of their rythmic movements causes retardation of the circulation of the portal system, consequently of the absorption of digested matters from the digestive cavity, withdraws the accustomed and natural stimulus of motion from the digestive tube, and impairs the digestive act in its several departments.

The same cause also allows uninterrupted pressure of the abdominal mass, as certain to superinduce local hyperæmia of the

Digitized by Google

parts submitting to this cause in the pelvis, as we have above seen to be the case in the vertebral column, and for which there is no adequate remedy but the restoration of the oscillating motions of respiration communicated through this mass.

The true and radical remedy for vertebral disease and its concomitant deformity, exactly reverses these several effects. It first promotes spinal muscularity, and thereby actually supports the spine. The restorating of this vital support secures effectual revulsion of the osseous, cartilaginous and nervous constituents of the spine, impossible to secure in any adequate degree by any counter-irritant device.

The true and radical means of cure also secures the use by the osseous substance of its nutritive support, in the deposition therein of the earthy matter necessary to its healthful composition. It has been heretofore shown that only by *use* can bony tissue become nourished, and that nothing can so far deteriorate the substance of the osseous frame-work of the body as the withdrawal of its function. Medico-nutrient supplies are of little avail in the absence of the means nature employs to secure their actual nutritive appropriation by the tissues they are adapted to support.

ARTICLE XLIII.—Nosodes.

By Thomas Skinner, M.D., London.

On the subject of Nosodes in Homœopathic practice much has been written, and the more that is written, the more muddled does the subject become and the less intelligent to the average reader. It looks somewhat like presumption in me to attempt to square the subject to all minds, yet I have the courage to attempt it.

In the first place, let me define what a Nosode is, because until all understand the term in its true and definite meaning —until Physicians clearly know what the symbol stands for in the realm of mind and facts, one may argue till Doom's-day, it

Digitized by Google

will simply end in arguing in a circle and we shall end where we began, only with "confusion worse confounded."

The term Nosode, is derived from two Greek words, namely, Nosos, a disease, and Odos, a way or path. This is the literal meaning, and in this sense the term Nosode includes every known medicine or means of curing disease; it is a way or means of reaching disease towards effecting its relief or cure. Judging by the use made of it by most of our School, it is quite plain that this is not its meaning. From the use which some make of it, I take it that they conceive the term to mean a way to effect relief, modification or cure of disease by means of the *materies morbi* of the disease itself, more especially the morbid products of diseased action, such as occurs in true vaccination, which is a crude or vulgar form of Homœopathy. Others again, with no less a god-father than our revered Constantine Hering, use the term Nosode in a totally different sense. They use it in the sense of all morbid productions used as medicines, including Ambra grisea, Secale cornuti, Ustilago maidis, and the like animal and vegetable products natural and morbid. If any one doubts this, let me refer him to *Raue's Record of Homœopathic Literature; Hering's Analytical Therapeutics*, page 66: "Nosodes is the general term given to the *alcoholic extracts* of morbid productions. foolishly called isopathic remedies." In this journal, *North American*, for August, 1880, C. Hering tells us, "We may not apply the term Nosode to animal poisons, *Lachesis*, *Apis*, etc., although they have in common, that heat and alcohol destroy their zymotic action; we may still less apply the term to the products taken from *healthy animals*, *Lac. Caninum*, because they have not the zymotic quality, and therefore cannot be robbed of the same by *heat and alcohol;* although the alcoholic tinctures of the same only contain the soluble salts extracted therefrom."—*N. A. J. of H.*, Vol. XI, page 91.

Dr. Hering is unapproachable as regards his knowledge of our Materia Medica, but on this point he is altogether wrong, in as much as, that *every animal product deserving of the name of nosode can be made better without alcohol than with it.* The highest attenuations of them have been made with nothing but

Digitized by Google

water, to which alcohol is ultimately added for the purposes of medicating the menstruum of administration and for preserving the water from decomposition. C. Hering has made an elaborate theory out of nothing—a theory founded on physical data, which is only a theory. The term "Nosode" if it means anything in our present stage of progress must be limited to the *attenuated virus of disease.* I may be wrong, but I feel pretty confident from years of observation, and from the experiments of M. Pasteur and others, that, the *nearer the blood* and the *more living* the morbid condition of the blood, the secretion or the tissue we select our Nosode from, and the sooner the attenuation is effected, *the more effective and valuable will the nosode be.* Having arrived at a definition of the term "Nosode," one to which all can agree, namely: that it is a highly-attenuated virus or morbid product of diseased action believed to contain the morbid animal poison, force, or influence, which produced it, I may proceed to examine the subject more minutely.

In the *Homœopathic Physician* and in the *Cincinnati Medical Advance*, Drs. Adolph Lippe, Dr. P. P. Wells, and Dr. Gilchrist, men for whom I entertain the most profound respect, and more especially the first two on my list, have entered the lists, thrown down the gauntlet, and challenged us to the fight. I lift the gauntlet and accept their challenge. The gist of their arguments may be placed in a nutshell. They are alarmed lest Isopathy should take the shine out of Homœopathy, and they want to stop this murderous or suicidal process by trying to frighten weaker minds from using anything in the cure of the sick which has not been previously proven as Hahnemann directed, as if the Master could foresee everything that was likely to spring from his discovery of the law of correspondences as applied to the cure of the sick, and the still more wonderful discovery of dynamization by the attenuation of poisonous and nutritious substances, converting them into certain means of cure, without fear of the Coroner.

A Scotch Presbyterian sermon is not thought much unless it is divided into seven heads and an application. Although a Scotchman myself I will not inflict such penance on my

Digitized by Google

readers, but shall be content with two heads and an application. First, let me look into this bugbear, Isopathy, which seems to have given these brilliant thoughtsmen a nightmare. There can be only one law of cure, otherwise the house of truth is divided against itself. If Homœopathy is right then Isopathy must be false; and if Isopathy is right, then Homœopathy is wrong. We cannot serve two masters! These gentlemen seem to forget that the use of nosodes was never dreamt of until dynamization by attenuation was discovered, and we all know that dynamization has made tremendous strides since Hahnemann discovered *similia simillibus curentur*. The use of Nosodes in medicine arose as a corollary founded on the law of likes curing their like, never as a new law of cure as Dr. Lippe fears. There can be no more two laws of cure than there can be two laws of gravitation, and no one knows this better than Dr. Lippe. He may style us "Isopathists" but he knows full well that there are not, although I say it, two sounder or purer Homœopathicians in the universe than Dr. Berridge and myself. "Isopathy a Fatal Error," *Homœopathic Physician*, Vol. I, page 532. Dr. Lippe is a wise and enlightened man, but he has still to learn that he himself is capable of holding a "Fatal Error."

I have said that the use of nosodes sprang naturally as a corollary from the one law, not as a new law of therapeutics, and the genesis of the corollary is as follows: Medicines in order that they should act according to palliating allopathy increase in power by units, tens, and hundreds *upwards* from zero or the crude drug; but if they are to act quickly, safely, pleasantly, and surely, according to the Homœopathic or only mode of cure, they must increase in power, as a rule, by fractions of a grain *downwards* to infinity, if that were reachable. In this respect Homœopathy and Allopathy are the very antipodes of each other, whatever some may say. In the process of attenuation great changes occur, changes which no one however learned and far-sighted could ever have guessed or surmised.

1. The most powerful poisons by attenuation become less poisonous or innocuous (Aconite, Nux vomica, Arsenic, etc.), and

Digitized by Google

2. Substances considered perfectly inert become the most valuable of medicines (Carb. v., Graph., Lycop., Silicea, and all the metals, etc.).

3. Substances which are simply nutritious and articles of food to babes and sucklings have been attenuated and proven on the healthy, which have performed miracles in the cure of the sick (Lac. caninum, Lac. vacc., Sacch. lactis, Sacch. off., etc.).

4. The crude drug weakens and looses all its virtue by keeping, whereas the dynamized remedy in sugar, in the dry state, will keep for ages unchanged in every respect, if not subjected to a temperature of 212° Fahr. I have unquestionable proof of this in my possession. I do not think that this can be said, as a rule, of any medicine under the third centesimal trituration or attenuation.

5. A homœopathician once in possession of a case of medicines is provided for life and his descendants after him forever, for not only do they not lose their strength or therapeutic power when dynamised, but every time the bottle is refilled with plain spirit, or sugar, or sugar of milk; or a fresh graft is made, the medicine or dynamis is absolutely stronger than it was before the graft was made. Of this there can be no doubt. My colleague, Dr. Gordon Smith, of Liverpool, was convinced of the truth of dynamization in the following way. When I first knew him, he was in the custom of using the mother tincture "down to" the 3 cent. I should call it "up to." I advised him when his bottles of Aconite, Nux vomica, and Sulphur were all but finished, to refill them with plain Sp. vin. rect. and he did so. He found as the result, that every time they were refilled as directed they were absolutely stronger. I believe he now has these tinctures above the 200th centesimal, and he would not go back to the θ or the 3d centesimal of any one of them again. Dr. Smith has since then come to me dozens of times, *begging* for some of my very highest potencies. These are all very remarkable changes effected by our system of preparing and preserving medicines; but there are still others.

6. As the process of dynamization by attenuation advances,

Digitized by Google

the medicines respectively lose their physical, chemical, physiological and toxicological properties, and when selected according to the law of similars, as Hahnemann directs, *the m st like* always being selected for administration, they gain in therapeutic and pathogenetic properties in proportion as they lose their primary properties.

7. The action of the dynamized drug is quite different from that of the crude material in other ways than as I have shown in regard to charcoal, the varieties of carbon, carbonate of lime, lycopodium, and the metals, in as much as, a single dose of a high attenuation will go on inducing pathogenetic symptoms in a corresponding sensitive for days, weeks, months, and in some rare but authentic cases for years; and it cannot be gainsaid by any whose observation and experience is worth recording, or worth listening to, that *one single dose of* the *simillimum* in any given uncomplicated case will go on working, if uninterfered with, for hours, days, weeks, months, and in some rare but authentic cases for years, until a radical cure of the patient is effected. By an "uncomplicated case" I mean a patient whose semiology and etiology, past and present, can be covered by one remedy, the *simillimum*. I have had several patients suffering from inveterate chronic disease, where one single dose of the C. M., the D. M., or the M. M. F. C.), has so acted. I grant that the cases are few and far between, but they are invariably the best, the surest, the safest, and the most permanent of cures. For years now, I always give a single dose and let it work, unless I am doubtful of having the *simillimum*, when I repeat. If my single dose high fails, or gives in early, I repeat in a lower power. Now, I should like to ask those who hold that it is possible to cure chronic or any form of disease by means of this bug-bear Isopathy, this phantom which they dress up by the aid of their imaginations, and which they galvanise into the form of a living corpse; let me ask those who dignify this ghost of a lifeless theory with the possibility of its being held by men like Dr. C. Hering, Dr. Berridge, Dr. H. N. Guernsey, and Dr. Swan, besides hundreds of others as well as myself; let me ask them, if Isopathy or Allopathy or any other kind or form of pathy, can or will

Digitized by Google

act in the same or a similar fashion? If not, and we all know that they cannot, then Isopathy and Homœopathy are incompatibles, they are not the same but different, and the difference lies in the law of similars, aided and benefitted by a vast change for the better by each successive centesimal or any other degree of attenuation. The single dose of the single remedy, always the most like and in a high attenuation, is the grand characteristic and triumph of the Homœopathy of Hahnemann; and the next grand characteristic is, that Hahnemannian dynamization so alters or changes the crude drug, or it may be a nutritious substance, a mineral, vegetable or animal substance, whether inert, innocuous or the most deadly of poisons, into valuable, I should rather say, invaluable therapeutic weapons; and last, though not least, the *materies morbi* or products of diseased action, and still better *the blood* itself, of those suffering from zymotic and other more or less fixed forms of septicæmia, especially when it assumes an epidemic form—and even the blood of scrofula, cancer, diabetes, syphilis and the like—when highly attenuated will be found and has been found to be an invaluable aid in the treatment and cure of the diseased action which induced them; and why? simply because the attenuated virus and poisoned blood as therapeia are not the same but different. The practice of using Nosodes in Homœopathic practice is therefore not a "Fatal Error," it is not Isopathy or any "new law," a rival or superior of similia, but it is a corollary, one of the legitimate offsprings of the giant and giantess Homœopathy.

