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THE

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PROGRESS.

HAHNEMANN, in his *Organon*, says, concerning the treatment of diseases with local symptoms: "These maladies have been considered as purely local, and consequently received the appellation of such, because they were looked upon as affections that were, in a manner, attached to the extreme parts in which the organism took little or no share, as if it was ignorant of their existence.

"The slightest reflection, however, will suffice to explain why an external malady (which has not been occasioned by an important external violence) cannot arise, continue or, much less, grow worse, without some internal cause, the coöperation of the whole system, the latter, consequently, being diseased. It would never manifest itself, if the general state of health was not immediately concerned, or if all the sensitive and irritable parts of the body did not participate. Its production would be impossible, if it did not result from some modification of the entire principle of life, so closely are the parts of the body connected with each other, and form so inseparable a whole in regard to feeling and action."

Next to the principle *similia*, there is no part, perhaps, of the doctrines of Hahnemann, which has more excited the ire, sarcasm and contempt of his opponents than this view of local diseases, and, when his followers laboriously endeavored to find a remedy for a so-called local disease by covering the totality of the patient's symptoms, they were considered self-deluded fools.

The doctrine of Hahnemann, concerning local diseases, while not logically deducible from the law of *similia*, is, nevertheless, the necessary outcome from the practical application of that law, and, with his wonderful acumen, Hahnemann places it among the fundamental principles.

Pathological teachings of later years tend more and more towards

acknowledging the insecurity of theories of isolated, independent, local, diseased activities, and even in affections of the skin, most nearly local among all that flesh is heir to, general treatment is taking a higher and more active share.

It is extremely comforting, even at this late day, to find so strong a tendency towards the views of Hahnemann upon this point, although we do not claim that they are original with him, and, in the *Medical Times*, Philadelphia, December 11, 1886, the following extracts from Clinical Lectures on Medical Therapeutics, by Dr. Henri Huchard, physician to the Bichat Hospital, and described by the Paris correspondent of the *Times* as an "eminent teacher," will illustrate the point we are making. He says: "In clinical medicine, one should not treat a disease but the patient, and there are no local maladies, but the malady is localized." And, again: "We should take into account the disease, the patient and the remedy. For the first, search the cause, its lesions, its complications, etc.; for the patient, regard must be had for the constitution, temperament, age, sex, physical strength, his surroundings, and especially the season of the year."

We welcome, then, every sign of progression like the foregoing, for it means closer and closer individualization of each case, or otherwise all cases of any so-called local disease would be treated alike, and closer individualization of the patient's case will sooner or later bring about the closer individualization of the remedy. This desired consummation may not come in our day, but we have a firm faith that it *will* come, and with it a better knowledge of the effects of drugs upon the human organism.

SOME THOUGHTS ON A NEW REMEDIAL SOURCE,
With a Working Hypothesis Suggestive of a More Radical
Treatment of Chronic Diseases; also Some Therapeutic
Deductions from Comparative Pathology. By Charles
Francis Ring, M.D., Ward's Island, New York.

"The philosopher should be a man willing to listen to every suggestion, but determined to judge for himself. He should not be biased by appearances. Have no favorite hypothesis. Be of no school, and in doctrine have no master. He should not be a respecter of persons, but of things. Truth should be his primary object. If to these qualities be added industry, he may, indeed, hope to walk within the veil of the temple of nature."—*Faraday, Life of*, by Bence Jones, vol. i., p. 225.

..... "Disciples do owe unto masters only a temporary belief, and a suspension of their own judgment until they be fully instructed—and not an absolute resignation or perpetual captivity."—*Bacon, Adv. of Learning*, vol. i., p. 45.

PROEM.

The problem of the aetiology of chronic diseases, notwithstanding the most liberal interpretation of the *psora*-theory of Hahnemann, is still

awaiting solution. The radical treatment of these diseases, in spite of the large number of so-called *anti-psoric* remedies, yet remains to be discovered.

The necessity of a knowledge of the fundamental cause, or causes, of all chronic diseases, to a full and symmetrical growth of his system of therapeutics, was early recognized by Hahnemann. His attempt to furnish this desideratum has been variously estimated and commented upon by his disciples and others. Those of his disciples, more Hahnemannian than the master, regard it as presumptuous and unnecessary to inquire as to the essential nature of disease, and content themselves with mere "symptom covering" in the treatment. An acquaintance with pathology by these physicians is regarded as superfluous and misleading, and if asked the nature of a disease they are treating they will reply after the manner of Prof. Guernsey, in a recently published case, to wit: "The parents asked me what was the matter. I said, 'Did you not see how he began at 4 P.M., and screamed and moaned and tossed and twisted, with one leg drawn up? Was not that plain to be seen, and was not that enough? That is all one need to know about it for certain purposes in making a prescription; these conditions told me what medicines he needed. Do you understand?'" And he added further that "modern pathology can *never* give us the remedy to cure any case of illness."

We are all familiar with the opinion of the late eminent Carroll Dunham on this question—expressed in his inaugural address to the World's Homœopathic Convention—and the war of words it gave rise to! We need not reproduce this discussion here; but it has borne good fruit, not only in calling attention to the position of modern chemistry, physiology and pathology, but in directing attention to the divergence from the philosophy of Hahnemann of the very men who are claiming to teach his doctrines as he himself taught them. The truth is, in order to insure progress in our science, we must retrace our steps, and understand, with Hahnemann, what we have apparently for some time lost sight of, *the necessity* of determining the essential nature of chronic diseases, if we would more successfully treat them. As we have already stated, in our opinion, Hahnemann did not succeed in untying this *Gordian knot*, though his effort in this direction, considering the state of medicine and its collateral sciences at the time he wrote, is worthy of the highest genius.

Let us here review briefly his consideration of this subject—its full discussion we will enter into at a future time from the standpoint of comparative pathology—and examine its issue after a lapse of fifty years before introducing our own views upon the same. The subject of chronic diseases early engaged the attention of Hahnemann, for he discerned, with the intuition of genius, that in the successful management of them his new system of therapeutics would be put to the severest test.

He found that their treatment, "even when apparently conducted strictly according to the doctrines of the homœopathic art," was most unsatisfactory. "Their commencement was cheering, their progress less favorable, their issue hopeless." And then he asks, "Whence this inferior success, this absolute want of success in the prolonged treatment of non-venereal chronic diseases?" Hartmann tells us (*Chronic Diseases*, vol. i., p. 3), "When Hahnemann first commenced treating chronic diseases according to the homœopathic method he had developed his doctrine to a considerable extent; a large number of drugs had already been proven by him and his disciples, and he had become satisfied that, in spite of the general superiority of the homœopathic healing art, the treatment of chronic diseases by that method was unsatisfactory in the end."

His disciples suggested that this want of success might be owing to an insufficient number of medicines properly proven. But Hahnemann dissented from this view, as, despite the continual additions to the materia medica, no corresponding progress was noted in the treatment of chronic diseases.

Quick to perceive this unfortunate gap, and to understand its significance—which many of his disciples have not done—Hahnemann, like a true philosopher, immediately set to work to bridge it over if possible. On this problem his thoughts were engaged, he tells us, "day and night" from 1816 to 1827. As the result of his labors, in 1828 his remarkable work on *Chronic Diseases* appeared.

Apropos of these Dr. Dudgeon informs us: "His reflections led him to the conclusion that the cause of the constant recurrence of chronic diseases after the symptoms had been removed by the homœopathically-selected remedy, and their recurrence with new and grave symptoms, was that the homœopathic physician in these diseases had not merely to do with the morbid phenomena actually present, but that these phenomena only represented a portion of the deeply-seated fundamental malady, whose great extent was manifested by the new symptoms that appeared from time to time; and unless he knew this fundamental disease in the full extent of all the symptoms peculiar to it, he could not hope to discover any medicines which should correspond in their peculiar pathogenetic effects to the whole fundamental malady, and, therefore, he would be unable to cure it in its whole extent."

This fundamental disease, or *materies morbi*, Hahnemann, after entertaining the "coffee theory" and the "itch theory," termed *psora—herpetic diathesis* of the French. This malady he considered as at the bottom of seven-eighths of all chronic diseases, the remaining eighth being of venereal origin.

Whenever this disease is partially destroyed on the skin, without any previous cure of the internal psoric disorder ("especially if it be of somewhat long standing and have attained to any extent"), being effected by means of the internal employment of its specific remedy, "This in-

ternal disease then bursts forth rapidly, often in a frightful manner, in the form of phthisis, asthma, insanity, dropsy, apoplexy, amaurosis, paralysis," etc., etc., "and it not unfrequently occasions sudden death."

In 1803—*i. e.*, twenty-four years before he promulgated his *psora theory*—it will be remembered, Hahnemann wrote an essay upon the action of coffee in which he ascribed the production of a multitude of chronic diseases to the action of that all but universal beverage, and he confesses that he thinks he had ascribed an exaggerated importance and gravity to its use; "since his discovery of psora as the cause of so many chronic diseases he is inclined to attribute to that agent the production of most of those affections he had imputed to coffee."—*Dudgeon*.

Hahnemann's mind was a progressive one, and displayed all the characteristics of the true philosopher—attacking again and again, undismayed by repeated failures, the riddles of nature. Concerning the value and limitations of this psora theory as the ætiological factor in chronic diseases, and the pathological basis for remedial indications, we must opine with Dr. Dudgeon when he writes: "I am prepared to go a certain length with Hahnemann in his psora theory, in the widest sense of that term—*i. e.*, not confined to the mere disease *itch*; and I will readily admit that the sudden suppression of many cutaneous diseases will produce derangements of greater or less gravity of internal organs. But this admission does not go nearly the length of Hahnemann's psora theory, which would derive all non-venereal chronic diseases from psora.

"I think one other great error in Hahnemann's doctrine of chronic diseases is in his non-recognition of hereditary maladies." Not only does he never in any place speak of hereditary diseases, but he distinctly alleges that every person affected with a non-venereal chronic disease must, at one period of his life, have had the itch at one time or another, however slightly; and he argues in a most vicious circle on this point. Certain medicines, he says, cure these chronic diseases that we meet with in persons who have avowedly had the itch, and these medicines we term antipsorics; if we succeed in curing chronic diseases with these medicines in persons whom we cannot ascertain to have ever had the itch, we may, nevertheless infer that they have at one time had the itch, because we can cure them with antipsorics.

It would seem to follow from this that as none of these seven-eighths of all chronic diseases are curable "save by the use of a certain set of medicaments, that were mostly unknown or unused before Hahnemann's time, 'no such chronic diseases were ever cured before the promulgation of his doctrine in 1828.'" Yet Hahnemann in 1797 published in his essay entitled *Are the obstacles to certainty and simplicity in practical medicine insurmountable*, "a case of well-marked so-called psoric disease consisting of ulcers on the legs, that had lasted for forty years in an old *bon virant* of a Colonel. The sole treatment consisted in wrapping up the legs in a flannel roller, immersing them daily for a few minutes in

cold water, and afterwards dressing them with a weak solution of corrosive sublimate. This old gentleman, whom the later lights shed on pathology by the psora theory would have inevitably condemned to die of apoplexy or some other horrible disease, under such irrational treatment, wonderful to relate, got well, and, still more wonderful, remained so for many years, during which, Hahnemann says he had an opportunity of observing him."

A modern accredited writer on homœopathy, Jousset, treating of the relative merits of Hahnemann's pathology and therapeutics (*Clinical Medicine*, p. 6) quotes approvingly from Tessier as follows: "The doctrine of Samuel Hahnemann may be divided into two parts, viz., pathology and therapeutics. Term for term, the one comprises all his errors and the other all his truths. So that in speaking of the pathology or the errors of Hahnemann we mean the same thing; and the therapeutics or his truths are also identical. Consequently, in what is called Homeopathy there is the hemisphere of error and the hemisphere of truth." To us the above statement appears more epigrammatic than scientifically correct; more sweeping than satisfactory. We think it would be more in keeping with the facts, as interpreted by us, and as we shall hereinafter attempt to show, to rather say, that the results of Hahnemann's labors—so far as they form a system—are not fully rounded like a sphere, but have a segment missing, not only on the side of pathology, but of therapeutics as well.

We are aware that Hahnemann before promulgating his psora theory—and we might add "coffee theory," discouraged investigations with a view of ascertaining the causes of disease, and even ridiculed the older physicians for efforts made in that direction, saying, "They fancied they could find the cause of disease, but they did not find it because it is unrecognizable, and not to be found, since by far the greater number of diseases are of a dynamic (spirit like) origin and nature, their cause therefore remaining unrecognizable."

Yet later, we find Hahnemann actually developing a theory of the origin of all chronic diseases. "And we shall find that this doctrine," writes Dudgeon, "and this I say, without thereby implying its fallacy, is an attempt at a dogmatical explanation of the essential nature of a vast proportion of the maladies that affect mankind, and as all Hahnemann's views and doctrines were made subservient to his therapeutics, this pathological hypothesis of his was the foundation of a peculiar therapia, differing in some essential particulars from what he had heretofore taught." Here we would call attention to the characteristics of Hahnemann's mind again. We find him not the infallible *vates* or seer that some of his disciples of to-day and the past—who have carried his teachings in some departments farther than he himself intended—would have us regard him—but a diligent philosophical searcher after truth, willing to reject a theory or hypothesis the moment further reflection or

experience convinced him of his error. For our own part we much prefer the Hahnemann of the *Chronic Diseases* to the same of the early editions of the *Organon*.

Let us now skip over the half century intervening between the publication of the *psora theory* and the present time, and see what this theory has done—with the aid of a greatly augmented materia medica—in the treatment of chronic diseases.

Turning to page 57 of Jousset's work on *Clinical Medicine*, we find the following unequivocal language addressed to his class of students. He says: "To save you from disappointment in the future, let me tell you that chronic diseases are incurable." Professor R. Ludlam, the translator of this book, emphasizes this *ex cathedra* statement by one of his own, which we shall notice with similar ones in the proper places.

Dr. H. I. Ostrom, in a thoughtful article in the *New York Medical Times*, February, 1886, on "Induction in Therapeutics," expresses his dissatisfaction with the existing state of Medical Science, in the opening paragraphs, to wit: "Our present knowledge concerning the nature of disease, and the action of drugs—the two premises of the syllogism, the treatment of disease—is so limited as to exclude therapeutics from the exact sciences, but by no other means than the most carefully conducted investigations and experiments in all that pertains to these two premises, can we hope to establish the healing art upon the scientific recognition that the importance of its relation to human society demands."

Over against these assertions let us put for a moment by way of contrast the following from Dr. D. Dyce Brown (*The Reign of Law in Medicine*, p. 13). He says, speaking of Hahnemann: "The *Organon of Medicine* is worthy of the greatest genius, and he has literally left almost nothing for his disciples to do but carry out his principles. Seldom has such a complete work been done by one man, and this while grim poverty was staring him in the face." This prevailing belief—amongst homœopaths—that the far-reaching philosophy of Hahnemann has left little or nothing to be discovered is misleading and dwarfing—and will account for our want of real progress in the knowledge and treatment of disease.

To assert that Homœopathy as a science has not as yet attained to the growth promised ere this through the genius of its therapeutic *laws* (?) is to be guilty of a truism. To affirm, notwithstanding these *laws* enabling prevision, that no discovery of importance since Hahnemann's time has been made thus, goes without saying. Our progress thus far, as we may say, has been inevitable. It is without feature of epochal importance. It is the combined labor of the majority of the profession. It is characterized by industry rather than brilliancy. In short, it is an advance of the utmost importance without the aid of genius.

"The individual withers, and the world is more and more."

The majority of contributors to our current and standard literature

grind in the mill of a truism, and nothing comes out but what was put in. Changes are rung on the most hackneyed subjects *ad infinitum*, *ad nauseam*, without a single new idea or thought being offered to give them an excuse for being.

The future of Homœopathy as a science is indeed most promising. We are but just beginning to learn of the wealth of the remedial sources at our command, and how it may be best made available. But entire fields in Etiology and Pathology as well as in Therapeutics, still remain *terra incognita*, which by the aid of our therapeutic laws, should in the near future become familiar to us. Aside from the invaluable assistance afforded us in the provings of drugs and the matching of their symptoms to disease, this law or laws should prove a mighty instrument to guide us in prosecuting medical research *in general*.

The old school of medicine has been charged with plagiarizing homœopathic therapeutics, and, without doubt, there is truth and justice in the arraignment, yet it speaks very poorly for the efficacy of our "stolen thunder" when one of their representative men—J. Syer Bristowe, M.D., in an *Address in Medicine* before the British Medical Association in 1881, asks, "What grounds of reason or experience have we to justify the belief that for every disease an antidote or cure will sooner or later be discovered?" and he declares it to be "Utopian to expect that diseases generally shall become amenable to therapeutical or any other treatment." Richard Hughes, M.D., the eminent English physician and thinker, if we may judge from his writings, has for a long time been persuaded that there are gaps existing in our therapeutics, which our present methods of advancement can never reach.

How else are we to interpret the following from his oration on *Hahnemann as a Medical Philosopher*, p. 10, to wit: "Another Descartes may arise in medicine, whose perception in special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it, will ever be reckoned the Bacon of therapeutics—the fruitful thinker who taught us what was our great aim as physicians, and how we should best attain to it."

If, as we have been told, Hahnemann "has literally left almost nothing for his disciples to do but to carry out his principles," we cannot imagine where a Descartes could find a relationship existing between the algebra and geometry of medicine, that was not already well known on which to inaugurate a new era, or base a claim as a discoverer. Certainly, out of the stock-work of drug provings and the verification of their symptoms in disease, another Descartes could not very well arise; yet one thing is very certain, in our opinion, viz.: That we may gather up in our *Materia Medica* not only twelve hundred remedies from the present remedial sources—with only the law of *similars* to

guide in their selection in disease—and the majority of chronic diseases will still remain as incurable as they are now.

“A true faith in medicine,” writes Dr. Kidd (*Laws of Therapeutics*, p. 95), “is possible only to those who see natural laws of cure. When accurate observation and experience corroborate the exactitude of law, faith in medicine becomes unswerving and perfect. It is, indeed, truth that is wanted, and not one-sided advocacy or partial exaggeration—not only truth, but all truth.”

Dr. J. P. Dake, writing concerning the outlook for therapeutics in his late able work on *Therapeutic Methods*, p. 190, believes, that “The prospect for the discovery of more reliable principles to guide the therapist, and for the more ready acceptance of what is established as true, is encouraging.” “Yet, at the present time,” writes Dr. J. D. Buck, “our boasted homœopathy has for its proudest boast, that it kills a few less than its heroic rivals. Whatever it can justly claim more than this, is a pittance of its proud and beneficent inheritance. Our law of cure, when rightly understood and correctly applied, will cover every diseased condition, and the apprehension of every diseased condition, whether manifested objectively or subjectively, depends on a thorough knowledge of physiology.”

And now a few words, before turning to our subject proper, relative to the proper instruments with which to prosecute scientific research.

The official organ of the pure Hahnemannians—*i.e.*, those claiming to follow the teachings of Hahnemann to the letter (*The Homœopathic Physician*)—has, for its motto, the following, from one of the last articles which Dr. Hering wrote: “If we ever give up the strict inductive method of Hahnemann, we are lost, and deserve to be mentioned only as a caricature in the history of medicine.” We are not a little surprised, not only that Dr. Hering should write the above, but that *The Homœopathic Physician* should accept it apparently so literally; for, every student of the writings of Hahnemann knows that he largely used the deductive method, and it is notorious, that Dr. Hering, both in early professional life, and in late, almost wholly ignored the inductive method, *quod vide* Dudgeon’s *Lectures on Homœopathy*, Hering’s late writings, etc.

The Baconian, or rather the Aristotelian method of inductive reasoning (*vide* J. W. Draper’s *Intellectual Development in Europe*, vols. i. and ii., pp. 176, 175) has been sharply attacked by Professor Jevons, *The Principles of Science*, etc., p. 576, as follows: “Bacon’s method was a kind of scientific bookkeeping. Facts were to be indiscriminately gathered from every source and posted in a ledger, from which would emerge in time a balance of truth. It is difficult to imagine a less likely way of arriving at great discoveries.” “All induction is but the inverse application of deduction, and it is by the inexplicable action of a gifted mind that a multitude of heterogeneous facts are arranged in

luminous order as the result of some uniformly acting law." "Hypothetical anticipation of nature is an essential part of inductive inquiry, and it is the Newtonian method of deductive reasoning combined with elaborate experimental verification which has led to all the great triumphs of scientific research."

Professor Whewell writes (*History of the Inductive Sciences*, vol. i., "Epoch of Kepler"): "We may venture to say that advances in knowledge are not commonly made, without the previous exercise of some boldness and license in guessing. The discovery of new truths requires, undoubtedly, minds careful and scrupulous in examining what is suggested; but it requires no less such as are quick and fertile in guessing."

J. S. Mill teaches (*System of Logic*, vol. i., p. 580): "Deduction is the great scientific work of the present and of future ages. The portion henceforth reserved for specific experience in the achievements of science, is mainly that of suggesting hints to be followed up by the deductive inquirer, and of confirming or checking his conclusions."

Sir John Herschel, writing on the combined use of the inductive and deductive methods, says: "They form an engine of discovery, infinitely more powerful than either taken separately, and that which promises the most for research."

Professor Tyndall (*The Forms of Water*, etc.) insists upon the use of the imagination in the prosecution of science. And Professor Hæckel (*History of Creation*, vol. i., p. 79) says: "If we consider and compare the most important advances which the human mind has made in the knowledge of truth, we shall soon see that it is always owing to philosophical mental operations that these advances have been made, and that the experience of the senses which certainly and necessarily precedes these operations, and the knowledge of details gained thereby, only furnish the bases for general laws. The purely empirical naturalists, who do not trouble themselves about the philosophical comprehension of their sensuous experience, and who do not strive after general knowledge, can promote science only in a very slight degree, and the chief value of their hard-won knowledge of details lies in the general results which more comprehensive minds will, one day, derive from them."

In pursuing one's inquiries, it is necessary that one should have faith in one's work, in one's convictions, and be not afraid to express them. The time is past when

"Men grow pale lest their own judgments should become too bright,
And their free thoughts be crimes and earth have too much light."

"No one," writes John Stuart Mill (on *Liberty*), "can be a great thinker who does not recognize, that, as a thinker, it is his first duty to follow his intellect to whatever conclusion it may lead. Truth gains more even by the errors of one who, with due study and preparation, thinks for himself, than by the true opinions of those who only hold them because they do not suffer themselves to think."

Opposition does not always mean defeat. Time will decide, if we be in error. Hahnemann, the "Columbus of Rational Therapeutics," persecuted by apothecaries and physicians, may now inquire after the manner of his great prototype in physical science—

Were you at Leipsic? No?
 We fronted there the learning of all Germany;
 All their pathologies, all their posologies.
 Guess-work they guessed it, but the golden guess
 Is morning star to the full round of truth.

Tennyson's Poems: *Columbus*.

A NEW REMEDIAL SOURCE.

"To discern likeness amidst diversity, it is well known, does not require so fine a mental edge as the discerning of diversity amidst general sameness. The primary rough classification depends on the prominent resemblances of things; the progress is towards finer and finer discrimination, according to minute differences."—George Eliot, *Impressions of Theophrastus Such*.

"It is unnecessary at the present day to insist upon the importance of a knowledge of chemistry, and particularly of physiological and pathological chemistry, to be the student of medicine. Physiological chemistry promises much even in the treatment of disease; for, it is beginning to be seen from the investigations of the molecular constitution of different bodies, that there exists a distinct connection between their specific atomic grouping and their physiological action."—T. Cranstown Charles, M.D., etc., *Physiological and Pathological Chemistry*, London, 1884.

"Amongst the organic proximate principles which enter into the composition of the tissues and organs of living beings, those belonging to the class of proteid or albuminous bodies occupy quite a peculiar place, and require an exceptional treatment." "They are indispensable constituents of every living, active animal tissue, and indissolubly connected with every manifestation of animal activity."—Arthur Gamgee, M.D., etc., *Physiological Chemistry*, vol. i., p. 5.

"On the other hand the inorganic substances are exempt, as a general rule, from chemical change. The large proportion of them are reabsorbed from the tissues in which they were deposited, and discharged unchanged with the excretions. They do not, for the most part, participate directly in the chemical phenomena of the living body, but rather serve to facilitate by their presence the necessary changes of nutrition in other ingredients of the animal frame."—Dalton, *Hunan Physiology*.

The attempt of Schüssler to introduce, as an abridged system of therapeutics, the inorganic tissue formers has not resulted in enriching the materia medica to the extent hoped for—nay, claimed—by its author, much less supplanting the elaborate system of minute and varied drug symptomatology created by Hahnemann and his immediate followers.

Schüssler's sweeping assertion that these twelve inorganic tissue remedies are quite sufficient "to cure in the shortest way all diseases that on the whole are curable," certainly displays a narrowness of mind and a lack of impartial judgment not usually found in a true philosopher. Had he included in his therapeutic system the proximate principles of all classes, he would have, we believe, with his superior knowledge of chemistry, reclaimed a *terra incognita*, upon which we can only hope to

throw an uncertain light, and carried our school of medicine to a point which "our friends, the enemy," with their present scientific method are incapable of ever attaining. It is on this line, so abruptly terminated by Schüssler, that we will endeavor to turn our thoughts at this stage of the subject.

"The organic substances," Schüssler tells us, *New Treatment of Disease*, p. 11, "are only influenced by inhaled oxygen, and by the inorganic salts. Nitrogen and carbon, therefore, remain useless as therapeutical agents. If in the animal organism nitrogen should or could be wanting, then albuminous substances would be wanting, of which nitrogen is an integral part." Without entering into consideration of Schüssler's objections to the organic physiological constituents for therapeutic purposes, we will now give a brief outline of some of them, going more into detail when we come to consider the treatment of disease.

The works of Flint, Carpenter, Foster, Dalton, Kirk, Landois, Bennet, on physiology, and of Gamgee, Charles, Vaughan, Kingzett and Liebig on physiological chemistry, and of Thudichum on the *Chemistry of the Brain*, have been consulted for the following:

ALBUMEN OF BLOOD.

This substance is the most abundant inorganic ingredient of the blood-plasma, where it exists in the proportion of 53 parts per thousand.

CHOLESTERINE.

Is very widely spread in the body. It occurs largely in the cerebro-spinal axis, and in nerves, and is also present in the blood. Cholesterine is likewise found in yolk of egg, in the spleen, in certain dropsical fluids, pus, atheromatous deposits and strumous cysts and in many lipomas, goitres and tubercular deposits. It is possibly excreted in the bile, forming the chief ingredient of biliary calculi. According to Bibra, "it forms about one-third of the cerebral fat along with the fats constituting one-half the total solids of the white substance and more than one-fifth of the solids of the gray. . . . It seems to be, without doubt, absorbed from the substance of the nervous system by the blood transported in this way to the liver, and thence discharged with the bile into the alimentary canal." (Dalton, Flint.) The physiological relations of cholesterine are obscure as compared with those of true fatty substances. It crystallizes in large thin rhombic tablets.

HÆMOGLOBIN.

As the principal constituent of the red corpuscles of the blood of vertebrate animals, healthy human blood contains on an average twelve per cent. of hæmoglobin. It exists not only in the blood corpuscles, but also in some muscles and in solution in the blood of some invertebrates.

KERATIN

Is found in all the tissues developed from the ectoderm or horny layer of the embryo. It seems to be the chief component of epidermic structure, and is closely related to albumen, yielding, like it, leucin and tyrosin.

LEUCIN

Belongs to the fatty bodies and is found normally in many of the organic tissues, particularly the pancreas, spleen, lungs, brain, etc. It is a constant decomposition product of the albumen and nitrogenized substances, as horn, etc. When pure it forms very thin, white, glittering, flat crystals.

TYROSIN.

Almost all products furnish this body under the action of strong oxidizing agents. It is prepared with facility from horn, nails, hair and the skin. Together with leucin it is one of the products of normal pancreatic digestion. It is found in diseased epidermis, thickened nails and atheromatous cysts; also preformed in the substance of the liver, spleen, kidneys, suprarenal capsules, thyroid and salivary glands and in various degenerations of these organs.

KREATIN.

This is a neutral crystallizable substance which exists in the muscular tissue, both voluntary and involuntary, of man and animals, its proportion in human muscle being, according to Neubauer, about two parts per thousand. It has also been found in minute quantity in the blood, the brain and the kidneys.

KREATININ.

This, which is simply a dehydrated form of kreatin, occurs normally as a constant constituent of urine and of muscle extract. It acts as a powerful alkali, forming with acids and salts compounds which crystallize well.

SARKOSIN.

This substance is formed from kreatin. It is not itself a constituent of muscle, and is of interest on account of its derivation. It forms in large colorless, rhombic prisms, which are soluble in alcohol and in water.

XANTHIN

Mixed with hypoxanthin is met with in different parts of the organism, as in muscle, spleen, pancreas and liver. Its formation precedes that of uric acid, from which it differs in containing one atom of oxygen less. First discovered in a urinary calculus and called xanthic oxide. Sarkin or hypoxanthin is found in muscle generally in the proportion of about 0.02 per cent.; it is also present in the spleen, liver, thymus

and in the blood and urine of leukaemia, generally accompanying xanthin.

CARNIN.

Discovered by Weidel in extract of meat, of which it constitutes about one per cent., though doubtless it is a regular constituent of muscle. (Gamble.) It crystallizes in white, very irregular crystals.

INOSIT.

This saccharine body is met with in the muscle substance of the heart, and in most of the organs of the body, as the brain, liver, spleen, lungs, kidneys, etc. It crystallizes in brilliant little lamellæ, somewhat like those of cholesterine.

CYSTIN.

Of the well-known organic constituents of the urine, this is the only one which contains sulphur. It is sometimes found as the sole or principal constituent of urinary calculi of men and of dogs. At other times it may be detected in urinary deposits or in solution in the urine. The liver is supposed to have some influence over the formation of cystin. It is probable that it results from the splitting up of the albuminous constituents of the food.

URIC ACID

Occurs sparingly in the human urine, abundantly in that of birds and reptiles where it represents the chief nitrogenous decomposition product. It occurs also in the blood, spleen, liver, and sometimes is the only constituent of urinary calculi. The chief product of its decomposition is urea.

GUANIN

Has been found in the human liver, spleen and fæces, but does not occur as a common product. It is related to xanthin, hypoxanthin and uric acid. It has been found combined with calcium in the scales of some fishes, and has also been extracted from the muscles, liver and pancreas of man.

ALLANTOIN

Is one of the oxidation products of uric acid which on oxidation gives urea.

We would just mention the alcohols and fatty acids in passing:

CEREBRIN.

This is one of the non-phosphorized nitrogenous constituents. Besides occurring largely in the brain it is also found in the axis cylinder of nerves, in the yolk of egg and in pus corpuscles, etc. Is more abundant in the white than in the gray substance of the brain. It may be regarded as a nitrogenous glucoside. Is undoubtedly a constituent of

the medullary layer of nerve fibres. Cerebrin forms a soft, light, amorphous, moderately hygroscopic powder.

LECTHIN.

This substance is present in nerve tissue, particularly the gray substance; also in the yolk of egg, semen, blood corpuscles and serum, milk, bile, etc. Also occurs widely spread throughout the body. The lecithin of brain forms a colorless, slightly crystalline powder.

PROTAGON

Forms the principal part of the white substance of Schwann. (Foster, Charles.) Liebreich, who discovered this substance in the year 1865, gave it the above name, as indicating it as the first definitely ascertained specific constituent of brain. (Gamble.) It is a crystalline body containing nitrogen and phosphorus.

NEURO-KERATIN.

This is the same sulphur-containing body that is found in the epidermic structures, such as hair and nail. The central and principal nervous system are developed from the same layer of the blastoderm as the epidermis, and one point in common which remains between them is the fact of their both yielding keratin. Like keratin it yields much tyrosin, but less leucin. It forms a yellow powder.

PHRENOSIN

Is the substance prepared by Thudichum (*Chemistry of the Brain*). It is white, tasteless and odorless, and crystallizes, from absolute alcohol, in white rosettes.

Many substances, it will be observed, have been omitted from the above list. Allusion will be made to them when treating of the different diseases. Some of these preparations we have just furnished to Messrs. Boericke & Tafel for trituration. Others will follow as soon as they can be obtained from the laboratory of E. Meck, Darmstadt. And now a word in explanation of the immaturity of thought shown in our work. We had not thought of writing out our views on this subject as yet until a recent interview with the editor of this journal and a reading of the late address of Dr. Billings (U. S. A.) on "Medicine in the United States and its Relation to Coöperative Investigation," decided our doing so, knowing the difficulties attending the practical undertaking of the work unaided. We regret to be able to offer at this time no data resulting from the crucial test of experiment in the place of new hypothesis. When opportunity shall present for practically testing our views, we shall not feel that we have lessened our obligations in the least to carry our views to decisive issue by invoking coöperation therein. In preparing this installment of our communication to the RECORDER we have

labored at a disadvantage due to the limited time allotted us in order to appear in this issue. We trust, however, that nothing essential to the clearness of treatment will have been omitted. Our plan has for its object at this time chiefly the stimulating of thought on a most important subject, viz., the nature and treatment of chronic diseases.

CARCINOMA.

The New York Medical Journal and Obstetrical Review, July, 1882, p. 110, contains, under the caption "The Radical Cure of Cancer," the following communication, to wit: "The undersigned, who, in October last, was delegated to receive competing essays on the subject of the radical cure of malignant disease, announces that three essays were presented. In the consideration of their merits the assistance of Dr. George B. Shattuck, editor of the *Boston Medical and Surgical Journal*, was invoked, and it has been decided that no essay is worthy of a prize. The same subject—namely, 'The Probability of the Discovery of a Cure of Malignant Disease, and the Line of Study or Experimentation Likely to Bring Such a Cure to Light'—is proposed for essays to be presented in competition not later than the 1st day of December, 1883, to the undersigned, who, with such assistance as he may select, will be the judge of their merits. For the best essay on the subject a prize of \$1000 will be given, the right being reserved to withhold the prize in case no essay of sufficient merit be presented. For the donor, J. Collins Warren, M.D., No. 58 Beacon Street, Boston."

This communication we have thought it worth while to quote in part, as interesting from its frank avowal of the little known at the present time concerning a radical treatment of the disease under consideration; and when we learn from a recent publication that none of the essays called out by the above prize, and one of 10,000 francs, offered a few years since by *L'Académie de Médecine* of Paris, for a similar purpose, were deemed of sufficient merit to claim them, we think it is in order to ask the question, Is the intimate nature of cancer, then, so hopelessly environed in obscurity that any attempt to throw light upon it, or to search for remedies more efficacious in its treatment, must result in a mere waste of time and labor? The results of centuries of investigations into this subject by the brightest and most philosophical minds in the profession have only tended to render the confusion worse confounded, and the answer to our query would, therefore, seem to go without saying.

The obstacles in the way of the attainment of a better knowledge of cancer would appear to be insurmountable, in view of the fact that neither the thirst for fame, pecuniary rewards, nor the greatest incentive of all—the desire to be of service to mankind—has been rewarded by the discovery of a rational treatment of this class of affections.

But what has homœopathy, with its endless resources, its boasted law

of cure, its voluminous *Materia Medica*, and its superior instruments of research, to say in the premises? Can it do anything but echo the melancholy verdict of the dominant school of medicine? At present we cannot see that it can. To sustain this point it may be well to make a few citations. Doctor Kidd, writing in *Laws of Therapeutics*, p. 193, makes this very encouraging statement: "In an extensive practice during thirty years, with a large number of unsuccessful cases, I have been three times encouraged as to the possibility of curing cancer." Professor Lilienthal writes, *Homœopathic Therapeutics* (a work of forty years' practice), p. 79: "There are no remedies yet for cancer. The individuality of the patient, the cause of the affection, and the concomitant symptoms, may aid us in selecting the remedy *which for the time being will alleviate the suffering*" (italics are my own). Dr. H. I. Ostrom, at p. 278 of *A Treatise on the Breast*, has this to say: "I would be only too willing to believe that surgery will not always be obliged to bear the opprobrium of being able to offer nothing better than the knife for carcinoma, but at present this is unfortunately true; after the stage of activity begins, the period at which a correct diagnosis is possible, medicines will palliate, but seldom cure." The same writer, in an article on "The Relation Between the Treatment of Tumors and Their Diagnosis," in *The New York Medical Times*, November, 1886, recapitulates his views as follows: "Those growths that have their origin in inflammation, and find their histological prototype in granulation tissue, even when this continues wholly embryonic, may, in a limited degree, be under the influence of the dynamic force of drugs, and that the instances in which such means have been effective in removing tumors illustrate and prove such a genesis and such a drug action, while those growths that have been called pathological new formations, that are in no sense connected with repair, and that find their histological prototype in the embryonic cells of the tissues that compose the neoplasm, are not susceptible of the dynamic power of drugs, and that the failure of such means to remove a given tumor affords one proof of its true neoplastic nature, and is, other things being equal, a justification for operative interference. Upon these premises it may be assumed that medicinal means should be exhausted before resorting to the knife, but such an assumption is unwarranted. Experiments in medicine, where positive knowledge can serve as a guide, are without sanction, and can under no circumstances enter into modern surgery." Let us compare this statement with the foregoing: "Notwithstanding this grave outlook, to medicine must we turn for a cure if one is possible at this stage of its development." It will thus be seen that carcinoma has forever been *logically* relegated to the class of incurable diseases.

The history of carcinoma we need not enter into. Suffice it to say it is the same intractable, painful, fatal malady to us as it was to Hippocrates, Galen and Paulus Ægineta. This disease, as is well known, is not com-

municable, no instance being on record where it has been transmitted from one individual to another. Nor is it inoculable on man, or any of the lower animals. The theory of its origin in an accidental poison is inconsistent with any of the facts bearing upon the subject. Its alleged venereal descent is also untenable. Again, cancer is not derived from without, as a parasite, as some maintain. Its histological character is well known, and its independent existence and growth can be otherwise explained. The assertion that malignant disease is caused by traumatism will not sustain an examination. We may readily admit, however, that where a strong predisposition to the disease exists external violence may serve to start it into activity at the point injured. This statement likewise applies to the smoking habit, for cancer was known centuries before tobacco was introduced as a luxury. Apropos of the reports (very commonly believed among the public) that General Grant's condition was due to cigar smoking, the *British Medical Journal*, March 14th, 1885, makes the following sensible remarks: "A little knowledge of pathology is sufficient to demonstrate that smoking cannot cause cancer, although the irritation of a pipe sometimes sets up ulceration of the lip, which, when of very long standing, may become cancerous, provided that the patient has a hereditary tendency to cancer. There is no evidence whatever that cigar-smoking causes cancer of the tongue." A history of improperly treated, or latent *psora* (*diathèse herpétique* of the French) has been invoked as a cause, but without sufficient reasons, and the so-called *anti-psoric* treatment is utterly without effect in staying its progress. Moreover, cancer occurs in animals not subject to this diathesis; and Dr. Crisp has even discovered the disease in the pike. The supposition that cancer is a blood disease is altogether too vague, and is apt to discourage all search for its cause. Carcinoma is almost independent of most of the diseases of the body. It has been observed, however, that organic affections of the heart are rare amongst cancer patients, as is also tuberculosis. The effect of erysipelas upon some cancers is remarkable. When this disease sweeps over a cancerous ulcer every trace of the original disease is removed, but in a few days, or weeks at most, its well-known character reappears. The most common concurrent affection with cancer is some form of innocent tumor, thus marking, to our mind, a state of altered nutrition, which only requires an element heterologous to the tissues to develop into malignant disease. That cancer is a growth of the body, though a misdirected and morbid one, is borne out by the analogy of other tumors, and is certain when its minute structure is demonstrated. The heredity of cancer cannot well be doubted. Mr. Sibley, who has made a special study of this question, traced it in one of every nine, and Mr. Paget in one of every four cases. We do not, of course, mean to say that the actual disease is transmitted, but only a tendency to it.

Observations concerning heredity in general have in recent years, in

the hands of Francis Galton (*vide Hereditary Genius, English Men of Science, Their Nature, etc.*, and *Heredity*), been reduced to a science. Brown-Séquard, at a meeting of the French Academy of Sciences, March 13th, 1882, presented a communication on experiments made on guinea pigs, which prove that accidental affections of the parent are sometimes transmitted to the offspring.

In connection with influence of the emotions upon nutrition writes Dr. Tuke (*Influence of the Mind upon the Body*, p. 276): "Its generally recognized effect in inducing cancer should be mentioned, a predisposition in the system being probably necessary. Bichat maintains that cancer of the stomach frequently owes its origin to powerful emotions—'l'impression vive ressentie au pylore dans les fortes émotions, l'empreinte ineffaceable qu'il en conserve quelque fois'."

Velpeau, writing on cancer (*Marsden's Translation*, p. 116), says: "I ought to say as much of the moral condition, sadness, chagrin, distress of mind, mental agency of all kinds, so much blamed by the public and even by certain observers, have no share whatever in the production of cancer, and if we be permitted to notice such cases, it is rather to please the patient than to fill up a scientific void." Dr. Richardson, in his well-known work on *Diseases of Modern Life*, makes no allusion whatever in the chapter on "The Reel of the Passions," to the fact that these states of mind are in any way responsible for the production of cancer.

Walshe writes, *On the Nature and Treatment of Cancer*, p. 155, "Much has been written on the influence of mental misery, sudden reverses of fortune, and habitual gloominess of temper on the deposition of cancerous matter." "It should be recollected that cancer is very rare before the thirtieth year, and that the number of persons fortunate enough to reach that age without having suffered under disappointed hopes and wasting grief is in all probability comparatively small." But what shall we say of the ætiology of cancer in the lower animals? Surely an emotional state in them can influence nutrition to but a slight extent. Imagine, if you please, "Rab" (*Rab and His Friends*, by John Brown) the victim of malignant disease as the result of prolonged grief over the death of a friend; anxiety, worry, anger, etc. (For information concerning cancer in the lower animals, *vide Pedigree of Disease*, by Jonathan Hutchinson; *A Treatise on Cancer*, by Robert Mitchell, London; recent volumes of the *Journal of Comparative Medicine and Surgery*; *American Veterinary Review*, April, 1884; *A Treatise on Diseases of the Dog*, by J. W. Hill, London.)

The late Dr. Willard Parker, in his treatise *On Cancer*, "A study of three hundred and ninety-seven cases," says: "It is a noteworthy fact that a majority of my cases occurred among people in good circumstances, many of them wealthy and living luxuriously, and that, as a rule, the most rapid and malignant cases were those surrounded with the greatest comforts." "Lower animals are much more subject to the disease when

in a state of domestication than in their natural wild condition." Walshe writes (*Ibid.*, p. 156): "Wherever the disease" (cancer) "is particularly rare it may be remarked that a low state of civilization prevails; wherever social organization is of a highly perfect kind, there cancer flourishes. May we then infer that, as has more than once been contended, cancer, like insanity, follows in the wake of civilization, and that, as the ferment of a high state of social advancement is among the most active causes of destruction of intellect, so, too, it plays a prominent part in generating one of the most terrible physical evils to which humanity is subject?"

Dr. Walter Whitehead, in a recent address before the Birmingham (England) Medical Society, called attention to the alarming increase of cancer in England and Wales during the past fifty years, and predicts that if the disease continues to increase in the same ratio in thirty years cancer will be about the only disease physicians will be called upon to treat.

The health of persons usually attacked by cancer is remarkably good. This is strikingly shown in the tables in Dr. Parker's work just quoted from. Mitchell writes (*A Treatise on Cancer*, London, 1879, p. 99): "Cancer, though so terribly fatal a disease, is, I believe, itself the offspring of health. Health, the good health of the individual, I hold to be an almost necessary precursor of cancer. In its rise and development in good health it forms an exception to all the received and acknowledged laws that govern the accession of all cancer and simple diseases."

C. H. Moore says (*The Antecedents of Cancer*, p. 54): "Cancer is eminently a disease of persons whose previous life has been healthy," and "that there is probably no disease surpassing it in the pedigree of health, and that it may be looked for in long-lived families."

Let us now see what deductions may be drawn from these facts. Why cancer is so rare a disease before the age of thirty? Why it usually selects the most healthy persons? Why the liability to the disease declines after the age of fifty, and why it may be looked for in long-lived families?

Dr. Charles writes (*Physiological Chemistry*, p. 15): "In early life the nutritive powers of the tissues are more active than the oxidizing processes, and so growth and development occur. In adult life they are nearly balanced, and more or less of an equilibrium is maintained; but in old age the processes of nutrition are defective and the wasting processes are in excess, and accordingly a failure occurs in tissue regeneration, and in the maintenance of the animal temperature."

Landois, writing on the "Equilibrium of the Metabolism" (*Physiology*, vol. i. p. 477), says: "As long as the body continues to grow" (the full stature is reached about thirty—but not the greatest weight, Landois, Thoma), "the increase of the body corresponds to a certain

increase of formation, whereby the metabolism of the growing parts of the body is greater than that of the parts already formed. Conversely during senile decay there is an excess of expenditure from the body."

Thus it may be seen—regarding carcinoma as due to misdirected or hybrid growth of a part—that, the metabolism of the growing parts being in excess of those already formed—is, so to say, a means of protection against cancer until between the period of full growth and senile decay—the metabolism being then more in equilibrium) when the disease is most rife.

We have seen that cancer is most prevalent in those who live luxuriously—and most rapid in its course in those surrounded with the greatest comforts—and who naturally eat to excess of nitrogenous food.

Upon this observation, the following from Foster (Physiology, p. 599) may have some bearing. He says: "The characteristic feature of proteid food is that it increases the oxidative metabolic activity of the tissues, leading to a rapid consumption, not only of itself, but of non-nitrogenous food as well." "But it must be borne in mind, that by the very nature of its rapid metabolism, the proteid food must tend to load the body with the so-called extractives—*i. e.*, with nitrogenous crystalline bodies. How far these are of use to the body, and what part they play, is at present unknown to us." "When in excess these nitrogenous products may be highly injurious as indicated by the little we know of the connection between the symptoms of gout and the presence of uric acid."

Professor Ziegler (*Text Book of Pathological Anatomy*, p. 360) sums up his views of the ætiology of cancer in the following general statement, to wit: "The entire behavior, anatomical and biological, of tumors justifies us in regarding them as formations more or less emancipated from the matrix tissue. It is true, they draw their nutriment from the organism, and cannot grow without its support. In other respects, however, they behave like independent growths isolated from the rest of the organism. It is in this independence or quasi-isolation that the ætiological difficulty really lies. How does the neoplasm thus assume properties distinct from those of its surroundings? We believe the phenomenon is *ultimately due to some change affecting individual elements of a tissue*" (italics my own) "whereby they are rendered dissimilar to their neighbors. The change is manifested especially in this—that the normal checks to the indefinite growth of the proliferous cells are inoperative or inadequate, either because the formative and productive energy is increased, or because the restraining influence of the surrounding structure is diminished or from both causes together."

What now, let us inquire, are "the individual elements of a tissue" that may become subject to special change, "whereby they are rendered dissimilar to their neighbors"? We know that they cannot be the "inorganic acids, bases and saline compounds, which properly rank as con-

stituents of the body, for they are, for the most part, applied to its construction in the forms in which they were introduced into the food; and they reappear under the same forms in the excretions."—Carpenter. We must therefore conclude that it is in the *organic* elements of a tissue that this marked change or influence occurs, whereby a peculiar state of altered nutrition is induced that rapidly goes on in its work of destruction and death.

"In the *Journal de Médecine* of Brussels"—*New York Medical Record* some time since—"Doctor W. Rommelaere publishes a series of clinical observations illustrating a new fact in the pathology of cancer. He finds in thirty-four cases that in persons subject to cancer, the amount of urea daily eliminated progressively diminishes until it is below twelve grams. By studying the urea eliminated in cases where doubt exists between gastric ulcer and cancer, a diagnosis can be made. In twelve cases of gastric ulcer the daily elimination of urea was about twenty-five grams."

Of the value of these observations we are not now in a position to speak. They may be incomplete, worthless, or of great diagnostic value. They furnish, at any rate, a hypothetical waif, that may point to the discovery of a new ætiological and therapeutical world. Although we may probably never be able to penetrate, as it were, into the mechanism of the body and there take cognizance of the changes—chemical and otherwise—continually taking place; yet the "scientific imagination" may be able to do so; and this may be all that is needed for practical purposes.

Now as urea is the principal product of the retrograde metamorphosis of nitrogenous material, the question of interest naturally arising is this: what became of the large amount of urea not eliminated in those thirty-four cases of cancer? That it was not retained in the body as such, we must at once concede, for no mention is made of any of the well-known symptoms that would have followed had such been the case; and we cannot but conclude that owing to some local or other disturbance too little understood to enter into here, the proper balance between the evolution and the involution of the tissues is lost, and that the oxidative changes that should have resulted in the production of urea, or of those constituents which precede its formation, did not take place, and the result of this is, misdirected work, and a heterologous growth of a part, which is termed cancer.

From this view of its genesis, it would seem that malignant disease has usually, if not always, a merely local manifestation, and that the tissues of the part are the essential factors of the new growth. The way in which the general system becomes involved in cancer is simply a process of progressive infection from the primary growth and is now well understood by pathologists. Cancer returns after operation in an immensely large proportion of cases; in 520 cases observed by Mr. Sibley

at the Middlesex Hospital, the recurrence took place in tissues not ordinarily the seats of primary cancer.

To argue that recurrence after an operation proves a constitutional origin, proves too much, since this may be also alleged of benign tumors. We think the philosophy of their recurrence may be explained either on the theory of "Unconscious Memory in Disease" (*vide* the work of this title, by Charles Creighton, London, 1886), or by the inhibitory influence of the cerebro-spinal nerves.

And now a few words showing the lack of unanimity of opinion on this subject in general. Dr. H. F. Formad, in an exhaustive paper on the ætiology of tumors, "Transactions of Pathological Society of Philadelphia," September 1879 to July 1881, has classified the various theories relative to the origin of these tumors and has given under each heading the names of the pathologists who have supported the hypothesis.

1. *Predisposition and Inflammation Theory.* Virchow, S. D. Gross, Woodward, Samuel Wagner, Birch-Hirschfeld, Cornil and Ranvier, Perls, Tyson, Fritz, S. W. Gross.

2. *Dyscrasia Theory.* Rokitansky, Paget, Billroth, Simon.

3. *Embryonal Theory.* Cohnheim, Thiersch, Waldeyer, Lücke, Masse, Hasse, Ebstein.

4. *Idiopathic or Spontaneous Theory.* Rindfleisch, Stricker, Nancrede, Payne.

5. *Nervous Theory.* Vanderkolk, Lang, Snow.

Treatment.—"There can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body. It will, in short, 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."—Professor Huxley. *The Connection of the Biological Sciences with Medicine. Trans. Int. Med. Congress, 1881, p. 96.*

Had Hahnemann made no other discovery than that medicinal power could be liberated from *apparently* inert substances by the processes of trituration and attenuation, it would have been sufficient, when its importance to the healing art became fully known, to have immortalized his name.

It is now well known to Homœopathic physicians that the physiological constituents of the tissues have an elective affinity, as remedies, for the parts where they are normally found. Schüssler has done an important work in calling special attention to, and demonstrating this fact. *Vide The Biochemical Treatment of Disease by the Inorganic Tissue Cell Salts*; O'Connor's translation.

The organic substances which we shall here call attention to—Keratin, Tyrosin, Leucin, Kreatin, Kreatinin, Sarcosin, Carnin, Inosit (and prob-

ably others) are normal constituents of the tissues, and of the class giving birth to cancerous growths, therefore they have an elective action on these several tissues, and it is not a scientific gratuity to affirm that the remedy indicated will, "like a very cunningly contrived torpedo, find its way to the particular group of living elements, and cause an explosion among them, leaving the rest untouched." In other words, it will reinstate, if we may be allowed the expression, the polar equilibrium of the cells of the part, and thus will a cure take place.

This therapeutic law, the elective affinity an element of a tissue has for the tissue or group of tissues of which it is a normal constituent, will have a limited but very important application. It will apply in all progressive, non-infectious, non-contagious, non-inoculable diseases—*i. e.*, in diatheses, in tissue degenerations, in diseases, in short, that present but few characteristic symptoms, and these, even when fully met by the ordinary remedies, surely return, often aggravated by their temporary removal. This rule of remedial selection cannot be said to be consonant with the law of *Similars*; yet it discovers a law *within* this law, that promises much toward the advancement of the healing art.

For fear our meaning may not be fully apprehended, we would say here that this mode of treatment is not *Isopathic*—*i. e.*, administering the *product of a disease* for the cure of the *same*, which can never accomplish anything—but is as purely Homœopathic (?) as the selecting of Calc. carb. or Calc. phos. for the over-distended, parchment-like skull of the infant; and many similar illustrations. But the extended application of this principle to the diseases we shall consider, and with the substances briefly alluded to, has never, we believe, been even suggested before.

Relative to the specific indications for the above remedies in cancer, we can only say that experiment must decide to what form or forms they severally belong.

Venturing to generalize, we would suggest for epheliomata—Keratin, Leucin, Tyrosin. For scirrhus—Tyrosin, Kreatin, Karnin. For encephaloid—Kreatin, Kreatinin, Hæmoglobin. For innocent tumors—Cholesterine and the carbo-hydrates. For semi-malignant growths—both the *nitrogenous* and the hydro-carbonaceous proximate principles.

Provings of these substances will doubtless furnish additional information for their specific applications.

Having now, as we believe, offered plausible "suggestions by which a search for a cure for cancer may be instituted," we will turn to the consideration of another important diathetic disease.

(To be continued.)

HOMŒOPATHIC THERAPEUTICS.

Cotoin in Diarrhœa.—By *E. M. Hale, M.D.*, Chicago.—I have, for several years, been using Cotoin in the intestinal troubles of children. In some cases of diarrhœa, the effects of the remedy appeared to be good; in others, *nil*.

Like all other drugs, I think it is adapted to some peculiar *genus epidemicus*, and, as soon as we find it, we can prescribe it better.

This winter—in Chicago—we have had an epidemic of catarrhal diarrhœa of a peculiar character.

Commencing with acute coryza, in which *Ars. iod.* was specific, this catarrhal trouble extended to the stomach and bowels. There was violent vomiting, great thirst; watery diarrhœa, with tormina and tenesmus, although the evacuations were watery. Arsenic and Veratrum, and sometimes Croton tig., sufficed in the majority of cases, but in some children the diarrhœa assumed a peculiar and obstinate character. There would occur one or two profuse discharges in the morning; then, none until from 4 to 6 P.M., when three or four evacuations occurred, profuse, grayish-white, very watery, offensive, pouring away, with wind. None at night. Little or no pain, but considerable thirst. Stools almost involuntary. China and *Iris v.* proved useless. *Cotoin* 2 x, 5 grs. in half a glass of water, a spoonful every hour, promptly arrested every case.

The above indications may be set down as trustworthy indications for this improved remedy.

Epiphegus in Sick Headaches.—By *H. P. Holmes, M.D.*, Sycamore, Ill., U.S.—There are few things which will more effectually advertise a homœopathic physician in a community than to help a few cases of so-called “sick headache.” They are to be found everywhere, and our step-brothers of the old school do not pretend to do anything for them. Consequently, the physician who succeeds in making a favorable impression on one of these cases (usually the mother of the family) soon becomes established as the family physician. The fact soon becomes patent that a physician who can handle a sick headache that every one else has failed on *must* understand his business. I think it a fact generally conceded by our school, that sick headache *can* be handled, and very nicely too, by the proper homœopathic treatment. Such has been my experience, and I claim nothing for my successes except honors for the grand law of homœopathy, and thanks for the good men who have placed so rich a *Materia Medica* at our disposal.

With this prelude, I wish to report my experience with one of our new remedies, *Epiphègus Virginiana*. This remedy is indicated in that form of sick headache where the trouble is very evidently due to nervous exhaustion or neurasthenia. Its use was first brought to my notice by Dr. Marden in a short article in Boericke & Tafel’s *Bulletin* of January, 1884, page 788. I was struck at once by the remarkable simi-

larity of the provings of this remedy and its indications to a case of sick headache in a lady friend. This lady had, for years, been a martyr to sick headaches. Almost without exception she would have an attack every time she went from home. Let her go to church—which she did regularly,—go shopping, take a day's visit, entertain company at home, or in fact do anything which called for a little extra or unusual exertion on her part, and the headache was sure to follow. The pain was located in the forehead, there was a blurring of vision, inability to sit up or go about, and great nausea attended by vomiting. A period of rest, like a night's sleep, always dissipated the trouble. Here was a case for experiment which plainly called for *Epiphègus*. The remedy in the third dilution on discs was sent to her with the directions to take one disc for a dose when the first symptom of headache was felt. Repeat the dose every twenty or thirty minutes, until three doses were taken. Then stop and await results. For years, this lady had seldom missed having an attack of sick headache once a week, and frequently several times a week. What was my surprise and delight to hear at the end of two months, that every attack had been warded off by taking a few doses of *Epiphègus*. . . . My friend, who has now used the remedy for over two years, reports that she has had but one attack of sick headache since using the remedy, and that was when she was out of it. . . .

The following are a few facts concerning our new remedy: It is known as *Epiphègus Virginiana* (Michaux), *Epifagus Americanus* (Nuttall), *Orobanche Virginiana* (Linnæus), Beech drops, Cancer root, etc. This little plant grows in the rich soil in the beech woods, and, as the name implies, is usually found growing parasitic to the roots of that tree, although it may be found growing away from these trees in the rich compost of decayed beech leaves. About the only thing known of its medical history is concerning its supposed virtue as a cancer powder. This is the only reference made to it in the *United States Dispensatory*. But were there no other place for it than its use in certain forms of sick headache, it is of enough importance to hold first rank among our homœopathic remedies. From the shorter series of provings given it by Dr. Marden, we find it causes severe pain in forehead, with fulness; dull, heavy pain, becoming more severe; tight feeling of scalp; blurred vision; eyes smart; makes wrong letters and uses wrong words; nausea and general languor; almost constant desire to spit; *saliva viscid*, worse by rising up and going about, and always better by rest in a supine position and by sleep. The kind of cases in which it proves beneficial are those who bring on the headache by any unusual demand upon the system. Undoubtedly, it is the headache of nervous exhaustion, as rest or sleep invariably brings relief. For bilious headaches, or those due to menstrual troubles, it is not reliable, and seldom gives any relief. In the cases of such nature where it has seemed to do some good, I am in-

clined to think there was an element of nervous exhaustion playing a certain part.

Like our other remedies, it is not a cure-all, and it must be indicated or no good can be expected from its use. A thorough proving of the remedy is needed, and, without doubt, it will be valuable in other cases where neurasthenia lurks at the bottom of the trouble or complicates it.—*Hom. World*, November, 1886.

Clinical Cases.—By Dr. Hesse, Hamburg. Sch., an apparently healthy boy, aged 3½, has had a fever daily for fourteen days coming on about noon and continuing till evening. At first he gets blue below the eyes and around the mouth, twenty minutes later without any chill the hot stage comes, and he becomes restless and sleepy. Does not want to be covered warmly. Bores a good deal in the nose (only since the beginning of the fever), much thirst, with hasty eagerness to drink. The urine becomes milky on standing. No appetite. All food is vomited. During the heat, cold sweat on the forehead and in the hair lasting somewhat after the fever. Stools four times in the day, watery, foul smelling.

June 8th, received Cina 10, 5 powders, a powder morning and evening. I did not see the patient again, but heard later that he was immediately relieved.

L., a light blonde, apparently healthy child aged 3, has not been well for five weeks. Has no appetite, picks the nose a good deal. Stools mucous and contain ascarides, much thirst, is irritable towards morning, nights are restless, and during the day she is languid and sleepy; leucorrhœa.

August 8th, 1885, Cina, 200, 1 powder.

August 15th, the child is very much changed for the better, has been improving daily, she plays again, is lively, nose itches less, leucorrhœa has ceased, no more worms in the stools. Appetite good. Placebo.

September 15th, 1886, saw the child again, has had whooping cough with vomiting for four weeks, six attacks in the twenty-four hours. Worse from crying and after eating. When any one looks at her she cries (does not want to be looked at, Ant. cr., Cina, Cham.,—Boeninghausen) picks at the nose very much, nose stopped up night and morning, discharge of blood and pus when coughing; she lies on the back. Appetite very poor, constant desire for water, restless sleep, picking at the bedclothes with the fingers a good deal. Difficult stools with fruitless urging (the worms have not reappeared).

September 15th, Cina 200, 1 powder.

September 24th, cough considerably improved, without vomiting. Voice better. Appetite very good, no thirst, sleep quiet, nose better; towards 7 P. M., severe chill with subsequent heat.

I gave some powders of Pulsatilla and have not seen the child since.

In several doubtful cases *Cina* has produced marked and immediate improvement, and in others I have employed it with great service as an intercurrent remedy and always advantageously when the characteristic symptoms were present. Guernsey has given a very good picture of this remedy. Gritting of the teeth, continued tossing about even in sleep; is very restless, screams and is refractory; it is hungry and always wants to eat; is always in motion, doesn't stay quiet unless rocked; is not pleased with anything except for an instant, desires everything and throws away what is given to it. During the night frequently screams out as if from abdominal pain with desire for water.

Vomiting of milk. Gagging with a weak empty feeling in the head. Constant pressure in the stomach. Predominant restlessness at night. Gnauling in the stomach with constant hunger; abdomen swollen; vomiting with clean tongue; diarrhoea after every drink. Involuntary urination; the urine on standing soon becomes white like milk. Menses too soon and too profuse especially in those who have itchiness of the nose, and restlessness at night. Short hacking cough with painful swallowing.

During whooping cough the child often becomes stiff and rigid. Affections of the brain with dilated pupils; strabismus; alternating redness and paleness of the face. She can see clearer for some time after rubbing the eyes. Itching in the nose compelling her to bore and rub it. *Cina* is indicated in scrofulous persons; extraordinary irritability and obstinacy.

Respiration accelerated, short, rattling, the chest seems filled with mucus, threatens to suffocate. In whooping cough with the above named symptoms, especially in children with dark hair and of obstinate irritable temperament.

The child, in spite of great weakness, is very obstinate. Deathly paleness of the face; involuntary passage of urine speedily becoming milky (*Cina*, *Aurum*, *Acid phos.*).

Br., aged 30, a strong, apparently healthy man, has several troubles, of which palpitation and constipation are the most annoying. There is as a rule no desire for stool, and without aperients he would not have a stool for a week. Appetite good, no thirst; after eating, a swelled feeling in the abdomen, especially if he has not had a stool for a long period, also palpitation and anxiety in the region of the heart; he has these troubles when sitting after a long walk, never while walking. Accumulation of flatus in the left abdominal region ascending, better through pressure. Long sitting is extremely trying; from it there is unbearable palpitation and restlessness. On the other hand he can dance the whole night through without having palpitation. Feeling of anxiety from cold wind. He sweats readily also on the feet, which easily become cold. Prefers to walk without headcovering; impossible to lie on the left side.

June 4th, 1885. *Lycopodium* x, 3 powders; a powder morning and evening.

June 18th. No improvement. *Sepia* x, as before; during the first week slight improvement in the symptoms including the stools. *Sepia* x morning and evening, some pellets.

July 19th. The whole condition is better, stool every fourth day. Continue.

August 3d. Better. Stool every day. Continue.

From this time the patient was well until June 5th, 1886, when he complained again of the palpitation and the flatulence, both being especially worse after eating and when sitting. He received the same prescription and returned September 20th. For a permanent cure perhaps a higher potency is needed. Examination of the heart showed merely increased impulse and once intermitting pulse was noted.

As almost without exception the *Sepia* affections cease during active motion (I have found one exception in difficulty of breathing, while in isolated case the dyspnoea was relieved on walking rapidly, dancing) so here the palpitation. I was led to the selection of *Lycopodium* in the beginning from the symptom—relief in walking with uncovered head; still *Sepia* also has—head confused, any covering makes a pressure; after eating.

NEW REMEDIES.

Ricinus Communis.—At a meeting of the Royal Medical and Chirurgical Society held Nov. 23d, 1886, Mr. Henry Dixson presented a paper whose object was to throw light on the connection between the activity of the seeds and that of the oil. The author gave the results of experiments on rabbits made with the seeds in the natural state, and with an extract prepared after Bübnow's method. It was pointed out that post-mortem examination showed that when the rabbit was poisoned by castor-oil diarrhoea invariably occurred, death never took place before the second day, and that the intestine did not show any trace of congestion or inflammation; but after poisoning by the seeds death might occur in twelve hours without positive diarrhoea, and the intestine always showed excessive vascular engorgement.—*Lancet*, Nov. 27th, 1886.

The Venom of the Cobra.—*Dr. Wolfenden* finds the following albumens in the venom: First, a globulin which is always present and probably kills by interference with the respiratory mechanism—that is by asphyxia and without paralysis, causing local inflammation but not of great intensity. Secondly, an albumen resembling acid-albumen, which is precipitated together with globulin by saturation, and which is in some degree dialyzable; this proteid probably acts on the respiratory

apparatus, chiefly like the globulin, but less intensely. Thirdly, an albumen which is precipitated by sodium sulphate (out of the magnesia filtrate), and appears to be a serum-albumen; this is also toxic, and produces a kind of ascending paralysis, with fatal termination by suppression of the respiratory function due to paralysis of the respiratory muscles.—*Lancet*, October 30th, 1886.

ITEMS OF GENERAL INTEREST.

Remarkable Sequela of Measles.—*Dr. Harwood Casson* reports (*Lancet*, Nov. 27th, 1886) the case of a boy aged twelve, who, after a rather severe attack of measles, presented symptoms of decided mental aberration, culminating quickly in a condition of dementia. Before, he was an active, happy, intelligent lad and now he wandered about the house in a listless, aimless manner, seizing and consuming everything eatable or drinkable that came within his reach, never speaking unless spoken to and then in a monosyllabic whisper. His memory was quite gone; and after some absurd reply to a question, when emphatically urged to think, he would apparently make some weak and transient mental effort, and become exhausted in a moment. His muscular actions were steady and strong, and coördinating power perfect. He slept soundly at night and had an afternoon *siesta* of two hours daily. After remaining in this demented condition for a fortnight he awoke from the afternoon nap with voice sonorous, mind clear and memory perfect with regard to all events of the past fortnight, which he imagined himself to have dreamed. . . . He remains well.

Viper Poison and Rabies.—A writer in *Los Avisos* mentions that a dog which had been several times severely bitten by different rabid dogs, and had shown no symptoms of rabies itself, had been previously twice bitten by vipers, and suggests the possibility of the poison of the viper having conferred an immunity from rabies.—*Lancet*, October 30th, 1886.

Fatal result of Peroxide of Hydrogen Injections.—A Norwegian surgeon, *Dr. Laache*, has reported a case in which a fatal result followed an injection of peroxide of hydrogen into the pleural cavity. The necropsy was not made until forty-eight hours after death and revealed nothing very striking, but a number of air bubbles were present in the blood of the hepatic veins and some were seen on cutting into the spleen and kidneys. It was suggested in the discussion that oxygen was disengaged too rapidly for absorption by the blood and that thus bubbles may have been produced, and may have been the immediate cause of death.—*Lancet*, October 9th, 1886.

The Action of Drugs in Albuminuria.—By *Robert Saunby, M.D.*
 —Digitalis appears to increase the amount of albumen and this holds good of other heart-tonics, for example, Caffeine, Strophanthus and Sulphate of Sparteine. Iron, including the acetate, sulphate and perchloride, has the same effect of increasing the albumen. Terpene, in 10 grain doses, three times daily, in one case increased, in the other did not diminish the albumen. Apocynum increased the albumen in two cases, and diminished it in one. I was not able to observe the remarkable diuretic effect of this drug (used as the tincture in drachm doses) which is claimed for it across the Atlantic. I have used turpentine in several cases without being convinced of any beneficial result, though hæmaturia has followed the employment of even minute doses. The Bichloride of Mercury had a fair trial in suggested doses (gr. $\frac{1}{1000}$), but has entirely failed. Nitro-glycerine—I have seen cases do remarkably well under this drug, but I have not been able to confirm this by exact observation except in acute cases.

Fuchsin, under the most favorable circumstances has not borne out the reputation it has acquired.—*Brit. Med. Jour.*, November 27th, 1886.

A Novel Treatment of Phthisis.—*Dr. Bergeon*, of Lyons, recommends a method of treating phthisis which has, at any rate, the merit of novelty. His plan is to utilize the effects of sulphuretted hydrogen, and this he proposes to do by injecting carbonic-acid gas saturated with sulphuretted hydrogen into the intestines. If care be taken to secure the absence of atmospheric air, no inconvenience, it is said, results from the injection of even large quantities of the mixture; absorption into the venous system and elimination by the lungs taking place very rapidly. It is claimed for this procedure that, by its means, the use of sulphuretted hydrogen is unattended with any toxic effects, and exerts its influence directly on the lungs themselves. It has been employed in a number of cases at the hospitals of Lyons, Bordeaux and Paris with great benefit to the patients even in very advanced cases, and, latterly, similar observations have been made in the consumption hospitals of London, the results of which have not yet been made known. The method has been very much simplified by the introduction of an ingenious but simple apparatus whereby the carbonic-acid gas is generated, and saturated with sulphuretted hydrogen ready for use.—*Brit. Med. Jour.*, November 27th, 1886.

Antagonism between Atropine and Morphine.—At a recent scientific meeting in Berlin, Herr Lenharz, of Leipsic, read a paper (*Prag. Med. Woch.*, No. 42) on the alleged antagonism between Atropine and Morphine, considered both chemically and experimentally. He had come to the conclusion that no such antagonism existed, for the following reasons: Firstly, the antidotal doses of Atropine have far too wide a range. As a rule, enormous doses are given, often without suc-

cess, while, at the same time, recoveries from morphine-poisoning are recorded after merely nominal doses of Atropine (.015 gram, and even less than this); secondly, the uncertainty of the indications.

Johnston (of Shanghai) would resort to Atropine in all cases, in spite of a weak, irregular pulse, whilst Wood makes the condition of the respiration the criterion, and Binz discards the use of Atropine, if the pulse be rapid and small; finally, Atropine does direct harm. Binz had recommended Atropine on experimental grounds, but Binz's experiments had not been sufficiently complete, that is, only enough Morphine had been given to make the animals sleep, but not enough to give them convulsions. Animals killed by large doses of Morphine did not die from lowered blood-pressure, nor from embarrassed breathing, but from the exhausting convulsions. Of 132 cases of Morphine-poisoning, collected by the author, 59 were treated with Atropine, with a mortality of 28 per cent.; of the other 73, only 15 per cent. died. In eight experiments with Morphine on animals, Atropine made no difference, the animals died just as soon without it.—*Brit. Med. Journ.*, November 20th, 1886.

The Value of Disinfectants.—By *Dr. W. A. Elliston.*— . . . After testing various substances, Koch arrives at the conclusion that the only reliable disinfectants are Chlorine, Bromine and corrosive Sublimate, and that to arrest development (of spores) only corrosive Sublimate, and certain ethereal oils, and Allyl-alcohols are to be trusted. Bromine vapors are recommended for confined spaces. Chlorine is a little less satisfactory, but more so than has been supposed. It is comforting, however, to observe that, in corrosive Sublimate, we have an invaluable germicide, and that solutions of 1 in 1000 to 1 in 15,000 are sufficient to kill micro organisms. A solution of 1 in 1000 was sufficient to kill the resting spores in 10 minutes, and, indeed, simple moistening of the earth with this solution is sufficient to arrest the power of development.

Professor Konig, of Gottingen, relates a personal experience of twenty years, of the value of fumigation of rooms by the Sublimate. The method he adopts is very simple. After closely shutting the windows of the affected room, the person who carries the disinfectant sprinkles about 50 or 60 grammes (750–900 grains) of the Sublimate on a coal-shovel, over a glowing fire-pan, and then quickly leaves the room, and locks the door. All chinks must be stopped beforehand. The Sublimate evaporates quickly, and the room is now left exposed to the fumes for three or four hours. The door is then opened, and, in opening the window, care must be taken to hold a cloth over the nose and mouth. The door is immediately locked again, and the room is aired for several hours, the windows being left open. The windows are once again shut, and the room is fumigated in the usual way with sulphur, in order to render harmless the mercury which is still present. Professor Konig

states that he has never observed any harm to those who carried out this method, nor to the inhabitants of the cleansed room.

Professor Förster, of Amsterdam, also bears testimony to the value of a solution of from $7\frac{1}{2}$ to 15 grains of Sublimate in 35 ounces of distilled water as a perfect disinfectant for the hands after contact with infection, while he regards the usual solution of Carbolic acid and water, $2\frac{1}{2}$ per cent., inadequate for the purpose.

It is satisfactory, therefore, to know that we have reliable chemicals, that will stand the severe test of modern investigation. It is still more satisfactory, I think, that boiling water is a perfect disinfectant. No contagium can resist a moist temperature of 212° F. Linen and clothes (of a material that will not be injured by boiling) can be perfectly disinfected by that simple process.

At the request of the German Government, Koch and Wolfhurzel experimented upon the comparative value of dry heat and steam. They reported that, by the direct application of steam at 212° F. for from five to ten minutes, even the virulence of dried anthrax blood was destroyed. Earth-spores, which have the reputation for tenacity of life at high temperatures beyond all others, were devitalized by fifteen minutes' exposure to steam, while they resisted the action of dry heat for three or four hours at 302° F.—*Brit. Med. Journ.*, October 30th, 1886.

Poisoning by an Aniline Pencil.—*Arthur Pearce, M.R.C.S.E.*, writes to *Brit. Med. Journ.*, October 23d, 1886; "H. C., aged 23, a discharged soldier, sent for me at 3 P.M., on October 5th, 1886. He was then in a state of partial collapse, sweating and almost pulseless. He had vomited and suffered severely from diarrhœa, not in any way characteristic. He had been subject to dysentery abroad, and had been drinking on October 2d. I gave him a stimulant stomachic, with two grains of gray powder and five of compound Ipecacuanha powder, every four hours, with other directions. On seeing him next morning, I found that he had revived, and had been sick after every powder, vomiting some blue liquid, unfortunately thrown away. He now showed me an indelible aniline pencil, which he had used on October 3d, to push out a fang of a tooth left after partial extraction on October 1st. On the same day he was seized with vomiting and purging, and just before I saw him he was said to have had an epileptiform fit. He recovered from all the symptoms in a few days, only some weakness remaining."

The Therapeutics of Pomegranate Root.—*Mr. Edward Nicholson*, in a paper read before the Liverpool Medical Institution, called attention to some little-known properties of pomegranate root. His experience with it was mostly on young children in India. He found that whenever a young child lost its appetite, had more or less irregular bowels and somewhat tumid belly, was peevish by day and restless by

night, when it was wasting, and the symptoms were negative as to worms or fevers, in such cases decoction of Pomegranate root invariably effected a cure. The symptoms were mostly found in children, about two years of age, but might occur at any time up to seven years. . . . He usually gave the decoction in ounce doses, three times a day, and never saw any toxic effects from its use. In certain obscure diseases in adults, where there was cachexia and evidence of abdominal disturbance, he has also found the Pomegranate root serviceable.—Practitioner, from *Liverpool Medico-Chirurgical Journ.*, July, 1886.

Hæmatemesis in Hysterical Patients of both Sexes.—*M. Auguste Ollivier*, of Paris, read an important paper at the Congress at Nancy on hæmatemesis in the absence of the catamenia. In cases of hysteria in both sexes, hæmatemesis was met with, and appeared due to a special condition of the nervous system. He asserted that this variety of hæmatemesis, which was too often regarded as symptomatic of ulcer in the stomach, was in reality a form of local hysteria, with gastralgia, accompanied by hæmorrhage. The absence of any disturbance of the nutrition, the suddenness of the onset, the presence of nervous disturbance and the prompt reëstablishment of health would generally serve as indications of the true nature of the complaint.—*London Med. Record*, November 15th, 1886.

[The following when read in connection with Dr. Ring's article in this number of the RECORDER, is worthy of attention. The cures seem to be beyond doubt. The curative influence must have been due to some substance which is volatilizable without change. Further development of the subject we leave to Dr. Ring.—ED. HOM. REC.]

Hemeralopia Cured in Four Days by the Vapor of Calves' Liver.—Twenty-six years ago, Dr. Escorihuela contributed his first paper on this rare neurosis to the *Genio Medico-Quirurgico*, and pointed out its "simple and prompt cure." Since that date, he says that he has had many cases, twenty or thirty, and that they have all yielded to the same remedy, however inexplicable it may seem. He gives the case of a child, 12 years of age, who, for six months, had been quite unable to see after dark. Various remedies had been tried by several distinguished specialists, but without success. Dr. Escorihuela told her to buy six or seven slices of calves' liver (the liver of a sheep, goat or ox would do equally well), to place them on some live coals, over which she was told to hold her head for eight or ten minutes, and so to receive the fumes on the eyes and lids. This she was to do, twice a day, for three or four days consecutively. On the fourth day, the child was brought to him perfectly cured. Dr. Escorihuela can offer no explanation of the success of this treatment, but vouches for the fact. In the *Genio Medico-Quirurgico* of October 7th, Dr. N. Tegeco del Cerro writes

confirming the value of Escorihuela's curious treatment of hemeralopia, and giving four cases of his own, in which the patients were cured by simply eating roasted liver. He first heard of this cure from a shepherd and the belief in it seems common in Spain.—*London Med. Record*, November 15th, 1886.

Catalepsy Caused by Corrosive Sublimate Poisoning.—*Santi Bivona* (in *Gazz. d. Ospitali*, March, 1886) reports a case: The patient, a young woman, 24 years of age, following a violent emotion, aborted at the third month of her pregnancy. Two days later, she had a rigor, and the lochia (abundant at first) became scanty and fetid. She was ordered irrigations containing $\frac{z\text{ss}}{2000}$ of Corrosive sublimate. Instead of calling in the nurse to give the injection, the patient's sister took upon herself to inject into the rectum $\frac{1}{2}$ of a litre of the solution, containing 17 centigrammes (about $2\frac{1}{2}$ grains) of the sublimate. In the course of a few minutes, the patient was seized with an intense general tremulousness, more marked in the upper extremities; her voice became feeble and consciousness dull. On the arrival of the doctor, who was immediately sent for, half an hour had elapsed since the injection had been administered. The patient's face was pale, and her skin cold and clammy. She was unconscious; pulse, 130, small and feeble; respiration, 56, shallow and irregular. The tremors had disappeared, but the tonus of the muscles was increased to such an extent that the limbs preserved the position in which they were placed for more than a minute. Attempts to induce the patient to swallow, gave rise to attacks of dyspnoea. A solution of albumen was injected into the rectum, together with hypodermic injections of tincture of musk. The skin was rubbed with hot cloths and alcohol. Notwithstanding this treatment, the breathing became more and more embarrassed, and it was found necessary to resort to artificial respiration. The pulse became imperceptible, and the face cadaveric. Death appeared imminent; but, as the heart still pulsated feebly, the treatment was persisted in for upwards of three hours. The patient then began to show signs of returning life, and she recovered consciousness an hour and a half later. She was convalescent in about four days. The patient had never shown any symptoms of hysteria and everything pointed to the sublimate as the direct cause of the attack.—*London Med. Record*, November 15th, 1886.

Antidote to Rabies.—Dr. Fernandez, of Barcelona, claims to have discovered a new vaccine to preserve men and animals from the contagion of rabies. He has collected a great number of observations, showing that dogs bitten accidentally by vipers are never affected by rabies, either spontaneously or when bitten by affected animals. He has made certain direct experiments, inoculating dogs with a small quantity of the viper's poison. After inoculation the animals were ill for four or

five days, with symptoms of slight fever, prostration and more or less profound somnolence. He maintains that the animals thus operated on are protected from rabies, and that neither when inoculated with the saliva nor when bitten by affected animals do they contract the disease.—*London Medical Record*, November 15th, 1886.

Notes Concerning some Drugs.—*Iodoform* sometimes produces poisonous effects. This substance is poisonous itself and should only be used in very fine powder and in moderate quantity. Adulteration with picric acid is easily detected by shaking up with water and filtering. The filtrate should not be yellow, and should give no brownish-red coloration on warming with potassium cyanide.

Absinthin has been examined again; Duquesnel found it to be a very bitter material, crystallizing in colorless prisms, slightly soluble in water, easily so in alcohol and ether. Roux declares it to be non-poisonous, and has given from $\frac{1}{10}$ to $\frac{1}{5}$ gram of it twice daily.

Of the two antipyretics, *antipyrin* and *thallin*, Jaccoud prefers the latter. It is less likely to be followed by collapse, and any collapse which may set in shows itself *early*; whereas in the use of antipyrin, collapse may set in severely when the drug is apparently being well tolerated. *Thallin* is five times as strong as antipyrin, 0.2 gram (3 grains) being quite enough to commence with. But these drugs are not antipyretics in the true sense of the word; they only cause a sudden peripheral cooling which has almost no influence on the disease. The advantage of their use is doubtful.

Lantanin, a new alkaloid with antifebrile properties, has been discovered and examined by Buiza and Negreta in Lima. It is obtained from a verbenaceous plant *L. Brasiliensis*, and its effects are retardation of the circulation and tissue-changes, and considerable lowering of the temperature. It is well tolerated where quinine cannot be taken, and in doses of 15 or 20 grains daily, cured 95 per cent. of intermittent fever cases treated by it.

Urethan has its sleep-inducing properties confirmed by further observations (Sticker, *Deutsche Med. Woch.*, 1885, No. 48). No bad effects followed doses of from two to four grams, but the urine was much increased. It acts best in cases of pure nervous irritability, but is far inferior to morphia when actual pain is present or severe cough.

Chloroform has been found very efficient against tape-worms. Doses of two grams (31 grains) have been given, repeated after 20 or 30 minutes, but troublesome cardiac symptoms may be avoided by giving much smaller doses (a few drops) every few minutes for a few times. Thompson successfully prescribed Chloroform $\mathfrak{5j}$ (by weight), simple syrup to $\mathfrak{3j}$, to be given in three doses, at intervals of two hours, in the morning fasting, with castor-oil to follow.

Tanacetum vulgare (common tansy) and its oil have been used as an-

thelminics, and also as emmenagogues. Tanacetyl-hydrate is an isomeric modification of camphor. In a case of poisoning there were convulsions at intervals, with disturbed ideation, and the pulse was small and thready. Over half an ounce of the oil may be fatal, and even a few drops appear to be not without effect on the system.—*London Medical Record*, October 15th, 1886.

Antipyrine in the Treatment of Affections of the Eye.—Katzaurow (*Wratsch.*, No. 7, 1886) has made experiments with this drug upon 27 patients. Some of the cases had, besides the local affection of the eyes, troubles of the nervous system. The remedy produced extraordinary effects in the treatment of disorders of the head, which accompany ocular troubles.

In 14 cases, a dose of 1 gram (15.4 grains) was sufficient to cause headache to disappear, as if by enchantment.

In 13 cases, it was necessary to repeat the dose.

In 2 cases (optic neuritis and scleritis), relief was only obtained after a third dose (of 1 gram) had been given. The action of Antipyrine is especially beneficial in headache following operations for cataract. The heaviness and pain disappear within an hour after the administration of the remedy in 9 patients. The author cured with Antipyrine a rebellious hemicrania consecutive to the penetration of a foreign body within the orbit.—*Bull. Gén. de Thérap.*, May, 1886.

Nature and Treatment of Granular Conjunctivitis.—Granular conjunctivitis is a contagious malady, due to the presence of a specific microbe discovered by Sattler, and examined later by Koch, Poucet (de Cluny) and Darier.

The treatment of this disease should be both local and general, that is to attack the infectious agent, and at the same time to place the organism in a condition to resist it.

To obtain the first result, M. Desormes recommends, when the granulations have not yet attained the stage of organization, sulphate of copper in the form of glycerole, of $\frac{1}{3}$ th strength, as done at Dr. Abadie's clinic.

But, when the granulation-cellules have organized into cicatricial tissue, the microbe is inclosed in a kind of fibrous envelope which hinders the action of the application. To destroy this protective layer, M. Desormes praises the method employed by M. Darier: After having anæsthetized the conjunctiva by cocaine, he touches lightly the granulations with the point of a pencil moistened with a concentrated solution of chromic acid. On the next day, the little eschar is found to be almost wholly detached, and, the lid being everted, is cauterized with the glycerole of copper (and also on the succeeding days), which now can readily come into contact with the microbe. Ordinarily, five or six

cauterizations with chromic acid, repeated every four or five days, is sufficient to bring about, if not a cure, at least a marked improvement.

The intention of M. Darier, in employing chromic acid, is to facilitate the action of the copper.

M. Desormes insists strongly upon general treatment. The organism, weak and below par, must be brought up by good food, and in this case M. Abadie prescribes with much advantage meat powder and extract of quinquina.

With lymphatic and scrofulous patients, remedies which modify the nutrition are employed, as cod-liver oil, the iodides, and especially the syrup of the iodide of iron (Iodotonique).

Finally, under rigorous hygienic rules, a sojourn in Switzerland or on high table-lands (in those cases which can have a change of locality) is recommended, for it is a matter of observation, as was remarked by Mr. Chibres, that the granulations do not flourish at an altitude greater than 220 metres.—*Thésis, Paris, 1886*; *Bull. Gén. de Thérap.*, October 30th, 1886.

NEW PUBLICATIONS.

A System of Surgery. By William Tod Helmuth, M.D. Fifth Edition; Enlarged, Rearranged, Revised, Many Parts Rewritten and Much New Matter Added. Illustrated with 718 Cuts on Wood. F. L. Boericke: Philadelphia. 1887. Sheep; large 8vo. Pp. 1111.

Among surgeons who believe in the law of similia Professor Helmuth stands and has long stood *facile princeps*, and a book from his pen commands our best attention and challenges our critical judgment. The work on surgery now under consideration has in its earlier editions been so fully and favorably reviewed by other hands that our duty in regard to the present volume is limited to a consideration of some of those sections in which, as the title-page tells us, it has been enlarged, revised and in many parts rewritten. First of all it should be remembered that a text-book, and such this volume undoubtedly is, cannot be expected to contain new methods unless they commend themselves in an especial manner to the author's judgment or until a verdict in their favor has been rendered by statistics.

In the matter of inflammation, the author offers not only the migration theory of Cohnheim, which, indeed, he had already given in the previous edition, but also Stricker's theory of tissue metamorphosis and a new classification of the terminations of the inflammatory process. Concerning the treatment of inflammation, the author's views as to the prééminence of homœopathic doctrines, are heard in ringing tones. He

says, page 105: "An impartial mind can entertain no other idea than that the different subjective symptoms—as exhibited, for example, in different varieties of pain, such as tearing, burning, darting, lancinating, pressive, piercing, boring—are the result of essentially different morbid actions; each one, therefore, of necessity requiring its appropriate remedy. To these differences a critical attention must be given for the most successful application of means. It is unpardonable ignorance at the present time, when the bright rays of progressive medicine are illuminating our pathway, to have an imperfect knowledge only of symptoms, and to confound all distinctions."

In the chapter on the transfusion of blood we notice the insertion of the method of intra-peritoneal transfusion based upon the observations of Ponfick and others. The author has not yet used this method, but states that he would not hesitate to do so in any suitable case. Its success certainly upsets some of the older pathological notions concerning the intolerance of the peritoneum to blood, which, however, in the method just stated must be defibrinated.

To nerve-suturing the author gives considerable space and deserved approval, but we had hoped to see some modification of his high opinion of nerve-stretching; true, he says the operation is not without its dangers, and that death has been known to result from it. That, in not a few cases, the operation gives only temporary relief, is well known, and, if we are not mistaken, secondary degeneration in the cord has followed it; and we are inclined to think that acupuncture of the nerve, the sciatic for instance, or the injection into the nerve of a few drops of sterilized water would be far preferable in cases where such procedure could be carried out.

The apparatus devised for fracture of the clavicle by Professor John C. Morgan, of Philadelphia, although extremely recent, receives full description and illustration.

The subject of cerebral surgery is treated at some length. The operations (four or five up to this writing) by Mr. Victor Horsley, with their immediately following improvement, have been of the greatest value in proving the existence of motor areas in the cortex, and have opened a new field for the surgeon. The author has relied largely upon the teachings of Charcot and Pitres concerning the cortical motor areas, but Exner's work is not, as our author seems to infer, without value, for we know that the limitations of the cortical fields are somewhat vague, and that a partial overlapping of one area by the other does occur, a remarkable instance being the post-central convolution, which is distinctly both sensory and motor in its functions, the sensory field extending backward and including most of the remainder of the parietal lobule.

Dr. O'Dwyer's method of intubation of the larynx, although quite

recently brought into practical application, receives at the hands of our author full and generous treatment, and is amply illustrated.

In the chapter upon hernia we find as new matter, especially, the new radical operation of cutting off the sac as practiced chiefly by the Liverpool surgeons, enterectomy in gangrenous hernia, and the new and improved formulæ used in the Heatonian operation by injection.

A most interesting contribution to the literature of hernia is given by the author, p. 882, of a case observed by him in which there existed simultaneously an internal and an external hernia; the internal hernia had followed in the track of an aberrant testicle, which in its descent, instead of passing downward and forward through the rings, and entering into the scrotum, had gone downward and backward, taking with it an acquired pouch of peritoneum and finally locating behind the border of the iliacus internus. Certainly a most interesting and unique case. The difficulties in surgical diagnosis are great enough, and who could expect such migration of a testicle?

An entirely new chapter on litholapaxy, the method which was just brought out by Bigelow when the previous edition of this work was issued, new sections on cholecystotomy and digital divulsion of the pylorus, as well as the latest wrinkle in the treatment of variocoele are important additions; Ogston's way of treating the latter affection only appeared in the *Annals of Surgery* as late as August, 1886.

Dr. Helmuth's conservatism in the incorporation of new methods is well exemplified in the sections relating to etherization by the rectum, wiring the patella, and Simon's mode of examining the rectum by the hand; in all of these he shows the grave dangers attending these procedures while he gives place to the claims of their discoverers.

The chapter on ovariotomy has been prepared with especial care, as indeed might be expected from so experienced an ovariologist as the author is, but it is questionable to our mind, whether ovariotomy is not rather the function of the gynæcological operator; and if the general surgeon acknowledges no limitation as to his field of operation, it would seem, then, that a section on salpingitis might have well been added.

Dr. Helmuth's therapeutic indications are plentifully scattered through the work, and if they are not given in such detail as might be desired by some of us, it must be remembered that the book is first a system of surgery, and that therapeutic methods necessarily take a secondary place in it.

The work is comprehensive in scope, thorough in detail, sound in doctrine, is written in graceful style and its typography is admirable; an occasional error shows us that the author did not do his own proof-reading, else the word *serrafine* would not have appeared.

We congratulate Dr. Helmuth on the successful issue of this new edition; we congratulate our readers on having within their reach a safe guide in regions where the best of us at times find need of guidance.

Key-Notes to the Materia Medica, as taught by Henry N. Guernsey, M.D., late Professor of Materia Medica at the Hahnemann Medical College of Philadelphia. Edited by Joseph C. Guernsey, A.M., M.D. Philadelphia: F. E. Boericke, 1887. Cloth, 12mo. pp. 267.

It was our privilege, during the winter of 1868-69, to listen to the late Dr. Hering's course of Lectures on Materia Medica, delivered in the then new Hahnemann Medical College, of Philadelphia. Among his suggestions in regard to the method of studying his subject, he told his class to get Dr. Guernsey's *Obstetrics*, and to make an index of its materia medica indications, and having done so, to copy out in a suitable book, all concerning materia medica to be found in the work. The lecturer held that, not only would be thus obtained a collection of most valuable indications for the employment of drugs in disease, but also that the repeated reading and copying of the *Key-Notes* would serve better than any other way to fix them on the memory. We followed the advice thus given, and for this, as well as for many other helpful instructions, have held Dr. Hering in grateful remembrance. The written volume was for years our constant companion at the bedside, and it had the great merit of not being in appearance a printed book. We have loaned our index to others at different times, and thus enabled them to adopt Dr. Hering's plan, with a minimum of labor. It is needless to say, that we found the *Key-Notes* trustworthy, and more than once have we had to thank some one of them for an unusually rapid cure.