Dr. Lippe may call these new laws, but they are all of them simple and natural developments of the one law of cure. We now come to the most important of the changes, the direct outcome of dynamization; and he who knows nothing of Homœopathic therapeusis beyond the use of the low potencies, lives in utter ignorance of them. In the event of an aggravation from the use of a homœopathically selected remedy, and administered *secundum artem*, as a rule, double the amount of attenuation will most assuredly stop it, as if by magic, and allow the cure to proceed. If Hahnemann had been fully alive to this, he certainly would not have taken the care and trouble

Digitized by Google

which he has taken in providing us with so many antidotes for what he thought were overdoses and excessive succussions. An aggravation, whatever the cause of it, or the theory adopted for its explanation, may be overcome in three ways: (1) by a repetition of the same attenuation; (2) by the administration of a very much lower attenuation, especially if it has lasted some time; (3) by a similar or the next similar, or so-called antidote, and (4) by a higher or double the amount of attenuation causing the aggravation. From this last fact in the development and practice of dynamization has arisen the rule or law for the use of Nosodes. It is no new law of cure, but it is a corollary deducible from the primary law and the practice of dynamization. *The change effected by attenuation is tantamount to another similar.* If this is not true or a fact, perhaps Dr. Lippe will explain how the higher attenuation acts the part of the Hahnemannian antidote, rendering it perfectly unnecessary as a rule, because the higher attenuation rarely fails, while the so-called antidote very frequently falls "like so much water on the back of a duck." Where is Dr. Lippe's "Isopathy or Fatal Error" now? There is no Isopathy except in name. The drug has still the same name, but the effect or action of the dynamis is vastly different from Isopathy, which, as regards a system of cure, carries absurdity written on its forehead; it is the best specimen of a *reductio ad absurdum* anywhere to be found. While I quite agree with Dr. Lippe that "Isopathy is a Fatal Error," I also agree with as great an observer and casuist as Dr. Lippe, and who denied Isopathy altogether as a mode of cure. He said: "I call *Psorin* a *homœopathic* antipsoric, because if *the preparation of* PSORIN *did not change it to that of a homœopathic remedy, it* NEVER *could have any effect upon an organism tainted with that identical virus.*' * * * *Psorin* is a *simillimum* of the itch virus. There is no intermediate degree between *idem* and *simillimum;* in other words, the thinking man sees that *simillimum* is the MEDIUM between *simile* and *idem.* The only definite meaning which the terms 'isopathic and equale' can convey, is that of *simillimum;* they are not *idem* ταυτου."—Hahnemann, *Chr. Dis.*, 1845, Vol. I, page 96.]

Digitized by Google

We forget that it is not *the like* which cures but invariably *the most like*; Syphilinum is most like syphilis, but it is not syphilis in the C. M. attenuation. "It is all the same, but different." Syphiline is not syphilis, and it is so, simply by virtue of the Hahnemannian process of preparing every medicine to be used in the practice of our art. Dynamization by attenuation so alters every medicine and each individual centesimal attenuation, as to make it "all the same, but different." Even Hahnemann himself thought at one time that the smaller the dose there was less chance of it disagreeing, and less chance of it provoking an aggravation; whereas, the very reverse of this is true. The greater the amount of attenuation the fiercer is the conflict with the virus of the disease; the greater the chances of the most severe aggravations; and the more certain and permanent is the cure. Take any other form of medication, or of the preparation of medicines for therapeutic purposes, there are none of them which have this special peculiarity, a peculiarity belonging only to Homœopathy, namely, that the more attenuate the medicine the greater is its therapeutic power; the further we go from the crude material, the greater is their power to heal the sick, only if chosen as Hahnemann directs, not otherwise. There is no other mode of preparing and administering medicine, which, when the medicine proves too much for and aggravates the disease or the patient, is antidoted by a higher, yea double the power or attenuation of the same medicine. When we give a Nosode, we virtually give a higher power or attenuation of the poison, virus or morbid influence which induced the diseased action we are called upon to prevent, modify, relieve or cure, and this is what Dr. Lippe calls Isopathy. It is evident to me that my friend Dr. Lippe and I have different ideas of the meaning of the term Isopathy. It is hardly possible to conceive of Isopathy as a method of cure, I mean as we hold Homœopathy to be. No one in his senses, be he homœopath or allopath, would ever think of curing or antidoting an over-dose of Opium, Arsenic or Hydrocyanic acid with any more of the same material or substance, because he knows full well that he must drive his patient out of existence. This is Isopathy as seen through Allopathic spec-

Digitized by Google

tacles, and if Dr. Lippe will take those off and put on his Homœopathic ones, he will at once see that, while Isopathy is no part of Allopathy it is less so of Homœopathy, because of its doctrine of dynamization, which makes every dynamized remedy different from the crude drug, and every individual attenuation of the same remedy different from all above and below it. If they are all different from the crude drug and from each other, how can they be the same?—the action of each and all being different. I am not arguing with those who do not believe in the doctrine of dynamization of medicines for homœopathic use by means of attenuation—such are out of court. I am reasoning with those who have a perfect idea of the great doctrine of dynamization, and who know how to select and administer such dynamized remedies; and it is inexcusable in such, or difficult to understand how they can call a practice Isopathy which is not Isopathy but Homœopathy. For instance, I published in *The Organon*, Vol. III, July, 1880, page 348, the following remarkable incident which occurred to myself:

"CAPSICUM—LOW AND HIGH."

"On Good Friday, 1880, I happened to be attenuating *Capsicum* from the mother-tincture, and, in doing so, I got some of the mother-tincture on the fore and middle finger of my right hand. It never occurred to me to wash my hands.

About an hour or two afterwards, while I was reading the "Election News," my eyes began to water a little, which interfered with my reading comfortably; so I took off my spectacles, and rubbed my right eye with the very fingers which had touched the strong mother-tincture of *Capsicum*. Need I say that the eyes being already moist, watering, and weak, the *Capsicum* was re-dissolved at once, and I suffered a martyrdom from burning and smarting. It seemed as if there was no help for it but "to grin and abide." It occurred to me, however, that I had just finished making *Capsicum*^{20m} (F.C.), and I might try the effect of a dose of it *on my tongue*. I did so, and in three minutes or less the burning-smarting and lachrymation were entirely gone, as if by magic—and my right eye, which a few minutes before could not be opened even for a second, was now as wide open and comfortable as if nothing of the kind had ever happened. So I replaced my spectacles, took up the

Digitized by Google

newspaper, and read more clearly and comfortably than before. Having finished the paper, I sat down at my writing-desk and recorded these interesting facts."

Possibly Dr. Lippe will be able to inform me whether this cure, which it was to all intents and purposes so far as my sensations and feelings were concerned, was an Isopathic or a Homœopathic one. If Isopathic, then certain it is that Homœopathy or *similia similibus curentur* is not the exclusive and only law of cure, so strongly insisted on by Hahnemann and Lippe, and which I am prepared to defend to the last. If Homœopathic, then it is so by virtue of *the change* effected by the process of attenuation, as discovered and insisted on by the Master. The Capsicum is converted by attenuation from Capsicum to Capsicinum, the same as Syphilis and Syphilinum Melitigra and Melitagrinum, *et hoc genus omne.* Let me take another instance from things in themselves simple and uncomplicated. I had the pleasure of residing for some weeks under the hospitable roof of my friend, Dr. Swan, of New York, in 1876. At breakfast one morning there was a dish of sliced cucumber, imparting to the atmosphere a most delightful aroma, most appetising and tempting, but I avoided them, because I knew of an oft-repeated and long experience, the terrible suffering which even two or three thin slices *invariably* caused me. Mark this word "invariably," because Dr. Lippe would have us believe that if any food disagrees, we "Isopathists" would feel justified in taking it in attenuation, and it will cure us. Those who believe such crass nonsense are bound to be disappointed. This comes of believing in Isopathy as a possible method of cure, which it is not. Dr. Lippe will find however, that when an article disagrees and *invariably* induces in the same individual the same symptom or group of symptoms, it is equal to a proving, and a very superior kind of proving it is—and what is more, a high attenuation of that which induced the proving, will not only cure the present suffering, but it will act as a prophylactic, enabling the individual to enjoy the article of diet with impunity. This is the rule, and it mattersnot what some may say, the rule remains a fact which cannot be disproved, not even by exceptions, which only prove

Digitized by Google

the rule. To illustrate, let me go back to the breakfast table of Dr. Swan. Dr. S. was particularly pressing that I should take some of the cucumber, and seemed delighted when I told him that "all my life I have never been able to take them without great suffering for twelve, twenty-four or forty-eight hours thereafter," to which he replied, "that is just what I want. I want a patient who cannot take cucumber because he always suffers from them in the same way." My sufferings from cucumber have always been intense heartburn, with hot, scalding acidity of stomach, and eructations of gas and fluids excoriating the fauces as if they were hot vinegar. I have known the eructations taste of the cucumber for one or two days, and nothing had ever afforded me any relief but bicarbonate of soda and stomach douches of cold water. On the promise of Dr. Swan that he would cure the bad effects, if any, I attacked the sliced cucumber, and "in for a penny in for a pound," I took at least a dozen slices of a most delicious cucumber, with the usual accompaniments of oil and vinegar. Breakfast over, the doctor went to visit his patients, and in half an hour my miseries began; and as usual they went on increasing. What was I to do? In an hour I was nearly beside myself, and no Dr. Swan. Anxious enquiries of Mrs. Swan, the domestics and even of outsiders, if they had seen him, or if they could say when he would return, or where he might be found were made, but the replies afforded me no consolation. I must "grin and abide." More than once I thought of spoiling the proving with some mustard and water—anything to while away the time or relieve my suffering. Two mortal hours elapsed when I heard my friend's thrice welcome voice at the door. I flew to him and begged of him to be as good as his word, to redeem his promise—as I had been in purgatory or doing penance for the sin of listening to his seductive tongue, and partaking of that which has always been to me as a peculiar poison. Dr. Swan took me into his consulting-room, and placed upon my tongue a powder of *Cucumis* C. M. (Swan). I looked at my watch, and exactly in fifteen minutes I began to experience relief, in half an hour the heartburn and acidity were gone, and within

Digitized by Google

an hour, the eructations and all taste of cucumber had ceased to molest the stomach and fauces, and I felt "as well and hearty as ever I felt in my life." Ever since I have been able to partake of cucumber with impunity. Dr. Lippe may call this Isopathy as he likes, and if it, and the Capsicum case, are both cases of cure by Isopathy, all I have to say is, that so far as therapeutics are concerned, Homœopathy and Isopathy, like Cæsar and Pompey, "they very much alike, specially Pompey." Isopathy may be Homœopathy, but certainly Homœopathy is not Isopathy.

Let me take another instance from things in themselves simple and uncomplicated—illustrations which speak for themselves, and which "he who runs may read." As soon as I returned to Liverpool from New York, in the summer of 1876, I found a patient waiting for me. It was a favourite cat which was in the last stage of poisoning from eating cock-roaches, or *Blatta orientalis*. The cat was wasted to a skeleton, continually retching, and at times bringing up nothing but frothy phlegm. It was evidently in great pain from its piercing yells, every now and then rolling and twisting on its back, or lying crouched on its belly as if suffering agony from colic. The expression of the eyes was wild and vacant, as if going mad—if not already mad. At times it would run backwards as if propelled against its will. In short, the poor animal was in that state that it would have been an act of humanity to have knocked it on the head and put an end to its existence. Having a lively recollection of the Isopathic (?) cure by the *Cucumis* C. M. (Swan) I at once trapped a male and female *Blatta orientalis*. I put them into a clean mortar, and with the pestle I very soon made minced-meat of them, adding *guttatim* 100 minims of water, reducing the whole, wings and all, to a homogeneous looking fluid. I then filtered it, and of the clear filtered solution of recently live cock-roaches, I filled my attenuating-glass, shook it well up with a piece of clean white paper over the mouth of it, and emptying the glass I placed it in my FLUXION CENTESIMAL ATTENUATOR and ran it up to the 15 M., from which I made a tincture and medicated a drachm phial of pellets with it. Puss was past taking food, and as it was

Digitized by Google

difficult to hold, being really mad seemingly with fright, I dissolved a few of the globules in a teaspoonful of cream, and puss lapped it up. Within half an hour we never heard another cry from puss, who slept for fifteen hours without leaving my couch and fur-rug. When she awoke she was free from all suffering, took her meals like any Christian, and within a few months she was the mother of a numerous progeny. What is more, the cook declared that she still ate "the beetles," but seemingly with impunity.

Do these cases belong to this bug-bear, this therapeutic phantom called Isopathy?—a *reductio ad absurdum* unworthy of the thought of any one possessing a logical faculty of even moderate dimensions; or, are they *bona fide* honestly and tru'y the offspring of Homœopathy; a corollary deducible from the law *similia similibus curentur?* Let us examine the matter free from prejudice, and let us put on our glasses, "clearers" and nothing more. Capsicum gets into one's eye in a concentrated form, causing intense suffering likely to last for hours, and certain to place the organ *hors de combat* for a similar length of time, if not causing more serious and permanent injury. One dose of *Capsicum* in a changed, an attenuated form, is placed upon the tongue and *presto* the suffering eye is restored. Let me ask if this is Isopathy why it is that *Capsicum*^{20m} (F. C.) minus spirit will not induce the burning-smarting if placed in contact with the eye; and yet when placed on the tongue of any one suffering from the mother-tincture so administered, the 20 M. relieves or cures it, while the θ is bound to increase the suffering. The system of a cat is poisoned slowly but surely from eating cock-roaches; the 15 M. (F. C.) of *Blatta orientalis* is placed upon its tongue and the suffering ceases and the animal is rescued from the very arms of death. The cure is as good and brilliant a one as ever was made by one man upon another. I am cured not only of the suffering "invariably" following even one slice of cucumber however prepared (if raw) by partaking of an infinitesimal and perfectly unknowable quantity of the same substance.