When the two Philadelphia colleges were merged into one, Professor Guernsey was called to the Chair of Materia Medica, and notes of his Lectures were published in the *Journal*, issued under the auspices of the College. These we collected and had bound, but we are free to confess, that they were to us not acceptable, and seemed to be unworthy of their author. Previously, however, in 1869 and 1870, we believe, Dr. Guernsey had published a series of articles in the *Hahnemannian Monthly*, giving the key-notes for a good many drugs, and these were highly appreciated, and went into our book.

The present volume contains, in the main, all of the *Key-Notes*, as they appeared in the work on obstetrics, as well as those published in the *Hahnemannian Monthly*, just referred to. Besides, there are many additions. The profession is thus, for the first time, placed in possession of a printed handy book, containing the results of Dr. Guernsey's many years of labor and study, and we sincerely wish that our readers may speedily own this volume, and put its indications to the practical test at the bedside.

An extremely valuable feature of the book is the repertory, which, we learn from the preface, is made up from the late Carroll Dunham's copy of *Bönninghausen*, with copious additions and confirmations, made by Bönninghausen himself, and by Dunham also, with further additions by

Professor Guernsey. *Bönnighausen's Therapeutic Pocket Book* has been so long out of print that a copy is a rarity nowadays, so that the purchaser of this volume may be sure of getting his money's worth.

American Medicinal Plants. By Dr. C. F. Millspaugh. Fascicle V. Boericke & Tafel: New York and Philadelphia.

This installment of Dr. Millspaugh's great work contains thirty large-sized colored drawings of as many remedies with descriptive text. The plants are for the most part of secondary place in our *Materia Medica*, but only so by the comparative infrequency with which they are prescribed. Such remedies as *Collinsonia*, *Helonias*, *Leptandra*, etc., hold a deservedly high rank in our armamentarium, and are, indeed, pushed forward by some of our colleagues who have a special fondness for drugs of indigenous origin.

Dr. Millspaugh's work in this volume keeps up fully the high standard of excellence shown in the previously issued fascicles, and the critic can only find what is praiseworthy. In the present volume the proof-reading is exceptionally well done, the only error we have noticed being in the table of contents, wherein appears *Solanum nigrum*. The fidelity of the drawings to nature in form and coloring is only what we have a right to expect from the artist-author. A work of this kind constantly increases in commercial value, and the wise ones among us will make sure of possessing it while it is yet to be had. Except through the accidental scattering of a library it is not likely to be ever seen in a second-hand bookstore.

The Physician's Visiting List for 1887. Philadelphia: P. Blakiston, Son & Co.

A Visiting List which has appeared successively for thirty-six years must possess qualities which commend it to the profession. This one contains, besides the usual blank pages ruled into spaces for daily visits, also pages for recording vaccination and obstetric engagements, memoranda, etc. In the front part of the book we find well-prepared notes on the examination of the urine, methods of disinfection, dose-table, memoranda of new remedies and other useful information.

The Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Boericke & Tafel: New York and Philadelphia.

This favorite and well-arranged visiting list is of especial value to the Homœopathic practitioner since, in addition to the usual tables of poisons and their antidotes, pulse table, obstetric calendar, etc., it is ruled so as to give ample space for recording the name of the remedy prescribed at each visit. An additional meritorious feature in the eyes of many is that its use may begin with any date. It is well bound in leather and is of a convenient shape for the pocket.

PUBLISHERS' DEPARTMENT.

“**Inducements.**” — Be the physician ever so skilful, his skill goes for next to nothing, if the medicines, with which he is armed, are badly prepared from inferior drugs or plants. A physician's failure, or even his but indifferent success, is, sooner or later, disastrous to himself, and so far tends to bring homœopathy into disrepute. In view of this, it would seem that the physician's primary care should be to look to the quality of his medicines more and less to their price, for there is as much difference in medicines bearing the same name as there is between a tallow candle and an electric light.

That there are badly prepared medicines, to use no harsher term, offered for sale, cannot be disputed. That physicians are wholly free from blame for this state of affairs, we cannot affirm. So long as physicians demand cheap medicines, or will buy where they are offered the greatest “inducements,” so long and so far will homœopathy degenerate. Where there is a demand, there will soon be a supply, and should any considerable number of physicians demand medicines at still lower rates, there will be men forthcoming to supply the demand “with the best and purest in the market.” There seems to be an opinion abroad, that the profits on homœopathic medicines are so large that, even were prices reduced one-half, the margin of profit left would be a handsome one. This is a fallacy; the profits on medicines, prepared as they should be, are not larger than in any other legitimate manufacturing business.

We now propose to show how cheap medicines are made,—the kind that catch physicians by “inducements,” and insidiously deaden his practice,—by showing how we could largely reduce the cost of our own make, and no doctor in the land would be the wiser. We could effect a very large saving by using cheap alcohol instead of the finest grade. Another very large saving could be made by devoting, say fifteen or twenty minutes to triturations, instead of two and four hours, as is now the case.

Still another way of cutting down the cost of our goods would be to buy dried plants instead of sending trustworthy men out in the country to gather them fresh. Large as these savings would be, they are not equal to another open to us. We do our own importing, and here are a few figures that will throw a little light on a subject of vital importance to physicians. The difference between *Aconitia* commercial and *Aconitia* crystallized is exactly \$98.50 an ounce. The difference between *Digitaria* commercial and the same crystallized is \$65.00 an ounce. The difference between *Apomorphia mur. amorphous* and the same crystallized is \$17.00 an ounce. We might extend this list considerably, but the foregoing is enough to show what an enormous saving is open by using the cheap form of such drugs.

Medicines made from the cheap form of the drug will act, it is true,

but their action is sluggish, uncertain and unsatisfactory. The crystallized is, so to speak, the very spirit of the drug—subtle, penetrating and quick with life, while the cheap form is comparatively dead. The difference between the quality of the two is well illustrated by the enormous difference in price.

We have now shown how easily cheap medicines can be made, and big “inducements” or discounts offered; nothing easier and nothing more disastrous to physicians and to homœopathy.

Homœopathic Pellets and Copper Kettles.—For years we have endeavored to do away with copper kettles in the manufacture of Globules or Pellets, for it has been demonstrated beyond cavil that the copper kettles wear out in course of time, and the only way to account for it is, that the friction of the pellets gradually wears away the copper, and that the pellets must of necessity have become contaminated thereby to a greater or less degree. To obviate this we hit upon the expedient of lining the kettle with wood, and we finally succeeded about two years ago in living one that way. This answered so well that we had the remaining two kettles lined likewise. In doing this, it was observed that the kettle longest in use had been worn as thin as paper, while originally it was as heavy as the others. It is undoubtedly more difficult to make a neat pellet in a wood-lined kettle; it takes more time, is consequently more expensive, but then we can guarantee our pellets to be absolutely free from contamination by copper, a desideratum which no other pellet-maker can give at the present time.

We have, on previous occasions, called the attention of the profession to the desirability of obtaining pellets made by the homœopathic pharmacist under his own supervision, on his own premises; for then only can they be guaranteed to be free from any admixture, from contamination with copper, and from the smell of ethereal oils, which latter is unavoidable if they be made by a confectioner. And we know whereof we speak, for time and again were we compelled, in years gone by, to return pellets to the manufacturer on account of their decided smell of essential oils used in flavoring candies.

When the subtle nature of homœopathic attenuations is considered, it is manifest that too much care and circumspection cannot be exercised in order to preserve the purity of so important a vehicle of homœopathic medicine as pellets.

Œnanthe Crocata.—We again call attention to this valuable remedy which we treated of at some length in the September RECORDER (p. 155). It seems to be a specific for epilepsy, and Dr. H. L. Henderson, after recounting in a western medical journal some remarkable cures made by him with Œnanthe Crocata, concludes as follows: “If any of the readers of the journal have a bad case of epilepsy, get the medicine and try it! It *must* be given in *very small* doses.”

Apocynum Cannabinum Decoction.—Dr. E. M. Hale was the first to advise that a decoction be made from the fresh roots of this plant and gave a formula for it in the last edition of his *Materia Medica and Special Therapeutics of New Remedies*. As far back as 1883, we made some according to his formula, and since then it has steadily grown in favor with the profession.

Unfermented Grape Juice Again.—Last year we offered the medical profession an Unfermented Grape Juice which we knew to be free from deleterious chemicals and to be one of the most healthful liquid foods possible to offer to invalids; indeed it is not a little singular that sick people whose stomachs revolt at the mere thought of food, will take this grape juice with keen relish. The demand was large and our entire stock was soon exhausted. This year we have procured a very large supply of the same article, and its purity can be implicitly relied upon. The supply in other quarters is also largely increased and while we do not positively state that there are no brands in the market fit to use but the one for which we are sole agents, we do very positively state that we have never seen one though we have examined many. One brand is heavily charged with *sulphurous acid*, certainly unfermented and positively unfit for medicinal or any other use. Another brand develops a strong metallic taste in the mouth soon after drinking, which is proof that the juice has been in contact with a metallic surface. Not only is this juice unpalatable but it may be more or less poisonous, for the natural acid of the grape when brought in contact with metal, like that of tin for instance, is apt to develop a very active poison. There is another brand that is held from fermentation by the addition of from 25 to 40 grains of *Salicylic acid* to the gallon of juice. This is the cheapest way to preserve grape juice and the worst, for Salicylic acid is an active and powerful drug. If any of these brands, and the last-mentioned is manufactured in large quantities, are prescribed there can be no possible benefit to the patient from them, and very possibly a decided injury.

Mullein Oil is a new remedy, an exceedingly good one, and one that the pharmacist *must* go to the expense of sending men to the country in order to procure. The following extract from a letter before us tells its own tale: "I had read so much concerning the properties of Mullein oil in several of the journals and its efficiency in deafness I thought I would try it in my practice. Ordering some from . . . I made use of it with no better and no different result than is usually obtained from the use of olive oil. Their preparation looks like olive oil, smells like olive oil and tastes like olive oil, and if it is not olive oil it certainly is not mullein oil." Our correspondent continues after noting the striking difference between the article we sent him and that he had procured from the pharmacy whose name we withhold: "I have practiced medi-

cine for nearly thirty years, always a homœopath, and have seen many spurious things palmed off for genuine, but never a grosser fraud;" also: "If this was the only instance of misrepresentation one would not feel like saying much, but when you may multiply this by one hundred and then not reach the full number, one feels like," etc.

Adonis Vernalis.—A druggist remarked to me, "a new heart remedy is always in demand," and when I said, I have a new one and a good one, he telegraphed to Europe for a supply. The *Adonis vernalis* is a native of Northern Europe.

Its influence is somewhat like *Digitalis*, but lacks the unpleasant features of that remedy; its tonic influence on the heart is most marked. In one case the heart beat ranged from 50 to 60 beats per minute when it should have been 70 to 90; very feeble and frequently irregular; at times dizziness, partial loss of consciousness, and twice within a week syncope. A single day's use showed marked improvement and within a week the pulse had come up to 70 per minute and regular. In this case the trouble was evidently due to over-exertion—heart-strain. I have only used the remedy in a few cases, but I have used it singly, and have watched its action carefully. From what I have seen I have hopes that it will surpass *Digitalis* as a "cardiac tonic." I use it in small doses. Ten drops of the tincture are added to four ounces of water, and a teaspoonful is given every three or four hours.—Dr. Seudder in November number of *Ecl. Med. Journal*.

We are in receipt of a fresh supply of this remedy, which sells at the usual rates.

Hydrogen Selenide.—On page 99 of the RECORDER a translation of an article on above remedy from the *Allg. Hom. Zeitung* is given and we received a number of orders in consequence. As it was unobtainable in this country we ordered it from Germany, and our friend, Dr. Gericke, prepared it especially for us, but took occasion to write as follows:

We have sent you a perfectly saturated solution of "Selen hydrogen," and we took the precaution of making a separate package of the same. Will you be so kind as to cause this box and bottle to be opened very cautiously and to observe the greatest possible care in dispensing the remedy. Our Dr. Gericke prepared this remedy, observing all possible safeguards, and did this although no manual on chemistry mentions anywhere the intense poisonous nature of this gas. For the purpose of proving the preparation on himself, he smelled a mere trace of the gas and was immediately attacked by a furious headache, almost driving him to distraction. He then applied a bottle of Caustic ammonia to his nose when a violent reaction ensued, alleviating the pain, but a severe pressure on the brain supervened and lasted for fully two weeks longer. This was followed by an acute coryza and inflammation of the mucous membranes. He then continues: In view of this experience we are convinced that this gas must be accounted one of the most poisonous extant, and we therefore thought it our duty to acquaint you with these facts.

The reason we print this is, that in the article mentioned above it is said: "it may not be amiss to allow the cautious inhalation of the freshly-prepared gas in chronic nasal affections, in order that the acute medicinal affection may swallow up the chronic process," etc., a procedure which might result disastrously to the patient.

About Triturations.—An enterprising homœopathic pharmacist, who advertises his triturations at about half the price that others

charge, hit upon an amusing expedient with which to supersede a careful examination with a good microscope. He states that an off-hand way to determine the true value of a 2^x or 3^x trituration of a drug insoluble in water, is, by simply dissolving a small quantity in a drachm or two of pure water, and that reflected light could reveal a certain cloudiness occasioned by the suspended particles of the triturated drug. Now, it strikes us that a reliable pharmacist will not sell poorly triturated drugs, hence this test will have to be applied mainly to preparations put forth by the less reputable pharmacists, by the cheap Jacks among them. A man who strives to excel in the cheap prices of his goods, will not be over-particular about the purity of his milk-sugar or chemicals. And, if the former contain but a small portion of what is said to be a common adulterant, *starch*, his 2^x or 3^x triturations will admirably respond to the test proposed by this wiseacre among homœopathic pharmacists.

Boericke & Tafel's Improved Liebig's Food for Infants and Invalids.—For more than thirty years, Liebig's celebrated food has been before the medical profession, and there are but few progressive physicians, who have failed to note the beneficial results of its use in weakly children and invalids. At the risk of being tedious, we will repeat the well-known formula. Take

200 parts of Wheat flour and 200 parts of ground Barley malt,
 26 " " " bran " 16 " " Pot. bicarb.

These were mixed with sufficient water to form a dough, and baked, ground, cooked in water to a pap and fed to the baby. The improvement consists in adding to the foregoing formula, 3 parts of Sodæ bicarb. and 3 parts of Pot. bicarb. instead of the latter above, mixing the whole with water, and raising and maintaining the temperature to 150° F. for half an hour, after which the temperature is further raised to 170° F. for a quarter of an hour; at the end of that time, the diastase of the malt, in connection with the bicarbonate salts, have thoroughly dissolved or digested as it were all soluble particles of the cereals. The whole is then strained under high pressure and the liquid, from which all indigestible constituents have thus been eliminated, is evaporated to dryness *sub vacuo*, put into screw-top bottles, and is then ready for use.

By using food prepared by this process, all possible irritation of the sensitive bowels of the babes is prevented, and they will thrive upon this improved food as upon no other.

Hundreds of foods have been concocted, and put upon the market, and enjoyed an ephemeral existence, but none have stood the test of over a quarter of a century as Liebig's Food has done, and, in fifty years from now, it will, without doubt, be more popular, because better known and appreciated than even at present.

HIGH POTENCIES.

"Every man desires to live long; but no man would be old."—*Swift*.

A good book—an unabridged pocket-book.

"I'm in the swim" said the man of fashion when he fell in the river.

One marked proving of a "swell affair" is a swelled head in the A.M.

The bustle on the streets of our cities is mostly wire 'tis said.

The sea fills some people with emotion and empties others of something more tangible.

For all ills a doctor takes a fee.

A sprained ankle is a lame excuse.

"I dont like the 'music of the spheres'" remarked the runaway soldier.

The vaccinating lancet touched his nose. He didn't need a certificate of vaccination.

The solemn old Allopaths of other days were a mercurial set after all.

New Yorkers are all Homœopaths—they take *Croton*—nearly all, that is.

"You talk to many questions" remarked a three year old Homœopath to an inquisitive friend.

Why shouldn't we always begin Homœopathy with a big big H?

What was Hamlet mad at anyhow?

A perfumer is a man of scents.

"Innocuous desuetude" is a Pittsburgh paper's euphony for "played out."

Is a good-looking lass a mirror?

Faith Cure! Mind Cure! Well Physic has the "inside" track anyhow.

The most emaciated pun in the hospital—"A shot from a Krupp gun will krupp the man it hits."

An absent-minded doctor advised a warm foot-bath to a man with wooden legs.

For all his lowly life the boot-black has many shining hours.

Time is a tight lacer if the middle of an hour-glass is the waist of Time.

"Why I gave him *hæpar* myself!" exclaimed the Homœopath. "You didn't give it high enough, I gave him the sixth," replied the Allopath, who had cured the patient.

"The Bartholdi statue light!" Who'd have thought it, and so big, too!

Our late Cutting case with Mexico didn't give the surgeons much work after all.

Boiled clam juice is the latest for those who have dined not wisely but too well.

The same emotion, according to the *Saturday Review*, which prompts "cuss" words in one class, finds vent in poetry in another class.

A bright young girl once overstated her age, because she had heard that minors cannot be sued.

A Chicago firm advertises: "Our dancing slippers for young ladies are simply immense."

Minister: "You were not at church this morning." Parishioner: "I took my nap at home." Fact.

Sulphur is said to be administered in a nameless place for moral disorders.

THE
HOMŒOPATHIC RECORDER.

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No. 8.

HOARDED TREASURES.

AMONG the obligations which the medical student takes at his graduation, that of adding to the general fund of knowledge from which during his pupilage he has so freely drawn, is only an implied one, and it is to be regretted that a distinct recognition of such duty is not more general in the ranks of our profession.

We personally know of physicians, able men, and really successful prescribers, who have methodically gathered together data and indications for prescribing, which, if published, would, we are sure, be of immense service in lightening in many respects the burden of the study of our *Materia Medica*, and thus help materially in carrying out the doctor's duty of relieving the sufferings of humanity.

Not to mention the names of the living we may instance one or two now deceased. In the journals of fifteen or twenty years ago an occasional indication appeared credited to the late Dr. Jeanes, and we have tried some of them with most gratifying results. We are confident, too, that a number of his indications are now in the possession of some of our Philadelphia physicians, and hope that at a not too distant date they may be collected and published.

The late Dr. Reisig, of New York, was credited with remarkable cures by homœopathic remedies, as also was the late Dr. Berghaus, and it is almost an impossibility that in their long years of practice they had not in many instances found guiding symptoms or key-notes for the use of remedies, which most of us would be glad indeed to possess.

Why the example of Hering, who gave so lavishly not only of his accumulated observations but also of actual labor, is not more often followed than it is, is hard to determine. Possibly a faulty method or the absence of method in taking and recording cases has a good deal to do with it. Possibly temperamental aversion to all work not abso-

lutely necessary may be charged with some of it, and in one instance at least we know that too low an appreciation by the physician of the value of his own indications is the main reason.

In these remarks we have no intention of belittling the great work done in provings, in collecting from all sources a knowledge of the real effects of drugs on the healthy human organism, in comparative study of related drugs, and in presenting in well-drawn outlines the picture of a drug's action, by Lippe, Allen, Gross, and many others; but we have no right to expect them to go on forever working and delving in the mine of our provings to bring to light for our benefit the shining nuggets of pure metal.

We fear that faulty case-taking and case-recording is to be most blamed. If a case is well taken and properly recorded it is very little trouble to see just how much of the cure is due to one remedy or to another, or from a series of records to deduce guiding symptoms or key-notes. If our readers would make an effort in this direction and start in at once to keep accurate and continuous records of the symptoms of their cases with the remedies used, it would not be long until a fund of new indications would have been gathered. And there will be no trouble about making them public. The RECORDER's pages are open for all such items, while the exchange of such clinical observations would stimulate more than anything else a fresher and more eager study of original provings.

SOME THOUGHTS ON A NEW REMEDIAL SOURCE.

With a Working Hypothesis Suggestive of a More Radical Treatment of Chronic Diseases; also Some Therapeutic Deductions from Comparative Pathology. By Charles Francis Ring, M.D., Ward's Island, New York.

(Continued from page 24.)

"It is becoming clear that a vast class of diseases will be proved to be errors of chemical action—interferences caused either by want of regulation or by the generation within the body of substances that increase or diminish or change the oxidation which is necessary for the working of the body."—H. Bence Jones, M.D., F.R.S., etc., *Applications of Chemistry and Mechanics to Pathology and Therapeutics*.

"Drugs act upon protoplasm; but in so doing they make manifest that which is otherwise ascertained to be true, that all protoplasm is not the same protoplasm. They do not affect all parts of the body indiscriminately and alike, but select one or more organs or tissues or regions, and there expend their power. The elective action of drugs is no novelty," "but it receives very little recognition in the orthodox school of medicine, and even in homœopathic philosophy has hardly taken the place it deserves."—Richard Hughes, L.R.C.P., etc., *Pharmacodynamics*, 4th ed., p. 60.

The subject of treatment of cancer having been brought rather abruptly to a close in the preceding installment of this article, it may be well briefly to reopen this important question and consider also the treatment of innocent and so-called semi-malignant growths.

To complete the class of atypical epithelial tissue formations the colloid, alveolar or gelatiniform cancer should be mentioned. By some writers this form of growth is considered to be only a scirrhus or encephaloid that has undergone colloid change, while others regard it as a distinct form of cancer. It is found most frequently in the stomach, in the intestine, ovary, peritoneum, breast, parotid, etc.

The remedies indicated will be those mentioned for other forms of cancer, but with the addition of Mucin. *Mucin* is characteristic of the endoderm, *i.e.*, of the intestinal and glandular epithelium. It is contained in the cement substance of the connective tissues, but it is especially abundant in the embryonic condition of these tissues and in the jelly-like variety. It is met with also in the cement between the cells of the epidermis, and is likewise one of the excretion-products of the epithelial cells lining mucous surfaces, and of the secreting mucous cells of the submaxillary and sublingual glands. (Landois, Charles.)

Authorities being so widely at variance in this classification of tumors, it will be extremely difficult, if not impossible, at the present time to more than approximate to correct indications for the remedial proximate principles by the rule of elective affinity we have proposed. To illustrate this embarrassment, Green writes (*Pathology and Morbid Anatomy*, p. 177): "The question of genesis of carcinoma involves that of the genesis of epithelium generally. It is maintained by most histologists that epithelium can originate only from epithelium, and that the epiblast and hypoblast are the sources from which all epithelium is subsequently derived. Others admit that epithelium may originate also from connective tissue. A like difference of opinion exists as to the source of the epitheloid cells of cancer. By many—as Waldeyer, Thiersch and Billroth—they are regarded as originating only from pre-existing epithelium. Others—amongst whom are Virchow, Lücke, Rindfleisch, and Klebs—maintain that they may be derived also from cells belonging to the connective tissue. It is believed also by some—as Köster—that many cancers originate from the endothelium of the lymphatics—*i.e.*, specialized connective-tissue corpuscles."

It may thus be easily seen that remedies indicated, from one standpoint, in the sarcomata, from another will be called for in the carcinomata; also that the treatment of innocent growths may, in certain cases, be not unlike that for malignant disease.

Type of Fully Developed Connective Tissue (after Green).

(a.) Type of Fibrous Tissue.—Fibroma.

(b.) Type of Mucous Tissue.—Myxoma.

(c.) Type of Adipose Tissue.—Lipoma.

(d.) Type of Cartilage.—Chondroma.

(e.) Type of Bone.—Osteoma.

(f.) Type of Lymphatic Tissue.— { Lymphoma.
 { Lymphangioma.

Following is a list of preparations that, according to the law of elective selection, would seem to be indicated in the above tumors. After isolation the substances are placed in a desiccator with either sulphuric acid or calcium chloride, to extract the H_2O , and then triturated for medicinal purposes.

- (a.) *Fibrin, fibrinogen, elastin.*
- (b.) *Mucin, globulin, vitillin.*
- (c.) *Stearin, glycerin, fatty acids.*
- (d.) *Chondrine, collagen, chondrogen.*
- (e.) *Ossein, chondrogen.*
- (f.) *Neuclein, globulin, xanthin.*

The above substances may probably be found more efficacious in cancer than the ones we have suggested.

Type of Embryonic Connective Tissue.—Sarcomata.

Mucin, fibrinogen, fibrinoplastin, elastin, sarcosin, sarkin, carnin, myosin, kreatin. Green, writing on the "Development of Tumors" (*ibid.*, p. 116), says: "What determines the ultimate development of the young cells, why they produce such various forms of growths, is as far from our knowledge as what determines the ultimate destination of the cells in the embryo."

These physiological preparations will, we believe, in the great majority of instances be found sufficient to cure, both innocent, semi-malignant and malignant growths; yet only by the crucial test of experiments, aided possibly by provings, shall we be enabled finally to determine for each several type the corresponding remedies with scientific accuracy. As Hughes tells us: Drugs do not affect all parts of the body indiscriminately and alike, but select one or more organs or tissues or regions and there expend their power; so it will be necessary to individualize the remedy as well as the kind or class of tumor in order to insure complete success in the treatment.

The philosophy of action of these medicinal physiological substances would seem to consist in restoring normal vital activity to tissues diseased from either a *plus* or a *minus* of their characteristic constituents. In systemic affections, of course, this rule of elective selection cannot be so obviously applied: yet the break in the chain of normal oxidation will frequently be announced by the presence in the urine of abnormal ingredients which often will indicate the nature of the disturbed nutrition and furnish the means for its cure; not, be it understood, on isopathic principles, but by restoring the equilibrium of the metabolism resulting in waste or overproduction of certain tissue elements and consequent disease. For undertaking this necessarily very imperfect study of cancer, the difficulties besetting us were fully appreciated by the late eminent Dr. Woodward (Assistant Surgeon U. S. A.) in "*The Toner Lectures, on the Structure of Cancerous Tumors and the Mode in which Adjacent Parts are Invaded*" (1873). In the preface he says: "After much hesi-

tation as to a suitable subject for such an occasion as this, I determined to invite your attention to certain considerations with regard to cancer, a disease which merits study both because of the considerable mortality it produces—more than six thousand deaths annually in the United States—and because of the obscurity which surrounds every question connected with its origin, its nature and its treatment.” And he adds, further on: “I shall make no attempt to solve this most difficult of all pathological problems. The time has not yet come for any one to tell why cancers originate or how they may be prevented or cured.”

This statement, coming from a recognized authority on the subject, certainly challenges admiration for its frankness, however much we may deplore our ignorance; a fit commentary on which is the opinion of the late Professor Gross (*A System of Surgery*, vol. i., p. 257) that “the science of the nineteenth century must confess, with shame and confusion, its utter inability to offer even any rational suggestion for the relief of this class of affections.” Though the time may be still far distant when it shall be possible to say precisely to what influences cancer is due, or what will certainly cure it, yet it nevertheless is high time that strenuous efforts were being made with new weapons to crush the secret out of this the most terrible disease that afflicts humanity.

In dealing with so recondite and evasive a theme we have not hesitated to avail ourself of the methods sanctioned by science for such purpose, the most strategic of which is in anticipating nature; in other words, of bringing before the mind “multitudes of relations in which the unexplained facts may possibly stand with regard to each other, or to more common facts.”

Whether or not we have finally approximated to correct conclusions, the crucial test of experiment must, as we have said, determine. If it shall be found that we have not pointed out the solution of this difficulty, so much at least will have been accomplished by exclusion that we shall begin anew our inquiry, feeling that only by such assaults can this subject be gradually stripped of its obscurities and the truth finally joyfully laid bare. We are prepared to appreciate and take courage from the statement of Faraday that “the world little knows how many of the thoughts and theories which have passed through the mind of a scientific investigator have been crushed in silence and secrecy by his own severe criticism and adverse examination; that in the most successful instances not a tenth of the suggestions, the hopes, the wishes, the preliminary conditions have been realized.”

It may be mentioned here that forty-two of these physiological preparations have just been triturated by Messrs. Boericke & Tafel, Philadelphia, and may be procured of this firm.

THE TWO TARANTULAS; A THERAPEUTIC COMPARISON.

IN the September number, 1886, of the RECORDER, we presented to our readers the differences between the two tarantulas, physical and structural, from the pen of Dr. Marx. In the present issue of the RECORDER we give, together with a full page of illustrations, drawn by Dr. Marx, a comparison of the two considered therapeutically. In Dr. Marx's article there are some interesting points in such connection, the most noticeable being the view that relief from the effects of the European tarantula poison is speedily obtained by violent exercise, and not as has been alleged (the statement has appeared repeatedly in our *Materia Medica*) by the influence of music; the fact being, as Dr. Marx shows, that music is only employed as a stimulus to active continued exercise (dancing), kept up until exhaustion and profuse perspiration ensue.

A general view of the symptoms produced by *Tarentula Hispana*, as collected by Allen (vol. vii.), gives a picture of functional derangement rather than of organic changes in those affected by the poison, and this is supported by clinical evidence which shows the curative influence of the remedy to be chiefly in functional nervous aberrant actions. In comparing the therapeutic results obtained by the two remedies we are compelled, in the absence of systematic provings of *Tarentula Cubensis*, to accept the clinical evidence of cured cases, and hence a comparison can only be fairly made by limiting ourselves to the consideration of clinical indications in both.

Tarentula Cubensis.—Our first knowledge, in this country at least, of the value of *Tarentula Cubensis* as a remedy, is found in a paper by Jose J. Navarro, M.D., of Santiago de Cuba, read before the Homœopathic Medical Society of New York County nearly ten years ago. From it we give the following condensed extracts:

“The *Tarentula Cubensis* seems to be a toxæmic remedy, acting directly on the blood, and being in this way an analogue of *Crotalus*, *Apis*, *Arsenicum*, etc.

“The bite of this spider, if instantly attended to, is easily deprived of its malignant effects by the local application of a lotion made with water and the tincture of *Ledum palustre*. But if the virus is already absorbed and carried into the circulation, it develops the following symptoms: The bite itself is painless, so much so that persons bitten in the night are not sensible of it until the next day, when they discover an inflamed pimple surrounded by a scarlet areola; from the pimple towards some other point in the body, a red erysipelatous line is seen, marking the course followed by the spider over the skin after biting—so corrosive is the nature of this virus. The pimple swells, gradually increasing in size, the erysipelatous inflamed areola spreads wider and

wider, chills, followed by intense burning fever, generally supervene on the second or third day, accompanied by great thirst, anxiety, restlessness, headache, delirium, copious perspiration, and retention of urine. The pimple, in the meantime, grows larger, and becomes a hard, large, and exceedingly painful abscess, ending by mortification of the integuments over it, and having several small openings discharging a thick sanious matter containing pieces of mortified cellular tissue, fasciæ, and tendons; the openings, by growing, run into each other, forming large cavities. At this period the fever takes the intermittent type, with evening paroxysms, accompanied by diarrhœa and great prostration.

“ This does not take place in every case of the spider’s bite, for much depends on the constitution of the patient and the treatment adopted, but still, I have known of two cases in delicate children where the bite proved fatal. The majority of cases recover after a period of from three to six weeks. I once attended a black man of about thirty years of age bitten by this spider; I was called during the second stage; he then had diarrhœa, intermittent fever, and prostration; the opening left by the emptying of the abscess in the left gluteal region was large enough to admit my fist. He recovered in two weeks under *Arsenicum*.

“ With these facts before me, or rather, in view of these *provings*, I decided to try the remedy in my practice. By introducing into a glass jar full of pure alcohol one of these spiders alive, I prepared the mother-tincture, according to Dr. Hering’s method. As by the effects of anger the spider threw off the poison, the alcohol changed from a colorless liquid to light yellow. From this tincture I prepared the 6th decimal dilution, and this is the preparation I have used where indicated. From the cases in my experience I will cite the following in proof of the never-failing law, *Similia Similibus Curantur*.

“ Don M. B., aged seventy-two, good constitution, called me to treat him for an abscess in the back of his neck, whose burning excruciating pain had completely banished sleep for the last six or seven nights.

“ There was fever, with great thirst and prostration. On examination, I found it to be a regular *anthrax*, with all the accompanying train of symptoms. Gave *Tarentula Cub.*, one dose every two hours; after the second dose the pain was greatly relieved, and that very night the patient was able to sleep through the whole night. Under the use of this remedy the patient recovered without using any other, except *Silicea* to aid cicatrization.

“ Dona A. R., aged fifty-one, past the climacteric, thin spare body, delicate constitution, had an anthrax in the interscapular region, with severe burning pain; unable to sleep from the excessive pain. *Tarent. Cub.* in a few days made a complete cure.

“ I. L., colored man, aged twenty-six, had a large hard abscess in the right thigh, exceedingly painful and inflamed, no fever, the glands in groin swollen, indurated and painful. Gave *Tarent. Cub.*, every three

hours. After the second dose the pain was completely relieved, and six days after the abscess and swollen glands had disappeared by resolution."

"M. C., a little girl of nine years, was taken ill with tonsillitis. Besides several local applications and domestic remedies she had taken Merc. biniod., Acon., Bell., and other homœopathic remedies prescribed by an amateur. When called to see her I found high fever, delirium, red face, and both tonsils so swollen that suffocation was feared. A few doses of Tarent. Cub. dispersed the swelling and accompanying symptoms in a few hours.

"Dona F. L. de B., aged eighty-four, of delicate constitution, had a large anthrax on the back of the neck; she had been treated for two weeks by three physicians of the old school with local applications, first emollient and then caustic. At last the knife was resorted to with stimulants internally, and hydrate of chloral and morphine to relieve the burning, agonizing pain; but all to no effect, for the patient grew worse daily. Upon examination I discovered that the whole of the muscular and cellular tissues were destroyed from the neck to the waist, and from shoulder to shoulder, leaving a cavity about six inches long and four wide, at the bottom of which several of the dorsal vertebræ were plainly visible. There was also infiltration of the surrounding tissues, and the patient had quotidian fever and diarrhœa. After the fourth dose of Tarent. cub. the pain was completely relieved. On the third day the line of demarcation was formed, and two days afterward the surrounding mortified tissues came off. With the continuance of this remedy and an occasional dose of Silicea the patient was entirely cured in seven weeks from my first call.

These are a few of the many cases in which Tarent. cub. has given complete satisfaction in my practice. I have used it with success in syphilitic buboes, painful boils, and all kinds of abscesses where pain or inflammation predominates. Its power to relieve pain in these cases is wonderful, acting, we might say, as an anodyne."

In a letter to the publishers dated Phila. February 14, 1883, Dr. Samuel Freedley says: "*Tarentula cubensis*, I have found, will cure diphtheritic fever in its highest forms with delirium in about the same time that the former remedy [Aconite] cures acute fever, and, if given at the proper time, rarely wants any other medicine to perfect the cure.

"Some time ago, I was suffering with a bony tumor on the tibia, a few inches above the ankle-joint, which grew in size for a few weeks, and then broke out into an ulcer, and the inflammation spread a very great distance. I believed it to be a case of osteo-sarcoma, and not a local disease; consequently, I applied the very mildest dressing to the sore that could be made.

"This sore remained open for over two years. When I read Dr. Navarro's letter in the BULLETIN, I considered that his case was the





THE AMERICAN TARANTULA.



THE EUROPEAN TARANTULA.
Tarentula fascii ventris Dufour.

same kind of inflammation that I had in my leg. I obtained some 'Tarentula cubensis,' and took a dose twice a day, morning and evening, and soon after the inflammation disappeared rapidly, and in less than three months the ulcer was entirely cured.

"I have also tried it in scirrhus tumors in the breast, and have been quite satisfied with its effect."

Tarentula Hispana.—*Mental Derangement.* Sadness, grief, melancholy, moral depression, disgust for everything; hysteria with bitter belching and repeated yawning, relieved by lying down and by music; restlessness of hands and legs; constant movement, cannot remain in one place; great and constant heat in epigastrium; disposition to joke and laugh and to play tricks, with impulsive movements; sudden fox-like and destructive efforts, requiring the utmost vigilance to prevent damage, followed by laughter and apologies.

Consciousness of unnatural state of mind, hence despondency, sadness, moral depression, moral relaxation, with complete loss of memory; mental chorea, hyperæmia and hyperæsthesia of the female sexual organs.

Head. Severe headache, aggravated by touch, with sensation as if cold water was poured upon head, with great noise internally; deep intense headache, with restlessness, anguish and malaise, the pain flies to forehead and occiput, with photophobia; pain in occiput as from striking with a hammer, extending to temples; burning-scorching heat in occiput, extending all over posterior part of head; great pricking and itching over whole body; convulsive trembling of body; convulsions, paralysis, complete retention of urine and fæces, meningitis (?).

Headache. Excessive hyperæsthesia; the least excitement irritates, to be followed by ennui and sadness; intense headache as though thousands of needles were pricking into the brain, better by rubbing the head against the pillow; heat of body; indescribable distress in cardiac region, at times heart feels as if twisted over. Headache as if a large quantity of cold water was poured on the head, relieved by pressure and by rubbing head against the pillow; great distress in cardiac region.

Vertigo. Different kinds of, and so severe that it makes him fall to the ground, without losing consciousness; vertigo, malaise, belching, nausea, bloating of stomach, gagging, and efforts to vomit, with vomiting of food; vertigo after breakfast, with a bad taste in the mouth; headache with giddiness when fixing the sight on any object; dizziness with severe pain in the cerebellum, accompanied with incomplete erection of the penis, and formication of the soft palate.

Epilepsy. Sensation of dizziness before the fit, followed by convulsions and great præcordial anguish.

Hysterical Epilepsy. Anguish and oppression of the chest, nearly amounting to suffocation; has to move constantly hands and legs, fol-

lowed by general fatigue; uneasiness without any cause, changes position every moment; burning heat through whole body, alternating with intense coldness that causes trembling and shaking; feet always cold; hysteria with crossness, crying and screaming; profuse urination; physometra; dysmenorrhœa with gastric derangement, vomiting and anguish. Periodicity.

Neuralgia (Face). Pain in right or left angle of inferior maxilla, so severe as to make him think he is going crazy; pain in inferior maxilla, as if all the teeth were going to fall out; neither cold nor heat relieves; pain in direction of right inferior maxillary nerve, with a tickling sensation in stomach; dizziness, vanishing of sight and buzzing in ears; sensation of heat in face.

Bladder. Cystitis, with high fever, gastric derangement, excruciating pains and impossibility to pass a drop of urine; the bladder seems swollen and hard; great tenesmus from spasmodic action, debilitating the patient, who passes only by drops a dark-red, brown, fetid urine, with a gravel-like sediment.

Diabetes. Profound grief and anxiety; great prostration and pain as if the whole body were bruised; loss of memory and dimness of sight; constant craving for raw articles; intense thirst; disgust for meat, and general wasting away; constipation; polyuria, with violent pains in the lumbar region, and paralysis of the lower extremities; miliary eruptions and furuncles.

Sexual Organs. Sexual excitement; seminal emissions; lasciviousness reaching almost to insanity; onanism followed by prostatic ailments, hypochondriasis and unhappy mood; continual seminal emissions on account of onanism, followed by imbecility, stupid laughter and progressive wasting.

Vulva. Dryness and heat of parts; intense itching, worse at night, accompanied by thin, acrid, yellow leucorrhœa; urine with thick white sediment.

Nymphomania. Neuralgia of uterus with sadness and despair, reflex chorea; hyperæmia and hyperæsthesia of sexual organs; fibrous tumors of uterus with bearing-down pains; displacement of uterus with retention of urine and difficult defecation; sensation of great weight with burning in hypogastrium and uterus, as if there was not sufficient space, with upward pressure; pruritus vulvæ; frequent hæmorrhages; persistent leucorrhœa; pale face; constant fatigue.

Menstrual Troubles. Profuse menstruation accompanied by frequent erotic spasms; crossness, ennui and deep dissatisfaction; catamenia too early, pain in lumbar region as soon as menses commence and ceasing with it; great pruritus in vulva after menses, burning smarting leucorrhœa and painful uneasiness in the coccyx, relieved by standing, aggravated by the slightest movement, sitting or lying, or by the least pressure. Coccygodynia.

Heart. Great oppression of chest; panting respiration; palpitation of heart without any known cause; murmurs and beating of heart with alternate acceleration and suspension of its movements. Trembling and thumping of heart as from fright; præcordial anguish; the movements of heart are not felt; suffocation; constant want of air; heart suddenly ceases to beat and patient fears he will die; sensation as if the heart twisted and turned around, with pain in chest and general perspiration; pain in heart as if squeezed or compressed; also in aorta, under left clavicle and carotids with violent throbbing of heart and arteries; rheumatic pains in chest, extending down to umbilical region.

Legs. Weakness of the legs not allowing the foot when walking to be placed squarely on the ground; difficult walking; inability to kneel; the legs do not obey the will; spinal cord disease.

Rheumatism. Checked by putting feet in cold water, followed by panting respiration, anxiety, cramps in heart or twisting pains; pulse full, hard and frequent; aorta full, tense, with stitching pains; cold extremities morning and night.

Paralysis. General formication beginning with a strong pain in the occiput, followed by numbness of the trunk and limbs and complete loss of motor power.

Chorea. The right arm and left leg especially affected with choreic motions; nocturnal chorea. The contortions even not ceasing at night, with or without rheumatic complications. The following case is an illustration of its value in this disease.

A. T., a young girl of 14, had an attack of chorea and for six weeks homœopathic remedies seemed to be of no effect, she was steadily growing worse. Finally it was observed that even in her sleep the symptoms would reappear, not as frequent and persistent as when awake it is true, but still there was frequent gnashing of teeth accompanied by erratic movements. *Tarentula hisp.* 200 (T) was then administered, with the result that these nightly symptoms first and then the whole train of day symptoms disappeared within about a week.

Hyperæsthesia. From the *Medical Advance*, December, 1886, p. 568. A Case.—A lady aged thirty-four, of fine physique, enjoying the best of general good health, has suffered terribly for four years with hyperæsthesia of tips of fingers of both hands. At times unable to dress herself or child without gloves. The irritation would at once produce a sensation in her teeth “as if set on edge by a strong acid.” The pain was not in the fingers, but in the teeth. *Asarum*, *Gelsemium*, Sulphuric acid, failed. *Tarentula* has afforded relief for six months or more.

HOMŒOPATHIC THERAPEUTICS.

Pareira Brava.—The well-marked symptoms of this drug, as they appeared first in Lippe's *Text-Book of Materia Medica*, and with some additions, subsequently in Hering's *Condensed Materia Medica*, have been, as far as we know, all that there is in homœopathy concerning it. No proving is given in Allen's *Encyclopedia*, and in response to an inquiry by Dr. Allen, Dr. Lippe stated that the symptoms as given in the *Text-Book* were wholly clinical; that there was no proving. When, therefore, an article headed *Proving of Pareira Brava* appeared in the last number of *Allgemeine Homœopathische Zeitung* for 1886, we hoped for what we had long desired: a proving of the drug upon the healthy.

The remedy is one upon which we rely in all confidence when the symptoms call for it, and with it we once made a notable cure of a condition, depending probably upon lithæmia, which might be called neuralgia of the bladder. The symptoms were chiefly, a dull aching in the region of the bladder, becoming severe at times, so as to be likened to a toothache, and the patient expressed it as *a ball of painful sensation about the size of a large orange or a feeling as if the bladder was distended with pain*. The condition was most noticeable after urinating and would then last for an hour or more. Berberis vulg. helped for a time and amelioration was given by Lac caninum while Ruta aggravated the condition. As the trouble continued distinct neuralgic pains made themselves manifest about the hips and thighs and only after they had located repeatedly in the anterior crural region (going downward) was Pareira prescribed. The effect was immediate and permanent, some slight returns of the trouble afterwards being overcome by the same remedy. But a peculiarity in the case was that the urine was always clear, of high specific gravity, rather strongly urinous in odor and with not a trace of pus. At times there was an increase of mucus. The symptom, *pain going down the thigh*, called our attention to Pareira, and through this indication the chief and most distressing one, *sensation as if the bladder was distended with pain*, was relieved.

It has been our desire to make a proving of this drug, and we have been only waiting until the medical schools close so that competent provers can be obtained under favorable circumstances to do so.

The proving in Germany was done by Dr. Lembke of Riga. He began on October 10, 1886, taking 10 drops of the tincture in the morning and 10 drops again at night; on the 11th a half-teaspoonful was taken and repeated in the evening. On the 12th 1 teaspoonful at 6 A.M., at 9 A.M., and again at 8 P.M.; and on the 13th at 9 A.M. and at 2 and 7 P.M., respectively.

Except that stools became hard and the urine was somewhat darker in tint, no influence was exerted by the drug.

Dr. Lembke thinks it possible that the specimen of the root which he used for making his tincture and which answered the description

given in *Hübner's Lexicon* (1741), may have been so old and dried up as to be worthless. It is a matter of surprise that a drug whose repute was formerly so high in bladder affections and whose value in our dilutions has been so often tested should not have ere this received a thorough proving according to our methods.—ED. H. R.

Ceanothus in Affection of the Spleen.—By *Dr. G. Pröll* of Meran.—A married lady, aged 40, black hair, dark skin, brown eyes, elongated face, with inherited gout, had different abdominal complaints since her marriage with an unsympathetic husband. The most severe troubles were a peritonitis, the resulting exudation from which gives rise at times to discomfort, and especially an affection of the spleen, as a consequence of intermittent fever, with almost constant digging, gnawing pain which deprived her of all desire for food or even of living. At the same time she was annoyed by obstinate constipation and urinary disturbance. She walked bent forwards and with some insecurity. Respiration and circulation normal. I gave *Ceanothus* 3, 1 drop every 3 hours in a teaspoonful of water. Within 7 days there was a notable improvement, and in 7 more days complete cessation of the splenic pains, as also of the other troubles. Now, after a year, this lady writes me that she can walk upright; that her desire for life has returned, and that whenever any sign of a return of the old symptoms occurs she is always immediately helped by *Ceanothus*.

Antimony in Skin Affection.—By *Dr. G. Pröll* of Meran.—A gentle blonde girl, aged 4, with tendency to fat, had disordered her stomach by over-eating and for several weeks has had on the middle of each cheek and on the back of the hands, as also behind both ears, a red papular eruption, becoming in a few days vesicular and then pustular; very similar in appearance to varicella-pustules, but wanting the black central point; then yellowish-brown crusts formed which fell off, but new vesicles and pustules appeared behind the ears and on the nape of the neck. The mother feared that the child had caught the disease from her playmates. When I was called the eruption had existed three weeks. All the functions were normal except there was white-coated tongue and want of appetite.