Drs. Lippe & Co. call this Isopathy, I do not; and the difference lies in this: The Homœopathic law of cure, which is the

Digitized by Google

only radical one, is the only therapeutic law that is benefitted by the process of dynamization or attenuation of its medicines. All other pathies work by forcing or driving nature, by stimulating the secretory and emunctory systems, and they have no alternative but to hug the crude drug. To increase their force they must ascend from the grain *upwards*, whilst the consistently honest Homœopath can only increase the power of his dynamis by descending from the grain *downwards;* consequently, any attempt to reason upon the two systems as if they were the same or even similar, which they are not, is illogical. The doctrine of dynamization by attenuation makes all the difference in the world. I could easily understand that if I had placed a little more or the same quantity of the mother tincture of Capsicum into my eye when it was wildly hot and smarting that would be Isopathy, which would convict me of insanity were I to do so; and whether or no, I should most certainly have been cured of my belief in Isopathy as a means of cure. The difference here lies entirely in "*the change*" effected by attenuation, and which is necessary for the "Higher Homœopathy." The slightest perceptible quantity of the mother tincture undiluted could only have made matters worse. The same holds good of the cat and the cock-roaches. Even when ill, it would eat "an ugly black beetle" as the cook called them, when it could not look at food. This is Isopathy which proved in the cat's case an impossible system of cure; but when these self-same beetles were attenuated, instead of being potent poisons to the cat, they became the very best antidote, "a perfect cure." As I have rescued another cat suffering in the same way and quite as far gone, and by one dose of *Blatta orientalis* 15 M. (F. C.), I can speak with something like confidence and authority. The cucumber-cure is explainable in the same way, more cucumber would simply make matters worse, which is Isopathy, the same curing the same, *quod est absurdum.* We do not require anyone to tell us that this would be a "Fatal Error;" the truth of the matter is, the man who credits Isopathy with being a "Fatal Error" does Isopathy an honour, and Homœopathy an injustice, because it would take a prodigious fool to take it in, even by a round-

Digitized by Google

about way. Isopathy as much as Allopathy or any other pathy except Homœopathy, ignores, yea ridicules the doctrine of dynamization by attenuation, and wherefore does Dr. Lippe & Co. "mix them up." Mixing up incompatibles is a "Fatal Error," and Dr. Lippe will act wisely if he withdraws from the position he has taken up.

There are only two methods of medication which I know of, which physicians have been fools enough to put in practice which are strictly Isopathic. The one is the inoculation of variolous matter as a preventive of Small-pox, which very soon died a natural death, as it was found to spread instead of stamping-out the disease. The other is Syphilization as practised by Professors Boeck, Faye, and Ricord, which latter has also died a natural death. There is only one other "foundation for a new system of medicine," in the fact, that if a poisonous substance is taken into the system, in a small dose at first and gradually increased, there becomes "a tolerance of the poison, or remedy," as instance, Arsenic, Opium, Whisky, Tobacco, etc., which has nothing to do with cure, as it is only the elastic force of nature to conserve itself against Allopathic dosing, physicking with Chloral, Bromide of Potassium, Morphia, Arsenic, purgatives and tonics, the more they take the more is required to produce a similar palliative effect. This is said to be on the principle of "a tolerance of the remedy," as if the medicine made itself to agree with the patient. Absurdity itself—the patient's system is actually poisoned and paralysed, losing its power to resist the poisonous influence. But enough of Isopathy and its co-relatives; as a method of cure it does not exist. Wherefore then call it a "Fatal Error?"

Homœopathy being the only radical method of cure, all *bona fide* radical and permanent cures will be found to be explainable upon and reconcilable with *similia similibus curentur*. In the present instance, the confusion existing arises from ignoring the fact that dynamization by attenuation was found to be essential to the safe and effectual practice of homœopathy; that each centesimal attenuation does actually and absolutely change or alter the therapeutic action of the *dynamis*, so as to be "all the same but different" from the one before it, and if

Digitized by Google

this is true of each and all of them, there must be a still greater difference between the 15 M., the C. M., the M. M., and the basis—the mother tincture or primary poisonous influence. Where is Isopathy now? an old woman's nightmare!

(To be continued.)

General Record of Medical Science.

Therapeutics of some Important Skin-Diseases, by Prof. Oscar Simon (Breslau).—Whereas Pilocarpin fails to be of any benefit in most skin-diseases, it acts most beneficially in prurigo, if we take it in the sense of Hebra. Not every itching eruption deserves to be called prurigo. If we analyze in every case of itching the complex of symptoms and try to explain it etiologically, we easily find out, whether the symptomatic cutaneous irritation is the product of parasitic organisms, animal (as scabies) or vegetable (*e. g.*, mycosis versicolor), whether it is the accompanying phenomena of a present dermatosis (*e. g.*, eczema, psoriasis, prurigo, pemphigus, etc.), whether it is caused by a constitutional or organic affection (*e. g.*, diabetes, nephritis), whether finally it is that obstinate pruritus, accompanying senile involution of the skin.

Prurigo is a specific dermatosis, of which pruritus (itching) is only a symptom. It is characterized by the localization of the affection to the extensors, especially of the leg, by leaving untouched the articular fossa, by the nearly always present prurigo-buboes in the crural fossa, but especially by their origin in early childhood and its immense obstinacy. It happens sometimes that we see it disappear in the fourth year of life, but mostly it lasts longer, and Hebra calls it then a morbus incurabilis.

Looking at prurigo as an affection where the secretion of perspiration is nearly stopped, Pilocarpin was used with great benefit. A year ago it was shown already that it moderates the relapses, and further trials proved that in most patients no relapse followed. Prof. Pick, in Prague, coincides in this opinion.

Once daily a hypodermic injection of 1 grmm. of a 2 per cent. solution of Pilocarpinum in aqua destillata is made, *i. e.*, 0.02 Pilocarp. Local manifestations of irritation were never observed. The patient is then covered with blankets and must perspire for two to three hours. In dispensary practice he uses Syrupus Jaborandi: 3 parts folia Jaborandi are infused with 15 parts boiling water and after filtration 18 parts sugar are added; the dose for adults is two or three tablespoonfuls, and two to three teaspoonfuls for children. Ptyalismus must be taken in the bargain, only a few patients suffer from nausea or vomiting. Treatment must be continued for two or three weeks. As a combination might be mentioned that the patient sweats in the morning, in the afternoon the affected parts are touched with ol. cadinum, followed by a bath of two hours or a pack in woolen blankets.

Digitized by Google

Symptomatic irritation of the skin requires different treatment according to the affection which caused it. As an external application Thymol may be recommended. It easily dissolves in alcohol and glycerine, but only slightly in water. 1 grmm. Thymol with 100.0 spir. vin. and 10.0 glycerine is the solution, in which a sponge is soaked and then steadily applied by touching every part which itches, the consequent burning soon ceases and scratching is thus prevented. A watery solution may be prepared (0.1 thymol, 10.0 glycerine, 100.0 aqua dest., sometimes 1.0 acid carbol.) as a wash, to be used three times a day and then to be powdered with amylum.

Chloral-hydrate, externally applied, acts well in pityriasis capitis, as analogous to the alkalies it loosens the epidermis scales and prevents their reappearance. We use commonly a solution of 5 per cent. of chloral-hydrate in aqua dest. with 10 per cent. glycerine, and in very obstinate cases add 0.40 Merc. cor. to 100.0. The solution is strongly rubbed over the scalp with a sponge once or twice daily for several minutes. We recommend this treatment in the first stages of the so-called alopecia pityrodes, where the hair does not yet fall out, but where there is a great deal of dandruff. In such cases it needs especial care not to injure the scalp. Most patients incline to remove the scales with narrow fine combs or with sharp brushes. All such procedures are poison to the scalp. We use only wide combs and soft brushes. The head may be cleansed with glycerine soap, or in old cases with spiritus saponato-kalinus, to which 1 per cent. thymol may be added, and where this treatment obstinately fails to yield, we use oleum cadinum and ol. olivarum āā, or tinctura rusci (ol. rusci, spir. vini āā). Where a slight desquamation remains, it will pass off under the use of pomades of bismuth. subnitr. and hydrarg. præc. alb. āā 1.0, vaseline 20.0.

Whereas hydrate of chloral, without odor or color, can be used with pleasure, we come now to a most excellent drug, repulsive by its repulsive and penetrating odor. And still in many cases Iodoform cannot be dispensed with. As corrigens bals. Peru or ol. Melissæ (3 parts to 1 Iodoform) are recommended. We either use the powder (pure Iodoform mixed with amylum) or a solution of one Iodoform to 15 parts Ether or Collodium. Hardly any drug equals it in producing granulations. In all torpid ulcerative processes, as in old ulcers on the legs or in fistulæ, it acts beautifully, and equally well in buboes and ulcus molle, which it cures most quickly. Iodoform-collodium forms a solid covering and thus prevents the new formation of soft ulcers.

The therapeutics of rosacea was so far insufficient, because it often was mistaken for acne. In its first stage we often meet diffuse capillary ectasies, hence some redness of the parts. Gradually some blood-vessels appear more prominent and can be seen with the naked eye as straight or serpentine lines in the reddened surface. Then come exudations, swellings of these parts and finally connective tissue hypertrophy, whereby sometimes a compression of the blood-vessels and a perfect and lasting paling of the hypertrophied parts is seen. The follicular apparatus of the parts attacked—mostly nose, cheeks, chin, forehead—is often drawn into coaffection secondarily and causes the formation of acne pustules, but which are also often absent and in no wise belong to the picture of rosacea. Rosacea is very rarely a local affection, mostly an apostasis in the hippocratic sense, *i. e.*, the local expression of an internal trouble, constitutional or

Digitized by Google

organic. In men we mostly meet chronic gastric catarrhs, perhaps ex potu in some cases; in women also chronic gastric and intestinal catarrhs, more often some genital trouble, leading to rosacea by stasis in the vascular apparatus, the treatment therefore must differ according to the etiology of the case. Local treatment consists by freely opening the ectasies with the knife or lancet through their whole length, the operation is such a trifling one that it can be performed without narcosis on the most sensitive woman. Next to this ripping open of the larger blood-vessels parallel fine incisions are simultaneously made over the whole dilated capillary region in order to prevent their growth. Bleeding is stopped by compression after having allowed the blood to run for a little while, only in anæmic persons immediate compression may be necessary. Very rarely cauterization follows the incision, and when necessary, a weak solution of chloride of zinc ought to be used. Visible scars are never seen. The procedure might be repeated several times at intervals of six to nine days, sometimes eight or nine times.

Finally we wish to speak of the therapeutics of eczema and we pass by the most important part, its internal treatment. In relation to external applications we must differentiate, whether we have to deal with acute or chronic cases. At the beginning of an acute eczema we must keep off all noxæ and be satisfied with expectative treatment. Most cases of chronic eczema arise from maltreated acute cases which might have run an abortive course. Most physicians ignore that tar, soaps, ointments, even water act as strong irritants to acute eczema. We only keep the parts cool and dust them with finely powdered amylum. Where there is a great deal of burning, we use dry cold by applying dry linen cooled on ice or by applying the ice-bag for about ten minutes every half hour. Moist cold macerates the skin and is sure to lead to moist eczema. Gradually we may apply dry astringentia, as the zincum oxydatum album subtilissime pulverisatum (zinc. and amylum ää), borax, bismuth, talcum, etc. Where the acute stage passes into a subacute one, we may carefully cleanse the parts with alcohol and then use the powder. Where the case comes under treatment during the second or third week of its existence, mild ointments may be preferable, as vaseline, to which bismuth may be added (1 : 10) and used two or three times a day. Where there is copious discharge, compression is demanded. The bismuth ointment is spread thickly on linen and after application held firmly down by bandages. On the extremities this is easy, on the hands every finger must be separately bandaged. For the face a mask is made with holes for eyes, nose and mouth and covered with a flannel mask. All the bandages are changed morning and evening and the old remnants of ointment removed with lint and fine wheat flour. A stronger application is the Ungt. lithargyri, but we prefer emplastr. litharg. simpl. and vaseline ää, leni igni misce, it acts more energetically, but can hardly ever be used on children. Progress is slow, we must continue treatment without change for six to eight weeks, till the stadium squamosum is fully reached. In obstinate cases the treatment may be aided by ablutions with alcohol or fluid glycerine soap. Only where the infiltration is very severe, we use spir. saponato-kalinus (sapo-kalin. 100.0, spir. vin 50.0, digere per horas 24, filtra et adde spir. lavend. 15.0). After using at first a dilution, it may then after a while be rubbed in pure with a flannel rag and immediately carefully washed off. In very inveterate, but

Digitized by Google

limited eczema the best treatment is removal with the sharp spoon. A single application sometimes suffices to cause a lasting cure in most obstinate cases. Where chronic eczema covers large spaces, we apply the sapo-kalin. on flannel and let it remain one to four days, so that all infiltrated spots become thoroughly softened and ungt. lithargyri or acid. pyrogallicum may then be used.

Having reached now the stage of eczema squamosum, tar applications are now in order, as oleum cadinum or oleum rusci, either one mixed with 10 parts oleum olivarum and at first applied only on small spots. Where irritation follows in the form of small nodules, blisters or pustules, it is a hint that its application is yet too early, otherwise we paint some parts with the tarry preparation morning and evening and dust them over with amylum. As tar does not decompose, it may be left on the skin without being rubbed off. After its removal we find a sound skin under it.—*All. Med. Centr. Zeit.*, 43 and 44, 1881.

On the Treatment of Atonic Ulcers, by Dr. Brockmann.—Horizontal position of the ulcerated leg. After thorough cleansing of the ulcer with fresh water, pulvis jodoform is sprinkled over it pretty thickly twice a day, till all the bad odor is removed, its livid appearance gone and healthy granulations cover it. Treatment is then changed to a 2 per cent. solution of carbolic acid on lint and ungt. hydr. præc. alb., also on lint pro re nata, till the ulcer is all healed over.—*Med. Neuigk.*, 32, 1881.