I gave *Antimonium crudum* 5 trit., a dose (as much as will lie on the point of a knife) 3 times a day. In one day the child was better, and in a week the pustules diminished and soon after entirely disappeared.—*Allg. Hom. Zeit.*, Bd. 113, No. 24.

Three Cases Cured with Hecla Lava.—By *A. P. Bowie, M.D.*, Uniontown, Pa.—Mrs. A. After the extraction of a molar tooth she has had violent pain in the upper jaw which no domestic remedies will relieve. Jaw is sore and swelled and painful to touch. The R. Hecla

lava 30, in water, a dose every half-hour, relieved the pain entirely in a short time.

John —, a colored lad, aged 15, had a sore tooth which was extracted and ever since then there has been an enlargement of the lower jaw, near the cavity of the tooth, which has grown now to the size of a hickory nut and can be seen very plainly as the cheek bulges out, and it is hard to the touch. It has now lasted for several months and seems to be growing larger. R. Hecla lava 30, one powder night and morning, removed the growth in one month's time.

But the most remarkable effects of the remedy were obtained in the case of my brother, who for several years had been affected with a growth of a polypoid character and which commenced in the antrum Highmorianum and from thence encroached upon the adjacent structures so as to deform the face, forcing the eyeball upwards and everting the lid and obstructing the nostrils; and downwards into the mouth, so that breathing and mastication were both seriously impeded. The concomitant symptoms were epistaxis, headache and difficult swallowing. After various remedies were used in the case with no effect, I prescribed Hecla lava 30, in infrequent doses, and with the result of curing the tumor entirely. Of course some deformity remains, but the growth has entirely disappeared and now, after the lapse of several years, there has been no return.

Strontia Constipation.—By *Dr. A. P. Bowie*, Uniontown, Pa.—Mrs. L. After a tedious labor, the bowels were obstinately constipated, for which several remedies were ineffectually prescribed, and for which enemata did no good. A careful examination revealed the following symptoms:

Stools large and hard, expelled with great effort, followed by great pain in the anus, of a burning character, and lasting for a long time, and obliging her to lie down. Anus violently contracted after stool. Complains of coldness in spots in calves of legs. Strontia carb. 6 was prescribed with entire relief.—*Penna. State Transactions.*

Ceanthe Crocata in Epilepsy.—By *J. Richey Horner, M.D.*, Allegheny City, Pa.—Harriet P., æt. 37, gives a history of an attack of chorea at the age of seven years. This continued to affect her until the menses made their appearance, at which time she dates the commencement of attacks of epileptiform convulsions. These were noticeably aggravated while she was menstruating, but she suffered from them also between the cycles.

The following description given me by a companion gives their general character: "She has two kinds of fits—one we call a funny spell, and comes on very suddenly. She will jump up, and turn over the washstand or chair; once she started towards the stove, and a number of

times she has torn her clothes or cut the buttons off her dress. If any one interferes with her, she will fight or become very violent. She will continue in this condition fifteen minutes or more, and then recover her senses or normal condition as quickly as she lost them. She will know nothing of what has occurred. In the other kind she will suddenly shriek, throw up her hands, and fall back unconscious, frothing at the mouth, the eyeballs turned up, and the limbs and whole body violently jerking and twitching. This will continue for a few minutes, and then she will gradually recover. She is very weak after a spell like this, but is not so affected by the other kind."

About the middle of June, my attention was called to her case. She had been particularly violent for the preceding two months, the attacks coming on almost daily, and each one worse than its predecessor. I prescribed *Cenanthe crocata* 3x, three times daily. For two weeks no noticeable effect was produced. Then three weeks elapsed, and no attacks. In the next two weeks she had four attacks, and during the succeeding two weeks none. She has had in all about ten attacks during the three months she has been taking the remedy. No other measures were adopted.—*Penna. State Transactions*.

Cough Cured by Manganum Met.—By *W. J. Martin, M.D.*, Pittsburgh, Pa.—A lady consulted me last spring for a cough with which she had been troubled all winter. It was a dry, almost constant cough, with irritation under the sternum, and aggravation from talking, laughing, walking, and deep inspiration. She said she had taken a great deal of Phosphorus which she had purchased at the homœopathic pharmacy, and that it always helped her, but did not entirely cure her. I gave Phos. 200. In a week she reported no better. On closer questioning to get more symptoms, she gave me this peculiar and important one: *her cough is always better when lying down; it will stop when she lies down and not trouble her again till she gets up.*

I had read, several years ago, in the *Hahnemannian Monthly*, a little article from the pen of the late Professor Farrington, giving the cure of a cough with this unusual symptom by Manganum met. and I had not forgotten it. I gave my patient Manganum met. 12, a dose every four hours, with the happiest result. When she called again, her cough was better, and has never returned.—*Penna. State Transactions*.

Cure of Sciatica by Colocynth.—By *Charles Mohr, M.D.*, Philadelphia.—CASE I. A shoemaker had had a right-sided sciatica with lameness for eight years. Various treatments had been employed unavailingly. He finally applied for treatment at the clinics of the Hahnemann College, his position, while awaiting attention, suggesting the curative remedy. He was sitting on a chair, leaning forward, and pressing his hands firmly into the abdomen, as if to relieve pain. Investigation then revealed the fact that prior to each exacerbation of the sci

atica—tenderness along the track of the nerve and lameness were constantly experienced—he would have a spell of severe colic, only relieved by the position in which I saw him. A few powders of *Colocynthis* 8000 were surprisingly quick and effectual in affording relief. Three years later, he came to me, with a return of his neuralgia, attended by the same colic, when *Colocynthis* 3x relieved him as quickly and effectually as the higher potency had done. Eight years later, I treated this patient for a slight gastric disturbance, at which time he told me that he had been entirely free from colic and sciatica since I last prescribed *Colocynthis* 3x.

CASE II. A young married woman, of good social standing, had sciatica three years. The exacerbations became more and more severe, until she was compelled to seek her bed, to which she had been confined some weeks when I was called to see her. The painful leg, the left, was atrophied. I treated her several weeks without any effect, and was about to give up the case, as my predecessors (two allopaths and two homœopaths) had done, in disgust, when I concluded to make one last desperate effort to find a remedy. I investigated the case *de novo*, inquiring into every detail of her ailments since childhood, into her habits of life, etc., and finally, not without tears and blushes of shame, she admitted having contracted a gonorrhœa which had been treated and cured (?) by her then medical attendant with injections. *The first twinges of her sciatica were felt when she was pronounced cured of the venereal disease.* My course seemed clear then, and on August 3, 1883, I gave her *Thuja* 3, with relief of pain in a few days. On August 17th the remedy was repeated, and again on August 27th; the result became a complete cure. I saw this patient at Atlantic City this summer in most excellent health.

Fluoric Acid in Coccygodynia.—By *Dr. Mohr*.—Neuralgia of the coccygeal nerves often proves a troublesome affection, especially as I have found it in subjects of a rheumatic tendency. I merely in this place wish to call attention to Fluoric acid as a remedy. I have found it to cure men and women, when there was excessive itching in the region of the coccyx, and moreover in cases where *Rhus tox.*, *Ruta* and *Silicea* seemed indicated, doing some good perhaps, but not effecting a cure.—*Penna. State Trans.*

Ovarian Remedies.—From a paper by *Harriet J. Sartain*, Philadelphia.—Ovaritis should be treated by the indicated remedies. While our text-books give *Apis* for the right ovary, I have found it more useful for the left. I have often cured an irritation of the left ovary with *Apis* alone. I change the potency instead of the remedy in affections of the left ovary, until fully satisfied *Apis* will not do the work. Next in value for the left is *Lachesis*. For the right *Belladonna* and *Apis*; and for either if indurated, with constant burning pain, *Ars. iodatum*. The potencies I prefer are the 3d, 30th and 200th.—*Penna. State Trans.*

Progressive Anæmia Cured by Argentum Nitricum.—By *Dr. Mohr*.—Some years ago I treated a case of anæmia which threatened to prove pernicious, and which I refer to here only to show the value of *Argentum nitricum* in malnutrition when there is a great craving for sweets. The case was that of a middle-aged, unmarried woman, who was amenorrhœic, had a bloodless face, suffered with fever paroxysms, and was losing flesh to an alarming extent. Her physician, an allopath, during a period of eight months had exhausted all his measures for relief, and then consented to have her apply to a homœopathist. When consulted, I learned that she had a great hunger for candy or sugar, loathed all other food, and was satisfied only when her craving was satisfied, although the sweets showed a tendency to provoke diarrhœa. A careful examination revealed no organic disease, and hence I gave *Argent. nit. 6*, with every assurance that it would do good, and I was not mistaken, for week after week witnessed improvement. *Pulsat.* re-established the menses, and in a few months her lost flesh had been regained, much to the astonishment of the allopath, who declared that there must be something in homœopathy after all.—*Penna. State Trans.*

A New Use for Mullein Oil.—During the present season we have had under treatment a patient suffering from “nervous irritable weakness.” There had been urethritis some years ago, and he had then painful soreness of the penis externally, with scalding cutting on micturition. While in Chicago he had been under treatment by *Dr. Kippax* who, to relieve the urethral irritability, used injections of Mullein oil, and the patient says with great and immediate benefit. Undoubtedly the value of Mullein oil as a local analgesic is great, and we would be glad to hear from our readers reports of its various uses for this purpose.—(ED. H. R.)

The two following cases are sent by *Mr. Anshutz*, of Philadelphia, a fully competent observer :

Cure by Symphytum.—Two years ago (summer of 1885) a young girl of thirteen while at a picnic sprained her ankle and otherwise badly hurt her foot. She recovered sufficiently to be able to walk about as usual, but could never remain on her feet any length of time nor walk any distance without her foot swelling and becoming exceedingly painful, and this condition seemed to grow worse rather than better. There happened to be a bottle of *Symphytum*, the liquid for external application, about the house, and one day when her foot was exceedingly painful one of her companions said, “C—, try this; perhaps it will help you.” The hint was taken, half in a joke, the remedy in θ applied externally, and the result was that very soon the pain ceased, for the first time in two years the foot was absolutely free from swelling, and to-day is as strong as ever, and the longest walks produce not the slightest bad

effects. The cure was purely haphazard, but it is certainly a remarkable one.

Cure by Mullein Oil.—My mother, who is sixty-two years of age, has been gradually losing her hearing for nearly five years, and lately it was necessary to almost shout to make her hear at any distance. We had tacitly concluded, I suppose, that medical treatment of any kind was useless, for none was attempted, until I read in the HOMŒOPATHIC RECORDER concerning Mullein oil. I got a bottle of it and taking it home handed it to mother, saying, in a raised voice, "Here is something to bring back your hearing." She had two or three drops put into each ear that same night before going to bed, and also put cotton in. The next morning, to her own delight and to the very great surprise of all her family, she appeared to hear as well as ever and has continued to do so for now nearly four weeks. She has used the oil three times, the last time when a slight cold seemed to impair her hearing and it at once removed the trouble. Whether the cure is permanent of course no one can say, but that it *is* a cure at present is undeniable.

On the Value of Mushrooms as a Food Stuff.—The richness of mushrooms in nitrogen has led to the belief that they are valuable as a food, and the results of the author's investigation are therefore of some interest. He used mushrooms previously picked and dried at a temperature of 30° C., ascertaining also that the digestive juices employed were acting properly. It was found that mushrooms contain only 41 per cent. of their nitrogen under the form of assimilable proteids, 33 per cent. as albumen not available, and 26 per cent. in the form of other nitrogenous principles. Morner calculates that to replace the alimentary value of a hen's egg it would be necessary to employ the following quantities of dry mushrooms:

| | |
|----------------------------------|-----------|
| Agaricus campestris, | 280 grams |
| Lactarius deliciosus, | 730 " |
| Cantharellus cibarius, | 1380 " |
| Polyporus ovinus, | 2050 " |

To replace a kilogram of meat it would be necessary to employ 9 kilograms, 300 grams. of *Agaricus campestris*. It is evident that one could not live exclusively on mushrooms.—*Canadian Practitioner* from *Bot. Centralblatt*.

Ether Spray in Strangulated Hernia.—Dr. George R. Fellows, of Moose River, Me., writes to *N. Y. Med. Record*, "about two years ago I was called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but were unable to reduce the hernia by ordinary means. The patient was suffering terribly but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand atomizer, and was

greatly surprised to find the hernia disappearing spontaneously. Since that time I have used ether-spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure."

The Oertel-cure, a Rational Method of Treating Chlorosis.

—*Franz* (*Liebenstein*) was induced to try the Oertel-cure, by the fact that in the upper classes, chlorotic subjects are often stout and fat, and consequently, owing to the weak muscles, imperfectly nourished by insufficiently oxygenized blood, they are exceedingly sluggish and lazy. The very deficiency of oxygen favors the deposition of fat; and the fat, by overloading the system and inducing inactivity, favors the deficiency of oxygen. The first case he treated was that of a young married lady. Other treatments, hygienic and medicinal, had been tried without effect. The case was a typical one and pretty severe, as there was moderate dilatation of the heart, and slight œdematous swelling at the ankles. She was put on the strict diet of the Oertel system, so as to diminish the fluids in the body, and lessen the work of the heart, and enjoined plenty of exercise in the open air. Hill-climbing had to be indulged in, gently at first, and more vigorously as the body got lighter and more workable. Of course care had to be taken to prevent overexercise. In this case the type of the disease was entirely altered in two days, the great difficulty of breathing and the muscular weariness disappeared, and the gait was easier. Three days after she was in a state of almost complete health; the œdema had gone, the appetite was normal; moderate hill-climbing did not fatigue, and was in particular unaccompanied with the former feeling of intense burden and oppression. In about five days the body lost about three pounds. In a few weeks the power of the muscles increased wonderfully, and the diet was slightly altered but fluids in quantity still withheld. In three or four weeks the feeling of oppression, due to anæmia of the brain, wore off, and the working power of the body had reached the normal. The patient afterward passed through a gay society winter, with all its fatigues, and was none the worse when last seen in February. *Franz* gives another case with a similar result. The conclusions he draws are substantially these. The speedy improvement is not due to regeneration in so short a time of the red blood corpuscles, or a consumption of fat in the system, but to the relief of the weakened heart-muscles over-burdened with insufficiently oxygenized blood. The very exercise of the muscles, he believes with *Ranke* and *Hoffman*, has much effect in reducing anæmia; it increases the amount of blood, and probably improves the quality. By strong muscular exertion the consumption of oxygen and the production of carbonic acid are enormously increased, and therefore, the burning of fats and carbo-hydrates is increased to the first degree, while on the other hand, the breaking up of the nitrogenous constituents is but little altered,

and by muscular exertion also the over-abundant fat is burned up, and thereby the return is effected to normal conditions throughout.—*Med. Chronicle*, November, 1886.

Tabacum in Spinal Sleeplessness.—*By Edward T. Blake, M.D.*—Mrs. —, aged 40, consulted me for the combined effects of severe drug action and rheumatic fever.

This lady was brought to London in a hammock. I found her in a most pitiable plight. Most of her joints had been left by the rheumatic synovitis, rigid and useless, each surrounded by an œdematous zone. They were still exceedingly tender. She lay helpless and immobile, dependent on the charity of her friends even to scratch her face or to drive away the persistent fly. The rib-rigidity, by impeding lung-play, had led to grave disturbance of blood-renovation. These, together with the existing starvation of the spinal cord, added to the excess of cardiac inhibition, the results, doubtless, of copious *salicin*, had combined to set up a terribly distressing condition of the lower extremities. Whenever the luckless patient composed herself for sleep, and just as she was lapsing into unconsciousness, the knees would attempt to fly up suddenly towards the chest with an abrupt jerk, tearing painfully at the acetabular adhesions.

The anterior cornua of the dorsal portion of the cord, anæmic enough by day, became exceedingly bloodless when the usual diminution of arterial efflux commenced with the slacking heart of sleep; but this lady's sorrows were further augmented by recurrent vertical diplopia (*salicin*), by tinnitus aurium, also probably due to *salicin*, by anodontic dyspepsia, by obstinate constipation, an external anal fistula, and by an offensive leucorrhœal discharge, the nature of which has not yet been ascertained. She had also eczema simplex of face, neck, and præ-sternal region, for which during the past ten years she has taken very considerable quantities of arsenic. She has a small, frail, non-muscular frame. Of all this sweet pathologico-pathogenetic *melange*, not one symptom so harasses her as the flying up of the stiffened knees, with the succeeding tremulous subsidence, to be soon followed by another tearing jerk, then another tremor, and so on, in alternating agony during the tedious and interminable night. Here was a condition not to be relieved by hypnotics; for whilst they had endangered life itself in a frail patient with so feeble a heart, they had, as a matter of fact, entirely failed to bring either relief to suffering, or sorely-needed sleep.

Now Homœopathy steps in and supplies us immediately with an appropriate remedy that quickly relieves, not alone the sleeplessness but the symptoms that had induced it.

For the sweats, the impaired memory, the hypochondriasis, the vertigo, the diplopia, the ear-drumming, and the facial and crural clonus, the white tongue, the epigastric sinking, alternating with nausea and with

flatulence, the heart-action increased by day, diminished down to severe fainting during the night, all pointed so unmistakably to *Nicotin* as the indicated remedy that *Tabacum* 12 was at once prescribed, and with the most gratifying results, for on that night three consecutive hours of peaceful sleep were obtained for the first time during three months. The next night she slept a little longer, and after the third evening the distressing leg-jerk symptom disappeared to return no more.

The eczema soon yielded to minute doses of *corrosive sublimate* internally, with *Hydrarg. oleate*, one per cent., applied locally after hot sponging. One by one I forcibly tore through the articular adhesions. The local œdema departed after firm upward frictions with the same ointment.

Here let me record with gratitude, my deep indebtedness to two medical friends, then under my care, for affording me such typical and perfect pictures of the results of nicotism in their own proper persons, that I was able, without one moment's hesitation, to pitch upon that particular drug, and thus, by their aid, to score a distinct therapeutic triumph. I have found *Ipec.* and *Gelsem.* antidote the insomnia of *Nicotin*. There is another condition of the legs occurring in a great number of differing diseases, which is a very fertile cause of want of sleep. It is where the legs "ache consumedly," as patients say. The victim graphically describes the symptom as resembling that of having taken a tremendous walk or of having had the lower limbs well cudgelled. This usually disappears, when not the product of organic spinal change, by giving *Rhus tox.* in a low dilution. The action is greatly aided by directing the attendant to sponge the legs with hot water, and then to rub firmly in an upward direction into the skin some *Rhus opodeldoc.* . . . Delicate women with spinal anæmia, should be warned not to expose themselves to the fumes of tobacco before going to bed, lest our efforts to benefit them be hopelessly frustrated.

For that general malaise or aching all over which delays sleep, especially in the first stages of catarrh, and for which the earlier disciples of Hahnemann gave *Mercury*, nothing appears to equal *Baptisia* given in the lower attenuations.

Conium is of considerable value when cold or torpid legs are the chief element in the wakefulness.

Raphanus in Sexual Insomnia.—I have recently seen two cases of insomnia depending on immoderate sexual desire, relieved promptly by *Raphanus sativus*. One was a young Oxford graduate, from whom I had removed a generally adherent prepuce for an epilepsy which was undoubtedly reflex. The sutures were dragged at and the healing delayed by a furious priapism. This disappeared on administering a dose of *Raphanus* in the 1st decimal dilution each night. The other case was a lady of 40, with general pelvic congestion of a venous character. Old

left parametritis was present, and the deep pelvic glands were chronically enlarged and tender, the sheath of the left psoas much affected. *Ori-ganum* had failed to relieve. Some benefit had followed *Platinum*, but *Raphanus sativus* gave the most satisfactory results.—*Mon. Hom. Rev.*, Jan., 1887.

Characteristic for *Bellis Perennis*.—The common daisy is a great favorite, therapeutically, with Dr. Burnett. He points out its suitability to disease caused by *wet cold*, and instances a remarkable cure of a case of acne with *Bellis* 3x. The indication given is from clinical observation and tradition. It is stated: Effects of sudden chill from wet cold when one is hot. Dr. Burnett says: "I regard this peculiar property of the daisy as eminently important, and ask all who may read this to make it known, so that it may be available for such as travellers, tourists, soldiers on the march, when they, being heated, have had a cold drenching or have drunk cold liquids.

"I would recommend it also in acute and chronic dyspepsia, from eating cold ices, as the conditions are here identical, for I have in such cases found it an eminent curative agent."

We may add that *Natr. carb.* is credited with being efficacious in removing the ill effects of cold drinks taken when heated, and *Arsenicum* with being good for suffering after ices.—*Hom. World*, Feb., 1887.

Facial Neuralgia cured by *Arsenicum*.—Mrs. M., a somewhat anæmic, nervous young woman aged twenty-six, came under treatment April 13th, 1885. She had been suffering for several weeks with a violent facial neuralgia involving the upper and middle branches of the fifth nerve on the left side, the seat of pain being over the left eye and in the left cheek. The patient described the pain as burning and sticking. Although during the day she was not wholly free from pain the acme of its intensity was about 11 P.M., and it was so violent then that even if she was already asleep she would have to spring out of bed on account of it, as also of the palpitation and anxiety accompanying it, all of which lasted some hours.

There was thus a typical neuralgia and this led us to reject the usual remedies for left-sided facial pains, *Spigelia*, as well as the frequently required *Magnesia phosphorica*; *Arsenicum* 5th dilution was prescribed, five drops to be taken every two hours except during the attack. Nothing more was heard from the patient for five months. She came September 11th, and asked for some more of that "homœopathic opium." At first we could not recollect the case, but she gave her name and added that the homœopathic remedy had relieved the pain just as quickly as the allopathic morphine, but permanently. Soon after taking the remedy, rest, quiet and sleep came, and she was of the opinion that it must have been a homœopathic preparation of morphine.—*Leipz. Pop. Zeit.*, February 1st, 1887.

Glandular Tumor Cured by Calcarea.—Mrs. J., aged twenty-six, has suffered for several years from a hard, painless, glandular swelling, the size of an apple, under the left ear. The application of various salves and painting with tincture of iodine were without the slightest effect upon it, and she was finally advised to have it removed by operation but she preferred to first try homœopathy. As she also had profuse menses and had become thereby anæmic, she received, on February 21, 1885, Calcarea carb. 6 trit. a dose every morning. For a long time nothing more was heard of this patient, but on January 11, 1886, she stated that the remedy had helped her with surprising quickness. The swelling had shrunken to the size of a small bean.—*Leipzig Pop. Zeit.*, February 1, 1887.

Tonic Spasm in the Right Lower Extremity Cured by Cuprum.—William K., aged fifty, was taken in the middle of July, 1885, with a tonic spasm in the toes of the right foot. It was extraordinarily painful, lasted for hours, and was brought on by motion, standing on cold floors, etc., so that the patient through this apparently insignificant affection was rendered unable to work as the toes were drawn upwards in spasmodic rigidity. He had used all kinds of remedies, first of all domestic ones, of which mustard foot-baths afforded some passing relief. Later he had applied to physicians for advice; for months he was treated with electricity, and finally for three weeks the foot was kept in a plaster of Paris bandage. On January 9th, 1886, he came under homœopathic treatment. We sought in vain for a causal indication. The patient was otherwise in good health and could only say that after long standing the foot showed considerable enlargement of the veins and had already twice been œdematous for days. Cuprum acet. 5 trit. was prescribed, a dose three times a day. The result was a happy one, for the spasm disappeared completely after five days' use of the remedy and has not returned.—*Leipzig Pop. Zeit.*, January 1, 1887.

Lupus Hypertrophicus Cured by Arsenicum Jodatum.—Mrs. H., aged forty-five, came under treatment January 14, 1884. She had suffered from lupus for several years, and had been treated by several surgeons with operative measures. For a short time after each operation the trouble was absent but always returned. The nose or as much of it as was left after the operations,—for of the ala nasi only a portion now existed,—was smooth, shining, brownish-red, and swollen, and the edges of the swelling, which extended over half of the right cheek and to the lower eye-lid, showed hard nodules the size of peas, of the original character of the affection of the nose, and placed the diagnosis beyond doubt. As the only allopathic treatment offered with any hope of service in these cases is operation and in her case was without result, she came to us. As however the view is held, and lately it seems

to be supported in all cases, that lupus is a local tuberculous affection in whose histological elements the bacillus tuberculosis can be shown to exist, we chose as the remedy in this case one that is not often used but whose value is verified in tuberculous processes in other organs, *Arsenicum jodatum*. The patient received fourteen powders of the 4th decimal trituration and was ordered to take one every day. At her return on January 31, there was unmistakable improvement. The prescription was repeated, and on April 2 she presented herself cured. The nose, with the exception of the defective ala, showed no trace of the former affection, the skin itself was normal, and the nodules had disappeared. As an after-remedy the patient now received Sulphur 6x trit., but unfortunately too soon, for she returned on April 24 with a recurrence of lupus nodules on the cheek. The prescription of *Ars. jod.* was again given as above, and she continued the remedy for six weeks after the disappearance of the nodules, that is until August 5. Then she received Sulphur, 5th dilution, one dose of 5 drops per day, and this she continued until the end of September. Since that time she has been free from any relapse.—*Leipzig Pop. Zeit.*, January 1, 1887.

Indications for Remedies in Neuralgia.—First of all, *Magnesia phosphorica*, recommended by Schüssler in facial neuralgia, must be continued at least three weeks, two or three doses per day. If there is considerable pain it is to be alternated with some other remedy, especially *Spigelia* if the skin of the face is swollen and shining; with *Belladonna* if there are muscular contractions in consequence of the severe pain; with *Arsenicum* when the neuralgia is intermittent, and especially if it appears in the evening and night; with *Gelsemium* if *Belladonna* brings no relief. In place of *Magnesia phosphorica*, *Silicea* is to be given when the dental nerves are especially affected. For neuralgia in the trunk *Magnesia phosphorica* is likewise indicated; in intercostal neuralgia, in alternation with *Mezereum*. For neuralgia in branches of the axillary plexus, especially, *Arnica*, *Rhus*, and also *Magnesia phosphorica*, while in sciatica *Kali phosphoricum 6* or *3* is better suited, alternated at times with *Colchicum*, *Colocynthis*, *Rhus*, and some others. I have observed repeatedly a good result in pure, nervous, intermittent sciatica by alternating *Chininum arsenicosum 4* and *Kali phosphoricum 6*.

When painful pressure-points can be discovered along the course of the nerve during the time of freedom from pain the following remedies may be chosen:

Lachesis, right-sided facial pain affecting the under jaw; *Magnesia phosphorica*, if left-sided.

Rhus, left-sided pain over the eye; *Euphrasia*, if right-sided.

Verbascum, right-sided facial pain in the cheek; *Taraxacum*, if left-sided.

Ledum, in intercostal neuralgia, especially in the axillary region;

Arsenicum in the dorsal region, extending anteriorly to the fifth intercostal space and to the nipple; Aurum, similarly, in the course of the fifth, and Sepia in that of the sixth intercostal nerve.

Silicea, lumbo-abdominal neuralgia with painful points in the left iliac fossa, extending to the umbilicus; Nitric acid, similarly on the right side.

Sciatica with pressure-points in the region of the trochanter is, as a rule, cured or improved by Colocynth.

Finally, as to the joint-neuroses; they occur mostly in the knee- or hip-joint as pains; in nervous, weak women, or girls; more seldom in men. They are present all the time, but become severe in paroxysms; especially on motion, mental excitement, etc. There are no demonstrable anatomical or other changes in the joint, although there exists a good deal of rigidity and tension in the affected limb, and not rarely the limb is flexed or extended as in genuine inflammation of the hip-joint. Walking is either impossible, or at least is very painful and with limping. If the attention of the patient can be diverted from her disease the pain disappears, hence psychical treatment of the patient may be of service. It is evident that the physician must be sure of his diagnosis, and in severe cases the examination may only be conclusive when done under anæsthesia, and then, in a pure neurosis, the most pronounced contractures will disappear and the joint be normally movable.

Remedies to be thought of in this disorder are Rhus, Bryonia, and Causticum.—*From a Lecture by Dr. Puhlmann, Leipz. Pop. Zeit., October, 1886.*

The White Mistletoe—*Viscum album.*—*The Grand Universal Panacea of the old Gauls and Germans.*—By Dr. v. Gerstel, of Regensburg.—This parasitic shrub belonging to the 22d class, Linné, is found on various trees, and was prized above all others as a healing remedy in the Gallic and German antiquity. The Druids—their priests—were at the same time naturalists, metaphysicians, doctors and sorcerers, and to the mistletoe growing on oaks were ascribed, above all other plants, marvellous healing powers. That the oak mistletoe was prized above all those growing on fruit or other trees, as a remedy, may be due to the fact that in ancient times all oaks and oak groves were regarded with a holy veneration, being considered the favorite abodes of the old German deities. The mistletoe growing on oaks was therefore venerated by the ancient Gauls and Germans as the holiest of heaven-sent gifts to mankind. It was applied in all diseases, and without it no religious service could be conducted. From the Germanic mythology we know that as soon as a priest—a Druid—discovered a mistletoe growing on an oak, he at once called up all the brethren of his order of the neighborhood. They doffed the many-colored garments in daily use, and donned flowing white robes as a sign of humility in the presence of the divine

plant. The highest in rank approached the tree provided with a golden sickle, bent his knees, and was then lifted by his companions on high until he could reach the plant. This was then cut with the golden sickle and prepared and preserved for sacred and for healing purposes.

If it could be secured six days after the new moon, the most exalted healing properties were attributed to it, and it was at once made into a potion which, mixed with the blood of steers that had never done any work and which had been immolated beneath the oaks, formed a draught which brought blessings, fruitfulness, health and prosperity to all who could partake of it.

As at that time, and for a long time after, the origin and propagation of this parasitic plant was unknown, it was surrounded with a magic halo, and by virtue of its undoubted healing qualities, especially in gout, rheumatism, nerve pains of various kinds, neuralgias, especially of the rheumatic and gouty variety, as well as of its close affinity with and influence upon the female sexual system, it was accorded the highest rank among all remedies by the Priestesses, the female Druids.

About the year 1857-58, I passed one year in the town of Steger, in upper Austria, as physician to Prince Lamberg; there I became well acquainted with Dr. W. Huber, at the time physician to the Homœopathic Hospital of the "Sisters of Mercy," and found in him also an antiquarian of considerable learning. His researches brought to his notice in what high veneration the mistletoe was held by the ancient Germans and Gauls and its employment as a universal healing remedy. Dr. Huber, who was a man of unusual intelligence and of high scientific acquirements, desired to learn the true sphere of action of this important remedy, and preparing a mother-tincture from the mistletoe—*lege artis*—he proved the several dilutions on himself and others, men and women, thus truly following the example of Hahnemann and his disciples. I still possess some of this identical tincture as prepared by Dr. Huber, who, I am grieved to say, died suddenly of apoplexy during my sojourn, in the year 1858.

Dr. Huber carefully collated all the symptoms experienced by his provers; he had a great predilection for the mistletoe, which he prescribed in many different ailments. He frequently conversed with me about its healing properties, and often gave it in his hospital and in his private practice. He used it chiefly in the 3d and 6th decimal dilution. According to Dr. Huber, the symptoms of *Viscum album* are similar to those of *Aconite*, *Bryonia*, *Pulsatilla*, *Rhododendron*, *Rhus* and *Spigelia*, *i.e.*, are in accord with our foremost anti-arthritis and anti-rheumatic remedies. *Viscum* has symptoms in common with each of these remedies, and is thus particularly useful in gouty and rheumatic complaints, in acute as well as in chronic cases; more particularly in those having *tearing pains* in no matter what part of the body. It follows well after *Aconite* in acute rheumatism. It is also very effective in different neu-

ralgias of a gouty or rheumatic origin, as in ischias, prosopalgia, perioritis, and especially in earache, tearing pains in the ears, and otitis. It is a sovereign remedy in rheumatic deafness. As *causa excitans* of diseases amenable to it may be regarded high winds, *i.e.*, all gouty, rheumatic or other ailments which, similarly to Rhus and Rhododendron, are aggravated by sharp north or northwest winds, such as we have in winter. For this reason Viscum is more often applicable in the colder seasons than in summer, or at the time when gouty or rheumatic affections or pains are usually aggravated. It has also been found beneficial in asthmatic complaints if connected with gout or rheumatism.

The mistletoe moreover stands in a peculiarly close relation to the female sexual system (uterus), and especially to the climacteric period, when women cease to menstruate and chronic or periodical hæmorrhages are often met with. Viscum also promotes labor pains similarly to Pulsatilla and Secale, and is especially efficient in effecting the expulsion of the placenta, also in incarcerated placenta.

When the great army of gouty and rheumatic ailments which may befall all parts of the body are taken into consideration; as well as the manifold sufferings originating in the female sexual system, which manifest themselves as menorrhagias as well as amenorrhœa, but more often are caused by congestive states,—when we consider the powerful influence of the mistletoe on these forms of diseases as brought out by the careful homœopathic provings on the healthy, is it to be marvelled at that the old Gauls and Germans venerated it, by whose mysterious origin they were overawed, as a sovereign remedy for their ailments and sufferings, as a sacred gift presented by the gods to mankind?—*From the Allgemeine Hom. Zeitung.*

NEW REMEDIES.

[We have to remind our readers that information concerning new remedies is given in the pages of the RECORDER as soon as obtained from foreign sources—but that the drugs themselves are for the most part not to be obtained in this country until long afterwards. For the appearance of new remedies as articles of merchandise, our readers are referred to our advertising pages.—ED. H. R.]

A New Cure for Cancer.—Dr. Velloso lays claim to having cured several cases of epithelioma of the face and lips with the juice of Alvelos, a plant which belongs to the family of Euphorbiaceæ. It acted as an irritant and destroyed the diseased tissue, which was quickly replaced by healthy granulations. Of the three different kinds of Alvelos (male, female, and wild) the second is considered the most efficacious. It is found at Pernambuco, and although the natives have employed the juice for some time, it has not come into extensive use on account of the severe pain which it causes. The best results were obtained with the

juice in a concentrated solid form, and with the addition of vaseline or lanoline. This preparation should be applied with a brush to the affected part (previously washed with a solution of carbolic acid), which should then be left exposed to the air for at least an hour. It should afterwards be covered with lint. The treatment should, as a rule, be repeated every two or three days, and never more than once in twenty-four hours, as the pain of the application is severe. The treatment was more speedily successful when begun before ulceration occurred.—*Brit. Med. Journ.*, Jan. 1, 1887.

Pereirine as a Tonic.—The bark of the Pao-pereiro is said to be a tonic and febrifuge. It contains an alkaloid which was first isolated by Ezequiel in 1838. The name of pereirine has been given to it. The product of that name used in Brazil is an amorphous yellow powder, which is not a pure alkaloid but contains a compound of amyl, a bitter coloring substance insoluble in water, analogous to glucose, a hydro-carburet, and another crystallized substance probably a glucoside. Pereirine is very slightly soluble in water, to which it communicates a bitter flavor, but dissolves easily in ether. M. Guimaraes has proved that pereirine produces the following effects: 1. A period of agitation characterized by slight convulsive trembling of the skin; irregular respiratory movements; decrease of the central and peripheral temperature and of the pulse-beat. 2. A period of functional paralysis, consisting in aphonia, diminution in the number of respirations, elevation of temperature, paralysis of voluntary movements. 3. A period of complete paralysis ending in death. Pereirine as sold commonly is impure. M. Pereira has administered doses of two grammes a day in cases of persistent paludal infection.—*Brit. Med. Journ.*, Jan. 1, 1887.

Drumine, a New Local Anæsthetic.—An alkaloid has lately been obtained from the plant *Euphorbia Drummondii*, N. O. Euphorbiaceæ, by Dr. John Reid, of Port Germein, South Australia, which promises, if report be true, to compete with cocaine as an agent for producing local anæsthesia. A tincture of the plant is made with rectified spirit, or proof spirit, acidulated with hydrochloric acid, and, after standing a few days, the spirit is distilled off, ammonia added in excess, and the whole filtered. The residue, after the smell of ammonia has disappeared, is dissolved in dilute hydrochloric acid and filtered through animal charcoal to destroy the coloring matter which is abundant and inactive. This filtrate is evaporated slowly and leaves the alkaloid. It gives a colorless solution with little taste. It is almost insoluble in ether, freely soluble in chloroform and water, and deposits from solutions microscopic acicular and stellate crystals. The crystals deposited from the hydrochloric solution filtered through animal charcoal are circular or boat-shaped. They are colorless and seem to be less soluble in chloroform. Sheep and cattle are said to die in great numbers an-

nally in consequence of having eaten this plant, the poisonous qualities of which vary in proportion to the quantity of milky juice it contains. Sheep, bullocks, and horses, die in from twenty-four hours to seven days after eating it, all of them presenting paralysis of the extremities, some of them hanging the head as if tipsy; the appetite does not appear to be interfered with. It is curious that the animals avoid the weed at first, except under pressure of hunger, but once having partaken of it they seek for it and eat it with avidity. Injection of a solution of the alkaloid into the nostrils of a cat, produced stupidity and indifference to stimuli, with a placid, stupid expression like that of an animal under the influence of a narcotic. The limbs appeared paretic. A few drops of a 4 per cent. solution dropped into the eyes of another cat produced insensibility to the extent of allowing the conjunctiva to be touched, and the orbicular muscle no longer contracted with the same vigor. The pupil was not appreciably dilated. Three grains were then injected subcutaneously, but, beyond local anæsthesia, no effect was noted. A larger dose by the mouth promptly produced paralysis of the limbs, and slow, difficult breathing. When dying, strychnine was injected but failed to produce any muscular contractions. Ten minims of the 4 per cent. solution injected into the hind leg of a cat seemed to produce paralysis of sensation but not of motion. No convulsions ever followed its use. In the course of experiments on his own person, Dr. Reid found that the drug produced anæsthesia, with loss of taste when applied to the tongue or nostril; but small doses swallowed were not followed by any perceptible constitutional symptoms. He tried it subcutaneously in a case of confirmed sciatica in an old man, and the essay was followed by complete, and, so far, permanent relief; in sprains it was very useful in relieving the pain. He recommends the use of the alkaloid in small operations, local irritation, and sprains.—*Brit. Med. Jour.*, Jan. 1, 1887.

Effects of Juice of Euphorbia applied Locally.—Since hypodermic injections of Papain have been used in diphtheria and cancer, without accident of any kind resulting, the juice of Euphorbia has been tried. The results were not very satisfactory. M. Baudry published (*Bull. Med. du Nord*) the case of a patient suffering from canceroid of the right lower lid, who had, himself, applied a kind of poultice made of crushed twigs and leaves of the Euphorbia helioscopia, a plant containing a milky, corrosive juice, employed by country people as a preventive of warts. Two hours afterwards, the pain became so intense as to oblige the patient to remove the poultice; he was also attacked by acute conjunctivitis. When first seen, eight days afterwards, a whitish ulceration occupied the lower third of the cornea, which threatened to spread rapidly; this was followed by iritis, and hypopion ensued. Sæmisch's operation was done the next day, and the patient recovered

with a large adhering leucoma, for which iridectomy will be done later on.—*Brit. Med. Jour.*, Jan. 1, 1887.

Danger of Administering Pelletierine to Children.—M. F. Méplain, bearing in mind the difficulty of giving children vermifuge medicine in sufficient doses, and the fact that Dr. Bétancés had administered six centigrammes (nine grains) of Pelletierine, which had expelled a tænia, resolved to try this remedy on an infant thirty-two months old which was suffering from convulsions. M. Béranger Féraud and other writers recommend that Pelletierine should not be given to children on account of the symptoms of congestion of the brain which it usually causes in adults. Be that as it may, M. F. Méplain administered to his little patient a large teaspoonful of Tanret's Pelletierine, which represents about six centigrammes ($\frac{9}{10}$ grain) of the alkaloid; twenty minutes later, twenty grammes (five drachms) of manna dissolved in a cup of milk were given. The expulsion was tardy, owing to the insufficiency of the purgative used, but was, nevertheless, complete. No alarming symptoms resulted, and the use of the drug may be from this case considered to be unattended, in children, with the risks which might be expected from its physiological action and from the results observed in adults.—*Brit. Med. Jour.*, Jan. 1, 1887.

Scopoline—a New Mydriatic.—Dr. Percy Dunn writes to *Brit. Med. Jour.*, Jan. 8, 1887, concerning the new mydriatic, Scopoline, that he has used it, not to test its qualities as a mydriatic, but as a drug to supersede atropine in the treatment of keratitis, corneal ulcers, and iritis. Cases which had been treated with both atropine and eserine without success, showed rapid improvement after the instillation of Scopoline. In rheumatic iritis its use was effective in reducing the pain and injection of the globe and no irritation was ever set up by its use; a solution of one grain to the ounce was sufficiently strong for these purposes.

Pilocarpine and the Secretion of Milk.—The remarkable effect of Pilocarpine on the secretions, particularly of the skin and the salivary glands, has long been known. It remained to be seen whether this influence was not likewise exerted on the secretion of milk. Some writers have incidentally mentioned the action of Pilocarpine as a galactagogue; but from a practical point of view nothing seems to have been published on the subject. For several years M. Chéron has carefully studied the effect of Pilocarpine in skin diseases, and he has discovered that the therapeutic action of the drug can be produced in smaller doses than are necessary to stimulate the activity of the salivary and sudoriparous glands. The discovery of this fact enabled him to employ Pilocarpine in subcutaneous injections, without risk to the child, in the case of nurses whose milk-secretion had ceased. Five centigrammes ($\frac{3}{4}$ grain)

of the nitrate of Pilocarpine were injected as soon as the milk became scanty, whether this took place suddenly or by degrees. The injection was repeated every day. Under its influence the skin of the face, and afterwards of the body, became hot for a few moments, but there was seldom any moisture. It is essential to success not to produce diaphoresis. If the scantiness of the secretion has existed for some time, ten or twelve injections are required; on the other hand, if it has come on suddenly, two or three will suffice.—*Brit. Med. Jour.*, Jan. 8, 1887.

Therapeutic Uses of Sulphate of Spartein.—According to Germain Sée, this drug causes a considerable slowing of the pulse together with increased energy of the heart's contraction and lengthening of its systole.

The remedy is indicated in affection of the heart-muscle, whether due to tissue changes or to exhaustion. Further, when there is irregular, intermittent, and slowed pulse. Under the influence of the remedy the lessened heart-activity is increased and more rapidly, in wider amplitude and more lastingly, than by *Convallaria* or even *Digitalis*; the disturbed rhythm of the heart is regulated, and in severe cardiac atony with slowed pulse the pulse-frequency becomes increased, the general strength is improved, and respiration is made easier. The action of the remedy appears rapidly, in from three-fourths of an hour to one hour, continues three or four days after the withdrawal of the drug, and there is no cumulative action. According to Laborde, there are in general no contraindications against the employment of the remedy.

In the matter of dose there is great variation. According to Laborde, the daily dose is from 5 to 25 centigrams ($\frac{3}{4}$ to nearly 4 grains), yet in Nothnagel's clinic equally good results have been attained with from 1 to 4 milligrams, from $\frac{1}{64}$ to $\frac{1}{16}$ of a grain.—*Internat. Klinische Rundschau*, No. 1.

ITEMS OF GENERAL INTEREST.

Recent Observations on Urine-Testing.—George Johnson, M.D., F.R.S., finds: 1. That not a trace of glucose is to be found in normal urine, and that the substance in normal urine which exercises a reducing action by boiling with picric acid and potash is kreatinine.

2. That the urine of patients who are taking salicylate of soda gives, when boiled with picric acid and potash, a deeper red color than normal, the color being equal to that resulting from the presence of one or two grains of glucose per ounce. This is due probably to the presence of some product of the metabolism of the salicylate of soda, since it was found to be not due to excess of kreatinine.

3. That urine to which a few grains of chloral hydrate had been added to prevent putrefaction will reduce alkaline copper solution like

diabetic urine, and a like result follows in testing the urine of patients who had taken a medicinal dose of chloral; but urine containing chloral hydrate does not have such effect on the picric acid test.

4. That the potassio-mercuric iodide test for albumen is fallacious, since it is well known that this reagent causes in normal urine when added to it after Heller's method an opalescence not to be distinguished from a slight albuminous precipitate.—*Brit. Med. Journ.*, January 8th, 1887.

A Newly Discovered Substance in Urine.—Dr. Leo has examined a great quantity of diabetic urine after three different methods, namely, Trommer's (alkaline solution of copper), by fermentation, and with the polarization apparatus. In many cases the results agreed, while in others there was considerable difference. He succeeded in isolating a substance corresponding in its chemical composition to grape-sugar, and also a carbo-hydrate differing considerably from grape-sugar, and turning the plane of polarization to the left. The substance was found in three specimens of diabetic urine, but it was absent in normal urine, although a great amount was examined. It may therefore be considered a pathological product.—*Brit. Med. Journal*, January 8th, 1887.

Free Iodine in a Mineral Water.—Wanklyn has found in the water of the Woodhall Spa, England, free iodine sufficient in amount to impart to the water a brown color of considerable depth of tint. This is the first instance in which an appreciable quantity of free iodine has been found in any natural water.—*Brit. Med. Journal*, January 15th, 1887.

Pulsatilla in Acute Orchitis.—Gerard Smith, M.R.C.S., writes to *Brit. Med. Journ.*, January 15th, 1887, concerning the striking curative action of Pulsatilla in acute orchitis and epididymitis, and says he should like to persuade others to follow Dr. Brunton's advice, and give the drug in inflammatory states of the testicle, epididymis, and spermatic cord, and adds, "to have it in our power to subdue promptly the intense suffering in these cases is a great blessing." (If he could persuade others to follow Dr. Brunton's example in delving into the Homœopathic Materia Medica, they would be rewarded by finding many other equally great blessings.—ED. HOM. RECORDER.)