Therapeutic Uses of the Juices of Carica Papaya and Papayotinum.—Bouchut uses Papainum in the Hospital des Enfants Malades in dyspepsia and in all diseases of the intestinal tract, where formerly the animal Pepsine was used. Dr. Albrecht prefers Papaya-syrup for children, and he witnessed excellent effects in children from five weeks to eight months suffering from dyspeptic and catarrhal gastro-intestinal affections; vomiting and lienteric stools disappeared rapidly and for good; it acted especially well in artificially brought up children. Rossbach, of Würzburg, proved the action of Papaya preparations on diphtheritic and croupous pseudomembranes, and showed that a pretty large piece of a pseudomembrane from a diphtheritic child, put in a concentrated Papayotin solution (0.1: 2.0), dissolved already after an hour into small particles, which after six hours were so far gone that the solution looked perfectly clear, and even under the microscope nothing was left. Other experiments showed that after two hours membranes in a 5 per cent. solution were totally dissolved, in a 2½ per cent. only partly, and it failed entirely in a ½ per cent. solution.

The succus caricæ papayæ acted less energetically (1 : 8 cold water), the membrane also dissolved, but only after twelve hours, and then not fully. He tried it on a child of eighteen months suffering from diphtheritis, and already during the first night the tonsils were cleared, nor did the fauces show a trace of exudation. A concentrated solution was used with a brush or with the atomizer, and 5 grmm. were used during twenty-four hours. But this must be done every five minutes so to keep the solution constantly in contact with the membrane, and we cannot expect success by applying it only every hour or two.—*All. Med. Centr. Ztg.* 41, 1881.

Digitized by Google

Naphtol in Skin-Diseases, by Prof. Kaposi (Vienna).—Instead of tar, Kaposi uses one of its constituents, naphtol, in a watery alcoholic solution (equal parts water and alcohol) and in ointments. Of the former he makes solutions containing ½, 2, 5, 10 per cent., pencilling with it twice a day, and the ointments are made in the same proportion. The latter act well in scabies, two inunctions in twenty-four hours, also in psoriasis, where it also can be applied to the visible part, as face and hands. In eczema it is useful where tar is, in subinflammatory states during the stage of development and retrogression, but it is necessary in eczema to begin with the weakest solution. Experiments were also made in seborrhœa capillitii, prurigo, lupus erythematosus.—*W. M. W.*, 24, 1881.

Aconite in Remittent Fever, by Gerald Bomfort (Calcutta).—1. Aconite reduces the temperature. 2. It reduces the rapidity of the pulse and makes it full and strong. 3. It cleans the tongue and restores the digestive functions. 4. It induces sleep. 5. It increases the quantity of urine and seems to have a direct effect in removing the symptomatic congestion of the kidneys. 6. It promotes perspiration. 7. It is exceedingly grateful to the palate of the fever patient. It acts most usefully when given in frequent small doses. Our minimum is a drop every quarter of an hour at first, then every hour, and after a dozen drops are taken, at longer intervals.—*Braithwaite's Retrospect*, July, 1881.

Mental Disturbances from Renal Affections, by Dr. Hagen (Erlangen).—1. Mental disturbance from acute nephritis or morbus Brightii. This psychosis is mostly of a melancholic character: fear of persecution or poisoning, a desire to escape, sudden attacks of doing injury to himself or others (mania). With such excited states alternates apathy, ill-humor, stupefaction, sometimes the latter is combined with passive resistance; non-recognition of persons, hallucinations of sight and hearing, epileptiform attacks and convulsions were also noticed. The renal affection in all cases preceded the psychosis, and the latter may be considered an equivalent of the coma, deliria or convulsions, frequently observed in nephritis. 2. The character of the psychosis in chronic renal troubles is also that of deep melancholia, the hallucinations are of a threatening nature, with fear of persecution, so that the patient refuses all food. A considerable reduction of the substance of the kidneys causes the mental trouble, in one case he found a high graded degenerated cyst with atrophy; in another case hydronephrosis of one and granular atrophy of the other kidney; in still another case considerable atrophy of the left kidney with congenital defect of the other. Such reduced kidneys cannot excrete the normal quantity of urine and of urea, showing an injurious influence on the brain. The organism possesses in the lungs, skin, etc., organs acting compensatory for the kidneys, even the heart may by increased labor (hypertrophy) and increased flow of blood to the kidneys produce a kind of compensation, so that the disturbance caused by the renal insufficiency may be paralyzed. But where such a compensation is prevented, ill-humor, anguish and irritability will set in where the compensatory disturbance is moderate, or a decided psychosis will appear as the equivalent of uræmic coma and convulsions where the insufficiency of the kidneys is increased. Thus renal affections may lead to mental affections.—*Med. Neuigk.*, 31, 1881.

Digitized by Google

Reviews and Bibliographical Notices.

American Homœopathic Pharmacopœia. Boericke & Tafel, 1882.

A comprehensive and reliab.e pharmacopœia has long been waited for by members of the homœopathic school of medicine. The American Institute of Homœopathy made repeated efforts to have the work done by its members, but failed; and three chairmen abandoned the task as hopeless. True we have as recent works, the *British Homœopathic Pharmacopœia, Schwabe's Pharmacop. Hom. Polyglottica* and *The United States Homœop. Pharmacopœia,* but they have been found wanting in many essential particulars. This new addition aims to remedy the defects and supply the omissions of previous works; let us examine it. A book of over 500 pages, of which 20 are devoted to general homœopathic pharmaceutics and two to a modest, but clear and sufficient, introduction. A most felicitous definition of homœopathic pharmacy is given in the introduction, "to prepare the remedy as indicated by the prover, and in such a form as the practicing physician requires."

The First Part, confined to General Homœopathic Pharmaceuties, embraces first the cleansing of utensils, the vehicles to be used, the preparations and dispensing of drugs, the procuring of medicinal substances and their manipulation, the preparations of potencies and a most important account of "the proportions of measure and weight in the preparation of tinctures, solutions, potencies and triturations." This topic, which occupies only eight pages, is by far the clearest and most accurate account of our prosology we have ever read. The various preparations treated of in this section are divided into nine classes: *first,* tinctures prepared with equal parts by weight of juice and alcohol; *second,* tinctures expressed by the aid of two parts of alcohol added to three parts of plant, or part thereof; *third,* tinctures prepared with two parts by weight of alcohol to one part of plant, or part thereof; *fourth,* tincture prepared with five parts by weight of alcohol; *fifth, A,* Aqueous solutions, one part by weight of the medicinal substance dissolved in nine parts by weight of distilled water; *a,* centesimal scale; *b,* decimal scale; *B,* one part by weight in ninety-nine parts of distilled water; *a,* centesimal scale; *b,* decimal scale; *sixth, A,* alcoholic solutions: two parts by weight in nine parts of alcohol; *a,* centesimal scale; *b,* decimal scale; *B,* one part by weight in fifty parts of alcohol; *a,* centesimal scale; *b,* decimal scale; *seventh,* triturations of dry substances; *eighth,* triturations of liquid substances; *ninth,* trituration of fresh vegetable and animal substances. All preparations of the different substances in the work are referred to one of these classes, whereby great economy of space is attained with perfect uniformity of preparation.

The first thing that strikes us in the Second Part is the nomenclature, and we are exceedingly pleased that the old Latin nomenclature is used as in the official German Pharmacopœia. On turning over the pages we note with pleasure that *Actæa* is used exclusively for *Actæa spicata,* while *Actæa racemosa* is found under *Cimicifuga.* We have been able to find little fault with the botanical proper names or with the chemical nomenclature. Compounds of Arsenious acid, as in *Kali arsenicosum,* and of Arsenic acid, as in *Natrum arsenicicum,* selected as tests,

Digitized by Google

prove to be correct. We should have preferred reading Iodum and Bromum, but very likely Iodium and Bromium are quite as correct. This is, however, a small matter. Two errors we have found, namely: *Ferrum bromicum* for *Ferrum bromatum*, and *Monobromidum camphoræ* instead of Camphora monobromata.

We wish for the sake of that large class of physicians who persistently mispronounce the names of drugs, that the pronounciations had been given. We hope to see it in some future edition. We do not remember meeting a single physician who pronounced correctly the names of all his drugs.

In describing organic substances the natural order, in case of vegetables, and the class, order and family, in case of animals, are given with common names and synonyms. This work is remarkably accurate and fully abreast of the times. Then follows a general description of the plant or animal, sufficient in most cases to identify the species.

In the case of inorganic substances there are given: the synonym, common name, formula, preparation used, the manner of purifying it, if it is to be purified, and then the general properties and tests, and, finally, the preparation for homœopathic use.

Directions for preparing the substances, whether animal, vegetable or mineral, are in all cases clear and exact. The drug power of the tincture is given, and for preparing dilutions the reader is referred to the various classes described in the general part of the work. It seems to us that some more extended directions for detecting impurities and adulterations, especially of important barks, roots and seeds, might have been given with advantage; for example, under China we find no description of the appearance of the true China bark which would enable the pharmaceutist to distinguish it from other China barks. Nor do we find under Rhubarb any description of the peculiar characters of the root to be used or any method of distinguishing it from spurious roots. It is true, that a treatise on adulterations, especially of drugs, would occupy a large space, and doubtless had this part of the work been carried out to its legitimate extent, the size of the book would have been greatly increased without a corresponding increase in value to the general practitioner.

Taken as a whole, the work is remarkable for its conciseness and accuracy. May it meet with the reputation it deserves.

T. F. ALLEN, M.D.

The Human Ear and its Diseases, by W. H. Winslow, M.D. Ph. D. Boericke & Tafel, 1882.

We are promised a thorough review of this practical treatise by a specialist in aural diseases, but we must exercise our patience and we will be only the gainers by it. In regard to therapeutics, we miss many a remedy which did well in the hands of the general practitioner. In fact this is one of the objections which may be raised against specialties in the treatment of patients. They forget to individualize, and forget that the totality of symptoms embraces more than one organ, and still we ought not to complain, for all through the work we find clear cut indications for many remedies, as *e. g.*, in chronic purulent inflammation of tympa-

Digitized by Google

num, and in chronic nasal catarrh. We do not blame the specialist for so much local treatment, the people wish it, and though *vox populi* is not always *vox dei*, we may rather say, *mundus vult decipi*, and as they are not satisfied without it *-ergo decipiatur* or *humbugatur*, and as long as local treatment remains the rule, our specialists have to conform to the authorized practice.

Boericke & Tafel need no praise; what they publish always gives general satisfaction—good heavy paper and a clear type.

The Incidental Effects of Drugs. A Pharmacological and Clinical Hand-book, by Dr. L. Lewin. Translated by W. T. Alexander, M.D. New York. W. Wood & Co., 1882.

In the November (1881) number of this journal, we already gave a full review of this excellent work, and we refer our readers to it. We feel pleased that these enterprising publishers concluded to clothe it in an English garb so that it may become property of the many. As I said before, we learn thus many an indication for a drug in an allopathic work which was useful to us already in years gone by. It is a mighty readable book and the price cheap enough for him who cares for a good and useful library of his own.

Materia Medica and Therapeutics, Inorganic Substances, by Ch. D. F. Phillips, M.D., etc. Edited and Adapted to the United States Pharmacopœia, by Lawrence Johnson, M.D., Vol. I. New York. W. Wood & Co., 1882.

This is the April number of Wood's Library of standard medical authors. Another good work for a mere nominal price, well bound, good paper and clear type, for which our hearty thanks are offered to these true friends of the medical profession.

Alas! that our author has to acknowledge in his preface: "that ample space should be given to discussing the physiological action of medicines is a necessary condition of any modern work, and if the conclusion reached and the bearing of the facts gathered under this head, are still rather *vague and undefined*, they at least engage and deserve earnest attention, and point to the direction in which further advance may be made."

Now Dr. Phillips knows better; he is fully acquainted with the law of similars, which alone can explain the action of drugs on the human body. Why he clings to vague and undefined hypotheses when a natural law is at hand, is one of the aberrations to which the human mind must sometimes plead guilty. We fully admit the benefits arising from experiments on the brute creation, but after all only coarse material changes are observed; it takes the thinking mind and the sensitive body to reveal to us the true action of a drug, and hence provings as instituted by the homœopathic school can only pave the way for a physiological Materia Medica, and teach us its application at the bedside.

Some of the best chapters in the book are those on oxygen, water, sea-bathing, mineral waters and baths, especially because they are so often neglected in works on Materia Medica. It is true we have special works on these branches of Materia Medica, but not every student is able to buy all he needs at the start. We cannot help blaming Dr. Johnson for neglecting to give us the balneology of the United States. Our springs are fully equal in medicinal virtues to any of which

Digitized by Google

Europe can boast, and the scenery of this country equal in beauty to any in the world. If our physicians would study more the balneology of their own country and advise the use of its healing waters to their patients, instead of sending them to Europe, we would soon witness the same pilgrimage to these holy shrines of nature, as we annually see in the emigration to European shores.

Our space is limited, but so far as we studied Phillips *Materia Medica*, we can most heartily recommend the work to our readers.