Effects of Excessive Milk Diet.—At a recent meeting of the Société Médicale des Hôpitaux, M. Debove presented a patient who is in good health at the present time. Two years ago he showed signs of alcoholic gastritis, followed by symptoms of ulcer in the stomach. A milk diet was adopted, and the patient finally took as much as eight

litres ($8\frac{1}{2}$ quarts) a day. After a certain time he grew weak, and reached such a condition of cachexia that he was unable to stand. M. Debove washed out the stomach, removing two and a half litres ($2\frac{1}{2}$ quarts) of liquid. This was repeated, and the patient was put on a diet consisting of one and a half litres of milk, with a little meat. The patient lost 36 pounds under a milk diet. Since M. Debove's treatment he has gained 30 pounds, and is now perfectly well.—*Brit. Med. Journ.*, January 15th, 1887.

Arsenic in Myxoma.—M. Cadiot reports the case of a horse which presented at times the symptoms of pulmonary emphysema. The animal was treated with Arsenious acid, and after some time discharged with the excrement a tumor which was found to be a myxoma. Knowing the action of Arsenic on certain tumors of the skin it may be supposed that this remedy contributed to the separation and discharge of the intestinal tumor.—*Journ. des Soc. Scientifiques*, January 20th, 1887.

Mercurial Neuritis and Paralysis.—M. Maurice Letulle in a note to the *Académie des Sciences* says: "The essential characters of Mercurial paralyses can be grouped as follows: Localization, often in one or more limbs; preservation of normal faradic and galvanic contractility; absence of muscular atrophy; preservation of the tendon-reflexes; coexistence of sensory disturbances and motor paralysis in the affected parts."

The author made a number of anatomico-pathological investigations on animals, employing injections of corrosive sublimate in the neighborhood of a nerve trunk or at a distance from it, and also inhalations of acid nitrate of mercury and of metallic mercury. Whatever the method used, the results were identical. The resulting lesions were not inflammatory, the axis cylinder remained intact, the nuclei of the connective tissue sheath of Schwann were not affected, and the chief influence of the reagent seemed to be exerted on the myelin sheath, which showed the successive phenomena of degeneration, coagulation, etc., in one or more successive segments. According to Gombault the neuritis of lead poisoning is characterized by inflammatory lesions, by proliferation of the nuclei of the sheath of Schwann, by protoplasmic tumefaction, by compression of the axis cylinder, and by subsequent Wallerian degeneration.

The author makes the following conclusions: 1. Mercurial paralysis (neuritis) differs from that produced by lead in the following important respects: the preservation of the normal electro-contractility, the absence of muscular atrophy and the preservation of the tendon reflexes.

2. The lesions of peripheral nerves due to mercury are characterized specially by the destruction of the myelin, with conservation, perhaps indefinitely, of the axis cylinder, and the absence of proliferation of

the nuclei of Schwann's sheath. The trophic alterations are segmental and peri-axial.—*Journ. des Soc. Scientifiques*, January 12th, 1887.

The "Loco Weed."—Dr. W. Thornton Parker, of Newport, R. I., sends a description of this plant to the *New York Medical Record*. Specimens examined by Professor Gray, of Harvard, were considered by him as the *Astragalus legum*, a peculiar species of the vetch tribe, abundant in the region of the "Texan Panhandle," and agreeable to cattle and horses, but after having been used some time by the latter, causing a special madness. As a food its use renders horses valueless, and these seem to suffer most from this plant. It has not yet been proved that cattle suffer very much if at all.

The following is by a writer in the *Cornhill Magazine*: "When the animal becomes a confirmed 'loco eater' he rapidly becomes thin and loses all control over his movements, becomes subject to frequent fits, during which he lies on the ground groaning and foaming at the mouth; he throws himself about without reason; rears up or runs around in small circles when the attempt is made to mount him; his eyes turn dull and stupid; in short, he gives the impression of being bereft of his senses. Specimens of 'loco' have been subjected to analysis by experts in Washington and in Edinburgh, but without discovering anything injurious. It is possible that some minute animalculæ may be the cause of the mischief, but up to the present only its disastrous effects are known, for this pernicious weed causes periodically the death of thousands of horses and cattle."

NEW PUBLICATIONS.

Practical Urinalysis, with Clinical Hints. By J. B. S. King, M.D., Professor of Chemistry and Toxicology at Hahnemann Medical College of Chicago. Boericke & Tafel, Chicago, Agents.

This is a set of cards, nine in number, containing a good presentation of the chemistry of urine for physicians' use. Recent observations upon the lowered production of urea in patients suffering from malignant tumors, as well as the thymol test for sugar, are included, although of quite recent discovery. While the matter of this publication is extremely well done, it is to be doubted whether its issue on cards is not a mistake. If the tests for the urinary constituents were arranged on one card or sheet in the manner frequently employed for the usual scheme for qualitative analysis, it would be, we think, decidedly advantageous. The publication has been done apparently in great haste if we are to judge by the frequency of errors; we find Borborygm, Ammon. hippurate, Chimiphila, Neutral potass; chromate (sic), septicæmia,

fœces, dram for drachm, Liq. potas=æ, to for too in the phrase "those who habitually eat too much," potass hydrate. On card 5 we find $10 \times .0027 = .0027$, manifestly a typographical error, since the result of the problem is afterwards given correctly. On card 3 we are referred for the formula of Magnesian fluid to card 10. As a matter of fact the formula is given on card 9, there evidently being no card 10; but a purchaser of this set of cards might, from the reference quoted, think, without making search for the formula, that a card was missing from his set. We object to the spelling urinometre, for the word has long ago gone into medical English as urinometer, and any argument for the change would apply equally well to such words as thermometer, barometer, etc. Proof-readers being merely human do omit occasionally to notice errors, and a fault, now and then, should not be held by the critic as proof of carelessness, but surely the number of those pointed out in the publication before us are too many and of too grave a character to pass unchallenged. We think so much of the work that we urge its publication in pamphlet form with the errors eliminated.

The Physician's Manual of Simple Chemical Tests. Part II.
 Constituents of Urine. By Clifford Mitchell, A.B. (Harvard), M.D.
 Chicago: Gale & Blocki, 1886. Paper, pp. 30.

In this little work Dr. Mitchell gives a correct and admirable arrangement of the methods of testing urine, as also of directions for quantitative determination of abnormal and normal constituents. Among the newer methods we notice Esbach's for the quantitative estimation of albumen, and the alpha-naphthol test for sugar. The work is a welcome addition to the physician's laboratory.

Transactions of the Thirty-ninth Session of the American Institute of Homœopathy. Held at Saratoga Springs, N. Y., 1886.

The volume of 938 pages before us contains, in addition to a full report of the proceedings of the Institute, papers contributed to the several Bureaus. It would be invidious to single out any for special review, since we believe all the papers offered are not published in the Report, but in general it may be said that those appearing in this volume are well done, and show commendable earnestness and industry on the part of their writers.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Twenty-second Annual Session, 1886.

This beautifully printed volume of over 350 pages contains the reports of the proceedings of the meeting, and the usual goodly array of

papers on various subjects. Of those pertaining to therapeutics many are of great interest, and we have given to our readers in this issue of the RECORDER several which appear to us to be especially valuable.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis, and Treatment. With Chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M.D., A.M. Second Edition. Revised and Enlarged. New York: William Wood & Co., 1886. Cloth, 8vo., pp. 264.

Dr. Millard's work, in both the normal and pathological histology of the kidneys, has extended over some years, and his efforts to establish a test for albumen in urine, which shall be accurate for small quantities of the abnormally appearing product and ready of application, have appeared from time to time in the medical press. The chapters in this work upon the minute anatomy of the kidney are fully wrought out and illustrated on a scale of amplification unusual in ordinary textbooks. The chapter on the existence of albumen in the urine and the significance thereof is well done, and the section devoted to the consideration of the various tests for its presence is, as might be expected, exceptionally full.

In treating of Bright's disease the author makes three divisions: croupous, interstitial, and suppurative nephritis.

In the medicinal treatment of these diseases the author gives distinctly allopathic, as also some homœopathic prescriptions, and while not supporting the latter on the principle of similia, he quotes from homœopathic authorities. The book is well printed and handsomely bound.

Oxygen in Therapeutics. A Treatise Explaining the Apparatus, the Material, and the Processes used in the Preparation of Oxygen and other Gases with which it may be combined; also its Administration and Effects. By C. E. Ehinger, M.D. Chicago: W. A. Chatterton & Co., 1887. Cloth, pp. 157.

This volume is intended to bring within the reach of the medical profession in general the employment of oxygen as a therapeutic measure. The methods of treating disease by inhalation of oxygen, and certain combinations with it, have been long known, through advertisements in the daily press, as the almost exclusive property of those outside the profession. To rescue the method from such exclusion, and to place it in its proper therapeutic rank, is the aim of the writer of this book. As far as we are able to judge he has done the work well, and to those of us who have the desire to employ such therapeutic measure the publication will be welcome.

PUBLISHERS' DEPARTMENT.

An International Homœopathic Pharmacopœia.—Thinking that the following articles on that subject may be of interest to our readers, we reprint them from the *Hahnemannian Monthly*:

“In the October number of the *Hahnemannian Monthly* there appears an interesting article by Mr. John M. Wyborn, F.C.S., of London, England, on the above project, and, while the writer endorses heartily a great deal of what is said in it, he begs to draw attention to several questionable statements, which the author's evident zeal in advocating the adoption of the British Homœopathic Pharmacopœia has led him to make.

“It is shown that a marked difference in strength exists between tinctures from fresh plants if made in a dry or a wet season, and if made according to the American Pharmacopœia and the Polyglot Pharmacopœia of Dr. Schwabe; while at the same time it is claimed that the British Pharmacopœia avoids such variations by ascertaining first the amount of moisture contained in a given plant, and regulating in accordance therewith the proportion of menstruum to be used.

“This looks very accurate, but will often be found to be incorrect in practice. It reminds us of a conversation which we had some eight or ten years ago, with one of the foremost manufacturers of the eclectic preparations called resinoids. We were dilating on the preferableness of the homœopathic fresh plant tinctures, when he related a recent experience of his in making *macrotin*. He usually obtained about eighty ounces from a given quantity of the dried root, but that season he obtained less than fifty; he was nonplussed and carefully repeated the process, but with a like result. He then closely examined the roots; they seemed to be large and well-developed, but, on cutting one, he observed that its texture was less dense than usual, and, as the season had been very wet, he attributed the change to the prevailing excess of moisture. This is not an isolated case, and shows that even our British brethren with all their particularity cannot escape a considerable variation in the strength of their tinctures. On page 654 it is stated:

“One of the chief errors of the American and the Polyglot Pharmacopœias, is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble in spirit. . . . In justification of this course, it is sometimes stated that the juices of plants have been used in the provings; but this is true only in the most limited sense, for the fact is, many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise, and these have in all probability contained medicinal substances soluble in water but insoluble in alcohol.

“This is generalization with a vengeance, and we seriously doubt whether Mr. Wyborn ever carefully examined the *American Pharmacopœia* beyond the ‘General Part,’ occupying less than 30 of the 520

pages. According to Hahnemann (and both of the *Pharmacopœias* in question are based on his precepts) all tinctures prepared according to Class I. are made by mixing equal parts of the expressed juice of the plant with alcohol. All other fresh plant tinctures classed II. and III. are made by macerating the bruised plants or parts thereof with varying proportions of dilute or stronger alcohol. How then can it be maintained that all substances soluble in alcohol are omitted, the more so as among the 315 remedies made of fresh plants, there are *only* 45 that are made according to Class I. But aside from this, is it to be supposed that the structure of a plant can possess any constituents which are not also to be found in its sap or juice,—just as all constituents of the human body are known to be found also in the blood?

“Now as to provings having been obtained mainly from reports of poisonings from eating either the whole or parts of plants is equally fallacious. We have seen that there are only 45 tinctures prepared from the expressed juice. On consulting Allen’s *Encyclopædia*, the most complete and trustworthy guide as to authorities, we find that 31 of these remedies have no record whatever of effects produced by eating the whole or a part of a plant, and only 14 give toxicological effects observed in addition to the regular provings, and 5 of these remedies only give one or two such observations. Even in Aconite, we find 30 bona fide provers to 10 reports of poisonings, excluding 19 cases in which the tincture was given to patients and its subsequent effect recorded.

“The compilers of the *Pharmacopœias* in question start from different premises. The British tries to secure the utmost precision in the proportion of the dried plant, or its soluble properties represented in a given amount of tincture, its chief aim being accuracy of dose; while the other two *Pharmacopœias*, taking Hahnemann’s precepts for a base, strive to reproduce as closely as possible the identical tinctures with which the provings were made. And while Schwabe in his *Polyglot* leaves out, as a rule, the description of plants and chemical processes, the *American Homœopathic Pharmacopœia* gives an accurate and reliable description of plants as well as of chemical processes and tests. In taking exceptions to the position of the *British Pharmacopœia* on this question, and to several statements made by Mr. Wyborn, we beg to express our appreciation of the scholarly work put into it, and of the great labor and research undertaken by the compilers. And we are far from claiming perfection for the *American Homœopathic Pharmacopœia*. But we maintain that the cause of homœopathy has fairly prospered so far, albeit the mother tinctures and 1^x in use may and do vary at times in strength, with the seasons.

“We hold that the preparation of homœopathic remedies should be simplified as much as possible, but it looks to us as if in the *British Pharmacopœia*, the opposite idea was carried out.”—A. J. TAFEL. From *Hahnemannian Monthly*, for November, 1886.

59 Mourgate Street, London, November 30, 1886.

SIR: In your November issue you publish some comments by Mr. A. J. Tafel on a paper which was read by me on the above subject at the last International Homœopathic Convention. May I be allowed to make a few remarks in reply thereto, which I trust will not encroach too much on your valuable space.

Mr. Tafel points out that my zeal has led me to make "several questionable statements," and possibly this may be so, for I have not had the advantage of a full criticism of the views I have advanced, which, however, are not merely theoretical, but are based upon five and twenty years of close observation in the pharmaceutical laboratory, during which period I have made a great many experiments and become acquainted with the various pharmacopœias, not in the loose manner which Mr. Tafel supposes, but by constant reference to the numerous articles throughout these works; and I may add with reference to the *American Homœopathic Pharmacopœia*, that far from undervaluing it, I consider it, on the whole, an excellent homœopathic dispensatory, and, as such, it is much superior to any other with which I am acquainted. As to its processes, the case appears to me otherwise.

Mr. Tafel objects to my statement that "one of the chief errors of the American and Polyglot Pharmacopœias is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble in spirit," the more so, as only 45 fresh plants are made by merely mixing plain alcohol with their juice. But the remarks quoted were intended to apply to these only, and on taking a cursory glance at the Pharmacopœia, I find the following names included in this number, viz.: Aconitum, Belladonna, Bryonia, Chamomilla, Chelidonium, Cicuta, Conium maculatum, Cyclamen, Digitalis, Drosera, Hyoscyamus, Millefolium, Sambucus, Taraxacum, Teucrium. Now, it would be interesting to know the aggregate quantity of these remedies prescribed in comparison with that of all the rest of fresh plant tinctures of the Pharmacopœia and their relative importance.

It may be "generalization with a vengeance," but I venture to think that the latter quantity, if more than equal to the former, would be found to be not more than double or treble at the most.

Mr. Tafel asks, "Is it to be supposed that the structure of a plant can possess any constituents which are not also to be found in its sap or juice,—just as all constituents of the human body are known to be also found in the blood?" Why not extend this question further and ask, "Since all material beings and things on our own planet are composed of 70 or 80 elementary substances at most, what need have we for more than this number of remedies in our *Materia Medica*?" The juices of plants, like the human blood, evidently undergo very great changes in the centres of chemical activity, which perform the various functions of nu-

trition and development. Prof. Bentley says (*Manual of Botany*, 4th ed., p. 777): "By the alterations produced in the watery contents of green leaves, etc., by exposure to air and light, the matters which they contain are left in a very active chemical condition or in a state prone to change, and therefore freely combine together. By this means the different organic compounds are produced, which are concerned in the development of new tissues, and in the formation of others, such as resinous matters, various acids, numerous alkaloids, coloring matters, etc., which, so far as we know at present, perform no further active part in the plant, and are accordingly removed from the young and vitally active parts, and either stored up in the older tissues as *secretions* or removed altogether from the plant as *excretions*." Now, it is such matters as these which, to a great extent, constitute the active ingredients in medicinal plants, and which are in many cases insoluble in water but soluble in alcohol. Resins, oleo-resins and many alkaloids would be almost entirely excluded from the expressed juice of a plant strained through "a piece of new linen" (the press bag), and the addition of alcohol to this juice would of course add nothing to it unless passed through the pressed marc.

My contention is that this state of affairs should not continue—that it is better to make our tinctures represent as nearly as possible the drugs from which they are prepared, so that we may be able to say what their composition and strength is as compared to triturations of the same drug in the same manner as we can affirm that the tincture of *Nux vomica* (P. H. B.) is exactly the same strength as the 1^x trituration (comparing minims with grains), for the drug is entirely exhausted by the menstruum used, which contains all the alkaloids in solution. How can we do this with respect to *Chelidonium*, for example, when prepared according to the American or Polyglot Pharmacopœias? It is impossible even to guess with any approach to certainty the relation existing between the tincture and trituration of this plant without adopting the simple plan of drying a sample of the fresh plant and standardizing the tincture.

Commenting on the words, "*many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise,*" Mr. Tafel writes: "Now as to provings having been obtained *mainly* from reports of poisoning," etc. [the italics are mine]. This deduction is hardly justified. The experience of Mr. Tafel's eclectic friend with regard to the variation in the quantity of *macrotin* obtained from a root grown during a wet season, goes to support my contention that while absolute accuracy is unattainable, we ought to endeavor to secure an approximation to it. If, as Mr. Tafel shows, a root which contained an excessive amount of juice was deficient in active principle when dried, the addition of alco-

hol, according to the quantity of juice pressed from it, would still further decrease the relative strength of the tincture.

Yours faithfully,

JOHN M. WYBORN.

1011 Arch Street, Philadelphia, December 16, 1886.

Through the kindness of the Editor I was accorded a perusal of Mr. Wyborn's courteous reply to my article in the November number of this journal. Not much that is new can be said in reply.

Mr. Wyborn still maintains as of paramount importance, the proposition that a tincture of a given drug should be so proportioned that its dilutions correspond with the respective triturations of the crude drug. As an example where this can readily be done he cites *Nux vom.*, while *Chelidonium* is mentioned as showing the inaccuracy of Hahnemann's methods. The force of this argument is not apparent. Why should the profession not continue to use tinctures from fresh plants, and their dilutions, as they have done with good success for so many years? Why substitute triturations, which primarily were intended to render soluble and medicinally active, substances that were inert, or nearly so, before?

Again, Dr. Wyborn does not accept the truism that the sap of a plant must of necessity contain all the elements of the plant itself. Granted for argument's sake that he is right, it but follows that the tincture made from the sap of the plant contains all constituents of the same that were proved; and the consistent pharmacist's first duty must ever be to reproduce, as near as possible, the identical preparation with which the provings were made. For, otherwise, the symptoms elicited cannot be covered, to the resulting disappointment of the physician at the bedside. It is patent that *a re proving must precede any material change in the preparation of a given remedy.*

In allopathy it may be fit and proper to change or perfect, if you please, in many ways, their medicinal preparations, for they are used empirically; in homœopathy we are forced to be conservative, and as long as the old provings are the guidance in the selection of the remedies, so long must the preparations dispensed correspond as closely as possible with those used in said provings.

It will be observed that the *British Hom. Pharm.* very loyally retained and preserved the peculiar directions for the preparation of remedies such as *Causticum*, *Calcar. acetica*, *Calcar. carb.*, etc. There are better and purer preparations of acetate and carbonate of lime in the market, but the old directions are retained for the reason that the very impurities of the product may have produced the most characteristic symptoms elicited by the provings. Just so with the tinctures under consideration; the very absence of "secretions" and "excretions" (see Bentley) from the sap of the plants, may be requisite in order to produce the symptoms recorded.

Dr. Wyborn further contends for the necessity of knowing precisely how much of the soluble constituents of a plant are contained in a given quantity of tincture, and to this end the homœopathic pharmacist is required to ascertain the precise amount of moisture contained in a lot of plants when gathered and reduced to pulp, in order to apportion the requisite amount of alcohol to be added; an operation which is facilitated by a series of tables given in the *Br. Hom. Pharm.* Why all this complication? The large majority of physicians prescribe their remedies in the form of dilutions. Now can any one seriously maintain that the difference in the amount of the drug contained in the 5th or 6th potency, or in the 12th or 15th, is of any practical importance? or that a physician giving the one for the other potency will find an appreciable difference in its action? Or, again, even if a perceptible difference exists in the drug (?) power of the 1^x dilution, and in the say five-drop doses of a mother tincture, that this difference can be very important, provided the plants have been gathered at the proper season and from their natural habitat? This is really much to be doubted, and probably with the exception of the four or five hundred practitioners of Great Britain and its colonies, all the rest of the homœopathic physicians of the whole world, comprising over eight thousand, have all these many years been practising homœopathy quite as successfully, although the lower dilutions and tinctures they use may and do vary with a dry or wet season.

But too much of your space has, I am afraid, already been occupied. The consideration of an International Homœopathic Pharmacopœia is in competent hands, and it is sincerely to be hoped that true conservatism, which appears to be so necessary in this case, will not be lost sight of.—A. J. TAFEL. From *Hahnemannian Monthly* for January, 1887.

Tablet Triturates.—An interesting resumé of the history of tablet triturates and their first introduction is given in the January number of the *American Druggist*, from which we glean as follows:

“The following description of a novel and valuable pharmaceutical method is based upon two papers by Dr. Robert M. Fuller, of New York, published in the *Medical Record* of March 9th, 1878, and March 25th, 1882, and in *New Remedies* for March, 1878. The method was originated by Dr. Fuller, who has very generously given it to the public and voluntarily denied himself the very considerable income which would have resulted from a patent right. . . .

“The essential feature of this form of dose-dispensing is a minute lozenge or *tablet*, as it is called, made by pressing a paste into perforations made in a plate of glass, metal, hard-rubber, or any other available and suitable material. These holes are of uniform diameter and the plate of uniform thickness, and the number of holes to each plate is determined by their relative size. The plates made thus far contain from

fifty to two hundred and fifty perforations, and the tablets made therein weigh from half a grain to four grains, although larger tablets can readily be made with the aid of appropriate plates. To facilitate removal of the tablets from the perforations, Dr. Fuller uses a similar plate in which are corresponding pegs somewhat longer than the thickness of the plates in which the tablets are formed. Still longer pegs at the ends or corners serve to secure accurate registration, and when the filled plate is guided by the long pegs, the short pegs lift the finished tablets out of their matrices, and the process of removal is accomplished. Each peg supports a corresponding tablet in a position which favors rapid drying, and the tablets are allowed to remain thus supported until they are hard enough to admit of handling." . . .

"Tablets made of sugar of milk and 85 per cent. alcohol, or with water alone, and called by Dr. Fuller *tablet saturates* (blank tablets), are used for subsequent medication with tinctures" (or dilutions), *etc.* . . .

Most of our readers will have already used to a greater or less extent *tablet triturates*. We made our first as early as 1878, and we believe we put out for every single tablet made in that year a bottle containing 1000 in 1886. The making of these elegant preparations was taken up rather slowly by other pharmacies, partly may be, because of the expensiveness of the plant, and partly perhaps because tablets are most uncompromising detectors of poor triturations. Be the sugar of milk powdered never so fine, it will make, *untriturated*, a rough looking tablet, while in a well-made trituration the milk-sugar is rendered so fine, that it makes a neat smooth tablet with sharp edges, whereas tablets made from a poor trituration have a rough surface, rounded edges, and crumble easily. Such tablets are sold *cheap*, it is true, but a physician once caught rarely repeats an order.

We make our tablets in *glass moulds*; these are expensive, both as to first cost and on account of their fragility; *all other makers*, to the best of our knowledge, use india-rubber moulds. But experience demonstrated that all such tablets are contaminated of necessity, more or less, by the abrasion of the plates, for india-rubber plates show wear after a short time, the hard sugar of milk—no matter how finely triturated—abrades the surface, and the debris, consisting of rubber and sulphur, inevitably mixes with the tablets. This is a consideration homœopathic physicians should not lose sight of.

Quite Convinced.—A prominent physician of New York had read considerable concerning Tuller's unfermented grape juice (Boericke & Tafel's), and remained quite skeptical concerning its fermenting qualities; he realized that, if it would ferment, it was undoubtedly a pure juice, free from chemicals, and consequently of the utmost value as a food for invalids. He procured a bottle at our up-town branch on Forty-second Street, New York. It may have been that the day was warm, or that the doctor carried the bottle about and thereby shook it up in a

warm room; at any rate, while he was riding homeward, the cork blew out in his overcoat pocket, to the considerable detriment of the silk lining. He was convinced.

Pharyngeal Catarrh and Pepsin.—Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (*Berl. kl. Woch.*, 49–86). Various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's Pepsin, which by the way is also recognized in Germany as the best Pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the Pepsin pure, $\frac{1}{2}$ grain of aromatic powder being added to 5 grains of Jensen's Pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. Fisher then administered the Pepsin in still larger doses, 10 grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other Pepsin preparations failed.

Epiphegus virg.—The following extract from the letter of a Columbus, Ohio, physician is interesting. After making some complimentary remarks anent the RECORDER the writer says: "The last number contained an article by H. P. Holmes, M.D., of Sycamore, Ill., setting forth the virtue of *Epiphegus virg.* as a remedy for sick headache. I have a patient whose symptoms were almost identical with the lady, the history of whose case he gave. I got some and tried it; it is now several weeks since she took it and she has not had a return of the headache. She has been in the habit of having one every week and I have strong hopes that it has effected a cure in her case. She took but three doses in one day as directed.

Health Coffee.—Hahnemann was the first man of science who by word and print combated coffee tipping. While it is now admitted that he ascribed too many ills to its habitual use, his cry of warning was nevertheless most timely, and is abundantly justified by the baneful effects viewed on all sides of the immoderate use of this beverage. His warning is borne out even to the present day, by the many thousands who cannot drink coffee, though, as a rule, they relish it, because of the pronounced evil effects on their system.

The strict compliance with Hahnemann's interdictum on behalf of his early followers, was a serious stumbling block to the more rapid introduction and more general adoption of homœopathy. For those physicians who did not insist on a compliance with this rule during attacks of sickness were an exception to the rule. Since an early date substi-

tutes for coffee were sought, and divers preparations were put upon the market. Among the best imitations we know of is the so-called "Carl Gruner's Improved Health Coffee," which is manufactured under the auspices of his successors. This Health Coffee closely resembles the true article, and is now very generally used in Europe. We can recommend it as a palatable and refreshing beverage which will be relished by the *thousands* who cannot bear the effects of true coffee and who grow tired of every other substitute, such as cocoa, chocolate, etc.

The University of Berlin has this year no less than 5357 matriculates. This number by far exceeds that attained by any one university to this date.

Cow-pox Virus, and its Introduction into the United States.—As early as 1840, there were established in Germany, France and other countries, propagating stations for cow-pox virus, which were sustained at Government expense, and from whence pure non-humanized virus was distributed gratuitously to the circuit physicians for vaccinating the inhabitants of their districts.

One of these Government establishments was located near Dresden, Germany, and from thence the late Carl Gruner managed to send supplies, as early as 1857, to F. E. Boericke in Philadelphia. This virus came in slender glass tubes, and was, to the best of our knowledge, the first of its kind imported and sold into the United States. The demand increased from year to year, and in 1863 A. J. Tafel, also of Philadelphia, made arrangements for a regular monthly supply of vaccine virus from Dresden. This virus was of excellent quality, less than 4 per cent. proving abortive, and even these failures were largely due to the want of care and experience on the part of the vaccinator. Later on, good vaccine virus, put up in like manner, was also procured from France. About the year 1869-70, by which time the demand for non-humanized virus had assumed great dimensions, propagating establishments sprang up all over the United States, and quantities of good, fair and indifferent virus were thrown upon the market, so that, owing to the glut which followed, and the perishable nature of the product, a great many establishments had to be closed up, and the wants of the profession and the public, since the last eight or ten years, are now supplied by less than one dozen propagating establishments, each of which is under the direction of competent propagators, furnishing a pure and reliable article of non-humanized cow-pox virus. The slender glass tubes soon gave way to *crusts*, and these were again practically superseded by quills or ivory points, which, being dipped into the liquid lymph, are carefully and speedily dried, and, put up in hermetically-sealed metallic tubes or india-rubber tissue, are safely sent all over the United States. At the present time it is a rare exception for human virus to be used, and the reasonable price, at which the non-humanized article is provided, brings it within reach of all.

Alumina.—" Peculiarities about the rectum and stool afford hints to the use of this remedy. For instance, when there is inactivity of the rectum, requiring great straining to evacuate even a soft stool. No desire to stool for days, sometimes a week, until there is a large accumulation, and then evacuation occurs only after great effort. Even if the accumulated stool be very soft, the same effort is required to pass it. One must strain at stool in order to urinate. We also see this in dysentery, typhus, and in many other disorders, when *Alumina* will be very likely the remedy." (Then follow symptoms of *Alumina*, *i. e.*: Mental, head, eyes, ears, nose, face, mouth, throat, stomach, abdomen, rectum, urine, sexual, chest, neck and back, extremities, sleep, skin, generalities, worse and better.)—From Guernsey's *Key-notes to the Materia Medica*. Price, \$2.25 ; \$1.80, net, to physicians, by mail, \$1.87.

Glonoinum $C_3H_5(NO_2)_3O_3$.—*Nitro-glycerin* was discovered by Tobrero (1847), and is, at the present time, prepared on a large scale by slight modifications of the process proposed by the discoverer and by E. Hopp. To about 7 pounds of mixture, composed of 1 part of Nitric acid, specific gravity 1.47, and 2 parts of strong Sulphuric acid, 1 pound of Glycerine is slowly added, with frequent stirring, with the precaution of preventing the temperature from rising above 26.6° C. (80° F.). To prevent the mixture from heating the acid mixture is put into strong stone jars which are best surrounded by chopped ice, the glycerine is then added in a thin stream under constant stirring. The mixture is then poured into a large quantity of water, and the oily product well washed with a solution of alkali in water.

Nitro-glycerin is an odorless and colorless or pale yellowish oily liquid, having the density 1.60 at 15° C. (59° F.), and, when exposed to a low temperature, crystallizes in long needles.

Dr. Constantine Hering, as is well known, first proved and introduced this substance under the name of Glonoin to the medical profession.

Nitro-glycerin dissolves in 9 parts, by weight, of pure 95 per cent. Alcohol, at a temperature of 65° F., or over. At a lower temperature, part of it will separate and fall to the bottom, and at all times, but more especially in cold weather, the bottle should be well shaken before using, as the heavy liquid, even when in a state of solution, will gravitate towards the bottom, and the upper strata of the liquid will contain very little, in winter hardly any, of the preparation. To this peculiarity may be attributed the fact that this remedy will at times disappoint the physician at the bedside. A very simple test may be made by simply mixing the solution with equal parts of water, when the pure Nitro-glycerine will at once separate, and fall to the bottom.

About three years ago, Dr. Hammond, of New York, directed the attention of the old school to this remedy in an interesting article in the *Medical Record*, and, as he mentioned that he had the best effect from

our preparation, we received, for a time, a perfect avalanche of letters and orders from all parts of the country.

The Chironian says :

“And now that we are speaking of a patent medicine, it seems to us appropriate to say a few words on the little *Materia Medica*s that some enterprising homœopathic pharmacists keep for distributing among the laity. They argue that they are doing homœopathy a great service by thus disseminating the indications for the most prominent remedies. From what we have seen, we think they do more harm to the cause than good. In several cases we have found families prejudiced against homœopathy because they had tried to prescribe as the ‘little book’ said and failed, judging from that failure that there could be no virtue in homœopathy. An overzealous friend is often as dangerous as an enemy.”

We won't go so far as to say that the editors of the *Chironian* are prompted by a certain narrow-mindedness which, unfortunately, characterizes some few older physicians, but, nevertheless, their views in the foregoing are very narrow, are against their own interests as future physicians, and against the spread of homœopathy. Not long ago an experienced physician, a lecturer, lamented the ignorance of the great body of the people concerning homœopathy; notwithstanding its vast literature “the people” know no more of it than is contained in the words “little pills,” and so far as they are concerned the most brilliant articles our journals contain might as well be hidden in the Egyptian papyri for all they ever hear of them. It may be replied that these articles are not for the laity; granted, but if the laity remain profoundly ignorant and indifferent to homœopathy, what show of great success has the young physician? As a rule, none, save the slow success, and meagre income, that come through years of patience. As business men we decided that we could increase our own business, and at the same time aid physicians, by judicious and legitimate advertising. One of the means adopted was these “little *Materia Medica*s,” to which the young editors of the *Chironian* object. That certain families and individuals have been prejudiced by these little books is, no doubt, true, for the world has many cranks, but we believe that where one person has been prejudiced a hundred have been converted to homœopathy. In proof of this we will mention but one instance. We sold one of our “counter cases” (another bugaboo to some physicians) to a druggist in a small country town where there was one homœopathic physician. With the case, as usual, went several hundred of these little books, and we have the volunteered statement of that physician that his practice doubled inside of a year, and, among others, he has the druggist himself on his books. Another, and an expensive means we have adopted of making homœopathy better known, is by advertisements in the daily papers, and we believe that we have done more in that direction, and consequently to aid physicians, in a few months than could have been done in years by the old methods; and, after all, the old methods, books, tracts, etc., were and are advertising in another form. In view of this, we think that such sneers as the *Chironian* indulges in are, to say the least, ungenerous.

HIGH POTENCIES.

An old lady, on her first trip in the cars, met with a smash-up: she thought that was the way the "pesky thing" always stopped.

A western city official went to inspect a toboggan slide; he sat down suddenly, and tobogganed to the bottom on a woollen toboggan.

Because all boys are lads, it does not follow that all men are ladders.

An inquirer wants to know, whether "The opening of a chestnut-burr" is the cause of a flood of "chestnuts."

In certain circumstances, impecunious for instance, a long felt want might be a hat.

A charming, young housekeeper sprinkled Jockey Club on her onions to take away the "horrid smell."

A cynical Massachusetts bachelor says, that in marriage the cooing comes first, and then the bills. His beak is probably red.

The *Harvard Lampoon* has found an old lady who said to an evolutionist: "If you won't disturb my ancestors in the Garden of Eden, I'll promise not to feed peanuts to yours at the Zoological Gardens."

The sweet sixteen pianist, who exercises next door to Binn's, has many notes to go to protest,—protests not loud but deep.

Though Sunday is not a weak day, it is the only one of the seven ever broken.

"Man wants but little here below, nor wants that little long." How about a long trump hand at whist?

Brother *Medical Advance*, while we modestly style ourselves the RECORDER, we like others to speak of us as the HOMEOPATHIC RECORDER, especially at the end of a quoted article.

A flippant, laic journal intimates that Dr. W. A. Hammond's novels are an excellent substitute for morphine.

A Philadelphia drug shop "defied competition." The police nabbed a cart-load of counterfeit labels behind its screens.

The wildest hallooocination is when the home club sends in a home run.

Texas has more acres than any State in the Union,—Tight boots! Pa. should call the attention of Md. to the youngster.

We never heard that men objected to small women, but we have heard of women who objected to men who were always "short."

Probably the most painful state of suspense a man can be in is when he is hung.

The veins of a vain maiden are not made in vain.

"The clouds were copper-dyed all day," writes a poet. Probably they were sunburnt.

The milky-way in some cities we wot of is to make it half water.

Professor Maspero will probably find the original plumber, ice-cream, and bald-headed men, etc., jokes on the base of the great sphinx just laid bare.—*Phila. Ledger*.

We should like to know, if a Pullman sleeper can, with scientific accuracy, be designated a somnambulist.

A New York paper candidly remarks of an esteemed contemporary, that its daily food is "venom," "poison," "henbane," and "strychnine." Ah, there, ye effete cowboys of the West!

A Baltimorean, too tipsy, had "chloral," a "powerful emetic," and "electricity" used on and in him, "but he expired, in spite of all efforts to save him," says the reporter.

THE
HOMŒOPATHIC RECORDER.

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PROVINGS.

THE recent graduation of a goodly number of physicians from our colleges gives suitable reason for some remarks concerning the work which properly falls to them. The physician fresh from college is usually not burdened with practice, and the freedom from the strain of study is apt to be exercised in ways not in the line of medical thought and progress. The only outlet possible for the employment of their acquired knowledge of methods and remedies will be in dispensary or, in more fortunate cases, in hospital work. In the latter, of course, the recent graduate has opportunity to see and criticise the methods employed by his seniors in the profession, but his own right to prescribe independently is in the main limited to cases in emergency. Still, the immense value of a year or two spent in daily, hourly contact with disease, is now so clearly recognized that such places are sought for as prizes and are granted as such.

Next to such clinical work, we know of nothing so well calculated to keep the young physician's mind actively engaged in the right direction as the conducting of provings. And if the provings be carried out with the fulness of physical examination and chemical tests so urgently demanded in recent years by members of our own school, the physician's power of examination will not only be put to the test, but their repetition will be of the greatest service to him in cultivating a systematic routine in investigation as well as increased delicacy in auscultation, palpation, inspection, urinary analysis, etc.

Apart from the incidental benefits thus conferred upon the physician himself who thus directs a proving, the value of his work to the profession and also to humanity cannot be over-estimated. There are many remedies whose provings are meagre enough, but whose acknowledged high value in disease is limited by our restricted knowledge of their

pathogenetic possibilities. The many drugs, too, whose indications for use are only clinical, are additional instances in point, and it is not too much to say that in this direction lies a field for work practically illimitable.

The recent woman-graduate will find her field, although large indeed, well outlined, and in conducting provings on her own sex, she can have opportunities which only rarely, and then almost accidentally, fall to the lot of the male practitioner.

We urge, then, our young colleagues to spend some of their time in the work of proving; it will pay them and they can find, at this time, subjects for it more easily than patients.

HOMŒOPATHY UNDER THE SOUTHERN CROSS.

LETTER I.—MEXICO.

ON arising this morning from my brass-bound cot, at three o'clock, to chase the dominant *cimex* from the extremely hard mattress, so prevalent all along my route but especially here at Querétaro; and gazing upward through the unroofed patio at the subtropical azure sky, I caught a glimpse of the constellation under which it will be my pleasure to travel for several months. This reminded me that I had promised the RECORDER a series of letters upon the condition of Homœopathy along my route.

Entering the Republic of Mexico at El Paso del Norte just across the Rio Grande, a sluggish sand-barred stream that utterly fails at this date to merit its name; the *Gran Wagon de dormitorio de Pullman* drawn by an engine of the Ferrocarril Central Mexicano sped along through a delightful grazing country toward the quaint city of Chihuahua, my first stopping place.

Here, where some unprincipled *Americano* has gulled the too susceptible natives into buying a dilapidated ancient side-bar hand fire-engine, whose miserable valves leak air on all occasions, for a fabulous sum, and beguiled the mint into the purchase of a heavily plated lead pig for an ingot of solid *aurum*, homœopathy is unknown except to a few American residents. To compass in Chihuahua a dose of Nux 3 would occasion an immense outlay of bad Spanish and good muscle on the part of the purchaser who would be compelled to act as his own pharmacist.

Stopping here a few days to brush up my limited knowledge of the Mexico-Spanish language, which takes a decidedly sad turn in proper vocabulary when one listens for many midnight hours to the howls of the average Chihuahua dog, an historic animal with a prehistoric glottis and very flexible vocal cords, I again take up my route through 467 kilometers of arid country between two cordilleras of the

Sierra Madre mountains, and across the Mapimi desert to Lerdo; a route that, once travelled, is never again desired, as one remembers the 60 kilometers of absolute straight line where his thermometer registered 110° F. in the car, and dust was so thick upon everything that it took two days to get it from his clothes.

From Rincon, New Mexico, to Lerdo, the drinking water is so thoroughly impregnated with lime and alkali, that it is really unfit for drinking, and in Chihuahua one notices that almost every one person in ten has single or double cataract or is totally blind. Chihuahua is to cataract and blindness, what the Central Mexican States are to all conceivable forms of corporal deformity.

In Lerdo, again, homœopathy is unknown, and from there our route lies through the many picturesque villages of this great waterless plateau and up the steep grades to the quaint and stenchful mining city of Zacatecas, lying in the most picturesque manner, in a mountain defile. Here, where over 25,000 souls breathe the most impure air, and drink the miserable water, is a beautiful chapel dedicated to Nuestra Señora de los Remedios, but not a soul dedicated to *La Ciencia Homeopática*. Leaving Zacatecas to the north we descend rapidly in many delightful curves and surrounded by reduction-works to a more fertile section where the maguey plant begins to assume a pulque-like appearance, and the Nopal cactus bids fair to produce fine, edible tunas. This fertility gradually becomes more and more marked as we reach the Rio Piru and enter Aguas Calientes, 860 miles from the Texan border.

Here at Aguas Calientes, the famous hot springs of Mexico, the people are far advanced in ideas and are very cleanly and pleasant. One of the finest places I have ever visited for Northern people suffering from lung or rheumatic affections is this; dry air, excellent water, delightful climate and quiet cleanly quarters for those who desire to spend from one to many weeks, all combine to make this the watering-place of Mexico, and the Mecca of Northern invalids.

The surrounding country is fine; flowers, fruits, plenty of water, nice drives and the baths combine, with the picturesqueness of the buildings and the people, to render one's stay here pleasant and peaceful. I have mentally christened this city the cleanest in Mexico, and I have found that so all consider it who have stopped off there. I doubt much the medicinal properties of the hot springs, but the pure air and water are to my mind far more health-giving than any hot springs in the world, while the equable temperature, and the delightful rainy season are recommending features. As far as medical attendance for invalids goes, I feel certain that a good homœopathic physician will be found in this city within a year, and an American allopathic physician now resides here.

The first homœopathic physician one meets on the way to Mexico is

Dr. Echavárri, at San Juan del Rio, 119 miles from the city, though Dr. Perez is located at Guadalajara, 210 miles west of the railroad from Irapuato.

Guanajuato is a city that deserves mention in this letter, as it is the typhus city of Mexico, a city whose death rate of 68.5 per mille is the largest in the Republic. To reach this richest mining city in Mexico, one leaves the main road at Siláo taking a branch, at a grade of 115 feet to the mile, leading up into the mountains as far as Marfil; here, on account of the steepness of the grade, horse cars are resorted to for a distance of three awful miles up the mountain defile to the city. That the reader may understand why Guanajuato is so productive of typhus, I will attempt a description of the city and its water supply. At the farther end of the deep ravine, in which the city is built, a large stone dam has been laid between the opposite mountains; in this dam or *represar* is caught the water for 60,000 people, during the rainy season, which by the end of the dry season, and a few weeks before the next season of rain, becomes filthy and very low, sometimes failing entirely. From this represar, leading down through the city, is a little leakage stream augmented at its every inch of flow by the city's sewage, or rather what of the filth can reach it, and winding down toward Marfil it is utilized in the making of adobe blocks, which in their turn are carried back to the city for building purposes. All along this sewer at the lower portion of the city, and as far as Marfil, the sewage is stopped in pools every few yards. In these pools of filth the clay bottom is dug up, mixed with burro dung for straw, and made into blocks, of which all the residences are built. So much filth is retained in this adobe that if one shuts his room up for an hour or two, on opening it again the stench is terrible. This same odor constantly prevails in the air all along the route from Marfil up to the city and throughout the place itself. The buildings are upon such steep hillsides that they appear one above the other, in many places seeming as if glued to the steep mountain side. The only scavenger of all the filth of this city is the rain when it comes, that washes the place clean for the time, but during all the dry season the refuse and sewage festers in the hot sun and breeds disease.

At Querétaro resides an old Indian doctor who has made a great reputation throughout the central portion of Mexico in the cure of syphilis, a very prevalent disease here. His remedy is of course secret, handed down he says from his ancestors for generations. Learning from many who had applied to him for cure, that his remedy was very efficacious I approached him upon the subject, and by much wary talking I gleaned that the principal ingredient of his remedy was a decoction of the *Tarentula*, most likely a watery infusion, as it will only keep a day or two, after which it is soured and unfit for use. I procured also one of the *Tarentulas* he uses, answering thoroughly to the *Tarentula* Cu-

bensis which is plentiful on the eastern slope of the Sierra Madre mountains in the Sierra Caliente.

Reaching the City of Mexico after a ride of, in all, 1224 miles through the republic, I find it much cleaner than is usually said; no bad odors of any extent prevail in the city, and the streets are quite reasonably clean. Here at last I am again in a place where homœopathy is well known, and ably practiced by no less than 24 very excellent physicians, almost without exception converted allopaths, men who stand now by the flag of homœopathy, and many of them true, trusty, and pure Hahnemannians. It was my good fortune to be present at their society meeting the second evening after my arrival, and meet there fourteen members; the meeting was far more quiet and decorous than most of ours in the States; and the debates serious and careful. The question mostly discussed was one we are always glad to see brought up, and was carefully defended and explained,—*Un solo Medicamento*, resulting from an article by that title printed in the organ of the society, *La Reforma Medica*, of the previous week, written by Dr. J. Segura y Pesado, president of the society. The next day I had the pleasure of visiting, in company with Drs. Gonzales and Segura y Pesado, the Homœopathic Hospital of the city. Both the society and the hospital deserve description.

INSTITUTO HOMEOPATICO MEXICANO.

This society, founded in 1877, has received a great impetus during the last two years past, especially since their organ above mentioned appeared, and the translation and printing of the *Organon* and several other works was begun. The society now comprises 52 members, of which 24 practice in the city, 6 in Merida, 2 each in Villa Guadalupe, Morelia, Puebla, and Orizaba, and one each in Huichapam, Contreras, Jalapa, Cuernavaca, S. J. del Rio, Pachuca, Vera Cruz, Villa de Ayala, Tacubya, Acayucan, Ixtapam de la Sal, Guadalajara, Texcoco, and Yantepec. Meetings are held on the first and third Wednesdays of each month, when letters and papers evincing great interest in the society and progress of homœopathy are read, and valuable discussions indulged in. This society is doing grand work in advancing the art, and talks quite seriously of establishing an homœopathic college in the city, as the Republic I understand is looking more and more favorably upon the science, and will before long acknowledge the rights of its practitioners. As things now stand no physician who is not a member of the Facultad de Mexico can sign a death certificate; otherwise, however, he is free to practice in the republic.