Analytical Repertory of the Symptoms of the Mind, by C. Hering. 2d Edition. Am. Hom. Publishing Society, 1882.

A legacy of our revered father! With a heart full of emotion we opened this volume, and we felt glad that nothing was changed; that it was left as he had given it to us in the first edition. That after so many years which passed since the first edition appeared, only so few additions could be made by the venerated author, proves the completeness of the work before us. If it was formerly complained of, that there was no full index on hand, this want Dr. Levi J. Knerr has faithfully supplied, for which our thanks are most heartily tendered. Hahnemann was right when he gave such a prominent place in all diseases to the symptoms of the mind, and Hering succeeded in giving us a work, where they are put together under different headings for the use of the close prescriber. Others will find very little use of such a work.

Materia Medica Pura, by S. Hahnemann. Translated by R. E. Dudgeon, M.D. Vol. II, Ledum to Verbascum. Hahnemann Publishing Society, 1881. Price, $5.00.

Our two publishing societies, one American, the other English, or rather vice versa, for the British is the older one, do noble work—slowly. The late Hempel's translation is out of print, and whether Dudgeon understood it better to solve the riddle of German expressions and transfer them into good English, is a pious desideratum, for there is no other language more difficult to translate, on account of its very wealth of expressions and combinations, than the language in which Hahnemann thought and wrote. This edition is certainly an improvement on the old "Radde," for every symptom is printed separately and numbered and the authority whence it comes, given. Has it become superfluous on account of its age? Let us hope that the publishers are able to give a negative reply—*nous verrons.* Will the chronic diseases follow? We on this side of the water feel proud of our ten volumes, plus the general Symptom Register of Allen, and still how many mistakes can be detected in that and every other work! Have pity, dear reader, with author or editor, their position in learned society is not an enviable one.

The Indian Homœopathic Review, edited by W. L. Bhaduri, L. M. S. Calcutta, 1882.

We welcome this new periodical to our ranks, but we beg the editor, instead of extracting from other journals in the English part of the monthly, to give us here the pathology and treatment of diseases peculiar to that climate. They will be of the utmost interest to all his readers. Keep your translations for the oriental part, as there they will do the most good. Again, a most hearty welcome.

Digitized by Google

The Students Manual of Venereal Diseases, by Prof. Berkely Hill. New York, W. Wood & Co., 1881. PRICE 10 CENTS.

No excuse any more for no library, when Wood, Appleton and others, publish good and valuable books for a mere song. Just take this manual and you'll find everything in a nutshell, how to treat the different venereal affections. Certainly you cannot expect full details, but that is just what even the busy practitioner does not always want; he wishes only to refresh his memory, and for that purpose this Vademecum is excellent. Keep on, Messrs. Publishers, with your cheap editions. If you can stand it we can.

A Complete Minor Surgery, including a Treatise on Venereal Diseases, by E. C. Franklin, M.D. Chicago. Gross & Delbridge, 1882.

We never knew that minor surgery contained so much; well, one is never too old to learn, and as this book is also the practitioner's Vademecum, we know now precisely the duties of a general practitioner and what belongs to the surgeon par excellence. In fact the country doctor must be of necessity a jack of all trades, and he ought to be able even at a moments notice, to perform an amputation with a butcher's knife and a butcher's saw. Give me by all means the country doctor who cannot send for a consulting friend, who must rely on himself in the hour of dire necessity.

After giving us just a little physiology, our good old friend strikes right out and gives us a thorough manual on bandaging, and we are glad to see, having the country doctor always in our mind's eye, that many of the old-fashioned complicated modes of bandaging have been left out; the handkerchief system of Mayor (page 95) deserves recommendation, for "the handkerchief is found everywhere." We cannot expect a full Materia Medica in a Vademecum, nor that a surgeon should have all the minutiæ in his head, but it is a good sign that surgeons like Franklin and Helmuth, openly acknowledge the fact of the healing power of the higher potencies, and recommend their use in the lecture-room as well as in their works. Retrogression will not go down, for we have the surgeons on our side.

Let us not be too exacting; the hypercritical may find an omission here and there, what of that! The book is for the busy practitioner, for my country doctor (and I know from experience what that means), and they will bless the genial Franklin for the work he did for them.

Trance and Muscle Reading, by G. M. Beard, M.D. New York, 1882.

What Dr. Beard writes is worth studying, for he takes nothing as granted, nor is he given to transcendentalism. In the whole subject of trance and muscle reading we see the old story revived, opposition by scientific men, because it goes above their understanding. The old materialism creeps out everywhere, and dynamics count for nothing—*e pur il muove!* Indeed, let us say with this eminent author: the long and dreary stage of cold indifference has passed already; the short, hot stage of opposition is rapidly passing; the third and last stage, through which all scientific truth must pass--the stage of contests of priority—is near at hand.

Let Dr. Beard and all the members of the so-called old school, apply it to the study of homœopathic therapeutics, and here also we devoutly wish that the third and last stage is near at hand.

Digitized by Google

Annual Report, 1881, *of the New York Ophthalmic Hospital.* (Endowed by Mrs. Emma A. Keep.)

Increased benefits to suffering humanity! From year to year these reports show what can be done by a staff, alive to their duties, steadily progressive in their specialties, and who give joyfully their time and their labors gratuitously to the poor. It is not the few hours spent in the hospital or at the dispensary which ought to be counted by the lay-people, but the many hours of study at home to perfect themselves for their daily avocation. "Well endowed!" what a pleasure it must be to that good woman to witness now, alive and in her best years, the benefits of that charity. Why wait till you rest in the silent tomb, when your wealth is not yours any more, and when heirs, perhaps, illy like the bequests found in your last will and testament. Give while *you* may give, you wealthy men of this metropolis, and enjoy yourselves the benefits of your gifts. It is more pleasant to give than to receive, says the good book, and many a worthy hospital drags out a miserable existence on account of its want of the necessary funds.

Transactions of the Hom. Med. Society of Pennsylvania, 1881.

Comparing this volume with a similar one of the State of New York, we most decidedly give the palm to the Keystone State. "Excelsior" must stand back and we, the physicians of this great State, have to do better work in order not to be eclipsed by our neighbors. Well, Pennsylvania, especially Philadelphia, has always been the Mecca of homœopathy, and we feel proud that the younger members keep up the reputation gained by the hard work of their predecessors. The report of the bureau of clinical medicine shows deep research, and we hope to make good use of the material contained in it. Some of Mohr's verifications were copied or underlined by us in *Allen's Encyclopædia* and in *Lilienthal's Therapeutics*, and thus we might go on from one bureau to another, and only praise could be bestowed on these laborers. Cosmopolitan New York has its hands into everything, and does well enough as far as it goes, but neglects too much the keystone of homœopathy, our glorious Materia Medica. Let us make a note of it, and earn also in this department the device of our State—Excelsior.

Lectures on Electricity (*Dynamic and Franklinic*), *by A. D. Rockwell, A.M. M.D.* New York, Wm. Wood & Co., 1881.

Who would have thought a decennium ago that static electricity would come to the foreground again and be able to hold its own. We heartily thank Dr. Morton for his labor in that direction, and now Rockwell devotes many pages to its elucidation. "Mach's nach, aber mach's recht nach" said our Hahnemann, and Rockwell repeats the same injunctions over and over. The misapplication of electricity by persons, hardly initiated in its first principles, has brought it too often into discredit; it needs close study to know when and how to apply it, and reminds me often of the studies necessary to select the simillimum in our Materia Medica. The practical part of these lectures is very satisfactory, and Dr. Rockwell may be congratulated to have given so much in the few pages devoted to practice.

Digitized by Google

An Index of Surgery, for the use of Senior Students, by C. B. Keetley, F. R. C. S. New York, Wm. Wood & Co., 1882.

"This book is intended to be read by the senior student shortly before he goes in for his final examination and after he has carefully studied a complete textbook of surgery."

How gladly would that senior welcome such an index in every branch of medical lore, where he would find what will pass him without wading through bulky tomes. We cordially recommend such Vademecun's, but we must not expect too much of them. If all theorizing were left out of medical works; if hypothesis could be expunged, many a large volume would dwindle in size and be the gainer by it. Brevity is the soul of wit, and we want more of such works for hasty reference; during leisure hours we study the big fellows.

Wood's Library of Standard Medical Authors, 1882.

Messrs. Wood's Medical Library is now in its third year, and certainly these enterprising publishers have kept their word faithfully to the reading public. For the bagatelle of fifteen dollars, twelve good sized volumes are given away, as it were. Some might perhaps prefer different works, but a publisher has to suit different tastes, and something can be gained from any book. That so many of these volumes are reprints of English works cannot be gainsaid, and thus a brake is put on American authors cannot be denied. Would an international copyright-law improve the matter? Our legislators are not clear on that point, and thus the world moves on in its old ruts.

Text-Book of Materia Medica, by A. C. Cowperthwaite, M.D. Chicago, Duncan Bros., 1882.

A work which the author confesses to be but a compilation of the main symptoms taken from the larger works on Materia Medica, gives the reviewer but little opportunity to criticize the material therein contained; all that he can do is to pass his verdict upon the manner in which this has been done. We were pleased with the first edition of the work, thinking that it contained just sufficient to give the student his first idea of the action of each drug, and the bracketing of drugs having the same symptom, gives the true student a strong impulse to study and to compare, wherein the two or more drugs differed as well as where they agreed.

That "the boys," and for their benefit the work was written, were satisfied with the book, the enlarged and revised second edition proves the rapid sale of the first, but may we not opine that the author had better remained true to his former term "Elementary," for after all, we do only find here an equivalent for the ordinary notes taken by the student during his college term. For the thorough knowledge of the varied action of each drug, larger works and repertories are necessary, and can never be replaced by any condensation, no matter how carefully the work is done.

There must be a business boom in Chicago, or else Duncan Bros. could not have allowed so much paper to go to waste. The book makes thus, perhaps, 75 or 100 pages more, but as the price is reasonable, let us not complain, only a little larger type would have nicely filled the waste and benefited the reader.

Digitized by Google

Illustrations of Dissections, by G. C. Ellis and G. H. Ford (the February number of Wood's Library). New York. Wm. Wood & Co., 1882.

We feel sorry that we cannot bestow full praise on the illustrations contained in this work, for they are far inferior to the anatomical plates of Masse-Ranney, or to the wood-cuts in *Hartman's Anatomie des Menschen.* It may be that we are a little too exacting, but we are so used to excellence that second-class work will not go down easily. Prof. Ellis is too good an anatomist that the descriptive part should not be *au fait,* and as the whole work of two volumes can be had for the trifle of $2.50, it ought to be on our tables a handy help in cases where we are obliged to make post mortem's. It is astonishing how treacherous the memory of the general practitioner becomes as he grows older, and how often he needs a remembrancer to refresh that memory.

Chemical and Physical Analysis of Milk, Condensed Milk and Infant's Milk Foods, by Dr. N. Gerber. New York, 1882.

The thing is well put together, but we found nothing new in it. Give us healthy women, healthy cows and honest milk dealers, and there would not be so much infant mortality. Alas! the millenium has not come yet, and in respect to infant's milk food, late analyses have proved again that also here the millenium is still far off, and most of them enrich the manufacturer without doing so much good to the poor infant. We do not blame Dr. Gerber that he gives the palm to his milk food, and if well prepared, he vouches for that, it certainly cannot act detrimentally.

Hand-book on the Diseases of Women, by W. S. Brown, M.D. New York. William Wood & Co., 1882.

The author offers his work as a practical guide for the use of medical students and country practitioners. For the former we fail to see its value, owing to the brevity with which the individual subjects are handled; although the latter who has studied the subject in his younger days and may only wish to refresh his memory on some salient points, can undoubtedly derive benefit from its perusal, especially so in regard to the matter of treatment, as the author simply gives what he has found most effective, and thus avoids the error of giving his country colleague a vast armamentum over which he becomes puzzled, and after mature consideration finally chooses ——, in all probability the wrong remedy.

We should like to see a larger work on this subject from the pen of Dr. Brown, for in no branch of medicine has routine treatment been more the rule than in diseases of women, and the doctor, taking as his motto, "the highest aim of our art must be the greatest possible generalization of diseases and the greatest possible individualization of our patient," seems to have taken a step in the right direction. But we advise our author to be careful, if he does not want to be ostracised by his colleagues, for the taking into account of *mental phenomena* and laying great stress thereon, has been one point about which we poor homœopaths have been sneered and laughed at, but *e pur' il muove,* and we are pleased that the acute observers of the old school find that more than mere objective symptoms are necessary in making a careful prescription.

Digitized by Google

Annals of the British Hom. Society and of the London Hom. Hospital. London. Price, 2s. 6d.

Short and sweet. We might have expected more, but 1881, the World's Hom. Convention met in London, and the literary stock thus became nearly exhausted. Dr. W. Epps' paper on eczema is good, but it does not go far enough, and we fully agree with those gentlemen who, considering it always a constitutional disorder, differentiate their plan of treatment accordingly. Dr. Burnett shows himself an apt scholar of the German language, and we hope that under his guidance the British Hom. Society will give us an improved edition of *Allen's Encyclopædia*, just as they have given us lately an improved Materia Medica Pura of Hahnemann. May they be free from all errors, but it is far easier to condemn than to do the work which Allen has accomplished in so short a time. There is the rub! We will allow Dr. Burnett a year for each volume, or even two years to free it from all mistakes. The cases from practice are all given too short, and nothing can be gained thereby; too often we fail to see the *rationale* of the selection of the remedy. Give us less cases, but work them out thoroughly.