EL HOSPITAL HOMEOPATICO.

In the suburbs of the village of Tacubaya, a few miles from the city, is a neat little adobe building enclosing a pretty patio in which many flowers, trees and flowering shrubs are delightfully growing. This build-

ing was formerly an allopathic hospital sustained by a wealthy resident of the city, who, upon his conversion to homœopathy, about three years ago, by Dr. Segura y Pesado, made over the care of the patients to him, since when they have been under the purest Hahnemannian treatment at his hands. The average number of patients is about 16, the small number being mainly due to the great antipathy native Mexicans have to hospitals. Here upon our visit we found that most of the patients suffered from some sort of liver trouble; one melancholic patient, two cases of ulcers, and one of hip disease being all that varied. One dose of highly potentized medicine, then and there given to each patient, or placebo if they were doing well, was all that each received from the doctor. Records are carefully kept and the patients visited daily. The results of this mode of treatment are excellent as the records of previous cases plainly showed.

The prevalence of hepatic disease in this portion of the republic seems to be mainly due to the national drink, *pulque*, which I will describe in my next letter, detailing the route from the City of Mexico to Yucatan.

C. F. MILLSPAUGH.

HOMŒOPATHIC THERAPEUTICS.

The Curative Sphere of Aurum Muriaticum Natronatum in Diseases of the Internal Sexual Organs of Women.—By Dr. Tritschler.—While assistant at the Gynæcological Clinic at Tübingen, it appeared to me that there were many dark points in this specialty which would bear illumination as well as an improved therapy. For whether the treatment of these poor patients was by operation or by local measures, the success was always slight indeed, and if there was a real orificial ulcer or displacement, no matter what the treatment, the patient came back sooner or later with the same affection as before. So that I went out into practice as a gynæcologist equipped with all the technical methods of making an exact diagnosis, but poor indeed in the knowledge of remedies which, not only apparently, but also really were of positive curative value, which therapeutic poverty was not removed by subsequent extended employment of the rich material of the clinics of Prague and Vienna. Mercury, silver, lead, copper, zinc, each played a *rôle* either in a soluble or insoluble form. Only the costliest of all, banished by the profession to the lumber-room, I had scornfully omitted—*gold*, which Hahnemann, whose 122d birthday we celebrate to-day, calls a “great curative remedy for whose medicinal power there is no substitute.” As I now employ it so often, convinced even daily of its inherent healing power, let me give the credit due to a compatriot, Dr. Martini, now resting on his gynæcological laurels, whose gold-pills I among others at first scorned, although soon undeceived by their use

Permit me now to specify some practical instances of the curative powers of Aurum, and especially of Aurum natronatum muriaticum, in reference to gynecology.

The first case is that of a woman with chronic metritis and prolapsus uteri. Hydrarg. chlorat. mit. was given at first, which acted favorably on the inflammation, but whose further use was prevented by its giving rise to salivation. The intumescence of the uterus continued about the same. Chloride of gold entirely reduced the chronic inflammation, and restored the uterus to its natural position without external means.

The second case was an unmarried woman at the climacteric, the vaginal portion of whose uterus showed an induration which disappeared during the administration of chloride of gold.

The third case was a woman with periodical attacks of hysterical spasms, which involved the entire body, with unconsciousness lasting several hours, asthma, palpitation, etc., beginning with a sense of coldness, ascending from the abdomen, and perceptible even to the bystanders. Sometimes the attack began with a pulsation through the occiput. Examination showed an inflamed uterus, filling not only the true pelvis, and interfering with urination and defecation, but the enlarged uterus perceptible through the thick abdominal walls above the pubes. At the end of 7 months, Aur. nat. mur. had entirely reduced the swelling. The woman has enjoyed good health for several years, quite free from the so-called hysteria.

It happened that a woman presented an induration of the cervix together with a remarkable softening in the posterior uterine wall. The result of treatment with chloride of gold was, that in proportion to the decrease of the induration, there was an increase in the consistency of the softened posterior wall. The woman, who had been married for three years and childless, became pregnant for the first time and has since borne several children. With this experience, the Gold-chloride was also given for a softening of the atrophied cervical canal, in one case until it was curved at right angles to the body of the uterus; also in a diffused softening of the uterine tissues, with the result that the hitherto sterile woman, after toning up of the uterine tissue, attained the joy of motherhood.

Flexions of the uterus show, mainly at the inner angle, a more or less pronounced thickening of the uterine tissues, or—but more rarely—a softening of the stroma of the neck or the body. Here I never use instruments; but first remove the thickening as well as the softening, by gold, by which means the right direction of the canal is usually brought about. For the simultaneous narrowing of the canal, I do not require the now popular incision, but use for dilatation, the *sponge-tent*, more rarely *laminaria digitata* or the *Ellinger dilator*, in daily and successively longer applications. The correction of a uterine flexion with instruments, without having softened the hardened tissue, or solid-

ified the softened tissue, can never be of long continuance. Two interesting cases of Martini's will now be given. He writes: "Twice I have replaced with a salt of gold, simply and solely, the so-called upside-down uterus, when the os pointed to the umbilicus, and the enlarged fundus rested on the floor of Douglas's folds,—the first time, in a woman whose uterus had been displaced for 7 years; the other time, in a woman whose uterus had become retroverted in her first confinement, and which, as often as I attempted to bring the fundus above the promontory, continually followed the receding hand, thus frustrating my efforts at replacement, generally made in the knee-chest position. The sensitiveness of the parts did not permit of the use of instruments. The woman sought help elsewhere, but 14 years later returned to me with her uterus in the reverse of the normal position.

I did not expect to get a trustworthy account of what had taken place in the intervening 14 years; yet the blooming appearance of the woman contraindicated her having suffered much during that time. I was therefore thrown back upon objective investigation; the fundus of the uterus so long upside down, had increased to about twice its size, but was not especially sensitive. I believed the existing intumescence could be dissipated by a systematic use of gold before I undertook the replacement, which I was certain could only be permanent after reducing the uterus to its normal size. The gold has fulfilled my expectations; from one administration to the next the swelling decreased, and when I thought it sufficiently diminished to attempt a replacement, I found it quite needless, the uterus having returned to its natural position and spared me the trouble of its restoration. The woman soon after being cured by gold, and 14 years after her first confinement, again became pregnant, and at term gave birth to a healthy boy, still living.

The other case was a woman 20 years old, married and childless for between 3 and 4 years, who for 7 years had passed, with griping pains at the end of each monthly period, a clot of blood of the form and size of an average leech. But it was not on this account that she sought help, as it had not prevented her from entering the married state. She could remember no cause for the malposition of her uterus, and had no idea of its condition, her sole wish being for the hitherto denied blessing of children. Above the entrance to the vagina I found posteriorly a hard, round body, which I at first took for the rectum filled with feces, but it was in continuity with the uterine os, which looked upward towards the diaphragm. The upturned uterus seemed not only lengthened but hypertrophied throughout to twice its size. This woman also received *Aur. nat. mur.* to reduce the swelling, which so fully justified the confidence placed in it as to render unnecessary any artificial aid in replacing the uterus. I need scarcely mention that from that time the leech-like coagula at the end of each menstruation ceased. The looked-for blessing of children has however not yet appeared.

Habitual abortion and premature labor recurring at about the same month of pregnancy generally depend upon induration in some portion of the uterus, which, preventing its natural expansion during gestation, gives rise to the premature expulsion of the fœtus. By the use of Aur. nat. mur. before and during pregnancy, the absorption of this induration will conduce to the proper termination of parturition.

A swelling of the ovary, reaching as far as the umbilicus, I have cured with Aur. nat. mur., and have improved others of considerable extent, very decidedly. Martini has cured five cases of ovarian dropsy in the greatest possible degree, with the same remedy.

Ulcers of the os and the vaginal portion, which had resulted from inflammation and induration, some as large as a dollar, and of a gangrenous character, were healed by the use of gold, without any topical applications.

The profession considers ulceration and induration of the uterus incurable. This dogma of theirs is based on the fact that the usual change, the disturbance of nutrition, can neither be remedied nor hindered in its advance. Now since ulcers are generally found only in an advanced stage of softening and induration, it is conceivable why the school—seeking a cure solely in the use of local means—turns away almost entirely from the employment of internal remedies. According to the opinions of the specialists the use of different remedies, partly insoluble, partly soluble, pure or in combination, permanent or transient, is indicated. Others apply ointments on sponges to the surface of the ulcers, keeping them in contact with it by tampons. Others again prescribe injections, and with these expect to attain the end. Finally, glowing-hot iron, the galvano-cautery, or the knife and scissors remove partially or entirely the vaginal portion.

Now, if the malady continues to thrive on the wounds made by these procedures, if old cicatrices break out again, if too a permanent cure is out of the question, there is ground for supposing that the *product* of illness, the ulcer, may be cauterized, burnt and cut away, but that the cause, the diathesis, the tendency to it, can only be removed by internal medication.

Aside from cleansing injections, which I prescribed more in the form of douches and irrigation from a thin metal reservoir filled with water at about 16°–18° R. (68°–72.5° F.), being high up, to which is attached a rubber tube, whence the stream is applied for a long time directly to the cervical canal, I avoid all injections. For as these are usually carried out, they do more harm than good by their mechanical irritation provoking a hypersecretion from the ulcer and the entire vaginal mucous membrane. For years never using the cautery, and, above all, latterly pouring in through the speculum a solution of gold-chloride, and leaving it in contact with the diseased surface for about ten minutes, but of late dispensing more and more even with this, I have cured these ulcers

solely by the internal use of *Aur. nat. mur.*, but only within a period of from three to six months. Now if Christien really—not only apparently—cures uterine cancer with preparations of gold, there can be no doubt of this, that they are effective in the stages preceding a true cancer, inflammation, and induration; and many a poor woman may thus be preserved from a long invalidism and spared to her friends if the profession will relinquish the dogma of the incurability of uterine softening and induration.

Tumefactions of the uterus owe their existence for the most part to a long-lasting congestion, or to acute or chronic inflammation of the whole or a part of the organ. Chronic metritis is in truth nothing else than an increase in the volume of the uterine tissues, at first from an increase and dilatation of the vessels, later from the diffused organized products of inflammation.

If art succeeds in removing the remnants of a late illness from the different organs of the body, albeit often with severe trials of the patience both of physician and patient, why should inflammation of the uterus, which is not isolated from the rest of the organism, be an exception, and remain incurable, as one reads in celebrated works on gynecology, both old and new?

Indurations, rarely extending over the entire organ, are restricted usually to limited spots. They are in most cases a higher grade of inflammation, proceeding from the same cause as inflammations. The character of an inflammation must be decided by dissection; it is not so easy to define the boundary between benign and malignant during life as one may think. The sense of touch is of too little value here, and the general appearance must be taken into consideration.

One day an official in Dresden brought his wife to me, who was 41 years of age. The couple, all of whose children had died soon after birth, longed once more for children. The woman had aborted several times, and both were intelligent enough to see that everything could not be right with the sexual organs, and even begged for a gynecological examination. The result was in a few words: inflammation of both lips of the uterus, a thickening of the cervical canal with a swelling of the posterior uterine wall as hard as cartilage, and *retroversio uteri*. Menstruation too early, *dysmenorrhœa*, blood dark, tarry, passing in clots. Yellowish, fetid *leucorrhœa*. Stools retained, appetite changeable; pains in the broad ligaments on both sides during rest as well as on exertion. The so-called "*facies uterina*"—weeps much. Frequent exclamations on the distastefulness of life since the death of all her children, and on account of her present childlessness. Should I register in my journal the beginning of a *scirrhus*? I wrote simply: *metritis chronica; intumescencia labiorum orificii et colli uteri*.

Prognosis, not unfavorable as far as regards the swelling, after my already well-tested experience with *Aur. nat. mur.* But how about the

removal of sterility acquired in her 41st year? I was more cautious about this. The cure took 6 months, and was not only accompanied by absorption of the affected parts, but the woman became pregnant and in good time gave birth to a boy with comparative comfort. Thus would the wishes of the worthy couple have been fulfilled, if their joy had not been banished once more by the death of the child in four weeks from an attack of eclampsia. I lost sight of them until on the 11th of March this present year, the husband of the woman appeared with the request that I would visit his wife who had been ill in bed since last Christmas, and ailing long before that. I could scarcely trust my eyes, when I found the woman quite emaciated, with violent pains in her stomach, and extending into the right breast and even to the back, worse at night with well-marked exacerbation at 11 o'clock, and remission in the morning at 4 o'clock, entire loss of appetite, vomiting of purulent mucus, excessive thirst, a small frequent pulse. Digital exploration showed the anterior lip and body of the uterus quite intact, but well defined cartilaginous swelling on the posterior lip. I noticed also, besides the general appearance, a painful, hard swelling in the epigastric region, as large as a hen's egg; scirrhus uteri et ventriculi. The woman's pains diminished under *Arsen. 30*, also her thirst and mucous vomiting. She eats more, her bowels are regular.

Was this from the very first an essentially malignant induration, and was it then healed by *Aur. nat. mur.* and now has relapsed? Or was it a benignant induration, and was the influence of the psychological affection on the organism the cause of the new illness, since after the death of the child the former melancholy had regained its hold? The woman was sent to the iron-baths last summer, made only too abundant use of the waters and the baths, and in the autumn of the same year had drunk Carlsbad water at home by the physician's orders.

I come now in conclusion to a gratifying case, which I relate partly because we make ourselves guilty of sins of omission in certain instances through neglect of the needful investigation. A woman in her twentieth year, quite healthy, had been delivered with forceps for the first time two years before, nominally on account of deficient labor pains. There was nothing unusual about the confinement. Immediately after the first getting up, she began to have a constant pain in the right side of the uterine region, and soon a feeling "as if something would fall out of the parts." The family physician paid no attention to these persistent complaints for a whole year, until finally a constantly increasing leucorrhœa demanded an examination. He now expressed himself as unable to make a diagnosis alone, and the lady was referred to a celebrated gynæcologist in Leipsic. Cauterizations were now undergone at the professor's house at short intervals, and further treatment of a similar character was to be carried out at the patient's own house, which was however discontinued when the patient was referred to me. Examination showed:

metritis following upon sub-involution of the uterus, anteversion with prolapsus of the whole organ. Both uterine lips were swollen, and on examination with the speculum, a greenish-yellow discharge was seen to flow from the uterus. All local treatment was discontinued, the woman received for the first time in April, 1876, Aur. nat. mur., and in June, 1876, again became pregnant; the treatment with gold was continued until the 8th month of pregnancy, in consequence of which, the uterus was found in its normal position on examination 12 days after her safe confinement on March 30th. The menses, which up to this time had been very painful, returned for the first time on the 25th of April, and were quite free from suffering.

But now let us ask, whether we have in the salts of gold a simile for the diseases of the female sexual organs under the comprehensive name of chronic metritis. We find in the homœopathic proving, inflammatory affections of the internal organs; fainting, depression and emaciation; great anxiety, sadness, dizziness, whimsical mood, weariness of life, morbid desires, and headache; nausea, vomiting; pressure in the gastric region; cardialgia, contractive, drawing pains in the abdomen. *Stitches in the left hypochondrium, pinching and burning in the right*, the abdomen sensitive to touch, with distension; dull pains in the abdomen; drawing and stinging in the whole abdomen; eruption of small papules above the pubes; *decreased excretion of urine*, pressure on urinating, burning on urinating; redness, burning, swelling and moisture of the labia, *discharge of yellow mucus*, menstruation too soon and lasts too long; amenorrhœa; labor-like pains, as if the menses would appear; symptoms which certainly correspond to the whole picture of chronic metritis and its results.

The mode of administration which I have used for Aur. nat. mur. is in trituration. Generally I have had the patient herself divide into three parts a 10 gr. powder of the 3d trit., and take one of these dry just one hour after each meal. But I have also used the 1st and 2d trituration. The effect cannot be seen before 4 weeks, hence I seldom make a further examination before that time. Many women notice a remarkable increase of the appetite during the use of gold. After the administration of the 1st trit. I have observed frequent, dark stools. An increase in the urine with a thick, gray sediment is often seen. I have not used the other preparations of gold, but I am convinced of their similar action. But the most common, the Aur. nat. mur., does not seem to have been uniformly prepared; according to our regular chemistry, this has not yet seemed possible. Martini says: "The gold chloride prescribed by me in Biberach, has been prepared by the local apothecary; it is not so well borne by the stomach as that manufactured by Herr Merck, in Darmstadt. On the other hand, the former seems to me to act more powerfully, hence to accomplish its purpose in smaller doses than the Darmstadt preparation."

Uterine diseases, according to my experience of many years, make more marriages unfruitful than all the other known or fancied hindrances to child-bearing. They can exist many years even with a blooming appearance, without apparently disturbing the general health, and on that account are often overlooked and mistaken by physicians themselves, who are not concerned about gynecological examinations, or else make only superficial investigations, not having their eyes at the ends of their fingers. I beg, therefore, if this communication should give rise to a more extensive use of *Aur. nat. mur.*, above all things, a thorough gynecological examination, not leaving this to the so-called surgeons and midwives. If women complain of gastric troubles, dizziness, pain in the loins and back, disturbances of urination or defecation, with a more or less pronounced hysterical appearance, and withal purposely or unwittingly deceive themselves and the physician; if, added to these, leucorrhœa and a sensation as if everything would drop out of the abdominal cavity, one may say of the patient that her uterus is diseased, and may base upon that, his proposal for an examination, which will give the correct information of the nature of the malady. As a rule, every deep-seated, morbid alteration in the uterine tissues entails suffering upon the nervous system, which, being in such close relation with the uterus, not seldom apparently suffers the most.

Because the uterus receives its nerves from the sympathetic system, which governs nutrition, circulation, respiration with distribution of animal heat, gestation, etc., these functions being out of sight, it is difficult to get at the root of the matter as regards the uterus in a suffering woman. Her sensations and fancies offer, according to her education, organization, etc., a wide field in which to make her a burden to herself and others. Her mind is generally out of order, she knows not why. In the more advanced stages of disease, the functions of the higher nervous system, the organs of sense, and even the mental activities, are disordered. Then appears that chameleon of diseases, which goes by the name of *hysteria*, suitable in so far as hysteria almost without exception takes root in the "hystera" or uterus. I shall certainly not deny the possibility of primary or purely nervous diseases of the uterus, *hysteria sine materia*; I am nevertheless convinced that in at least nine cases out of ten, hysteria depends upon objective, sensible, perceptible changes in the uterus. It is these whose existence I ascertain by a thorough examination, and according to these that I regulate my treatment; they give me in every case a more certain starting point than a lengthy account of true and imaginary suffering. If I find, however, no palpable abnormality in the tissue to remove, and prescribe *Aur. nat. mur.* simply as an excellent nervine, following Niemeyer, it occasionally does good, but generally leaves me in the lurch.

The diseases of the female internal sexual organs and their results I treat in accordance with the principles already laid down. I turn my

attention next to the removal of sensible, perceptible deviations from the normal condition, and do not cease from my uninterrupted efforts, until I have either overcome them or convinced myself of the impossibility of so doing. The advanced stage of any inflammation does not discourage me, for with perseverance I have reduced an inflammation of the uterus reaching as far as the umbilicus, and every year one or more women attain to the joys of motherhood in consequence. I only repeat once more that the treatment of actual tissue-changes has been a greater success with me than that for temperament, torpidity, excessive irritability, and the variously named conditions, which are found more in the want of practice in examinations, and in the imagination of the physician in charge, than in reality. With such unmeaning phrases one generally accomplishes little, just as little when he sends patients to baths containing ingredients to which gynæcologists ascribe an efficacy which they do not possess in these diseases. If I knew of a bath containing gold in solution, from that one, and only from that one, could I guarantee a favorable result in such diseases, while I proclaim once more in conclusion, with Hahnemann, "gold has immense, priceless medicinal power."—*Allg. Hom. Zeit.*, Bd. 94, Nos. 17, 18, 19.

The Homœopathic Treatment of Lupus.—In a skin disease which has always been, under all methods of treatment, most obstinate and destructive, it is desirable to offer a contribution concerning its homœopathic treatment.

During my ten years' employment of Hahnemann's system of treatment it is only in the last three that I have been able to cure all cases. Four remained cured more than a year, and two are almost well but remain under treatment.

In my earlier experience I used arsenicum, causticum, silicea, and sulphur, with varying results and often with partial improvement, but for the last three years thuja only has brought about a permanent result. I use thuja both internally and externally,—internally in the 30th decimal dilution, together with the external application of thuja 6th decimal dilution. After fourteen days of this treatment there is a pause of eight days, and then thuja 15x is prescribed for internal use, a dose morning and evening, and 3x externally applied in water or in glycerine ointment—and this is continued for fourteen days; and so on. The external use of thuja combined with its internal employment I consider necessary.

An important practical observation is to warn the patient that a complete cure will take from nine to eighteen months, notwithstanding there is often in the beginning a rapidly appearing improvement.

CASE I. A. M., aged 10, daughter of a merchant, came to me in December, 1874, with lupus hypertrophicus on the whole of the upper lip, over the right ala nasi and extending to the lower lid. On the external

aspect of each upper arm, covering a space about 5 centimeters long and 3 broad, were purulent swellings covered with crusts. For over a year she had been treated by local physicians with caustic and other external applications, but the process only extended furthur. After I had employed sulphur and causticum (the latter also externally in the first dilution) for many weeks without any evident influence, I had recourse to thuja 30th internally, 6th externally as a fomentation, and by the end of August, 1875, a complete cure had been effected, although the radiating scars were left, which, however, have considerably lessened.

CASE II. Mrs. H., aged 57, without children, came under treatment in January, 1876, having lupus exulcerans extending from the left ala nasi to the left lower lid, covering a space about 1½ ctm. broad by 5 to 6 long. By October of the same year a cure was made under thuja 30 and 15 internally and 6 and 3 externally, a slight ectropion of the under lid remaining. I remember very well how the husband of this patient constantly besought me during the varying progress of the cure for positive assurance that I could cure his wife, for it was always being said to him that such cases were only curable by operation. Only to the perseverance of the patient who would have no other doctor, and to my positive assurances that I expected a complete cure, is due my continuance in the case. After a year it was examined again by me, and the cure was permanent.

CASE III. Anna L., aged 45, unmarried, was on account of her sufferings and poverty brought to the poor-house. In February, 1874, she came under my treatment. She had suffered for thirteen years from lupus exulcerans over almost the whole face, that is the ulcerous process was chiefly on the end of the nose, the upper lip, the gum and hard palate, and at this time had destroyed the end of the nose, the upper lip, the middle of the gum (with considerable shortening of the same), and also extended in the form of lupus exfoliatus over the bridge of the nose and both cheeks. The patient had during these 13 years gone through different cures by caustics, incisions and curetting without any permanent result. Under the present treatment it was a year and a quarter before the lupus exedens and non-exedens was completely cured. Thuja given in the way indicated above, after she had first taken sulphur, arsenicum and silicea, was the means of cure.

CASE IV. M. H., male, aged 62, came under treatment in 1873, after three-fourths of the nose was already lost through lupus exulcerans. He was cured within 19 months by thuja. Even under my treatment during the first four months the disease-process continued, so that literally there was no nose left. Yet the whole condition, extending from the root of the nose to both lower eyelids, was completely arrested. The patient died of cerebral apoplexy in the summer of 1876.

CASE V. H. K., aged 43, came under treatment in 1877. He had suffered for seven years with lupus exfoliatus, covering the lower half

of the left cheek, the under jaw and the lateral anterior half of the neck. He had been treated without success by physicians in Zurich, and also in an institution for skin diseases in Canstatt. On account of the scaly and watery exudation he had always to wear a black impermeable covering, but after eight months of my treatment he was able to do without it, and the disease-process is now limited to a space about the size of a quarter of a dollar, all through the action of thuja.

CASE VI. Sister M. Anna, of a religious order, aged 49, has been under treatment since February, 1877, for lupus exulcerans of the left ala nasi. Under the use of thuja 15 internally and 3d externally, the disease has diminished until its manifestation is now merely the size of the head of a pin, and instead of a dense scar there is only a thin dry crust.

In not a single one of these cases could I find any basis for the suspicion of syphilis.

I will add further, that all forms of lupus have the tendency to get worse in winter, but that during the progress of a real cure this is greatly lessened. All cases show afterward thick dense cicatrices except in lupus exfoliatus. The value of thuja in these cases occurred to me not through information from any one, not even from homœopathic literature, but while treating Case 1, I thought that vaccination might be the cause, without, however, having the slightest evidence thereof, and used thuja then with the relatively rapid results stated.

Thuja appears to me to be a great remedy; I have with it and cantharis 30 in alternation completely cured two cases of hydrops ovarii (ovarian cysts) of considerable size. And further I have inside of three weeks cured a case, lasting for months, of condylomata which had been treated in vain by the scissors and by caustics, and this not through touching them with thuja tincture but by one dose of thuja 200 (centesimal).—*Allg. Hom. Zeit.*, Bd. 95, No. 20.

Remedies in Deafness.—By Robert T. Cooper, M.D., London.—Nervous deafness: For mild forms of nervous deafness, or where the symptoms have not lasted any great length of time, and where the patient is otherwise in a fair state of health, Gelsemium in the third dilution is a most efficient remedy.

In advanced cases, where the patient has suffered from prolonged mental distress, continuous or paroxysmal, and where the health is much broken down, Gelsemium and all the usual neurotic remedies are, for curative purposes, absolutely powerless. I feel happy, therefore, in bringing forward one preparation, the action of which is pronounced and decided, for one special and defined form of nervous deafness. This preparation is Magnesia carbonica in the 200th dilution (Lehrmann's preparation), and the symptoms that indicate it are: fits of absolute powerlessness on hearing unpleasant news, sudden seizures of deafness and of vertigo or tinnitus (musical), local numbness or paralytic feel-

ings increased by bad news; the patient cries easily, complains of pain, often numbness, on the top of the head; the left ear is the worst, and a tendency to faint at the monthly illness is very marked; patients are in general dark-haired. This action of Magnesia is distinct and definite, and I wonder that it has not hitherto secured attention.

Many will be incredulous at this statement, but as the case is one upon which *no known preparation but this* will exercise a decidedly curative effect, I bring it forward with great confidence.

In other chronic affections arising from shock—and there is great reason to suppose that many of the cancers arise from shocks, mental or mechanical—Magnesia carbonica in its dynamized form ought to have an extended trial.

The deafnesses that are to be met by it are examples of pure nervous deafness. Where there is any history of febrile disturbance and of vascular change the Magnesia has no influence whatever. This is the experience of it in aural disease, and whether it will be borne out in other departments of medicine remains to be seen.

The deafness which results from injury to the head, and which is best met by high dilutions of Arnica, belongs to the nervous variety; and bear this in mind, for it might often lead the unwary astray. The existence of an otorrhœa is by no means incompatible with nervous deafness. In fact, most of the cases arising from injury are attended with otorrhœa, and unless we leave out of sight the ear discharge, and select our remedy from the more purely nervous symptoms, we may fail in finding the indicated drug.

Vascular deafness, with eczematous membranes: Mezereum is almost a specific remedy for this condition.

Vascular deafness with anæmic and thickened membranes: Here Manganum acet. acts with the greatest vigor. Indications for it are a knobbed and thickened appearance of the malleus handle, with an irregular and pitted surface of the membrane, especially if the meatus looks moist and dirty, and if it is obstructed by lumps of dark black-looking wax; these appearances would correspond to that of chronic eczema, giving rise to a chronic periostitis of the adjoining parts. The coloration of the cerumen is sometimes due to mere mechanical causes; we find it often dark in engine-fitters, etc., owing to the dust of workshops; still, the morbid tendency in many of these cases is to the secretion of a dark-looking cerumen. Other characteristic features of Manganum are that *pains concentrate in the ears from other parts*, and that severe indigestion, with *heartburn, anorexia, and umbilical colic* prevails.—*Monthly Hom. Review*, Dec. 1886.

Case of Nasal Polypus Cured by Internal Treatment Alone.—By Thomas Simpson, M.D., Glasgow.—Are there any facts which show the action of infinitesimal quantities of ponderable matter

on the healthy body? This is a question often propounded by inquirers into the truth of the homœopathic law, and it behooves those who profess faith in Hahnemann's system of medicine to be ever ready to give a reason for the hope that is in them; such proofs they are sure to find in daily practice if they are consistent and observant. Objective symptoms are perhaps most convincing, and the removal of nasal polypi by internal medication affords a striking instance of the power of small doses.

In March 1886, a gentleman, aged 65, who indulges freely in the pleasures of the table, and is gouty, called to see if I could relieve him of the annoyance caused by the irritating presence of a number of polypi in each nostril.

I found them occluded so as to prevent respiration except with the mouth open. There was a constant discharge of watery mucus, and dryness of the mouth and throat; tongue coated; appetite capricious; feet damp and cold. Prescribed 16 powders, 1, 7 and 16 containing Calcarea carb. 30, the rest only milk-sugar; one dose every morning. In a fortnight the polypi were decaying (manifested by the grayish-black appearances they presented). Repeated Sac. lac. 14 days. On this occasion the nostrils were clear of obstruction, and no inconvenience since has resulted, though this gentleman submitted to an operation only six weeks before applying to me, when eleven polypi were removed by an eminent surgeon.—*Monthly Hom. Review*, Dec. 1886.

Myrica in Jaundice.—By Thomas Simpson, M.D., Glasgow.—An interesting clinical confirmation of the use of one of the indications for a comparatively uncommon remedy occurred in a patient under my care. The subject was a stout person, æt. 50, with a dyspeptic history; sallow complexion; tongue thickly coated; breath offensive; no appetite; stools pale; urine dark; lassitude extreme, and great sleepiness during the day; abdominal pain and tenderness, greatest in the hepatic region.

Prescribed Nux Vomica 5, with unsatisfactory results.

The conjunctivæ became yellow next day, and the symptoms were all worse.

Prescribed Myricin 1, one grain every four hours, and a very speedy and steady improvement followed in a few hours. This drug was selected from a characteristic symptom: tenacious, thick, nauseous secretion in the mouth. I have found it a valuable medicine in jaundice.—*Monthly Hom. Review*, Oct. 1886.

Rapid Cure with One Remedy.—By Dr. G. Pröll, of Meran.—The wife of a servant-man had suffered for years with an affection of the stomach and weakness of the legs so that she, after using in vain many cures with both internal and external remedies, became so weak

that she could hardly walk or stand, and had to be propelled in a rolling chair. She was about 34 years old, a brunette, of large frame, had two children which she nursed herself, and four days after confinement had to get up in order to attend to her household duties. Her face was pale, with several yellowish-brown spots. The tongue was normal; appetite almost none; acidity in the stomach; beating in the epigastrium; digestion troublesome; abdomen hard and enlarged; almost always constipation, except during the periods; the periods irregular; came too late, and were too little in amount; urination frequent and little at a time, the urine being often turbid with yellowish clouds or red sediment. Leucorrhœa, which made her sore. Legs objectively normal, as were the knee and hip-joints, and yet she could hardly walk even a few steps.

My diagnosis was prolapsus and retroflexion of the uterus, caused by her getting up too soon after confinement, and I looked on this affection as the cause of her stomach and digestive difficulties (especially with clean tongue), as well as of the constipation, for I have always observed that when the stools are regular only during the period or even frequent then, the cause of the constipation depends upon an abnormal position of the uterus.

I gave her *Sepia*, 3d trit., twice a day. The rapid result established the correctness of the choice of a remedy, as within two days the stools began to become regular, and after *Sepia* 6x the stomach difficulty, which for years had not yielded to any remedy, lessened greatly, and after *Sepia* 10 entirely disappeared. The weakness of the legs, too, which I traced to the displaced uterus, disappeared gradually, so that now after a month she rejoices and declares herself perfectly well.

In many other cases I have reached the same result, that is, lessening or curing of stomach and digestive disorders as well as of constipation by *Graphites* 6 or 10, in women and girls in whom I cannot determine any prolapsus or flexion of the uterus, but am guided to this remedy by the following symptoms: Itching of the skin, soreness of the nostrils, of the angles of the mouth, soreness between the legs, redness of the nose, thick coating on the tongue, rancid heartburn, distended abdomen, frequent flatulence, scanty or very hard stools, burning in the anus, absence of or delay of the menses, burning leucorrhœa, great mental irritability, easily frightened.

I have used in many cases no other remedy than *Graphites*, which I give for two weeks in the 5th trituration, a dose morning and evening.—*Allg. Hom. Zeit.*, Bd. 114, No. 10.

Chronic Metritis.—By Dr. Sentin, Brussels.—A cure with *Veratrum album*.

In the middle of July, 1874, Dr. S. was called to a lady who had been ill for three months. She had been married for seven months, and always strong before; but had had annual attacks of intermittent fever. Four

months after her marriage she had a miscarriage, followed by uterine hæmorrhage with agonizing pains. Although she had consulted several (allopathic) physicians, within three months, her condition became worse.

Dr. S. found the patient in a very weak state; with pale face, hollow eyes, debilitated, showing great suffering; cool extremities.

For three months she had had severe uterine pains, a feeling of weight, accompanied with stinging, mainly in the posterior surface of the uterus. On palpation, the volume of the uterus was found increased; it was hard, and sensitive to the touch; inspection revealed congestion of the cervix, which seemed hard and slightly flattened.

The least touch drew from the patient loud screams. She could not rise for pain.

Entire loss of appetite, slimy, diarrhœic stools. Belladonna 6, 10 drops in 100 grams aqua dest.

The uterine pains abated somewhat, but there was no real change. Nux vomica, Bryonia, etc., also, only modified the general condition. But to Veratrum, which was to relieve the patient of her sufferings, Dr. S. was led by the following symptom: Although it was the middle of August, the woman was always chilly, especially in the extremities, so that she constantly required hot bottles to her feet; added to this, the persistent diarrhœa.

On Veratrum album 6 dil. the patient was decidedly better by the second day, and with its further use she felt as if new born. The diarrhœa, as well as the metrorrhagia had ceased, her appetite had returned, and after a fortnight she could attend to her affairs entirely cured. She has been quite well now for over a year.—*Rev. Hom. Belge.*

NEW REMEDIES.

Cider Vinegar as a Local Antidote to Carbolic Acid.—A few years ago I was making laboratory experiments with pure carbolic acid, when by an accident about two ounces of the pure acid was suddenly dashed upon my hands. A stream of water followed as soon as it could be obtained, but it was useless. The usual results followed quickly—white skin and paralysis of the nerves of sensation wherever the acid had touched. Inasmuch as no antidote was known, I resolved to be a philosopher and let time work recovery. But the fumes of carbolic acid are very disagreeable to me, and there being some cider vinegar in the kitchen, that was suggested in my mind as likely to furnish a tolerable substitute in the way of odor. So upon the hands it went. To my amazement the white color began to leave, and in a few minutes, by using vinegar freely, the natural color and function of the members were fully restored.

This chemical action has since been verified upon others, upon the skin only, to my knowledge. Would it not be well to try it upon the mucous membrane if occasion offers? I do not know of vinegar having been employed internally for this purpose. Some one will ask if the acetic acid of the shops has the same action. My answer is, I do not know; I have not tried it.—Edmund Carleton, M.D., New York, in the *Trans. Int. Hahn. Association.*

Cocaine in Croup.—Labrie praises Cocaine as the best remedy for croup. He applies a brush dipped in a 5 per cent. solution of Cocaine to the throat for several seconds; a few drops are allowed to go down the larynx. The operation is repeated two or three times a day, and nothing but a little black coffee is administered.—*Am. Jour. of Pharm.*, Feb. 1887.

Action of Caffeine and Theine.—Léven in 1868 showed that Theine produced convulsions in frogs, while Caffeine did not; and that the lethal dose of Theine was larger than that of Caffeine. This is confirmed by experiments made on frogs by Dr. Thos. J. Mays, whence the following conclusions are drawn:

Theine and Caffeine agree in the following:

1. They first affect the anterior extremities.
2. They diminish respiration.
3. They produce hyperæsthesia during the latter stage of the poisoning process.

They differ in the following:

1. Theine principally influences sensation, while Caffeine does not.
2. Theine produces spontaneous spasms and convulsions, while Caffeine does not.
3. Theine impairs the nasal reflex early in the poisoning process, while Caffeine does not, if at all, until in the very last stage.
4. The lethal dose of Theine is larger than that of Caffeine.—*Therap. Gaz.*

Antipyrine in Some Nervous Diseases.—Prof. Lépine wishes to put in a word for the usefulness of Antipyrine in some nervous cases in which there is no fever. He finds that in a non-febrile patient a dose of a drachm or rather more produces a special kind of cerebral excitement, which has no exact parallel. The intellectual faculties are quickened, the patient feels especially wide-awake and disinclined to sleep. If he does go to sleep, he is probably restless and constantly dreaming. The state, on the whole, is not particularly pleasant to a healthy man, but it is not accompanied or followed by any tinnitus or vertigo. It may be called a kind of Antipyrine intoxication, resembling in some points the effects of a small dose of morphia. In some cases of nervous disease associated with much pain it calms the pain as well as morphia, or even better, and leaves less uncomfortable sequelæ. In patients with

the lightning pains of locomotor ataxy, who have been too long accustomed to morphia, and who dread the after effects of sodium salicylate, Prof. Lépine gives about 150 grains of Antipyrine per day, in two doses, and observes that great relief results from it. There is some accompanying insomnia, which he finds can be satisfactorily treated with chloral, and some temporary increase of the incoordination, but that ceases at once when the drug is left off.—*Practitioner*, Jan. 1887.

Indications for the Use of Nitro-Glycerine.—Dr. Trussewitch, in an instructive paper on the use of Nitro-Glycerine, published in the *St. Petersburger Medicinische Wochenschrift*, points out that the value of this drug in the various affections—angina pectoris, migraine and neuralgia (which he describes as angioneuroses), as also in seasickness, some forms of anæmia, faintness, palpitation and other diseases—depends upon the existence of an irregular distribution of blood, which condition may be inferred from a certain degree of pallor of the skin, especially of the face, often co-existent with a weak pulse and a small, rigid, radial artery, which frequently is situated at some depth. When on the other hand neuralgia and headache occur in patients with chronic congestion of the subcutaneous veins of the face, Nitro-Glycerine is to be avoided: and similarly it is of no use in asthma, when the face is reddened in consequence of emphysema. If, however, a pale face exists with angina pectoris, migraine, giddiness, shock, toothache or seasickness, the best results may be looked for by giving Nitro-Glycerine. The regulating effect of the drug exercises an influence over the congestion of internal organs similar to that brought about by blood-letting; and in these congestions, whether of lung, brain or kidney, when they are of a temporary character, the pulse is generally found to be of slow and of low tension, a fact which, as the author remarks, is sufficiently well known in reference to the fever-free periods of acute hyperæmia of the lung and kidney. Dr. Trussewitch lays down as a rule that the condition of the pulse is the best indication for the employment of Nitro-Glycerine, and the most trustworthy guide as to the dose with which to commence the treatment. The smaller the radial artery is, the more rapidly it dilates under the action of the drug, and the less the secondary effects produced; on the other hand, the fuller the pulse with a distended radial artery, the less it is affected; and finally, the softer the artery, with a weak pulse, the greater the secondary, and the less the general effects. Single-drop doses of the one per cent. solution are sufficient in cases of small pulse, but with a full pulse it will be found that the full effects cannot be produced with less than two-drop doses. When there is a soft artery with a weak pulse, subnormal doses only should be given—a quarter to half a drop. After the trial dose is given the patient's sensations of pulsation and pain in the head, as well as the distension of the radial artery under the finger of the physi-

cian, will be the guides for increasing the dose. The author finds that the best modes of administering Nitro-Glycerine are the simple dropping of the solution on the tongue, and by means of tablets: much less satisfactory results were obtained when given mixed with water.—*Lancet*, Feb. 19, 1887.

ITEMS OF GENERAL INTEREST.

The Nature and Treatment of Epilepsy.—By E. C. Spitzka, M.D.—[An extremely important contribution to the study of epilepsy has been made by Dr. Spitzka in the *Medical Standard*. The first portion of his article treating of the probable location of the irritable centres in the causation of the phenomena of the disease, is not given here. The remainder of the article is submitted to our readers without further comment. Italics ours.—ED. H. M.]

Two sets of phenomena need to be borne in mind in studying the physiological pathology of the epileptic attack. First, The condition of the epileptic in the interval. Second, The explosion itself. Too much attention is paid to the last, too little attention the first.

The constitutional epileptic is characterized by a general deficiency of tonus, associated with exaggerated reaction and irritability. Thus the pupils are at once widely dilated and unusually mobile. The muscular system, though generally relaxed, manifests exaggerated reflex excitability. The mental state is characterized at once by great indifference and undue irascibility. In the same way the vascular system is depressed in tone in the interval, with rapid marked changes under excitation. The state of nervous system, as a whole, is comparable to that of an elastic band which, being on the stretch continually, is apt to overshoot its mark when one end is let go. Under normal circumstances the band is less stretched, and hence not as liable to fly so far when the check is removed.

An irritation which in health produces restlessness of the muscular system, accelerated respiration and pulsation, and various mental phenomena within the normal limits, in the epileptic results in more intense phenomena in the same direction. The nervous irritability of the epileptic manifests itself in one direction especially. An important vasomotor centre for the brain vessels exists, possibly diffused through an area somewhere between the thalamus and subthalamic region above and the pyramidal decussation below. The irritability of this centre results in the sudden arterial spasm in the carotid distribution so characteristic a feature of the fit onset, simultaneously with the contraction of the vessels. The pupil undergoes an initial contraction, and relaxation instantly results in both cases. The sudden interference with the brain circulation produces unconsciousness, and destroys the checking influence of the higher centres on the reflexes in a manner analogous

to any shock affecting the nerve centres. In the meantime, while there has been as sudden a deprivation of arterial blood and a sinking of intracranial pressure so far as the great cerebral masses are concerned, there has been as sudden an afflux of blood to the unaffected district of the vertebral arteries, whose irrigation territory is now the seat of an arterial hyperæmia. The result of this is that the great convulsion centre,* the medulla, being overnourished, functional excess, that is convulsion, occurs, unchecked by the cerebral hemispheres, which are disabled by their nutritive shock.†

The impeded return circulation of venous blood now comes into play. The contraction of the neck muscles explains this obstruction, and the accumulation of venous blood in the cerebral capillaries of the medulla especially. Meynert is of the opinion that this venous blood, by the formation of cyanide-like substances, acts as a toxic agent, and produces the severer symptoms noted during the post-convulsive period.

In addition to those sustaining the "rubber band" analogy, the following facts tend to demonstrate the view just expressed: First (*a*), The contraction of the retinal arteries; (*b*) The initial and very brief contraction of the ordinarily dilated pupils; (*c*) The sudden pallor of the countenance. Second (*a*), The secondary expansion of the retinal arteries; (*b*) The secondary dilatation of the pupils; (*c*) The secondary flushing of the face. Third, The post-mortem appearances found in those dying immediately after severe convulsive seizures.

True epilepsy presents an enormous number of sub-groups, exhibiting every variety of deviation from the ideal convulsive form, and the existence of these forms tends to demonstrate the views just expressed.

In ordinary petit-mal the initial arterial spasm has but to be confined to the surface of the hemispheres, leaving the thalamus ganglia undisturbed, and it can be readily understood how the momentary unconsciousness or abolition of cortical function can occur without the patient falling, his automatic ganglia still carrying on their functions. At the same time, with the lesser spasm, there would be a less extensive sinking of intracranial pressure, and less consecutive collateral hyperæmia of the lower centres, and therefore no convulsion.

As Meynert has suggested, in certain cases the arterial spasm may fail to affect the entire cortical surface simultaneously; some one trunk may be more pervious and an afflux of blood may occur in its special field where certain impressions and motor innervations are stored; the result will then be that the function of the relatively well-nourished territory will be exalted. If it be a visual perception territory, sights, colors, or luminous spectra will be seen; if it be an olfactory territory, odors will

* The unconsciousness and coma of epilepsy more resemble shock than they do cerebral anæmia or syncope.

† It can now readily be understood why vertebral arterial ligation fails to permanently relieve epilepsy.

be smelt ; if a tactile centre, crawling, tingling, and cold sensation ; if a speech centre, cries, phrases, and songs may be observed. This explains the manifold epileptic aura which is simply an isolated exaggerated limited cortical function.

The recurrence of the aura is readily explicable on the ground of the well-known physiological law that any nervous process, morbid or normal, having run through certain paths, those paths will be the paths of least resistance for that process to follow in the future. To an extension of the same condition are due the peculiar convulsive equivalent and post-epileptic mental states.

My treatment is based on the views just advanced, which may be condensed into the following definition :

Epilepsy is a diseased state of the encephalon, without a palpable characteristic lesion, and manifesting itself in explosive activity of an unduly irritable vaso-motor centre, leading to complete or partial loss of consciousness, which may be preceded or followed by various phenomena, expressing the undue preponderance of some and the suspended inhibitory influence of other cerebral districts.

To treat convulsions it is obvious would be only treating results, not disease. To give the bromides alone is to postpone the explosion and generally intensify it. The very fact that a sudden suspension of bromide administration in epileptics is followed by a severe explosion is clear evidence that *the bromide acts rather like a load keeping down a safety-valve.* To use a rather coarse simile, I prefer to tap an overloaded and continually refilling cistern to simply putting on a water-tight cover, or perhaps combine both. The overflow is the epileptic explosion, the cover the bromide, the tapping the treatment based on the principles just enunciated. *The repeated irritation of the same kind as that of an irritable centre, results in a diminution of irritability.*

Ergot produces an analogous irritation of the encephalic vaso-motor centre to that determining the epileptic explosion. It produces a contraction of the cerebral bloodvessels, and, *given in sufficiently large doses, produces epileptic convulsions,* and a spurious epileptic insanity. *I have found it of decided value in epilepsy,* given in that dose which would in a given patient produce the physiological effects of ergot stopping just short of producing convulsions.

Glonoïn given in one drop doses of a one per cent. solution, gradually increased, will act better in some cases given five times daily than if given thrice. Both it and the ergot can be combined with the bromides, although they should be given at different times of the day. One large dose of bromide is better than three doses, although these be greater in their aggregate. I prefer the sodium bromide to the potassium salt.