Hand-book of Uterine Therapeutics, by Edw. J. Tilt, M.D. Wood's Library, Nov., 1881.

We rejoice with Dr. Tilt in the fact that the best works on gynæcology are written in the English language, and we would not be Americans did we not feel proud that many of the most successful methods of treatment of uterine complaints are due to the genius of American gynæcologists. It may be that we are prejudiced in favor of our countrymen, but we regret failing to find in Dr. Tilt's work that personality which is part and parcel of our American works, and the more so as no one can read his work without being attracted by the terseness and yet clearness of his descriptions, and by his thorough knowledge of the subject which he treats. It may be that we are doing the learned author an injustice, and that in a work on therapeutics he may deem it necessary to include all manner of treatment, but he seems to forget that his work is written for young practitioners, who may not have had any too much practical experience in the treatment of uterine diseases, and for whom it will be difficult to choose from the mass of drugs, without any clearer indication than the author gives. "Ringing the changes" may do for gray-beards whose reputation is established, but we fear the patient would desert the young beginner before he came to the end of his remedies.

First Aid to the Injured, by Peter Shepherd, M.D., and B. Morton, M.D. G. P. Putnam's Sons, 1882.

We must not be too critical in scanning over the pages of such a book. What to do in an emergency, is always of great value to know, for a stitch in time saves nine. The chapters on wounds and on poisons are well written and to the purpose; other chapters are well thrown in to enlarge the size of the pamphlet; and after all, where is the harm to know when and how to take a bath. Such little aids ought to be printed as cheap as possible, so that societies can afford to give them away to the people.

Digitized by Google

A Practical Treatise on the Diseases of Children, by Meigs and Pepper. Seventh Edition. Revised and Enlarged. Philadelphia. P. Blakiston, Son & Co., 1882. Price, $6.00.

There are so many mediocre works published on diseases of children that we are glad to see our old stand-by, *Meigs' Diseases of Children*, in the seventh edition, revised and enlarged, and thus proving that they are alive with the times. Such a standard work needs no recommendation, but it is still astonishing how many ideas in pathology had to be changed since the first edition saw the light of day about a quarter of a century ago, or rather we want to say, hypothetical ideas about pathological states are constantly changing, as for example, that fungus theory of many diseases, and which Gregg so convincingly proves to be only changes in the fibrine of the blood. Our authors pass lightly over the ground, notwithstanding the well-known researches of Wood and Format.

Reading accidentally, that to us so interesting chapter on diphtheria, we were well pleased to see the remark: "Regarding diphtheria as a constitutional affection, depending upon a peculiar alteration in the blood, we must admit that we are in possession of no remedy which in any respect merits the name of a specific in its treatment—in other words, as a celebrated author puts it: the highest aim of our art must be the greatest possible generalization of diseases, and the greatest possible individualization of our patients. This is a light just dawning in the heads of the adherents of the old school, whereas for nearly a century it has been the standing rule for the believer in the law of similars. 'Homœopathy is not mere symptom-hunting, but a careful perusal of all subjective and objective symptoms in the patient under treatment, so that we may get a clear picture of the diseased state, as it shows itself in that identical patient. Is this not far better for therapeutical measures than a mere pathology plus autopsy?

To us, the chapter on nervous diseases had especial interest, and unstinting praise it deserves, and the quotations from so many high authorities show that the authors are constant readers of our periodical literature. In the study of the diseases of the nervous system great advancement has been made, and though many a crude idea has crept in, still the progress made is wonderful, and gradually the wheat will be winnowed from the tares.

Could not one of our authors give us a Vademecum on hygiene and food for the use of mothers? So many excellent admonitions are scattered through the work, which when collected, would make quite a little volume. And coming from such authority, it would carry great weight even with the lay-people. Prevention is better than cure.

Correspondence.

Englewood, N. J., Feb. 18th, 1882.

My Dear Doctor:—Again the *North American* comes overflowing with good things—scholarly and liberal. But please "note an exception" to a portion of Dr. Skinner's communication. One of his cases, winter cough. Everything failed till he remembered that the man was miserly, and therefore gave Lycop. So

Digitized by Google

also, Hepar, in case of diabetes, based on the one symptom, "violent temper." My objection is two-fold. First, these moral symptoms were natural; the man was naturally miserly before he had any cough, or high-tempered by nature. If then, as it appears, remedies were selected on that ground alone, that consideration should prevail in every ailment of this patient. If he gets Bright's disease or measles, give Lycop., because he is miserly—or Hepar because he is bad tempered. But why not Uranium nitrate, which has "ill-temper, cross and disagreeable," and which has relation to the whole case. (I have recently treated successfully a fully developed case diabetes mellitus, with Uranium nitrate, as have others also.) Or if that one symptom alone is guide, why not Apis, "violent amounting to frenzy," "irritable," or Carb. veg., "very irritable and inclined to anger, wrathful."

Then again in cases cited, it was not prescribing as we have been taught for the *totality* of symptoms, but for *one* alone, while all the ordinary symptoms by which the disease is made manifest, are utterly ignored. Not led by a characteristic symptom to choose a *remedy that covers the whole case*, but prescribing on that *one* symptom only. I think too much stress has been laid upon *one* characteristic symptom, except as a guide to the remedy that covers all. Scores of times I have selected Lycop. for "fan-like motion alæ nasi," with complete failure, simply because it did not cover the case as a whole. I regard that symptom now as a mere indication of weakness, and of no special clinical value.

I can confirm Dr. Schmidt's use of Cupr. acet. in convulsions, from repeated trials. For many years it has been my main reliance in all cases connected with eruptive diseases—measles, scarlatina, etc. Have just had a very marked case. Male child, æt. 8. Three years since had scarlet fever. Soon after, epileptic convulsions came on, gradually increasing to twenty or more per day. About four months ago, coming into my hands, Cupr. acet. was given. On that day and several preceding, there were from five to twenty-five convulsions per day. From that time has never had the slightest attack, and is apparently in perfect health. But alas! Dr., it wasn't the millionth potency either, but $\frac{1}{100}$ trit., as I have used it in other cases.

Wouldn't it be fun to practice medicine if the exceptional cases were the *rule*. I can supply you with *failures* by the yard to order.

Hoping to see you again at Englewood in time of roses, if not sooner,

I am, yours sincerely,

D. A. BALDWIN.

Editorial.

Audiatur et altera pars,
In omnibus caritas.

High or low? toss the penny and both sides claim the victory. It is a curious fact how habits grow upon us, and though we may find fault with them at first, perhaps excuse it at first, still soon we find it to be just the thing, and then the

Digitized by Google

defensive warfare changes to an offensive one. We see this in the articles of Drs. Searle and Martiny, and any one who reads the journals of the day must be convinced, that nine-tenths of the physicians, believing in the law of similars, are in the habit of alternating remedies in rather low attenuations, yea some even claim, that for harmony's sake we ought never prescribe any drug higher than in the tenth potency, as our senses cannot grasp the materiality of any higher one. Is the majority always right? If it were so, then the old school with its physiological hypotheses about the action of drugs would be right, and we, an infinitesimal minority in the world of medical art and science, would be all wrong. Even the advocates of alternation grant that the use of the single remedy in all cases would be a pious desiderium, but in the humdrum of every day practice it would be impossible to find out and apply the simillimum; hence we must be allowed to do the next best thing—to alternate and cure the patient in a way best suited to the knowledge or zeal of the attending physician. Zeal! thereby hangs the rub. How often did I wish to become an honest, unflinching member of the Legion of Honor, which never and under no consideration will swerve from the severe condition imposed by this knighthood, but even those who took upon themselves those vows, can they lay their hands upon their hearts and swear that they never fell, never sinned? I, for one, know my failings, and thus remain an outsider, a plebeian, unfit to enter the holy of holiest. And like me are thousands of others, good and true believers in the law of similars, but through our own shortcomings unable to detect the simillimum, which ought to remove that totality, which we too often fail to grasp.

It is another and undeniable fact that those, using the higher and highest potencies, are also in the habit to use the single remedy, and this habit grows upon them to such a degree that they never, or at least hardly ever, fall into the temptation of alternation. We are here in a dilemma, out of which we desire that others may get us out. I am sure that all alternators will agree with me, that we are at least as smart and as learned as the other side, should the success then, which they claim for the single remedy, lie in that weird dynamization? Are they not as truthful as their neighbors? And the cry of *post hoc non est propter hoc* cuts both ways. If then, as it is claimed and we believe justly claimed, that in the dynamized drug there is a power which is not possessed by the lower potencies nor by the matrix, ought it not to be the duty of the healer to seek after this truth, though the hypothesis of its action may be unsatisfactory. Be sure of your symptoms, be sure that you are in possession of the totality of the case; individualize strictly your patient and your drug, and then dare, in spite of your preconceived notions, to apply a dynamis, to which you have been a stranger all your life; dare to disobey the mandate of your senses and let your common sense decide, whether such men as Bönninghausen, Wilkinson, our own Dunham, could be so easily imposed upon. If the facts related by such men are to be disbelieved, who can be trusted. If Skinner was an acknowledged authority in gynæcology as long as he was in the allopathic ranks, why should his power of diagnosing rightly now be doubted, because he went to the extreme of the new school.

In omnia caritas: Let us be charitable one towards another, and may the race of benevolence be won by those who do the most for the relief of suffering humanity.

Digitized by Google

BOERICKE & TAFEL'S

STANDARD AND LATEST

HOMŒOPATHIC PUBLICATIONS

20 per cent. Discount.

Allen's Encyclopædia of Pure Materia Medica. Ten volumes, large 8vo., averaging 640 pp. each. Price of the set bound in cloth, $60. Bound in half morocco or sheep, $70; or including Symptom Register of 1331 pp., $72 in cloth, or $84 in half morocco or sheep.

A General Symptom Register of the Homœopathic Materia Medica. By TIMOTHY F. ALLEN, M.D. 1331 pp. Large 8vo. Cloth, $12. Half morocco or sheep, $14.

Edmonds on Diseases of Infants and Children. 300 pp. 8vo. Cloth. Price, $2.50.

"This is an excellent work, from a physician whose every word can be relied upon. The arrangement of the work is excellent, and it will be an important aid to physicians in treating the diseases of children in this country, especially in the West. Dr. Edmonds does not favor the extremely high dilutions."—*From the Homœopathic Courier.*

Hart on Diseases of the Nervous System. 409 pp. 8vo. Cloth. Price, $3.

"We feel proud that in Hart's 'Diseases of the Nervous System' we have a work up to date, a work which we need not feel ashamed to put in the hands of the neurologist or alienist for critical examination, a work for which we predict a rapid sale."—*From the North American Journal of Homœopathy.*

Lilienthal's Homœopathic Therapeutics. Second edition. Pp. 825. 8vo. Cloth, $5. Half morocco, $6.

"For the fresh graduate this book will be invaluable, and to all such we unhesitatingly and very earnestly commend it. To the older one, who says he has no use for this book, we have nothing to say. He is a good one to avoid when well and to dread when ill. We also hope that he is severely an *unicum*."—*S. A. Jones in American Observer.*

Hale's Special Therapeutics of the New Remedies. Fifth edition. Pp. 901. 8vo. Price, half morocco, $6. Cloth, $5.

Hering's Condensed Materia Medica. Second edition. Pp. 900. 8vo. Half morocco. Price, $7.

Helmuth's System of Surgery. Fourth edition. Pp. 1000. 8vo. Sheep. Price, $8.50.

Guernsey on Obstetrics and the Diseases Peculiar to Women and Young Children. Third edition. Pp. 1104. 8vo. Half morocco. Price, $8.

Hagen's Guide to the Clinical Examination of Patients. Pp. 223. 12mo. Cloth. Price, $1.25.

"Here we have a work much needed. During the past two years our students have inquired, where can we get a work on general pathology and diagnosis suitable for students? We have been at a loss to answer this inquiry. But we can now refer all our students and young practitioners to this work. 'It fills a long-felt want.'"—*From the Homœopathic Courier.*

Digitized by Google

Marsden's Handbook of Practical Midwifery. Pp. 315. 8vo. Cloth. Price, $2.25.

"It is seldom we have perused a text-book with such entire satisfaction as this. The author has certainly succeeded in his design of furnishing the student and young practitioner, within as narrow limits as possible, all necessary instruction in practical midwifery. The work shows on every page extended research and thorough practical knowledge. The style is clear, the array of facts unique, and the deductions judicious and practical. We are particularly pleased with his discussion of the management of labor, and the management of mother and child immediately after the birth. . . . . Larger works, going into more scientific detail, will of course be needed in every medical library; but for a practical guide to the student and young physician the medical press has given us nothing better than the work under notice."—*From the Homœopathic Times.*

Hale on the Medical and Surgical Diseases of Women, especially those causing Sterility. Pp. 378. 8vo. Cloth. Price, $2.50.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels; by James B. Bell, M.D. Second edition. By Drs. Bell and Laird. Boericke & Tafel, New York and Philadelphia; Trubner & Co., Ludgate Hill, London; Homœopathic Publishing Co., No. 2 Finsbury Circus, London, 1881. Pp. 275, 12mo. Cloth. Price, $1.50.