Conium I have found of value in controlling the more violent motor symptoms and mental excitement. From fifteen to sixty minims of

Squibb's fluid extract are given at a time, not over three times daily, carefully watching the drug.

As I said, some years ago, whatever drug be employed in epilepsy, one cardinal rule should be borne in mind, never to suspend its use suddenly. "We should begin with physiological doses, rapidly rising to the point of tolerance of the patient, and when about to suspend its use, reducing very slowly. This applies particularly to the bromides, over which drug the nitro-glycerine and ergot have this advantage that they do not, when the convulsive seizures are suppressed, ever provoke maniacal paroxysms."

The general health should be attended to, and particular attention paid to the abdominal viscera. The peripheral distribution of the pneumogastric nerve seems to have more intimate relation with the encephalic vaso-motor centre than any other, and hence attention to its condition is certain to be rewarded by an amelioration of the symptoms.

Injurious Effects of the Habitual Use of Purgative Medicines.—In a paper read before the Berlin Medical Society, Dr. Gehrmann recounts some of the evils resulting from the custom of taking cathartic remedies. He says:

But cathartics have also a directly injurious action. Thus I saw a case of long standing gastro-duodenal catarrh with thickening of the ductus choledochus depending for the most part on the use of laxatives. The patient, a lady aged 65, following my direction ceased the use of them although they acted well and were not needed in large doses and produced no subjective symptoms. For a long time she was icteric. Within two weeks this greatly lessened and in two more entirely disappeared. She has since used no purgative, has a remarkable appetite, has no pain and looks better and fresher than before.

I have seen pruritus vulvæ, almost unbearable, in a patient of middle age and also pruritus ani, both plainly chargeable to the use of Brandt's pills; by gradually ceasing the use of the medicine and employing special treatment the pruritus was cured.

Further, I have seen a case, a young man, in whom for years, first purgatives and then enemata had been used, suffer from large and painful hæmorrhoids with frequent hæmorrhages. Two years ago he undertook my method of gradual cessation from the use of purgatives, resulting in the normal evacuation of the bowels without any artificial means. The hæmorrhoids have greatly lessened and their pain diminished.

I may also allude to the fact that strong pressure to stool can cause descensus uteri. And such result will more readily occur when an inflammatory condition of one or both broad ligaments is present and in consequence their power of resistance and elasticity have lessened.

And it is in just such cases that chronic obstinate constipation is a usual occurrence.

It is a remarkable fact that chronic constipation in little girls when treated by enemata or cathartics may produce redness and painfulness of the vulvæ, and indeed, even leucorrhœa. It may indeed often happen that the cause is the oxyuris, but usually this is not the case. Thus I saw a case of a child not yet aged five who had been dependent for years first upon cathartic medicines and then upon enemata and could only pass small masses, of stony hardness, with great pain. For a long time there had existed redness and painfulness of the genitals, and finally leucorrhœa. For the local tenderness and pain the mother had used applications of lead-water because she had known of some cases relieved by this means but not such as had gone on to the production of leucorrhœa. Her prescription was without avail. Now the method of gradually ceasing to use cathartics was adopted, the local treatment remaining the same. After a few days the leucorrhœa disappeared and did not return, and by degrees the painfulness was cured.

Besides this, the child had suffered for a long time from eczema on the lips and only since the beginning of this method did it show any tendency to heal.

I have seen a child of nine months who for several months had been given regularly cathartics. Its two sisters had always suffered from constipation and were treated in the same way; both died from spasmodic affections, the second one by spasmus glottidis.

Finally I want to point out that the daily use of cathartic medicines or of enemata in women and especially young girls is to be severely deprecated, as this alone is sufficient to make these patients nervous in a high degree and ill-tempered. Indeed, I am satisfied that the psychological effect of the cathartic dosing, side by side with the permanent irritation of the intestinal tract, leads to a neuropathic predisposition upon which only slight causes are needed to cause neuralgias of sympathetic and spinal origin as well as injurious consequences to nutrition and blood formation. The following case illustrates this point. A young widow whom I had formerly attended for a uterine affection, recovered from the latter and appeared well and blooming. Some months later she came to me complaining that she had a frog in her stomach and soon after insisted that she could feel the motions of a snake in the abdomen. I endeavored to disabuse her mind of the idea and told her that she only felt the peristaltic movements of the bowels. But she soon came again in a greatly disturbed state saying she wasn't going to be fooled any longer; she knew what those motions meant, and she was going to take her own life. I now examined the case again very thoroughly and tried to find some relation with the condition of the bowels. I found out that for years she had been taking enemata daily, often four one after another, besides internal medicines. The method of gradual

cessation of such means was begun. The intestinal motions lessened more and more, she became quiet and her mental state became normal.—*Berlin Klin. Woch.* 1887, No. 6.

Contagion in Febrile Exanthemata.—Most writers are silent on the point as to the exact moment when the eruptive fevers are contagious, and the general public opinion is that they are all catching during the period of convalescence. Dr. Girard, of Marseilles, says this idea must have come from physicians originally, as the people get all their medical ideas first from the doctors, directly or indirectly. He himself had held this notion; but after a careful study of the matter in some one hundred and fifteen cases, first he found that it was the reverse of true, and, following up the subject for some years, he cites a large number of facts to prove that *contagion in these fevers always takes place at the very beginning of the disease*, and he found that the incubation takes, as a rule, fourteen days. Cases are given of varicella, measles, and small-pox to prove this statement.

Dr. Girard now tells his patients, when they want to send their other children, who may not be attacked out to the country, “No; it is useless. If they are to have it they have got it already from the one who is ill.” In regard to measles, he also does not believe that children get it a second time, for it will be found on examination of such attacks, that the eruption is not the same, the marks are not of the characteristic half-moon shape, nor are the usual oculo-nasal catarrh symptoms found in such cases. He gives a very striking case to prove that contagion takes place at the beginning: it was a family which had several children ill with varicella, and the pustules were not yet dry, when a relation having two healthy children arrived on a visit. The doctor was asked his advice, and, being firmly persuaded that the disease was only catching at first, he permitted the children to remain and play with the others without the slightest danger to them, or either of them taking the complaint. This is, of course, a negative fact, but, taken as coming after a large number of very positive ones, it seems to confirm the idea that these fevers are contagious from the first.—*Phila. Med. Times*, April 2d, 1887.

Cataract Induced by the Vibrations of Tuning-Forks.—Dr. S. Th. Stein, in order to examine the functions of the cochlea, acted on the eyes of very young porpoises, both in the un mutilated state and after the ears had been destroyed, by means of the vibrations of tuning-forks of different pitches. Cataract was produced in both classes of experiments. In the entire animals continuous subjection to the action of a high-pitched tuning-fork induced a cataract in from 18 to 24 hours, while a tuning-fork vibrating 100 to the minute produced the same effect in 12 hours. In animals whose ears were destroyed the

cataract was much more quickly induced by the tuning-fork, some two or three hours being then sufficient. Dr. Stein's theory is that the condition of the lens is affected by the giving off of heat from the body, and that this is altered by the vibrations, the perception of sound again tending to retard the development of cataract. The members of the Moscow Medical Congress, before whom Dr. Stein related his experiments, did not appear inclined to accept his theories; and Professor Khodin remarked that it was not an uncommon thing for young porpoises to be born with cataract. To this, however, Dr. Stein replied that the cataract produced by his tuning-forks passed off after a time and could then be re-induced by the same method.—*Lancet*, April 2, 1887.

The Influence of Altitude on Phthisis.—By Nathaniel Alcock, L.R.C.S.I.—In the third volume of Professor Hirsch's great work, "Handbook of Geographical and Historical Pathology," it is shown that while the influence of latitude on phthisis is scarcely appreciable that of altitude is most striking. The explanations hitherto offered of the action of altitude upon phthisis amount to three: greater expansion of the chest from aerial rarefaction; absence of bacterial organisms from the air; and general tonic effect. Were the first of these effective, some improvement would be expected to follow the use of gymnastics at lower levels; of the second, it may be said that the consumptive carries his own microbes with him; and the third is too vague to need discussion. It may therefore be assumed that no satisfactory explanation has as yet been suggested. The specific organism of tubercle has an established identity; consequently the disease must be ranked among the special infections, and its aggravation or arrest must depend upon the fertility or sterility of the microbe to which it is due.

Pasteur in his splendid researches on the poison of splenic fever, has shown that "splenic fever can never be taken by fowls; in vain are they inoculated with a considerable quantity of splenic blood."

"Now, the temperature of birds being between 106° and 108°, may it not be said, Pasteur, that the fowls are protected from the disease because their blood is too warm? A hen was taken and after inoculating it with splenic fever blood, it was cooled down to 100°. At the end of 24 hours the hen was dead. Again a hen was subjected like the first to cooling, and when the fever was at its height it was wrapped in cotton wool and placed in an oven at 95°. In a few hours it was fully restored to health. Hens killed after having been thus saved no longer showed the slightest trace of splenic organisms." Thus it is proved that the microbe of one of the most virulent diseases reaches its condition of highest life and greatest reproduction in blood at a temperature of about 100°, but that in the same blood at 107° it ceases to exist. Presumably, then, if the subject of some forms of bacterial infection could

survive a proportionate elevation of temperature, they too would overcome the poison.

It is intelligible that, if a consumptive patient whose temperature at sea-level is 98.4° be raised to an elevation of 6000 feet, such an alteration of molecular motion will take place in the blood as to be incompatible with the healthy existence and effective reproduction of the tubercular microbe; in fact, the patient will be placed in the position of the bird to the splenic fever poison.—*Lancet*, March 19, 1887.

Appearance of Nettle-Rash After the Puncture of Hydatid Cysts.—At a recent meeting of the Société Médicale des Hôpitaux, M. Dieulafoy cited a case of a woman affected with hydatid cyst of the liver, in which he had made a puncture with aspiration; immediately there occurred symptoms of acute peritonitis, then generalized nettle-rash with dyspnœa and dysphagia. The nettle-rash lasted three days, and then disappeared entirely. He also cited several cases of nettle-rash with general symptoms simulating peritonitis. Besides these serious cases, the author has also observed many that were benign. In one case nettle-rash appeared after the introduction of a hypodermic syringe, used in order to diagnose the malady. He has never seen the disease appear after a second puncture. M. Labbé cited a case of nettle-rash which appeared on a patient affected with hydatid cyst of the liver, which was treated with caustic. He has also observed the frequency of pleuritis of the pleura near the hydatid cyst of the liver.—*Lond. Med. Record*, March 15, 1887.

A Form of Gonorrhœal Conjunctivitis not Dependent upon Inoculation.—The general recognition of the fact that the malignant purulent ophthalmia which occurs with gonorrhœa is due to direct inoculation with the urethral discharge, has often caused it to be forgotten, that there is another form of conjunctivitis, which also depends upon gonorrhœa, but is not caused by inoculation. Its existence was recognized by Abernethy, who described cases in which urethritis, articular rheumatism, and an irritative ophthalmia alternated in their occurrence or in their severity. Most modern writers, however, have looked upon gonorrhœa almost entirely as a local affection, and have ignored the possibility of its affecting the eye, except through direct application of the discharge. In a paper published in *Knapp's Archiv* (June, 1886), Dr. Haltenhoff, besides quoting cases mentioned by other writers, gives four of his own, in which it seems probable that inoculation played no part. The conjunctival injection is less than in the ordinary cases, and the secretion mucous rather than purulent; but the most distinctive features are the occurrence of multiple arthritis, the simultaneous affection of both eyes, and the tendency to recur with each attack of gonorrhœa, although in subsequent attacks, the patient has

been careful to shield his eyes from all risk of inoculation. Professor White, of Philadelphia, considers this form of gonorrhœal ophthalmia more common than that induced by inoculation.—*Brit. Med. Jour.*, March 12, 1887.

[The view that the gonorrhœal poison can and does infect the system is one which has been held by Homœopathic writers at different times. And we have heard more than once this view criticized by our opponents and held up as evidence of the ignorance of Homœopaths. It is only within later years that pathological views have had undue weight in our school as regards diseases, and the possibly microbean origin of gonorrhœa does not invalidate the correctness of older clinical observation.—ED. H. R.]

The Virus of Chancroid.—At a meeting of the New York County Medical Society, during the discussion of Dr. Sturgis's paper entitled, "Is there a Chancroidal Virus," Dr. F. N. Otis said: "I am entirely with the author of the paper in his belief of the non-specific origin of chancroid, and especially for the reason that it is known and accepted that chancroids vary in activity, from those which are highly contagious and rapidly destructive, to those which are feebly destructive and are inoculated with difficulty. This is a well known clinical fact, and has been repeatedly proven in the experiments with artificial inoculations by Böck and others. A certain pus is employed (chancroids), and re-inoculated until it will no longer produce a pustule; *then some pus from some younger chancroid*, until it also fails.

If this decadence takes place in the artificial inoculation, is it not reasonable to suppose that the same result would be reached by repeated inoculations through venereal contact? Hence the chancroid by the continued re-inoculations of venereal contact would grow less and less virulent, as communicated from person to person, until it finally died out.

Unless, therefore, new foci of contagion were created, *or new virulence added*, chancroid long ago would have *ceased from off the earth*. We must take then one of these two positions in regard to it: either some added virulence must be accepted as arising from circumstances connected with the venereal contact (since it has been conclusively shown that by simple re-inoculation chancroid speedily loses its contagious and destructive properties), or that from circumstances connected with venereal contact new chancroids are originated. It is not necessary that we should be able to explain the exact combinations which increase the virulence of a declining chancroid, or which give rise to it *de novo*, in order to prove that certain possible conditions really do intensify and even originate chancroidal action or virus. If there is a difference between the behavior of the chancroidal virus, when inoculated by means of a lancet, and when inoculated through venereal contact, that difference can only be referred to the circumstances attendant upon the

venereal act. How then do the circumstances differ in an artificial and in a venereal inoculation? In the first we have the virus inserted free from local or general circulatory excitement. In the second both are distinctly present. Under circumstances of equal cleanliness, and equally free from undue tendency to purulence, the result might not be markedly different. But to the latter mode of inoculation, viz., that by venereal contact, we may have in addition various potent influences, such as increased irritation from irritant leucorrhœal, menstrual, and preputial secretions, filth, excessive venereal indulgence. Each one of these added conditions is well known to be capable of initiating local inflammation, and of increasing inflammatory processes already instituted. It can even be shown that a combination of these conditions may originate a lesion which distinctly exhibits loss of tissue, and the secretion of which is capable of setting up a similar lesion on an opposing surface, therefore possessing the contagious property. If this can be proven, it seems to be clear that the difference between a lesion thus produced and the typical so-called *specific* chancroid is simply one of degree, and it may be logically claimed that circumstances which have been shown capable of setting up such a lesion, and which are shown to add to the virulence of a declining typical chancroid, may under favoring conditions produce an actively destructive, promptly contagious lesion, that is to say, a typical chancroid."—*Jour. of Cut. and Genito-Urinary Dis.*, April, 1887.

Massage for the Treatment of Corneal Opacities.—There are, perhaps, no affections of the eye which cause more disappointment to both surgeon and patient than the opacities of the cornea which are left by keratitis and ulceration. After prolonged and varied treatment the inflammation, which perhaps has undergone many remissions and relapses, finally subsides, only to leave an eye which is practically useless, owing to the loss of transparency of the cornea of a great part. So many different modes of treatment have been suggested for this condition, and, after trial, have been abandoned as useless, that there is much natural skepticism as to the efficacy of any new proceeding, and most surgeons trust to the effects of time and Pagenstecher's ointment. In a paper read before the British Medical Association at Brighton, Mr. Snell re-directed attention to friction or "massage" as a mode of hastening the disappearance of corneal opacities. Although not capable of effecting all that was at one time claimed for it, it has now stood the test of time, and may fairly be said to have met with more success than any other single mode of treatment. First proposed by Pagenstecher in 1872, as a means of hastening the absorption of corneal opacities, it has since been advocated by many writers. But Dantziger has shown that its sphere of usefulness can be considerably enlarged, if it be preceded by the mechanical removal of the opaque corneal tissue by scraping. The em-

ployment of "massage" during cicatrization then prevents the newly deposited tissue becoming opaque. Although there is some difference of opinion on points of detail, the following is probably the best mode of employing "massage." The inner surface of the eyelid should be lubricated, preferably with Pagenstecher's ointment; the pulp of the finger is then laid on the lid, and the latter moved to and fro over the cornea with great rapidity, in a direction radiating from the centre of the cornea. The operation is continued for about a minute, and repeated daily, as long as improvement continues to take place. The results of Dantziger's cases would encourage us to persevere for a considerable time. In a patient in whom a corneal opacity had existed for four years, and in whom vision was reduced to the counting of fingers at six feet, gradual improvement continued to take place during the whole five months during which the "massage" was continued; vision being fingers at 15 feet after two weeks; 12 J. after 12 weeks; and 20-200ths and 8 J. at five inches after five months. No doubt the necessity for continuing the treatment for so long a time has hindered its adoption; but an intelligent patient can easily be taught to perform the massage for himself. The preliminary removal of the corneal opacity would seem best adapted for cases of dense opacities affecting a limited area. Cocaine produces sufficient anæsthesia, the reaction is considerable and lasts till the fifth or eighth day. The "massage" may be commenced as soon as the epithelium has been reformed, the presence of vessels on the cornea not being considered a contra-indication. Some cases seem to be unsuited for this treatment and suffer after the "massage" from prolonged injection of the conjunctiva; but cases of old opacity, in which all inflammatory symptoms have long subsided, appear to be more benefited by it than by any other mode of treatment.—*Brit. Med. Journal*, April 2d, 1887.

The Influence of the Emotions in the Ætiology of Skin Diseases.—It has long been a question whether a cutaneous eruption may be caused by a purely mental process apart from any other apparent ætiological factor, and not a little controversy has arisen from it. It is now, however, pretty generally conceded that such a cause is competent to produce, not only cutaneous lesions, but also morbid processes in other organs and parts of the body, and numerous cases of this nature are on record.

Dr. Tommasoli, in a recent memoir (*Revista Medica de Sevilla*), upholds the opinion that various cutaneous eruptions may follow upon, and be caused by, violent emotions, and cites several cases in support of this view. The first case was that of a young woman who was suddenly attacked with a pemphigoid eruption immediately after receiving the news of the death of her husband. In another instance a lady presented an eczema, covering the eyelids, neck, arms, and vulva, which

made its appearance very suddenly after it had been announced to her that her daughter had committed suicide. A third case was that of a man who had been threatened with personal injury by a debtor whom he had importuned for payment. He was greatly frightened, and was almost instantly seized with an acute dermatitis accompanied with a pustular eruption covering the back and extremities.

These cases by themselves would hardly suffice to establish the truth of this causal relation between emotions and skin eruptions, but they are valuable in the way of cumulative evidence taken in connection with the numerous other reported instances which tend to confirm this theory.—*N. Y. Med. Record*, April 2d, 1887.

Reflex Symptoms and Their Significance.—The *Pacific Record* gives the following symptoms, with their pathological interpretation. Some of these interpretations, however, must be taken with considerable reservation: swelling under the eyes, grayish, white, or waxy color of the skin, denotes granular (?) disease of kidney. Swelling of the labia, on one or both sides, will accompany inflammation of kidney. Carbuncles on the shoulders, or scapular region (and forearm), are frequently accompaniments of diabetes. Pain, referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis, or nephritis (?). Pruritus of the anus will be the evidence, sometimes, of disease of the prostate. Pain or numbness in the outer part of the thigh denotes some disturbance of the sexual organs, in both male and female. Sciatic neuralgia often (?) depends, in females, on inflammation of the ovary; in men, irritation of lumbar or sacral nerves. Pain in the heels (in females) may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of uterus, or Fallopian tube. That shortness of breath, or asthmatic breathing may indicate valvular disease or aneurism of the aorta, is probably as well known as that discoloration of the skin may be due to cirrhosis of the liver or to disease of the suprarenal capsule. Sharp outlines of the facial muscles, a peculiar, querulous look, surely define a dyspeptic, and are not to be mistaken even as the expression of a temporary pain. A dull, aching pain in the *right* shoulder will arise from congestion of the *right* lobe of the liver, while disturbance in the *left* lobe (?), as well as *gastric ulcer*, will give ache or pain in the left. Some heart diseases, notably dilatation of the left ventricle, will give pain in the coracoid process, radiating into the left arm; but this pain will stop at a point half-way to the elbow. *Swollen feet* should warn us of some organic disease of heart, kidney, or liver. Hot feet and hands accompany dyspepsia, while a *red nose* will be an indication of *gastric irritation*, either from indigestion or whiskey. But the appearance of the hands is by far the best evidence we possess for instantaneous diagnosis. Not always to be depended on, it is true, as an entity, but, cor-

roborated by other symptoms, will hardly fail. Dr. Watson first noticed a club-shaped form of the ends of the second and third digits as pathognomonic of tuberculosis. Finger-nails, white at the points and purple at the base, *always* accompany the chills of malarial fever. A white appearance of the fingers in contrast with the back of the hand, will denote a very torpid condition of the bowels. A yellow tinge in the palm or under the finger-nails, produced by pressure, will indicate torpidity of liver.—*Medical Record.*

Treatment of Tonsillitis.—Concerning the local application of Bicarbonate of soda in this affection before the pain of swallowing is excessive, Surgeon W. J. Baker writes from Ferozepore, Punjab, to the *British Medical Journal*: “I have tried this treatment in a large number of cases, and have invariably found it give great relief, not only in the early stages of the disease, but also when suppuration seemed inevitable. Many patients, who were quite unable to swallow even liquids without acute suffering, were, in the course of an hour or two, almost entirely freed from pain, and in the course of four or five days the disease was cured. I advise the patient, having moistened the tip of the index finger, to dip it into the powder and then rub it gently all over the tonsil; to repeat this every five minutes for half an hour, and then once every half hour for the rest of the day. After that, two or three applications a day are sufficient until the inflammation has subsided. Since I commenced this treatment I have never yet had to incise an inflamed tonsil. In one case, where suppuration was manifest, the abscess burst under pressure of the finger. The last case I treated was a young soldier just out from home, who was suffering from follicular tonsillitis of both glands, with gray patches of exudation, accompanied by a certain amount of fever. He was discharged cured in four days.”

Corsets and Movable Kidneys.—Referring to the opinions of Dr. A. Myers and Prof. Graily Hewitt, as given in the *Brit. Med. Journal*, on the effect of tight-lacing in producing flexions of the womb, Prof. V. A. Manassein writes (*Vratch* No. 8, 1887) that he has collected a large number of cases which confirm the fact that movable kidneys are met with, other conditions being equal, in women who wear or have worn corsets, far more frequently than in those who have never done so. This is true in regard to both nulliparæ and child-bearing women.—*Brit. Med. Jour.*, March 26th, 1887.

Bad Effects of Chloral.—In a communication to *Berlin Klin. Wochens.*, xxiv., No. 6, the writer, after detailing the account of the cure of morphinism in his own person, says: A word or two concerning Chloral hydrate. I consider this remedy far more dangerous than morphine, and believe that its long-continued use can produce severe disturbances in the central organs. A great portion of the distressing

symptoms which I suffered during my period of abstinence from morphine I trace to Chloral which I took for sleeplessness, especially the pressure in the head and temples, the periodical weakness of memory, and the redness of the face as well as the intoxication that came on from the slightest amount of beer or wine. If I am not mistaken Dr. Burcharth has had the same experience. Some time ago I read a statement from a Vienna specialist in mental diseases that the abuse of Chloral is a great cause of brain paralysis.

New Remedies.—Dr. Lewin, in reviewing the progress of Pharmacology and Toxicology, says: “The flood of new fever-remedies increases. Antipyrin has been followed by Antifebrin, and I think we may soon expect an Antipyrexin, and an Antithermin, and Antitypicin.” —*Berlin Klin. Wochens.*, Jan. 31st, 1887.

Delicacy of the Sense of Smell in Man.—The extreme delicacy of the sense of smell in man has been shown by a series of interesting experiments by Messrs. Fischer and Penzoldt. In an empty room of some two hundred and thirty cubic metres capacity and tightly closed, a small quantity of the particular substance to be detected was thoroughly mixed with the air, and the observer then admitted. Among the different substances which were tested in this manner, it was found that the very smallest amount recognizable was 0.1 of a milligram of mercaptan. This quantity diffused through the room sufficed to make its distinctive character appreciable in the small volume of air coming in contact with the nerves of the nose, from which it was estimated that the 1-460,000,000 part of a milligram of this substance was recognizable—an infinitesimal quantity, passing conception, but which science declares to be a fact.

NEW PUBLICATIONS.

Taking Cold (The Cause of Half Our Diseases), Its Nature, Causes, Prevention and Cure. By John W. Hayward, M.D., M.R.C.S., L.S.A., etc. Seventh Edition, Revised and Enlarged. London: E. Gould & Son, 1887. Cloth, 16mo. pp. 186.

In this work, intended apparently for the laity, the author has considered the cause and hygienic prevention of taking cold, together with its influence on the different organs of the body, and this he carries out in the second part into description and treatment of the different diseases which usually result from taking cold, such as bronchitis, pleurisy, pneumonia, etc. He extends the list so as to include diphtheria and hydrocephalus. In treatment he uses the well-known remedies, Acon., Bry., Bell., Coloc., etc., often in alternation.

PUBLISHERS' DEPARTMENT.

An Aggrieved Pharmacist.—It came about in this way. He is one who bids for business on the basis of cheapness—the “we defy competition” sort of thing. In this cheapness-first vein he advertised a test whereby “at a cost of three cents in money and five minutes time” physicians may detect “the quality of the more important triturations”—what of the unimportant? Though doubting not but that those who are satisfied with cheap medicines, and with the accuracy of the glass-blower in turning out cheap “decimally graduated bottles bearing formulæ for making the dilutions correctly,” would be quite satisfied to shake up a trituration in a water bottle and call it a test, we nevertheless, in the January RECORDER, pointed out the fact that a little starch mingled in the trituration would make it respond to the advertised indications of a good trituration, and therefore until pharmacists and others are like Cæsar’s wife, the test is valueless.

This little squib hurled upon us, *via* the March *Medical Advance*, “An open letter.” The bugle of the champion of cheap-good rings out defiantly challenging us to mortal pharmaceutical combat, with “experts” for seconds—bottle holders, so to speak (decimally graduated), and he who goes to grass to “pay the cost.” We decline, flatly. This aggrieved pharmacist has a very Napoleonic genius for getting free advertising, but we decline to advertise him save on terms found on the RECORDER’S 3d cover page. We also fail to see what mundane or super-mundane connection there is between the “three cent test” and the merits of cheap and of standard triturations. Then, too, we have a well-grounded suspicion of “experts” who are to be found up and down the advertising wilderness “certifying” to the merits of pretty much everything. One of these gentlemen not many years ago certified that the milk-sugar of a Cleveland pharmacy was much superior to that of a New Albany pharmacy, and as the latter had bought from the former he was naturally indignant. On the whole we decidedly object to the Chinese fire-cracker style of attracting attention; we much prefer that the merits of our goods be demonstrated in the future, as in the past, at the bed-side and not by “experts.”

Our aggrieved pharmacist puts himself in a position from which even an expert cannot extricate him. In his free advertisement after dwelling on the cheapness of his wares it suddenly seems to dawn on him that first-class goods are never sold at second-class prices—that though strawberries go a begging at a penny a box, the big rich fruit always finds a ready market—and he meets this dawning fact thus: “It is not true, however, that all my triturations are cheaper than yours, for many of the 1x and 2x of the insolubles, which you sell at ordinary prices, I hold so dear, on account of extra time occupied in their preparation, that I do not offer them for sale at any price.” This is dear-

ness indeed; and Cimmerician is the darkness as to what is done with these priceless triturations, and a cyclone of confusion swoops down on us when we reflect that these "insolubles" which he doesn't sell at any price are the very ones to which the three-cent-test is chiefly to be applied. Here's a how-de-do!

One word more on a graver topic. The writer of this letter is a member of the American Institute of Homœopathy, and he introduced into the *Transactions* of the 36th session of that body (pp. 202 and 203) an unwarranted attack on our firm; to use an official position to defame a business competitor is very pitiful work. We quote:

"The recommendation of the late suppressed 'American Pharmacopœia,' published by Boericke & Tafel, to use the powdered nut is a degradation of the art of pharmacy which no physician who depends on small doses should countenance. The pulverized Nux-vomica found in the market is all impure, being ground in mills which are used for grinding other drugs, and in most cases prepared with acids before grinding, to render them brittle. Besides the seeds condemned to be ground are of poorer qualities, decayed and worm-eaten, while those used by intelligent and conscientious pharmacists are selected with care."

We sincerely hope that this "conscientious" pharmacist in the future will not use the *Transactions* to slander his neighbor's business and covertly advertise his own. When he presented the foregoing report the second edition of "the late suppressed" *American Pharmacopœia* was six weeks on the market, and a third edition has been nearly sold since. He *insinuates* that that work recommends the use of "the pulverized Nux vomica found in the market," etc.; yet *he knows* that it does nothing of the kind. We cannot do better than to conclude by quoting from our old *Bulletin* our method of preparing this important remedy.

"NUX VOMICA.—This remedy is probably prescribed oftener than any two other remedies in the homœopathic materia medica put together.

"In preparing this tincture, *Hahnemann* rasped the seeds, as their horny consistency does not admit of ready pulverization. But in modern times, with the immense quantities of this remedy used yearly, this primitive mode of comminution has been dropped, and the homœopathic pharmacopœias, without exception, direct that the pulverized or ground seeds be used. The ordinary ground seeds of commerce, however, are inadmissible, as in drying them previous to grinding, they are often fairly roasted, or again, they may be ground in drug mills which were imperfectly cleaned, and thus be contaminated with remnants of other drugs. Pharmacists, therefore, who lack the necessary facilities of grinding the seeds themselves, will have to resort to the laborious process of pulverizing them in a large iron mortar. This task may be very much lightened by resorting to the following method:

"The seeds, carefully picked of all discolored or worm-eaten specimens, are put into the drying closet for several days, and exposed to a moderate heat; then they are pounded in an iron mortar until all are either broken or at least cracked. They are then transferred to a kettle which is set on a water-bath, and in this they are kept, with occasional stirring, for several days, when they will have become sufficiently dry to admit of easy pulverization in the mortar. The heat of the water-

bath is not high enough to injure the seeds, and the powder thus obtained will make a fine tincture.

"Some twenty-two or -three years ago it was customary to macerate the whole seeds in tepid water for twenty-four hours, and to subsequently slice the swelled seeds with a knife; but this was found to be a slovenly expedient at best, yielding a poor, unsatisfactory tincture. It is now obsolete."

Gas.—The ink on the foregoing was scarcely dry when along comes the *Physicians' and Surgeons' Investigator* in which, large as life, was the old Open Letter, and a brand new ad. In the latter the aggrieved one lets himself out; viciously hits the *British Homœopathic Pharmacopœia*; rails at the *American Homœopathic Pharmacopœia* (that "suppressed" work), and sneers at his brother pharmacists; whether all this will increase the sale of "cheap" goods we, perhaps, shall never know. Not satisfied with this wholesale condemnation of everything outside of his own bottles, he even indirectly raps Dr. Conrad Wesselhœft, over the knuckles. He, the advertiser, is Chairman of the Bureau of Pharmacy in the American Institute of Homœopathy, and Doctor Wesselhœft also a member of the Bureau, in the *Transactions* of the Thirty-ninth Session, speaks of "reliable pharmacists such as Boericke & Tafel and Halsey Brothers." This is evidently too much for the advertiser, and he puts the words "reliable" and "leading" when applied to other pharmacists, in printers' sneers—inverted commas.

The argument of the ad. is this: According to Hahnemann's rule it requires 70 hours to make one pound of trituration. Rating labor at \$1.00 per day this would put the cost of labor alone at \$7.00 per pound. But "leading" (*sic*) pharmacists under the "specious pretence" of increasing the time also increase the quantity of the drug triturated, and thus bring the cost of labor down to "fifty-one cents for each pound," and this is done by fourteen "reliable" (*sic*) pharmacists. But now behold how the wicked are circumvented by the righteous! "I have found a way" of getting over "the pecuniary obstacle" by aid "of a two-horse-power gas-engine" which reduces the cost to "a total of twenty-five cents for labor," and this explains how "I" can offer triturations "at the rate of," etc. The mountain has labored and the mouse is born! Great is gas; by gas are cheap triturations made and by gas are they sold! There is but one gas-engine and the advertiser is its prophet!

This advertisement is one that bloomed in the spring and is so tenderly verdant, so gaudily conceited, that it seems almost cruel to remark that in our laboratories at Philadelphia we use two engines, either of which is powerful enough to lift a two-horse-power gas-engine off its bed plate and not feel the strain, but we never thought the fact worth noting before.

An Ancient One.—There is an advertisement that has been running in several journals for many moons. It has a picture in it. It is a picture of "the only perfect triturating machine in use." It must be

a good machine. Away back—six years ago—the 1x trituration of *Lycopodium* of “a prominent Philadelphia homœopathic pharmacy” had only “*ten per cent.* of the spores broken,” says the advertiser and owner of this wonderful machine, while his own ordinary “1x” trituration of the same drug was found by two experts “to have *all* the spores broken.” We use italics as we find them. If his “ordinary 1x trituration of *Lycopodium*” has “*all* the spores broken” what must be the condition of his extraordinary trituration? Probably it’s similar to the man in *Mother Goose*, who lost his sight by leaping into a briar bush, and who,

“When he found his eyes were out,
With all his might and main,
He jumped into another bush
And scratched them in again.”

The “experts” have certified and we must believe, but the mind grows misty in contemplating the multitudinous and minute labors by which these gentlemen arrived at the knowledge by which they assert that “*all*” the spores in a trituration are broken. Probably they examined it through a glass—we refer to the three-cent test of course. We are inclined to adopt this through-a-glass theory, as only on that hypothesis can we account for the enormous difference of 90 per cent. between the advertiser’s trituration and that of the Philadelphia pharmacy, especially as the latter was using the advertiser’s tritulating machines when the comparison was made. We are able to state, however, that shortly afterwards those machines were thrown out by the “prominent Philadelphia homœopathic pharmacy,” and it had to enlarge the size of its bottles at once to hold the better work done by the succeeding machines; the finer a trituration is ground the bulkier it becomes.

Uniformity versus Chemical Purity in Homœopathic Preparations.

BY AUG. KORNDORFER, M.D., PHILADELPHIA, PA.

“ONE of the most important features in the practice of medicine, next to a thorough knowledge of disease and its treatment, is a thoroughly reliable stock of drugs. By the expression ‘thoroughly reliable,’ as here used, is not meant the so-called C. P. drug-salts of the old school, nor their most carefully prepared tinctures, etc., all of which, though most beautiful samples, and examples of what chemical skill can do, may be as far from what we need, as the most imperfect preparations could be.

“Let me not be misunderstood by this as winking at any inaccuracy or carelessness in the preparation of drugs, but rather let me be understood as meaning a most careful yet simple manner of preparation, such as that adopted by Hahnemann, and taught in his writings. He advocated that, so far as possible, the physician should give personal atten-

tion to the preparation of his drugs, and, to the accomplishment of this object, he taught that drugs should be prepared in a manner at once simple and inexpensive, easily learned and performed. Thus we find in the introductory remarks to Kali carb., *Chronic Diseases*, vol. iv., page 1, that Hahnemann, after giving directions for its preparation, says in a foot-note:

“For our purpose, this will be a sufficiently pure Kali carb. I wish thus, once for always, to call attention to the fact that drug substances for homœopathic uses should, whenever it is possible, be prepared in the most simple and untechnical manner. Therefore I have given directions, through which every physician may at any place, secure the same substance. On this account, which to me was the most important (and not simply for the purpose of escaping all appearance of ostentation and puristic pedantry, which here would be out of place), I was compelled, as far as possible, to avoid directions which would involve, in order to attain absolutely chemical purity, delicate chemical operations with expensive apparatus.”

“Having, through my early teachers, held such views, I was led to carefully examine the preparations sold by our pharmacists. It is a self-evident fact, that want of accuracy in drug preparations must lead to frequent failure in practice, thus militating not only against the individual physician, but secondarily against our school. This leads to an important query: Can the physician who has the cares of a large practice, find the time for such personal attention to the preparation of his medicines, or may he trust a pharmacist in such an important matter? After seventeen years' experience in the use of homœopathic preparations, as well as of alcohol, sugar of milk, and other accessories to prescribing, I am fully convinced that we may so trust at least one firm, and I do not doubt that others, equally trustworthy, prepare and sell homœopathic medicines. I refer to our Philadelphia pharmacists. Profiting by their standing invitation to physicians to visit their manufacturing department, I have more than once called unexpectedly, that I might see things in their every-day dress. I can only say the establishment is one to be proud of. Cleanliness, neatness, and accuracy may almost literally be seen, impressed on everything pertaining to the preparation of medicines. Isolation of medicines during the process of trituration, accurately made machines, thoroughly trained workmen, and close personal supervision by the members of the firm, all converge to the one great aim,—*i.e.*, the purity of the preparation.

“The refining and grinding of sugar of milk is conducted in apartments separated from the drug room. Distilled water is prepared in a separate room. The trituration of offensive or strong smelling drugs is conducted in a separate room. The mortars are protected by glass covered casings. The alcohol used in the preparation of tinctures and dilutions, is of the purest made in this country, no chemical means whatever being used in freeing it from impurities. Here I would offer

a word in regard to alcohol. Much is written, and much more said regarding the quality of alcohol used by the various pharmacists. Great stress is laid upon this article as a leading one, by the absolute chemical purity of which the pharmacist's reputation for reliability must stand or fall. Yet, I doubt not, the homœopaths of half a century and more ago were obliged to use alcohol of a quality certainly no better than that supplied us to-day; still they found the specific action of medicines nicely marked in the 6th, 12th, and 20th potencies. It appears that some of our pharmacists and physicians are 'trying on' a little of the 'puristic pedantry' against which we have been cautioned by Hahnemann. Again, the query is pertinent: What medicinal preparation and potency must result during the process of manufacture of alcohol from the addition of such chemicals as soda-ash, 'which, when of good quality, contains from 48 to 52 per cent. of anhydrous soda, Na_2O , partly in the state of a carbonate and partly as hydroxide, the remainder being chiefly sodium sulphate and common salt, with occasional traces of sulphite or thiosulphate, and also cyanide of sodium'? Can all of these, or any of them, be again eliminated, after the alcohol has once been acted upon by them? Or have we but a potency of one or all of the ingredients of the best soda-ash? We certainly are not benefited, if, in thus getting rid of some of the ingredients found in the older makes of alcohol, we have but added more elements of uncertainty. Let us rather bear in mind, and conscientiously seek that sameness of character in the drug substance, which makes the latest preparation a true *idem* of the original; then and only then, can we hope for like results in the therapeutic applications based upon old provings of any given drug.

"Curative results are not dependent upon any fine improvement in the process of manufacture, since the provings were made under given conditions, and hold good only when corresponding conditions are fulfilled. It behooves us, therefore, to urge upon our pharmacists the necessity of giving us duplicates of such old or new drugs, with which provings have been made, and discountenance any modifications which can possibly be avoided."—From the *Hahnemannian Monthly* for January, 1885.

Our Triturations.—Considerable attention has of late years been bestowed upon investigations into the purity of triturations and sugar of milk. In 1883 and 1884 numerous analyses were made under the auspices of the American Institute by its Bureau of Pharmacy, and it was shown that all triturations contain appreciable quantities of the constituents of the mortar abraded during the process of trituration. These consist of Iron, Silica, Alumina, Magnesia, Lime, etc., varying somewhat when porcelain or wedgewood implements were used.

Dr. Conrad Wesselhœft in a series of experiments showed that by prolonged rubbing of water in such mortars it would become cloudy with particles abraded from their surface, and that this result could be obtained again and again from the same mortars. It is, therefore, evident that all triturations are contaminated, more or less, with these abrasions, and chemical analyses show that the admixtures of the constituents of the mortars, as mentioned above, amounted in some instances to as much as is contained in the regular 3x or 4x trituration of these substances. And yet these preparations seem to give good satisfaction at the bedside. This looks paradoxical but admits of ready explanation. The mortars used by Hahnemann and his fellow-provers were made of the same material as those in use at this day, *i.e.* porcelain (wedgewood ware was introduced many years after), and as their triturations were contaminated in like manner and from like causes, it follows that provings were made of the different triturated drugs *plus the contamination from the mortars*. But these impurities were not potentized by trituration the same as the drug operated upon, because the second or third trituration contained *an equal amount* of them. These abrasions would not of course be near in amount to those in the experiments by Dr. Wesselhœft because, as a rule, the sugar of milk and the drug would be placed between the pestle and the mortar. Yet still the analyses show that appreciable quantities were abraded and these impurities are as unavoidable now as they were in Hahnemann's time.

Some pharmacists seem to lay great stress on whether wedgewood or porcelain mortars are preferable. As a matter of fact, mortars made from any material *harder than milk-sugar* could be used, such as marble or terra cotta, provided the pestle is made from the same material, and triturations of equal excellence could be prepared in either. However, as it is known that Hahnemann used porcelain mortars, the consistent homœopathic pharmacist has no other choice but to do likewise. The result of the interesting investigations of Dr. C. Wesselhœft and others need not therefore shake the confidence of the profession in well made triturations, for Hahnemann's own were no better. The probability is that the abrasions from the mortars being in a crude state do not dissolve when the 3d trituration is dissolved for further dilution, but even should they dissolve they constituted an ever-present factor in every proving that was made from triturations. In machine triturations these abrasions will be reduced to a minimum, because the pressure is more uniform than that from a man's arm. One point which should be borne in mind by the pharmacist is, that the milk-sugar used for triturations should be perfectly dry, *i.e.*, the hygroscopic moisture should first be expelled by artificial heat. On a warm moist summer day the sugar will otherwise absorb sufficient moisture to cling to the mortar and pestle and seriously interfere with the proper trituration.

Removals.—Chicago.—Pittsburgh.—Since the last issue of the RECORDER two of our pharmacies have moved their quarters. At Chicago the move was from 234 Wabash avenue to No. 36 Madison street, or, to be exact, E. Madison street one door west of Wabash avenue. This is one of the best situations in the city, central, and convenient for all, and we hope that the physicians of Chicago and tributary country—by the way, where does Chicago's "tributary country" begin and end?—will drop in and take a look at our new place. The salesroom is of convenient size, but the chief attraction in our eyes, after the situation, is the large basement running through to Wabash avenue which gives the needed room for storing, packing and shipping goods. We can say without boasting that promptness in filling orders, large and small, has been one of our strong points in the past, and we hope, if anything, to do even better in the future by carrying still larger stocks than in the past, and *never*, if possible, being out of anything that may be ordered.

In Pittsburgh our move was from the rather small room, in the big building, 51 Sixth avenue, to the bigger rooms in the smaller building, No. 627 Smithfield street. The building is an "old timer," but is spacious, well located and gives us, as in Chicago, plenty of elbow-room and storage room. No one need hesitate about sending orders to our Pittsburgh house; the stock is there to fill them, a stock that it is our aim to make so comprehensive that nothing pertaining to homœopathy shall be omitted. Physicians and friends of homœopathy generally, are invited to call.

Truth or Policy.—We did not know, from the records of our chief bookkeeper, that our business among physicians had been hurt by a review of Dr. Small's *Systematic Treatise on the Practice of Medicine*, which appeared in the May number of the RECORDER (1886), until we were told so. Though the information comes on most excellent authority we are disposed even yet to be somewhat skeptical, because we have faith in the common sense of the great body of homœopathic physicians. In a nut-shell the case is this: Dr. Small, a most estimable gentleman personally and one, we are sorry to say, deceased since the appearance of our review, wrote the book just named. From the pen of a physician and scholar, one thoroughly competent for the duty, we received a review of it, which, beyond doubt, pointed out very great defects. Believing that the truth was more important to homœopathy and homœopathy's physicians, and without the least personal feeling, we published the review. Now we learn—but, as we said before, are a little skeptical—that some physicians are much offended at this review, and that some of our esteemed brother pharmacists—on this point we are not so skeptical—are using it to hurt our business. The latter comes under the head of business ethics and need not be further noticed, but the former is a point that vitally concerns homœopathy, which is

something greater than pharmacist or physician, and deserves further attention. Granting, for the argument's sake, that our information is correct, we would ask those physicians whose enmity we are said to have incurred, which is of greater importance to them, to their success in the noble art of healing, and to the welfare of mankind, the truth or the feelings of an estimable gentleman?

If we have wronged Dr. Small's book let those who see the wrong point it out and we will most gladly correct it—our pages are open. If we have not wronged it we ask those who are offended (if there are any), if they think it right, and to their own real interests as physicians, and to the interest of the grand and noble cause of homœopathy, to reprobate those who point out to them the errors and defects in works published as text-books for their guidance?

A Valuable Work.—By which we mean *Leucorrhœa, its Concomitant Symptoms and its Homœopathic Treatment*. By A. M. Cushing, M.D.—This work of 163 pages, now in its second edition, is best described by the author in his "Introductory." He says: "It is a compilation from *all* the works at my command, interspersed with the clinical experience of sixteen years' practice. It is intended to save the busy practitioner many a weary hour of study, and to guide the beginner and student along the road to true scientific healing.

"Study, learn, prescribe. If the low dilutions fail you, *don't be afraid to GO UP.*

"The blank space after each remedy is left for additions or alterations, instead of blank interleaves. It is hoped that every physician who may possess this book will make all possible additions, till finally it may become a very valuable work." This last modest hope seems to have been fully realized, for in the preface to the second edition, we read: "Encouraged by its speedy sale, and the kind expressions received from the profession, as well as the satisfactory results obtained by the administration of homœopathic remedies during a period of twenty-six years, I am induced to rewrite and enlarge it to twice its former size." Price of book to physicians, 80 cents; by mail, 86 cents.

Moving Onward.—Minnesota is to have a new State insane asylum under the care of homœopathic physicians, and it is expected that the Legislature will appropriate \$150,000 as a beginning. Such an institution is sadly needed, especially in the East. We heard of a case in Pennsylvania lately, where the friends of an insane person requiring a surgical operation tried in vain to get homœopathic treatment. The New York asylum at Middletown seems to be the only institution of the kind in the East.