Worcester's Repertory to the Modalities. Pp. 160. 12mo. Cloth. Price $1.25.

"These 'modalities' are the 'conditions' of aggravations and ameliorations always recognized in homœopathic practice as of much importance in selecting the remedy. Dr. Worcester has done well in bringing them together, even with the limitation expressed in his title. We must also commend his professed method of presentation, which is not merely to name the medicine whose symptoms generally are influenced by each agent for good or evil, but to give the actual symptoms thus ameliorated or increased. We observe an abundance of obviously 'clinical' symptoms, and their presence is explained by the statement on the title-page, that the work is based mainly upon Hering's *Condensed Materia Medica.*

"Dr. Worcester's work may prove a very useful one to others, as he says it has to himself."—*From the British Journal of Homœopathy.*

Worcester on Insanity and its Treatment. Lectures on the Treatment of Insanity and Kindred Nervous Diseases. By *Samuel Worcester, M.D.*, Salem, Mass. Lecturer on Insanity, Nervous Diseases and Dermatology, at Boston University School of Medicine, etc., etc. Boericke & Tafel, New York and Philadelphia. Pp. 462, 8vo. Price, $3.50.

This work has a surprising sale, owing, to some extent undoubtedly, to the fact that the Insanity Question occupied so largely the public mind for the last few months. The medical press accorded it unstinted praise, and as it is the first work on insanity published in this country, by any school of medicine, it is not to be wondered that it attracts unusual attention.

Johnson's Therapeutic Key. Tenth edition. Price, cloth, $1.75; in flexible leather, $2.25.

"This is a wonderful little book, that seems to contain nearly everything pertaining to the practice of physic, and all neatly epitomized, so that the book may be carried very comfortably in the pocket, to serve as a source for a refresher in case of need. . . . . It is a marvel to us how the author has contrived to put into 347 pages such a vast amount of information, and all of the very kind that is needed. No wonder it is in its tenth edition."—*From the Homœopathic World.*

Teste on Diseases of Children. Pp. 345, 12mo. Cloth. Price, $1.50.

This sterling work was out of print for a number of years, but as numerous orders were continually being received, we re-issued it, printed on fine paper and well bound.

Digitized by Google

Eggert's Homœopathic Therapeutics of Uterine and Vaginal Discharges. Pp. 543. 8vo. Half morocco, $3.50.

"The value of the work is unquestionable. For a homœopathic gynæcologist it is indispensable, and with all its shortcomings we commend it as unrivalled by any work on the subject extant."—*From Cincinnati Medical Advance.*

"We heartily recommend the work to all who are believers in the doctrine that our law furnishes us with all requisite means to cure all curable diseases of a vaso-dynamic origin. The money laid out for the book will be well spent."—*From the American Homœopath.*

Heinigke's Pathogenetic Outlines of Homœopathic Drugs. Translated from the German by EMIL TIETZE, M.D. Pp. 576. 8vo. Cloth, $3.50.

"The reader of this work will gain more practical knowledge of a given drug from its pages in the same space of time than from any other book on the same subject.

"The publishers' part of the work has been executed with the usual elegance, neatness and durability which characterizes all their publications which we have seen.

"To the English-reading portion of our colleagues, this book will be a boon to be appreciated in proportion that it is consulted, and will save them many weary researches when in doubt of the true homœopathic remedy."—*From the American Homœopath.*

Eaton on Medical and Surgical Diseases of Women. Pp. 782. 8vo. Sheep. Price, $6.50.

"When we come to the strictly surgical treatment of diseases, we find the author at home. The chapter on Ovarian Tumors, and the operation for their removal, is worth the price of the whole book. We should be most happy to know that every large city in the world has as skillful an operator as has Cincinnati. The more important operations on the uterus are well described, and the physician cannot complain of paucity of illustrations, either of the disease or the instruments required to be used, for nowhere have we seen them so fully given.

"Incidentally, we are glad to see that Dr. Eaton recognizes *acute catarrh of the uterus and vagina.* We are sure that these acute attacks, which are exactly similar to those which attack the nasal and intestinal mucous membrane, are often the cause of chronic endometritis and endocervicitis, as well as chronic leucorrhœa, with abrasions of the os and vagina. . . .

"But space will not allow us to review this book further, and if any of our gynæcologists are inclined to find fault with it, especially with the surgical portion, we can say to them, '*Try and write a better one.*' We predict a large popularity and sale for this last number of our literary brood."—*From the Medical Counselor.*

Butler's Text-Book of Electro-Therapeutics and Electro-Surgery. Second edition. Enlarged and corrected. Price, $3.00.

"In thirty-seven chapters the author exhaustively treats his subject, and we wish to point out as of special interest in the *first part* the Pathogenesy of Electricity, in which the symptoms of the galvanic current are contrasted with those of faradism; and in Part II. the Therapeutic part, those in which the application of electricity in parturition is treated of, and its uses as a means of diagnosis and prognosis. Other chapters mention the successful use of this agent in Spasmus Glottidis, Asthma, Whooping Cough, Hay Fever, even Diabetes Mellitus, Constipation, morbid growths of all kinds, etc., etc., and in looking at the wealth of indications one is tempted believe that the therapeutics of the future will largely consist in a rational use of the electrical forces."—*From Die Homœopathische Rundschau.*

A Treatise on Diseases of the Eye. For the use of Students and Practitioners. By HENRY C. ANGELL, M.D., Professor of Ophthalmology in the Boston University School of Medicine, etc., etc. Sixth edition, enlarged and illustrated. Boericke & Tafel, New York and Philadelphia. 12mo. Cloth. Price, $3.00.

The sixth edition of this standard work has now appeared, thoroughly revised and considerably enlarged.

This is one of the few American homœopathic works which have been translated into French, and the former editions were highly commended by the Homœopathic press in this country, as well as in Germany and in France.

It was adopted as a text-book in the Homœopathic Colleges from the beginning.

Digitized by Google

Ophthalmic Therapeutics. By GEO. S. NORTON, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, Senior Surgeon to the New York Ophthalmic Hospital, etc. With an Introduction by Professor T. F. Allen, M.D. Second edition, rewritten and revised, with copious additions. Boericke & Tafel, New York and Philadelphia, 1882. 342 pp. 8vo. Cloth. Price, $2.50.

The first edition of Allen & Norton's "Ophthalmic Therapeutics" has been out of print for several years, and yielding to the demands of the students and of many professional friends, Prof. Norton undertook the preparation of this second edition, thoroughly revised and considerably enlarged.

The work is divided into two parts.

Part I. gives the Materia Medica proper, and contains the pathogenetic and clinical indications of one hundred and forty remedies interspersed with numerous interesting and instructive clinical cases, typical of the action of the remedies under which they are introduced.

Part II. gives the therapeutics proper, which are subdivided under the following headings: Orbit; Lachrymal Apparatus; Lids; Conjunctiva; Cornea; Sclera; Iris; Ciliary Body; Choroid; Optic Nerve and Retina; Lens; Vitreous Humor; Refraction and Accommodation; Muscles and Nerves.

This is a practical work, and embodies the results of the vast clinical experience at the New York Ophthalmic Hospital, and of the author's extensive private practice. The whole has been considerably enlarged, containing over seventy pages more than the first edition.

A glossary of over eight pages, explaining the peculiar ophthalmological terms, greatly facilitates the use of the book.

The Human Ear and its Diseases. A Practical Treatise upon the Examination, Recognition, and Treatment of Affections of the Ear and Associate Parts, prepared for the Instruction of Students and the Guidance of Physicians. By W. H. WINSLOW, M.D., Ph.D., Oculist and Aurist to the Pittsburgh Homœopathic Hospital, etc. etc., with one hundred and thirty-eight illustrations. Boericke & Tafel, New York and Philadelphia. 526 pp. 8vo. Cloth. Price, $4.50.

Above work is the first of its kind in homœopathy written and published in this country. It is profusely illustrated and will be welcomed by the profession at large. The book is divided into ten chapters, as follows:

Anatomy of the Ear: Physiology of the Ear; Examination of the Ear; Diseases of the External Ear; Injuries and Diseases of the Membrana Tympani; Diseases of the Middle Ear: Complications of the Chronic Purulent Inflammation of the Tympanum; Electricity in Aural Diseases; the Internal Ear.

This work not only treats on diseases of the ear alone, but also upon diseases of the nose and throat leading to its trouble.

The author has the advantage of an extensive hospital practice in addition to his private experience, and, as the former editor of the *Hahnemannian Monthly*, his concise, vigorous style of writing will be well remembered by our readers The contemporary literature has been thoroughly ransacked, and the book will be found brought fully up to date.

Boericke & Tafel's New Price List and Complete Catalogue of Homœopathic Publications, covering over 100 8vo. pages, is now ready. Having more than doubled our facilities in our laboratories at Philadelphia, we are enabled, while fully upholding the high standard of our preparations, to make considerable reductions in prices.

FOR SALE.

Jahr's New Manual-Symptomen Codex—Symptomatology, 2 vols., and Boenninghausen's Therapeutic Pocket Book: also Hahnemann's Materia Medica Pura and Hale's New Remedies, 2d edition. Please address,

BOERICKE & TAFEL, 1216 Girard Ave.

Digitized by Google

DISCOUNTS OF BOERICKE & TAFEL.

Books.—Hereafter we will allow on all our publications—and with a few exceptions also on those of other American homœopathic publishers—a discount of twenty (20) per cent. from published prices to physicians, if forwarded at their expense. If ordered to be sent by mail, postage must be remitted with price of book. Books sent by mail have the corners well secured by patent tin protectors.

On English books a discount of ten per cent. from published prices is allowed, or the books will be forwarded at our expense at published rates.

Medicines.—On all cash orders for Medicine—amounting to $25 or over, we will allow a discount of ten (10) per cent.; and on all such orders amounting to $50, or over, a discount of twenty (20) per cent. from catalogue prices.

IN PRESS.

The American Homœopathic Pharmacopœia.—For many years the want of a reliable Homœopathic Pharmacopœia, one giving all the remedies which lately came into use, has been felt. Jahr and Gruner's has been out of print for about ten years, and Schwabe's "Polyglotta," while explicit enough as far as the preparation of the remedies is concerned, fails to give a proper description of them. The peculiar methods advocated in the British Pharmacopœia did not meet with favor in this country. About eight or ten years ago the American Institute of Homœopathy charged a committee with the preparation of a suitable work. This committee was continued from year to year, and was finally excused from further consideration of the subject, and discharged without accomplishing any practical results.

Pending a report from this committee we refrained from taking any action in the premises, but after the American Institute practically abandoned the work, we set about compiling a complete Pharmacopœia from the most trustworthy sources, including all remedies in use to date. This difficult and laborious task has been accomplished, and the work is now passing through the press as rapidly as due care will permit.

We expect that the work will be ready in a few weeks.

GOLD MEDAL, PARIS, 187

BAKER'S

Breakfast Cocoa,

Warranted *absolutely pure Cocoa*, from which the excess of Oil has been removed. It has *three times the strength* of Cocoa mixed with Starch, Arrowroot or Sugar, and is therefore far more economical. It is delicious, nourishing, strengthening, easily digested, and admirably adapted for invalids as well as for persons in health.

Sold by Grocers everywhere.

W. BAKER & CO., Dorchester, Mass.

REDUCTION.

Transactions of the World's Homœopathic Convention. 2 Vols. Have been reduced to $2.50 per volume. Vol. I. Papers and Discussions. Vol. II. History of Homœopathy.

VOLS. WILL BE SOLD SEPARATELY.

Digitized by Google

MODERN HOMŒOPATHIC PUBLICATIONS.

Demy 8vo. pp. 1032, price, cloth, 21s.; superior binding 25s.

A Text Book of Modern Medicine and Surgery, on Homœopathic Principles. By E. H. RUDDOCK, M D., L. R. C. P., M. R. C. S., L. M., (London and Edinburgh), etc.

Ninth Edition, Sixty-third Thousand, much enlarged and improved, price 10s. 6d.; half-bound. suitable for Presentation, Libraries' Medicine Chests, etc., 14s.: Cheap Edition, eighth, without Cinical Directory. etc., price 5s.

The Homœopathic Vade Mecum of Modern Medicine and Surgery; with Clinical Directory, containing the personal experience of many physicians. Also a Chapter on Poisons, an Appendix of Formulæ, Table of Dilutions of the remedies prescribed, etc. With copious Index. By DR. RUDDOCK.

170th Thousand, numerous Additions, thoroughly revised, good binding, toned paper with a Clinical Directory, price 1s. 6d.; Genuine Edition; Cheap Edition, without Clinical Directory, etc., 1s.

The Stepping-Stone to Homœopathy and Health. By DR. RUDDOCK.

Seventh Edition with new Sections, toned paper handsomely bound in cloth, 3s. 6d

The Lady's Manual of Homœopathic Treatment in the various Derangements incident to her sex This work has been carefully revised; modern doctrines and therapeutics, up to the time of publicatien, have been introduced as space permitted.

Fifth Edition, thoroughly revised, price 1s. 6d.

The Common Diseases of Women. An abridgment of the "Lady's Manual."

Uniform with "Lady's Manual," Third Edition, revised and enlarged, price 3s. 6d.

The Diseases of Infants and Children, and their Homœopathic Treatment; with hints on the General Management of Children. (Several new Sections are added in this Edition.)

Also, just published, cloth, pp. 160, price 1s.

The Common Diseases of Children. An abridgment of "The Diseases of Infants and Children."

Second Edition. with cases treated by the Author, cloth. price 1s. 6d.

On Consumption and Tuberculosis of the Lungs.

"A popular work on Phthisis should address itself chiefly to hygienic and dietetic means, to a removal of the causes of consumption, and to an indication of the early symptoms which give warning of its approach. A large portion of this book is devoted to the two former points, and they are treated of fully and intelligently. We gladly wish Dr Ruddock's work a wide circulation, and we trust it may prove useful in enabling 'delicate' persons to ward off Consumption."—*Homœopathic Review.*

Now ready, crown 8vo., strongly bound, price 15s.

The Veterinary Vade Mecum. A Manual on the Horse, Dog, Cow and Sheep; their Diseases, Homœopathic Treatment, and General Management. Edited by R. P. G. LORD, Esq., M. R. C. V. S. L.; also by J. RUSH and W. RUSH, Veterinary Surgeons.

Third Edition, price, cloth, 2s. 6d.

The Pocket Manual of Homœopathic Veterinary Medicine. Including the Treatment of Horses, Cattle, Dogs, etc.

Fcap. 8vo., cloth, price, 3s. 6d.

Essentials of Diet; or, Hints on Food in Health and Disease. By the late E. H. RUDDOCK, M.D., L. R. C. P., M. R. C. S. Corrected and revised by E. B. SHULDHAM, M. D., M. R. C. S., M. A. Oxon. (See separate announcement.

LIST OF MODERN WORKS ON APPLICATION.

London: HOMŒOPATHIC PUBLISHING CO., 2 Finsbury Circus, E. C.

Digitized by Google

THE BRITISH

JOURNAL OF HOMŒOPATHY,

(PUBLISHED QUARTERLY,)

January 1, April 1, July 1 and October 1.

EDITED BY

DRS. DUDGEON & HUGHES.

The Oldest Medical Quarterly in Great Britain.

Since its Establishment in 1843, the *British Journal of Homœopathy* has always been devoted to the promotion of the scientific development of Medicine and to the defence of its practitioners from all attacks directed against their right to employ the method of treatment recommended to them by their knowledge and judgment.

To Subscribers 12*s. per annum, post free.*

New Volume commences January 1.

PUBLISHED BY

HENRY TURNER,

Wholesale Homœopathic Chemist and Medical Publisher,

170 FLEET STREET, LONDON, E. C.

BOERICKE & TAFEL,

NEW YORK, PHILADELPHIA AND SAN FRANCISCO.

Digitized by Google

BOERICKE & TAFEL'S

NEW HOMŒOPATHIC PREPARATIONS,

TINCTURE TRITURATIONS, READY-MADE POWDERS, TABLET TRITURATES, TABLET SATURATES, SUGAR DISKS..

BOERICKE & TAFEL'S TINCTURE TRITURATIONS.

Having had repeated calls for vegetable remedies in the form of Triturations and disliking to use dried herbs and roots of doubtful quality at best, we adopted for all tinctures from the fresh plant the following expedient: we took one oz. of a given mother tincture and triturated it with ten oz. of sugar of milk. By continuing the trituration for one full hour, the menstruum is completely volatilized and a perfectly dry and staple powder results, fully retaining the characteristic fragrance and the medicinal property of the mother tincture used, and that in a most convenient form for administration. From this 1x trituration we make the 2x by taking one oz. and triturating it as usual for one full hour with nine ounces of milk-sugar, and from this we make in similar manner the 3x.

1 ounce vial, . . . $0 25 | 2 ounce vial, . . . $0 40 | 4 ounce vial, . . . $0 75

BOERICKE & TAFEL'S SUGAR DISKS OR CONES.

These are of the size and form of a split pea, forming an elegant and convenient vehicle for dispensing homœopathic medicine. There are over 8,000 to the pound by actual count, and as each one constitutes a dose, when medicated, they are actually cheaper than pellets of similar size. Ever since we first put them on the market, years ago, their sale has steadily increased. Our new laboratory largely increased our manufacturing facilities. and we can now offer these disks at a considerable reduction from former prices, viz:

Per pound, ... $0 50 | Per 10 pounds, ... $5 00

BOERICKE & TAFEL'S TABLET TRITURATES.

These are made of any trituration (with but a few exceptions); they are round, flat, one-quarter of an inch wide by one-eighth of an inch thick, and average two grains in weight. They are very convenient for dispensing, as each tablet constitutes a dose. These

Digitized by Google

Registered at the Post Office in New York as Second Class Matter.

[Series. XLVIII.] PUBLISHED QUARTERLY. [Current Number CXX.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

MAY, 1882.

In Certis Unitas.
In Dubiis Libertas.
In Omnibus Charitas.

S. LILIENTHAL, M.D., EDITOR, 228 West 34th St., New York.

Contents.

ARTICLE	*ORIGINAL AND TRANSLATED PAPERS.*	PAGE
XXXIII.	Keratitis Parenchymatosa. By Geo. S. Norton, M.D.	529
XXXIV.	On the Value of Mental Symptoms. By Dr. Gallavardin	550
XXXV.	Nitrate of Uranium in Two Cases of Saccharine Diabetes. By L. Hallock, M.D.	562
XXXVI.	Two Cases of Large Uterine Fibroid Tumors Treated by Electrolysis. By John Butler, M.D.,	566
XXXVII.	A Case of Perityphlitis.—Operation.—Recovery. By George M. Dillow, M.D.	569
XXXVIII.	Cases from Practice. By S. L.	579
XXXIX.	Cases of Chronic Disease.—Cured. By Thomas Skinner, M.D., London	602
XL.	The Single Remedy. An Essay. By W. S. Searle, M.D	613
XLI.	On Alternation of Remedies By Drs. Martini and Bernard	626
XLII.	Angular Curvature.—Therapeutics. By Geo. H. Taylor, M.D.	629
XLIII.	Nosodes. By Thomas Skinner, M.D., London	640
	General Record of Medical Science	656
	Reviews and Bibliographical Notices	661
	Correspondence	670
	Editorial	671
	Appendix.—Mercury and its Preparations. By Dr. Hnber	673

Subscription Price per Year, $4.00. Single Number, $1.00

BOERICKE & TAFEL,

NEW YORK: 145 Grand Street.

GLOBE PRINTING HOUSE, 115 N. TWELFTH ST., PHILA.

Copyright Secured by BOERICKE & TAFEL, in 1878.

Digitized by Google

Raue's Special Pathology and Diagnostics, with Therapeutic Hints Second edition, 1072 pp. Large 8vo. Half morocco, $7.00. Boericke & Tafel.

As was to be expected, *Raue* has a large sale, and a good part of the edition is already in the hands of physicians all over the country. The journals without exception, accorded as favorable a recognition as to the first edition and the colleges adopted the work as a text book. May be procured at all pharmacies, or from Boericke & Tafel direct.

This book was complimented before it was seen; it was waited for. The first edition was popular, because it helped the practitioner out of his every-day difficulties, and when it was understood that Professor Raue was preparing a careful and thorough revision of the work, in fact making it in some respects almost a new book, its advent began to be looked for most anxiously, especially by those who had possessed the first edition.

The new edition will be found to contain, in the author's prefatory words, a restatement of the pathological views which have so grievously (*sic*) changed since the first edition was issued, and such modification of the Therapeutic Hints as would express their meaning still more accurately, enlarge their spheres, and add such new facts as the experience of the author, and of others, would suggest.

The work, like its predecessor, is arranged on an anatomical basis, a feature which often enables the author to avoid much of the repetition, especially in the indications for remedies, which, under almost any other arrangement, would be unavoidable. Under this arrangement also the student and indeed the practitioner can the more readily clear up doubts in reference to the differential diagnosis of diseases affecting some particular part or organ.

The progressive reader will be gratified by the evident care with which the author has presented the results obtainable from the use of the most modern means and methods of studying diseased conditions,—the ophthalmoscope, the laryngoscope, rhinoscope, microscope, and the numerous other appliances in use by advanced pathologists. These results are shown not only in their relation to diagnosis, but also as aids in the selection of the remedy, an indication that, whatever others may think, Dr. Raue at any rate proposes to give to Hahnemann's well-known phrase, "the totality of the symptoms," the widest and *deepest* possible significance.

Those subjects which constitute the basis of the principal specialties are given with conscientious care, which of itself would be sufficient to commend the work to very general favor. To satisfy himself beyond peradventure of the accuracy of these subjects as presented, the best modern specialists are freely drawn upon, and in the case of the diseases of the eye and ear, the whole matter was submitted to the criticism of Drs. H. C. Houghton and G. S. Norton, the well-known specialists of New York, and valuable notes have been added by both these gentlemen.

The "Therapeutic Hints" are therapeutic *hints*, just what they profess to be; and no one will expect to find the whole Materia Medica crowded in its 1072 pages. Still it will be found in many cases to furnish all the indications likely to be needed in making choice of the homœopathic remedy, while in others it will simply *suggest* the drug or drugs whose further study in Materia Medica will be most likely to lead to a correct selection.

It has been suggested to us that the oft-confirmed Ceanothus in spleen pains, Cuprum ars. in abdominal pains, and Tarant. cubensis in carbuncle, are worthy of a place among the author's "Hints." On the other hand, the prominence given to Melandrinum in small pox is, to say the least, somewhat premature.

The paper, typography, and the mechanical execution of the work are all that could be desired.—*Hahnemannian Monthly.*

Digitized by Google

tablets, from their ready solubility or diffusibility, are destined to come into general use in the profession. Their advantages can be appreciated at once when they are allowed to dissolve in the mouth or in a teaspoonful of water, in which way they are readily administered.

1 ounce vial, . . . $0 35 | 2 ounce vial. . . . $0 65 | 4 ounce vial, . . . $1 25

Complete lists with prices furnished free on application.

N.B.—1 oz. vials contain from 130 to 140 tablets.

BOERICKE & TAFEL'S BLANK TABLETS.

These are made of pure milk-sugar and of same shape and dimensions as the Trituration Tablets, i. e., one-quarter of an inch wide, by one-eighth of an inch thick, and weigh two grains each.

They have this advantage over Sugar Pellets that they absorb liquid more readily and that they dissolve quicker in water. Besides this there are many who object to or have a prejudice against *sugar pellets*, and for such, physicians use by preference the tablets, as they look and taste differently.

We have now perfected arrangements which enable us to furnish these tablets in any quantity at the following rate:

Per pound, ... $1 50 | Per 10 pounds, ... $12 00

BOERICKE & TAFEL'S READY-MADE POWDERS.

At the suggestion of numerous patrons we have lately introduced a line of *Ready Made Powders of two grains each* of any given trituration, excepting such as will not keep on paper. They are put up one hundred in a neat pasteboard box, well secured against atmospheric influences.

We furnish in this manner, besides our regular triturations and tincture triturations, also powders of milk-sugar medicated with any given potency from 1 to 30, as also with our 200th, 500th or 1000th potencies. When the great saving in time of dispensing these *ready made powders* is taken into consideration, it is not surprising that they are steadily gaining in favor with the profession. A further advantage is, that these powders can be sent by mail to all parts of the U. S. at the small additional cost of 3 cts. per box. The prices, with a few stated exceptions, are as follows:

100 Two grain powders of a given trituration in a neat pasteboard box, 35 cts.
1000 Powders, or ten boxes, $3.00.
100 Powders of milk-sugar, medicated with any potency from 1—30, per box, 35 cts.
1000 Powders, or ten boxes, $3.50.
100 Powders of milk-sugar, medicated with a high potency from 200th to 1000th, 40 cts.
1000 Powders, or ten boxes, $3.50.

The boxes are of the following dimensions: length, 3¼ in.; width, 1⅝ in.; height, 1⅝ in., and being labelled on both ends they can readily be arranged on shelves or in drawers.

Powders put up, ten each, in envelopes and ten envelopes in a box, are furnished at an extra cost of five cents per box.

Physicians ordering 5000 or more powders put up in envelopes can have their address and office-hours printed thereon without extra charge.

Physicians need not order 1000 powders of one remedy at a time to secure the reduction in price, but can order 100 each of ten remedies, if desired.

Complete lists with prices furnished on application.

N. B.—No orders for ready made powders at above prices, are accepted for a less number than 100 of a remedy at a time.

Digitized by Google

THE

HOMŒOPATHIC MUTUAL

LIFE INSURANCE CO.,

OF NEW YORK.

LEADING FEATURES.

Lower Rates to Homœopaths.

In the last report of the New York Insurance Superintendent its mortality was less than half of the average of all the Companies doing business in the State of New York

Promptness, Accuracy, Liberality.

Its Interest Income pays its death losses.

Absolute Security. It holds over $120 of Cash Assets for every $100 of its Liabilities.

It issues $100 Policies at same rates, and with same privileges as large Policies.

OFFICERS:

E. M. KELLOGG, M.D., President. **FRANK B. MAYHEW,** Secretary

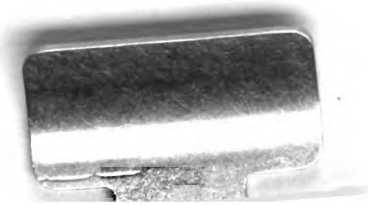
Home Office, No. 257 Broadway, N. Y.

Digitized by Google

Digitized by Google

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 05058 8683



Digitized by Google