A new hospital at No. 129 W. 61st Street, New York, under the auspices of the Methodist Episcopal Church, has been opened under the care of a corps of homœopathic physicians.

The citizens of St. Paul, Minnesota, have bought a property and are going to build a homœopathic hospital. Go up head, St. Paul, of that town across the river.

This is the way the *Hahnemannian* puts it: "In what may be called medical therapeutics, the highest allopathic reputations at present enjoyed in England and America have, without exception, been reared upon observations stolen from homœopathy and palmed off as original upon an ignorant and credulous profession."

Mullein Oil.—Many of the orders we receive for this article come accompanied with the request, "don't send the kind made with olive oil." We have none made from olive, or any other kind of oil, and indeed the article is not an oil at all, but a dark aromatic fluid, procured from the flowers of the plant, which mixes with water or alcohol. The recipe came to us with its present name, and we have continued to use it though a misnomer. Evidently this "oil" will act with wonderful efficacy in certain kinds of deafness, especially, it seems, in that resulting from a partial paralysis of the auditory nerve. It is also efficacious in relieving earache with or without deafness. Several cases have lately come to our knowledge where it was used to relieve deafness, but only caused temporary earache. These cases seem to be in the line of homœopathic law, for the same agent, as we said before, is very efficacious in relieving that which it, in these instances, caused.

The *Medical Record* says of the charity organization: "We are glad to notice, from the reports made at the recent annual meeting, that this Society continues to flourish and extend its work. It has done good work in the cause of medical charity, by demonstrating that in the dispensaries examined one-third of the patients can afford to pay, and one-third give a wrong address, and are more or less frauds."

Arnica Oil; a Singular Case.—About a year ago the left knee of a young married lady began to swell, and became exceedingly painful. The cause was never known, and indeed the case puzzled the attending physician—one grown gray in homœopathy. For months the lady was confined to her bed, and when the pain became less excessive, and she was able to sit in a chair, it was found that the knee-joint had become stiff. Among the external means employed at this period was the rubbing of Arnica oil on the afflicted part. Whether this was beneficial or not is somewhat uncertain, but one thing is certain, and that is, that six weeks of this treatment produced a fine luxuriant growth of hair on the skin in which the oil had been rubbed. The facts of this case come to us on undoubted authority. Whether in Arnica oil the long-sought, but never found, hair restorer lies concealed is the question.

Free Advice.—The RECORDER is a live journal, and has come to stay. There are copies of it scattered from Maine to Mexico, from America to Australia. Preserve these copies, and have them bound, you who have them. Each volume will be concluded with a thorough index of the remedies and diseases treated of, and will thus be a valuable epitome of all that is new in these directions during the year, a book of reference that may often aid the physician. Subscription \$1.00 a year.

Professor Clifford Mitchell's Manual of Simple Chemical Tests, noticed among our reviews in March, may be obtained at any of our pharmacies or direct from Prof. Mitchell, P. O. Box 578, Chicago, Ill. Part I., Poisons, 25 cents; Part II., Urine, 30 cents.

The Wisconsin Homœopathic Medical Society will meet at Waukesha, Wednesday and Thursday, June 23d and 24th.

Borax.—"The strongest characteristic of this drug is the *great fear of a downward motion of any kind*. Children will spring up suddenly on being laid down on the bed; patient is afraid to go down stairs; can't swing, ride horseback, or use a rocking-chair, so great is the fear of a downward motion."

"Easily startled by any sudden noise, as the snap of a match, fall of a door-latch, rustling of a dress."

"Pleurisy-like pains in right pectoral region, so the patient can't move or breathe without a stitching pain. Children may be sleeping quietly, when they awaken suddenly, screaming and holding on to the sides of the cradle, without any apparent cause for their so doing."—From *Key-notes to the Materia Medica*. Henry N. Guernsey, M.D., 267 pages. Price to physicians, postage included, \$1.87.

Dr. John H. Clark's Convenient Little Work—*The Prescriber, a Dictionary of the New Therapeutics*, is now in its second edition. Dr. Clark is physician to the London Homœopathic Hospital, was formerly co-editor of the *British Journal of Homœopathy*, and is at present editor of the *Homœopathic World*. The author says: "But by whomsoever used, I wish it to be distinctly understood that the book in no way professes to be final, or to take the place of any other. It is a book for the prescriber's desk, not for the study. It is dogmatic, as all books of the kind to be useful must be. It discusses nothing, but takes for granted that readers will refer at their leisure to works like Hahnemann's *Materia Medica Pura*," etc. The plan of the work is simple and convenient; the names of the diseases follow each other in its pages alphabetically, and under each heading will be found the medicine or medicines most useful. Pages, 205. By mail to physicians, postage prepaid, \$1.18.

NOTHING NEW UNDER THE SUN.

Spring, spring, beautiful spring!

The hop crop looks promising at the summer resorts.

The first thing raised in summer is the price of ice.

The *Norristown Herald* says a Washington doctor prescribed for himself and died.

The world moves; once only dead people were entitled to tablets, now every doctor has 'em.

The M.D.'s of Gouverneur Hospital, N. Y., have a piano. Matron complained. Case appealed. Piano triumphant. Matron removed to floor below.

The "Human Seal," delight of dime museums, has doffed his india-rubber skin and corks, joined the Salvation Army, and now denounces "shows."

The newspaper file, unlike the mechanic's, isn't steel, yet it's often stolen.

In a Kansas town all the candidates from mayor down to constable are women. "Wanted.—A healthy man for wet-nurse," is now in order.

One of Chicago's religious papers writes of a "dynamic force" that may sometime "explode" with "tremendous power."

Esthetic. The Philadelphia mint building is a Greek temple topped by a French roof and towered over by a factory chimney.

Possible ad. in purple posterity. "Tremendous sacrifice! Alarming reduction!! Enormous bargains!!! To make room for our spring stock we have marked our winter triturations down to twenty-five cents on the dollar!!!!!"

Little Mary Walker, M.D., has turned her back and breeches on pills and prescriptions and become a dime museum attraction.

Only \$1.00 a year, doctor, for the RECORDER. Send on your postal note. This isn't a joke, you know.

"Is the American woman over-dressed?" asks an earnest lady reformer. We've heard 'em talk of over-skirts.

Why do people have their portraits painted? Paint the garden fence if you must paint, but let the portraits alone.

"The multitudinous seas incarnadine" is Shakspeare's euphony for "paint 'em red."

The man who wrote "It is never too late to mend" never smoked a cigar with a broken wrapper.

The man who picks his teeth in public places would be missed from the list very gladly.

Erring homœopaths had better take the path home again; the latchstring is still out, but may be replaced with a Yale lock some day.

Pat thinks the moon deserves more credit than the sun, because it gives light when it is dark and we need it.

One of W. D. Howells' people in *April Hopes*, says "Chestnuts." So does our esteemed *Hahnemannian*.

THE
HOMŒOPATHIC RECORDER.

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No. 10.

LAW OR NO LAW.

ATTENTION has been called from time to time in THE RECORDER to an undercurrent of opinion in the ranks of our old school brethren strikingly in accord with views promulgated by Hahnemann three-quarters of a century ago concerning the necessity of considering each patient as a sick individual and not as a mere collection of unrelated morbid processes or even of diseased organs.

The work done in the present day in physiological laboratories, admirable as it is from the standpoint of the pure pathologist, is, unfortunately, not done in the light of any great principle or law of cure, and since the very reason for such laboratory work is the desire to benefit mankind by reaching or endeavoring to reach a way to both prevent and cure disease, work done under the conditions given is, to say the least, that of the naturalist simply, either pathological or physiological.

To remove the results of disease is one thing, to cure the disease itself is another, and to assume that the latter is an impossibility is to limit the art of medicine to surgical procedures or to palliatives. That such assumption is made by many teachers in medicine to-day can be proven by reference to German and even English medical literature. The microbean theory of the origin of many diseases, prominent as it is now, gives no hint towards therapeutics, except in multiplying germicides, and, as the anti-bacteriologists have pointed out, the use of such measures by internal administration entirely on the microbean theory, is precluded by the danger of administering such remedies in doses sufficiently large in amount to be of real service.

But the mere impracticability of a method of cure does not disprove the correctness of the theory on which such therapeutic method is based, and it is extremely gratifying to find in this day of bacilli and cocci

an article from the foremost old school journal in English, concerning the subject under discussion.

The *British Medical Journal* of May 28th, 1887, in considering phthisis says: "Without seeking to prejudge the results of experiments still in progress, it must, we think, be owned that the net result of local therapeutics [antiseptic inhalations, and more recently the injection of sulphuretted hydrogen, carbonic acid gas, etc.], has hitherto been very small. . . . It is to be feared that Koch's discovery, whatever may prove its ultimate value, has done mischief in the department of therapeutics, by tending to obscure the view put forward so bluntly and yet so truly by Dr. Sutton, that in the treatment of phthisis we should think of the organism and not of a single organ."

The editor quotes from Dr. H. G. Sutton's lectures on Medical Pathology as follows: "In considering phthisis and the treatment of phthisis, do not think of the lungs so much, for it is simply harassing to one's self, and leads to the death of the patient, and no one benefits by it."

The object in calling the attention of our readers to this view of the subject is to insist that the only rational method of treatment is that which takes into account the whole diseased organism as such. But a picture of the diseased organism, however complete and detailed it may be, cannot guide us in the selection of remedies apart from hygienic ones. There ought then to be some guide, some law, which takes into account the great principle made prominent by the writers just quoted, that the whole organism must be considered in studying the diseases of even one organ. Anything less than this will result in work more or less fragmentary at best, and as pathological discoveries must keep far ahead of therapeutic ones in the absence of a guiding therapeutic law, the art of medicine under such circumstances will become, as it already has become to some extent, a matter of etiology, pathology and diagnosis—the possibility of cure being almost relegated into the background of superstition.

HOMŒOPATHIC THERAPEUTICS.

Cimicifuga racemosa.—By *Dr. E. Huber*, of Vienna. Translated by Helen M. Cox, M.D.—This remedy acts mainly on the brain and spinal cord, and is in its primary effect depressing.

Its influence on the muscular system is certainly not primary, resulting only from its action on the cord.

Cimicifuga is one of our chief remedies for mental diseases, especially for melancholia and delirium. The characteristic symptoms indicating its use are: "Great melancholy; she feels out of sorts; anxious, sighing; a feeling as if surrounded by a great heavy cloud which had so enveloped her head that everything around her was darkness and

confusion, while at the same time it pressed on her heart like lead (Cured by Dunham with the 200, by Hale with the 3x dil.)

“She was suspicious of everybody and everything; she would take no medicine if she knew what it was; she was indifferent, taciturn; was not interested in her household affairs; frequent sighs and groans; great anxiety and sleeplessness.” These symptoms were soon removed by *Cimicifuga*. The size of the dose, from the 1x dil. and higher, seemed to be of no special importance. Hale has treated very many cases of profound melancholy following hepatic diseases with this remedy, and is convinced that the majority have been cured; and it acted as a palliative in incurable mental disturbances caused by organic changes in the brain. The chief symptom leading one to *Cimicifuga* is *sleeplessness*.

Many practitioners have observed that when sleeplessness was accompanied with melancholy, *Cimicifuga* nearly always cured.

Delirium tremens.—In this frightful disease *Cimicifuga* is indispensable. If nausea, vomiting; dilated pupils; severe pain in the head from within outwards; trembling of the limbs; continual chattering, going from one subject abruptly to another; persistent sleeplessness; visions of strange objects on the bed, rats, sheep, etc.; quick, hard pulse, and a singularly wild look in the eyes; if these are present, the 3x dil. frequently repeated, will soon restore the patient.

Hale prescribed *Cimicifuga* with success in puerperal mania, and in that depressed state of mind and body resulting from the excessive use of tea, valerian and morphine.

The neuralgias produced by *Cimicifuga* are not confined to single nerves, but are general. The pains are drawing, remitting, accompanied with great restlessness and a feeling of weakness and exhaustion. The sensory nerves of the *left side* seem to be principally affected, while the motor nerves are also much irritated.

T. C. Miller characterizes the action of this remedy as follows: It is a prominent medicine in all disorders of the cerebro-spinal system, especially when there is a disturbance of the motor nerves and an atony of the muscular and nervous systems.

Hence its wonderful efficacy in chorea. *Cimicifuga* is indicated here if the malady be caused by rheumatic irritation of the spinal cord, uterine disease or purely psychical conditions. The key-notes for our remedy are: Irregular movements in all parts of the body supplied with motor nerves, not under control of the will, and in both voluntary and involuntary muscles. The motions are jerky, twitching, twisting, and are at times accompanied with neuralgic or rheumatic pains. They diminish during sleep or cease entirely; then mental emotions make the monthly periods painful; or the malady arises from suppression of the menses. It is often accompanied by depression, sleeplessness and mental disturbances.

Cimicifuga is useful in various forms of tremor which simulate St.

Vitus's dance but depend upon some functional disturbance of the nerve-centres. Should the cause, however, be some structural change in the central organ, or poisoning by Mercury or some other metal, this remedy is useless.

In epilepsy and eclampsia, Hale looks for no special result.

Our remedy promises to be a prominent drug for cerebro-spinal meningitis, and apparently for myelitis. The indications for *Cimicifuga* in cerebro-spinal meningitis (6x dil.), in intermittent fever accompanying cerebro-spinal congestion (2x dil.), and cerebro-spinal irritation (1x dil.), are: Delirium like delirium tremens, with nausea, vomiting, dilated pupils, dizziness; rapid, full pulse, and wild look out of the eyes.

Headache: pain over the eyes, extending along the base of the brain to the occiput.

The brain feels as if too large for the skull; a pressure from within outwards, or a sensation as if the temples were being pressed together; violent pain in the forehead and in the orbits, vertex, occiput and nape of the neck, with fulness and throbbing, as if the head would explode at the vertex.

Dull pain in the occiput with shooting pains down the back; the head is drawn backwards.

Intense pains in the eyeballs with black spots before the eyes; dilated pupils; diplopia, injected conjunctiva and lachrymation.

Intense throbbing pain, as if ball were driven from the nape into the vertex, at each heart-beat.

Tongue swollen; foul breath; dry throat; dysphagia; rough and hoarse voice.

Nausea and vomiting with the headache. Drawing, pinching or dull pressing pain in the back, with sensitiveness to the touch. Intermitting tonic and clonic spasms, day and night. Spasmodic, choreic movements. Stiffness of the cervical and dorsal muscles. Intense pains in the neck, head and all the joints of the extremities, like the pains in small-pox.

Eruption of white pustules on the face and neck; sometimes large, red papules.

In the following diseases of the muscles, *Cimicifuga* is curative:

1. *Myalgia*: Loss of tone in the muscle-fibres, brought about by atony with irritation of the nerves supplying them. The different forms are: Certain headaches, originating in an affection of the muscles of the head and neck; pleurodynia; muscular colic; torticollis; lumbago; burning, pinching, sticking pains over the whole body, and even in the hollow, internal organs. 2. *Myositis*: Idiopathic or rheumatic inflammation of muscle-substance. *Cimicifuga* seems to affect preferably the belly of the muscle. *Arnica* acts in a similar fashion, but suits better for traumatic myalgia and myositis; *Bryonia* is like *Cimicifuga* in its action on the muscles, but with *Bryonia*, the cause of the muscular affection lies more in the blood and secretions than in the nervous system. It shows no

reflex muscular movements. *Cimicifuga* (and *Caulophyllum*) do. *Hydrastis* differs from both, and resembles more *China* and *Ferrum*.

In inflammatory rheumatism, *Cimicifuga* finds universal application. The rheumatic fever in which it is indicated, is distinguished by the following characteristic symptoms: Sudden onset, violence of the phenomena, and localization in the large muscles. In such cases the action of the medicine is often surprising, the fever, pains, sensitiveness and restlessness disappearing in a few days.

Cimicifuga differs from *Rhus* in not affecting the tendons and insertions of the muscles; from *Colchicum*, *Bryonia* and *Aselepias*, in not affecting the serous membranes.

In chronic rheumatism there have been some very good results from *Cimicifuga*, if the belly of the muscle was affected, and the first onset sudden and violent.

Astonishing cures with *Cimicifuga* are observed by homœopathic, eclectic and allopathic physicians in chronic inflammation of the cervical and lumbar muscles (stiff neck and lumbago), the muscles of the upper and lower extremities and intercostal rheumatism.

The fever symptoms of *Cimicifuga* are more erethistic or nervous than inflammatory or synochal.

In small-pox it may be recommended in the *first* stage for the pains in the extremities, head and back, as they correspond to the drug. It has also "white pustules on the face and neck."

Hale prescribed *Cimicifuga* with good results in the muscular pains and spasms of scarlet fever also.

Nightsweats, when not dependent upon the process of suppuration or anæmia, but upon faulty innervation of the skin, are soon relieved by *Cimicifuga*.

Cold sweats, especially at three o'clock in the morning, with weakness, irregular pulse, and pain in the left breast, are a very frequent symptom in individuals whose nervous system is weakened through long-continued disease, sorrow, or anxiety; In these cases *Cimicifuga* (3-6x dil.) will work wonders.

No remedy in our *Materia Medica* shows such violent pains in the head, inside and outside, as *Cimicifuga*. Internally it produces passive congestion or anæmia, according to the constitution of the prover; externally, pains in the muscles and the nerves supplying them.

The character of the internal pains is as follows: "A sensation as if the temples were pressed together;" dulness and pains in the head, as if after a spree; a feeling in the head as if it was full of something heavy; when he moves the head, or turns the eyes, he feels as if the skull opened and shut; a feeling in the head as if he had not slept for a long time; the brain feels too large for the skull, with pressure from within outwards; violent pains in the forehead, extending to the temples and vertex, with fulness, heat, and throbbing; on ascending a sen-

sation as if the head would explode at the top; terrible frontal pains, with cold forehead and violent pains in the eyeballs: nearly all the pains in the head extend into the eyeballs; they are ameliorated by motion, and in the fresh air, and accompanied with general prostration and a sense of weakness in the pit of the stomach. Externally we find in the head: Violent pains over the right or left eye, extending into the eye and backward to the base of the brain; pains over the eyes and thence along the base of the brain to the occiput and nape of the neck; dull boring pain over the right arcus superciliaris at 10 o'clock in the morning, pain from the occiput up to the vertex.

All these symptoms are trustworthy, and will be relieved in the sick by the drug.

Cimicifuga is indicated in:

Headache from sleeplessness, night-watching, misuse of alcoholic drinks, from mental exertion, and mental diseases; also when the head has been exposed to a draught of cold, damp air. Furthermore, it will be found useful in congestive, nervous (either periodic, or remittent), rheumatic, hysterical headaches, or in those depending upon the monthly periods.

In brain-irritation of children during dentition the 6th or 30th dil. is very soothing, if they are fretful, peevish and wakeful.

In acute encephalitis or meningitis this remedy will rarely prove effective, whereas in chronic cases its use *may* be followed by good results.

In the head the analogues of Cimicifuga are: Bryonia, Spigelia, Glonoin, Nux vom. and Ignatia.

In the *eyes* Cimicifuga works wonders. Few drugs show such intense and persistent pains in the eyeballs, extending thence to the different parts of the head. Usually, however, they are confined to the centre of the eyeball, and simulate rheumatic and neuralgic affections of the eye. In most cases there is *no redness of the sclerotic*; in others "the eyes are injected to such a degree as to be visible to every one, although no feeling of pressure exists."

Our remedy should be useful in that painful irritability of the eyes known as *hyperæsthesia optica*, for which Spigelia is so celebrated. Both medicines should here be given in higher potencies. Cures of catarrhal conjunctivitis have been reported; it should also be given a trial in sclerotica rheumatica. It exhibits, too, amaurotic symptoms, "black spots" and "diplopia," both of which have been cured by it.

The action of Cimicifuga on the stomach depends on its depressing influence on the solar plexus and nerves arising therefrom. Here it acts like Sepia, Digitalis, Murex and Ignatia, all of which, like Cimicifuga, have shown in the provings a sensation of weakness and emptiness. This is sometimes accompanied by nausea and vomiting. This feeling of weakness alternates on the same day with the feeling of fulness.

When the vomiting of drunkards, tea-drinkers, and pregnant women is accompanied with these symptoms, *Cimicifuga* works a cure; also in the vomiting which precedes cerebral or spinal irritation, and in symptomatic vomiting which is caused by nervous headache.

In the following abdominal complaints *Cimicifuga* will be found helpful: 1. Rheumatism of the abdominal muscles. 2. Neuralgia, often mistaken for peritonitis, especially after abortions and in child-bed. 3. Rheumatic neuralgia. It does not seem to be homœopathic to disordered defecation.

It increases the quantity of urine, which is clear and pale. If these symptoms are seen in addition to those of general nervous depression, weakness of the stomach, etc., there is sufficient ground to treat them as nervous diabetes, which is often preceded or accompanied by various nervous attacks, hysteria and the like.

The symptoms of the male sexual organs correspond to the affections of the spermatic cord and testicles when they accompany general rheumatism. Some cases of spermatorrhœa and its consequences have been cured with it.

In many diseases of women, *Cimicifuga* is one of our most powerful remedies:

In amenorrhœa or the delayed menstruation of young girls, with nervous manifestations in other organs, such as chorea, hysteria, nervous headache, etc., *Cimicifuga* brings the sexual organs into the normal condition. When with these phenomena chlorosis is also present, this remedy may be given in alternation with *Ferrum* or *Helonias*.

In retarded menstruation, when *Pulsatilla* or *Senecio* are not indicated, and if at the regular time instead of the menses there is pressing headache with a feeling of weight in the head, melancholy, palpitations and other reflex phenomena, *Cimicifuga* proves itself to be an excellent remedy. In suppression of the menses from cold, mental emotions, or if accompanied with fever and rheumatic pains in the limbs, or violent headache or uterine cramps, *Cimicifuga* is most useful.

In dysmenorrhœa it is prescribed by every school with good results. It suits best in rheumatic or neuralgic, often also in congestive, dysmenorrhœa, and in alternation with *Veratrum viride* or *Belladonna*. In these cases, *Cimicifuga* 1x or 2x dil. is acknowledged to be the best form of administration, especially with the following symptoms: *Before* the monthly period, the characteristic headache for our remedy; during the same, pains in the limbs, violent pains in the back, thighs and through the hips, with labor-like pains, inclination to weep, nervous irritability, hysterical spasms, sensitiveness of the hypogastrium, lessened or profuse flow of coagulated blood; in the interval, prostration, nervous irritability, neuralgic pains, tendency to prolapsus uteri, etc. In menorrhagia our remedy is useful if the flow is profuse and of a passive character, if the blood is dark and clotted and the above-named pains are present.

Cimicifuga does not produce hæmorrhage as its primary action as do Sabina, Erigeron and Crocus, but secondarily by lowering the tone and normal vitality of the uterus.

For leucorrhœa, Cimicifuga is prescribed by the eclectics especially, with very good results; the totality of the symptoms must be kept in mind.

To excite labor-pains, Hale recommends Cimicifuga, Caulophyllum, Cannabis, or galvanism, if atony of the uterus has supervened upon strong doses of Ergotin. As in this case, the secondary action of our remedy comes into play, he prescribes large doses of 5-10 drops of the tincture every 15 or 20 minutes. If, during labor, there should appear the opposite condition of the uterus, an over-irritation, causing the contractions to become spasmodic, painful, extremely forcible but *intermittent*, with, at the same time, spasms of the extremities and a tendency to general convulsions, then the primary effect of our remedy is required, and the 3d or 6th dil. will suffice to restore the uterus to its normal condition. After delivery, Cimicifuga increases the uterine contractions, expels the placenta or arrests post-partum hæmorrhage. However, Secale is more effective here on account of the stronger and more persistent contractions it sets up.

After-pains are soon relieved by Cimicifuga when due to a neuralgic temperament or mental and nervous irritation, and if the sufferers are sleepless, restless, fretful and depressed.

Suppression of the lochia from cold or mental emotions, if with spasms of the uterus or lower extremities, headache and even delirium, our remedy will promptly relieve.

It also ameliorates the bearing-down pains, from which women suffer after severe labors, an indication of prolapsus. It is, however, shown to be homœopathic in the tendency to abortion, and may be commended in cases of habitual abortion in the second or third month. But if the general symptoms do not call for the drug, one must decide between Caulophyllum, Sabina, Tanacetum or Helonias. If chills, uterine pains, sensitiveness of the hypogastrium and a discharge from the uterus have already appeared, and the expulsion of the fœtus is threatened, Cimicifuga in small doses will put a stop to the further progress of the process, if the *membranes* have not separated to any great extent.

If, however, there is no hope of retaining the fœtus, and the uterine contractions are weak, the same remedies mentioned already in connection with atony of the uterus may be exhibited.

Sterility not depending upon extensive ulceration or other structural changes in the uterus, can be removed by Cimicifuga, and certainly when the following causes are the reasons for the inability to conceive: Congestion of the cervix, whereby the cervical canal becomes occluded, deficient nerve power conjoined with melancholy, weak circulation, scanty menstruation, diminished sexual instinct, etc.

Prolapsus uteri is often relieved by this drug if in nervous melancholy women, and as a consequence of repeated abortions, cervical congestion or faulty innervation exists. The chief symptoms for *Cimicifuga* are: Melancholy, and a sensation of weakness in the pit of the stomach. Diseases of the ovaries frequently find a specific in *Cimicifuga* if they have some pre-existing nervous inflammatory or pathological origin. It is especially indicated in ovarian neuralgia if the pains are reflex from other organs, or if the pains extend to other parts of the body, for instance, to the thigh of the same side, or in the direction of the left breast, or the whole side up to the shoulder. This remedy apparently produces ovarian congestion also. As ovarian diseases are usually accompanied with a condition of mental depression, *Cimicifuga* is indicated quite as often as *Platina*, which it resembles in many respects.

In puerperal mania *Cimicifuga* is recognized by every school as a remedy. If the first labor pains are exceedingly painful, Hale recommends very highly *Cimicifuga*, *Caulophyllum*, or *Viburnum*.

For an "irritable uterus" *Cimicifuga* is an extraordinary remedy, if the pains are similar to those in rheumatism or neuralgia. If they are, on the contrary, spasmodic, *Viburnum* is the chief remedy. When this complaint appears at the climacteric the menses are irregular, the pains cease more or less periodically, and also are felt in the lumbar region, the temples or the vertex, at night; this drug brings relief almost immediately. Pains in the mammæ, during pregnancy, with dysmenorrhœa, at the climacteric, or even after parturition, also find a remedy in *Cimicifuga*.

Cimicifuga is suitable in phlegmasia alba dolens, if the swelling is red, and there are all the characteristics of acute rheumatism. If septicemia or absorption of morbid secretions is the cause of the trouble, *Baptisia*, *Arsenic*, or *Carbolic acid* should be given. But if the disease is of traumatic origin, with contusion of veins and nerves, *Cimicifuga*, *Aconite*, *Arnica*, *Apis*, or *Hamamelis* will be called into requisition.

The laryngeal or bronchial irritation caused by *Cimicifuga*, is either rheumatic, or dependent upon affections of other organs. Therefore it will cure a cough during pregnancy, or with irritation of the uterus. It is furthermore a valuable remedy in the pleurodynia and intercostal rheumatism so often accompanying pulmonary phthisis.

Those persistent pains in the left side, so often found in unmarried women, caused by ovarian or uterine irritation, without structural change, are cured by *Cimicifuga*. They appear in the left mamma or in both mammæ, frequently extending to the left shoulder and arm; they often change their position to other parts, as the back, head, and neck.

The following cardiac diseases will be cured or ameliorated by *Cimicifuga*: 1. Endocarditis, especially if rheumatic or idiopathic. 2. Pericarditis (given in alternation with *Aconite*, *Spigelia*, or *Bryonia*). 3. Myocarditis, which is often mistaken for angina pectoris. 4. Weak-

ness of the heart from irregularity of its pulsations, characterized by an intermittent and feeble pulse. The cardiac symptoms thus far belonging to *Cimicifuga* are so similar to those of *Digitalis*, that a choice between the two is often difficult. The details of the case will decide. Should the symptoms of cardiac weakness be primary, or dependent upon nervous atony, *Cimicifuga* is indicated; if these phenomena are secondary, arising from mental emotions, *Digitalis* is to be preferred. 5. Cardiac chorea, if symptoms of chorea are found nowhere else, characterized by impetuous, irregular, sudden, and unusual cardiac action, aggravated by mental emotions, ceasing during sleep.—*Allg. Hom. Zeit.*, Bd. 94, Nos. 5, 7, 8, 10, 11.

Bi-Sulphide of Carbon.—By *Dr. Marc Jousset*.—[Translated by Helen M. Cox, M.D.]—In a work suggested by Dr. Dujardin-Beaumont, one of our former colleagues, M. Sapelier has made a study of *bi-sulphide of carbon*. The results of his experience and observation tend to overthrow the ideas which we have held heretofore on the action of bi-sulphide of carbon since the memoir of Delpech.

The clinical researches of Dr. Sapelier on the commercial bi-sulphide of carbon, that which causes among the workmen the accidents described by Delpech, prove that this product is always impure, that it contains sulphur, sulphurous acid and, most important of all, “a quantity, more or less considerable, of sulphuretted hydrogen.” And, nevertheless, thanks to progress in its manufacture, the bi-sulphide of carbon of commerce is to-day less impure than twenty years ago.

Bi-sulphide of carbon, chemically pure, is a colorless liquid with an odor suggesting that of chloroform, on inhaling it from a bottle just uncorked, and at a short distance; the vapors of bi-sulphide of carbon vary, in fact, and at a certain distance, one may perceive a fetid odor analogous to that of commercial bi-sulphide of carbon, which is due to the formation of sulphuretted hydrogen. It is slightly soluble in water, about 2 grams per litre of water, corresponding to a potency intermediate between our 1st centesimal (1 in 100) and our 3d decimal dilution (1 in 1000); it is this aqueous solution which is used in medicine under the name of Sulpho-carbonated water; but that the solution may be always a saturated one, it is customary to put 25 gm. of bi-sulphide of carbon in a black glass bottle containing 500 gm. of water; the surplus of bi-sulphide of carbon falls to the bottom. This water and excess of carbon di-sulphide seem to remain unchanged if kept from the *light* and *air*.

M. Peligot, in a note to the Academy of Sciences, having found that the presence of bi-sulphide of carbon prevented beer-yeast from producing alcoholic fermentation, M. Sapelier could not resist following the paths now so much in vogue, and investigating the antiseptic action of carbon di-sulphide. The experiments which he reports demonstrate

clearly that it prevents the development of micro-organisms; we shall find later, that this anti-fermentative and antiseptic property is the reason that our former colleague uses it in diarrhœa, typhoid fever, etc. Carbon di-sulphide pure or in aqueous solution, is altered by contact with the air, and in the presence of light, and during this change is produced sulphuretted hydrogen, which is easily recognized by its chemical reaction.

On placing carbon di-sulphide in the presence of alcohol, sulphuretted hydrogen is produced also; hence our dilutions, even though made with bi-sulphide of carbon chemically pure, would soon become attenuations of sulphuretted hydrogen.

From these various changes, Sapelier concludes that the same thing takes place in the wholesale manufacture of carbon di-sulphide, and that to sulphuretted hydrogen, not to bi-sulphide of carbon, are due the accidents to the workmen who prepare it, or who use it in the trades.

Bi-sulphide of carbon may be absorbed through five different channels: the cutaneous system, the hypodermic method, the vascular system, the respiratory system and the intestinal system.

1. *The Cutaneous System.*—On pouring carbon di-sulphide on the bare skin, “there is a sensation of cold at first, tolerably acute, soon followed by a slight smarting; this is accompanied by a little redness.”

If the carbon di-sulphide be pulverized “in a Richardson apparatus, there is a moderately rapid congelation, as with ether, and all the accompanying phenomena.” “By reducing the evaporation of bi-sulphide of carbon, a very acute sinapisation is obtained, which is conspicuous for its rapidity.” Here is the experience of Sapelier in his own case:

“In experimenting on myself, I have observed a most acute sensation of pain fifteen seconds after the application; thirty seconds after the beginning of the experiment, the pain became absolutely intolerable and the di-sulphide had to be removed. The following is the method we employed: a little bi-sulphide of carbon was poured on wadding; this was applied on its moistened side to the skin, and covered over with a piece of gummed silk; in this way evaporation could take place only slowly; when the pain necessitated the removal of the carbon di-sulphide there was undeniably a decided redness, and a very notable elevation of temperature at the point where the di-sulphide had been applied; by merely blowing on the skin, the pain was made to disappear almost instantaneously; the more rapid the current the quicker the cessation of the pain.” Similar experiments have produced no trouble either local or general other than sinapisation.

2d. *The Hypodermic Method.*—M. Sapelier recalls no experiments made on animals by the hypodermic method in his presence except those by M. Tomassia, Professor of medical jurisprudence at Pavia; but as there were symptoms in these experiments entirely different from

those which he had himself observed, he therefore concluded that they were probably made with impure carbon di-sulphide. He then relates four experiments which he carried out on three guinea-pigs and a rat.

In the first (exp. 44), a guinea-pig, weighing 600 gr. was given a Pravaz syringe-full of pure bi-sulphide of carbon (1.6 gm.) in the dorsal region. The animal shows neither convulsions nor contractions; the breath is sulpho-carbonated; the respiration becomes more and more retarded, the extremities are cold, the urine is very profuse, watery and with Fehling's solution gives a precipitate of oxide of copper. Death supervenes in two hours after the injection from progressive cessation of respiration.

The third experiment (exp. 46) was more interesting; a guinea-pig, weighing 730 gm., received, on January 3d, an injection of 40 centigrams of bi-sulphide of carbon, in the dorsal region; after half an hour's pain and rage, the animal became quite normal. On the 6th of January, a fresh injection (sub-cutaneous) of 80 centigrams with the same result as in the first case. The following day, January 7th, a third injection of 80 centigrams more; prostration which constantly increased, difficult respiration; neither paralysis nor spasms; the same condition continued until the night of January 8th, when the animal died. At the autopsy was found, at the situation of the three injections, a large eschar; nothing of note in the nervous centres, nor in the serous cavities; the heart was arrested in diastole; moderately intense congestion of the lungs; liver and kidneys normal; *stomach distended*, partly by liquids, partly by gases, which have not the odor of bi-sulphide of carbon. The *brownish liquid* looks like *digested hæmatemesis*, which histological examination shows to be the case. The gastric mucous membrane presents a number of *rounded spots*, of a blackish-brown color, which are simply hæmorrhages into the substance of the partially destroyed mucous membrane."

The fourth experiment (exp. 47) had as its subject a rat weighing 195 gm.; injection of 80 centigrams in the dorsal region; breath strongly sulpho-carbonated, rage, suffering, agitation; then gradually increasing prostration, somnolence; no paralysis nor contractions; death. At the autopsy, an enormous eschar at the point of injection; pulmonary congestion; intense ulceration of the first portion of the duodenum, the pylorus and pyloric end of the stomach.

We shall refer later to the symptoms produced by these experiments as well as to the lesions found at the autopsy, when we consider those diseases in which this remedy is to be applied according to the law of similars.

3d. *The Vascular System*.—To guard against the too rapid volatilization of carbon di-sulphide in the vascular system, M. Sapelier injected sulpho-carbonated water instead of pure bi-sulphide of carbon. 100 grams of sulpho-carbonated water injected into the external saphenous

vein of a dog weighing five kilos, produced few symptoms, and the dog was perfectly well, after having showed the sulpho-carbonated odor of the breath, nausea and vomiting twice; we noticed also that the urine obtained by catheterization only a short time after the injection contained blood thoroughly incorporated with it, thus appearing to have come from the kidneys.

4th. *The Gastro-intestinal Tract.*—M. Sapelier first injected the bisulphide of carbon directly into the stomach, in considerable quantities, producing the death of the dog; then he confined himself to making the animal swallow capsules containing each 15 centigrams of carbon di-sulphide, which never led to any serious accident.

We give the *résumé* of the first experiment: An adult dog weighing 6 kilos. Injection with a bougie of 100 grams of carbon di-sulphide into the stomach. The animal rejected almost immediately the greater part of the di-sulphide; he struggled and howled; considerable swelling of the abdomen. The dog lay down on his side, respiration becoming deep and stertorous; retching and nausea; respiration more and more feeble; relaxation of the sphincters, and death in an hour and a quarter. At the autopsy, considerable enlargement of the stomach, crowding the diaphragm very far upward, and it was filled with vapors of carbon di-sulphide; also congestion of the gastric mucous membrane, the nervous centres and the lungs; heart in diastole. The dogs who had received the capsules of carbon di-sulphide, showed sulpho-carbonated breath, nausea, vomiting and a little fatigue. In a dog, on which the experiment was long-continued, we shall find some interesting symptoms; we give the *résumé*:

A very vigorous bull-dog, weight 13 kilos, received, beginning on the 2d of January, 1.05 gm. of carbon di-sulphide per day. On January 25th, the normal state continuing, the dose was increased to 1.50 gm. per day; the animal seemed to suffer slightly for half an hour after the ingestion of the capsules. On February 4th, we let the dog loose, with another at the same time; nothing uncommon at first in his gait; after some hundreds of metres on a run, the dog stumbled, but continued on his course; this happened several times, and at the end of a certain period, the dogs always running together, we noticed that the one experimented upon had actually some difficulty in keeping pace with the other. After about one hour, while the well dog still galloped with ease, the subject of the experiment had broken into a trot; and even this he could accomplish only in a peculiar fashion; his feet seemed to have become stiffened; the fore-legs appeared to be separated at the *knees*, and the movements to be made at the shoulders; in the hind-quarters, the feet were somewhat wider apart, so that walking was accomplished with a lateral swaying of the pelvis; in addition, the hind part of the body seemed to be a little projected underneath the animal, the spinal column describing a slight convexity throughout its entire

length; in fact, we could only compare his gait to that of an old dog. His coat had become dull, his flanks sunken; he was less cheerful and, more than all, he became easily tired, his strength deserting him; the dog showed the same symptoms of fatigue on the following days, but as he refused the capsules, and even nourishment, the experiment ended on February 25th. By the end of April the animal had entirely regained his former vigor.

Dr. Sapelier considers the disordered movements as depending upon faulty nutrition of the muscles themselves and as having no relation to a lesion in the nervous system.

Six observations on poisoning by carbon di-sulphide are then given, which we shall here transcribe with the exception of observations 4 and 5, relating to patients to whom sulpho-carbonated water had been administered as a remedy, and who took more than was advised, without experiencing any great inconvenience:

Observation 1.—Acute Poisoning by Carbon di-Sulphide; Dr. Pitois, Professor of Therapeutics in the Medical School at Rennes (Tribune Médicale, 1878, p. 557).—Résumé.—On the 4th of July, 1877, in the evening, a woman aged 38, having been subject to cramps in the stomach which she had habitually alleviated by ether, took in mistake 12 grams of carbon di-sulphide; immediately intense burning from the pharynx to the epigastrium; she was given at once .05 gm. of tartar emetic; vomiting four times; three-quarters of an hour later the burning sensation still continued, but generalized. Magnesia, 15 grams; tartar emetic, 5 centigrams, in a litre of tepid water; a glassful every fifteen minutes; vomiting and stools smelling of rotten cabbage. From the outset, hæmaturia and cystitis. Pulse small and imperceptible, face changed, cold sweats, convulsive tremblings. The next morning, a bath lasting an hour and a half, followed by sleep and utero-ovarian pains; appearance of the menses a fortnight too soon; on the following day, pulse 130, compressible; prostration; abdomen and epigastrium painful; tongue red, coated; great thirst; vomiting after each ingestion of food. The same symptoms more or less pronounced on the following days. At the end of July, alimentation always difficult, sub-icterus. In August, spleen and liver enlarged; large ligaments indurated and painful; the cervix uteri soft and swollen; cephalalgia, fainting fits on sitting up; convulsive pains in the limbs, nourishment possible only if cold, respiration without rales, panting; imperfect hæmatisis, pulse accelerated, becoming irregular on exertion. Tissues soft, mammae diminished in size, muscles apparently atrophied. Skin flabby and discolored; eyes dull, conjunctiva infiltrated, sadness. At the end of September, persistent sero-sanguineous flow from the vulva; amenorrhœa; sexual instinct gone. At the end of February, 1879, chloro-anæmia still persisted. In July, 1879, weight reduced 8 kilos.

Observation 2 (by Davidson, reported by Tomassia).—*Résumé*.—A man took 57 gr. of carbon di-sulphide; pale face; slow pulse; breath smelled of the ingested substance. A decrease in temperature was noticed, and muscular cramps, with pains in the head. On the following days, these symptoms disappeared, only the headache remaining.

Observation 3.—*Case of Poisoning by Carbon di-Sulphide*, by A. H. Douglas (*Med. Times and Gazette*, p. 350, 1878).—*Résumé*.—This was the case of a man, thirty-three years old, who had swallowed 2 oz. of carbon di-sulphide, with suicidal intent. He was admitted into the Liverpool Royal Infirmary on August 7th, 1877, at six o'clock in the evening. At the time of his admission, his muscles were in a state of complete relaxation; face pale and moist; lips cyanotic and covered with froth; eyelids closed; conjunctiva slightly sensible to touch; pupils dilated and insensible to light; respiration deep and labored, almost stertorous; breath exhaling the odor of carbon di-sulphide. Pulse 110, regular but very weak. Semi-comatose condition, could not answer questions. Hot water thrown into the stomach was almost immediately rejected, and diffused an odor of carbon di-sulphide. Intense coldness, accompanied by paleness of the skin and followed after some moments by profuse sweat. The patient could then open his eyes, reply to questions, then fell asleep. During the three hours following he was made to take mucilage every fifteen minutes; it was immediately vomited each time. At ten o'clock in the evening, consciousness returned; he said he was not suffering and complained only of dizziness. Pulse 100, stronger; temperature 38.3° C.; respiration 20.

On August 8th, at one o'clock in the morning, the vomiting had ceased, the patient complaining of heat in the throat and stomach. At nine o'clock, pulse 100, temperature 37.2° C.; still dizzy, with a little cephalalgia. From this time the symptoms disappeared; four days later the patient was able to leave the Infirmary, entirely cured. There had been an odor of carbon di-sulphide in the excreta for two days after the accident.

In reviewing the case, the patient had exhibited as the chief symptoms, a semi-comatose condition, chills accompanied by paleness of the skin and vomiting.

Observation 6 (Personal).—Mr. Y——, a manufacturing chemist, is an enthusiast in carbon di-sulphide. In his business relations with M. Ckiandi he had heard him commend the antiseptic properties of the bi-sulphide of carbon. Impelled by his spirit of research and investigation, somewhat, also, probably by his fear of cholera, Mr. Y—— did not hesitate to take pure carbon di-sulphide under the following conditions: he placed in a bottle holding 250 gm., 100 gm. of pure carbon di-sulphide with some water and shook it violently; then, without allowing time for the sulphur to deposit, poured out a wine-glassful which he immediately swallowed. In this way Mr. Y—— swallowed, not an

aqueous solution of carbon di-sulphide, nor sulpho-carbonated water, but a quantity of carbon di-sulphide impossible to determine, held in suspension in the water. He experienced an acute sensation of burning in the mouth, pharynx, œsophagus, and stomach, at the same time an imperative necessity for inhaling a great quantity of air. After several very deep inspirations, every kind of abnormal sensation had disappeared. The same evening Mr. Y—— began the experiment anew, shaking up bi-sulphide of carbon and water violently together in his bottle, pouring out a claret-glassful of the mixture and swallowing it; the same sensations as in the morning. For six days consecutively Mr. Y——, with uncommon perseverance, swallowed morning and evening a glassful of the mixture, each time shaking it violently. He discontinued it only after the appearance for two days of an aggravated diarrhœa. He experienced no other derangement of health; no gastric pains, no eructations; appetite quite normal, also digestion; no sort of nervous phenomena; sexual appetite and functions normal; not the least motor disorder. He even affirms that although ordinarily somewhat troubled by a certain amount of obesity, he experienced from the third day of this strange regimen a sense of decided well-being; he felt more cheerful and active. Within ten days Mr. Y—— had thus taken 70 grs. of carbon di-sulphide. Diarrhœa continued for a fortnight, at the end of which time, entirely without treatment, it disappeared spontaneously. During the entire period he had made absolutely no change in his usual diet, and had continued his customary occupations. When questioned on the odor of his stools, although he had paid little attention to it, he could remember very positively having noticed at least several times a very pronounced smell of sulphur. During this fortnight he had again taken, from three to four times, a claret-glassful of sulpho-carbonated water. At the end of this period he stated that he had decidedly lost flesh, to the amount of about twenty kilos.

Since that time Mr. Y—— has not renounced bi-sulphide of carbon; on the contrary, although taking it internally with more moderation, he has extended its use in various directions. Thus since the beginning of December he has used it in the following ways: accustomed to taking a general ablution every morning in cold water, he has substituted for this, sulpho-carbonated water; the reaction, although greater than from pure water, was not accompanied by chilliness, as it was with the carbon di-sulphide pure. Mr. Y—— used sulpho-carbonated water to cleanse his mouth. Two or three times a week he took fasting, a half glassful of sulpho-carbonated water in the morning; he thus obtained, he said, an easier alvine evacuation; frequently, too, on going to bed, he took internally, about a teaspoonful of sulpho-carbonated water, in a quantity of water, thus being enabled to go to sleep more rapidly.

We saw Mr. Y—— again on the 10th of April, 1886; he still con-

tinues the regimen we have described. His health is perfect, of which we were assured not only by questioning him, but by physical examination. He is really enchanted with this *bizarre* regimen, which has become established under his own direction solely, and it is impossible to make him admit the wisdom of what ordinary prudence suggests to us.

5th. *The Respiratory System*.—By a series of complete experiments, which we shall not give in detail for lack of space, M. Sapelier demonstrates that animals exposed to the vapor of bi-sulphide of carbon have shown no effects until these vapors had been transformed into sulphuretted hydrogen. He concludes that those accidents which had happened to workmen who in their trade had been exposed to the inhalation of vapors of carbon di-sulphide, were due to the fact that the impure carbon di-sulphide of commerce contains a decided proportion of sulphuretted hydrogen; besides this, by putting in a tabular form the symptoms pointed out by Delpech among workmen, and the accidents caused by sulphuretted hydrogen, according to Rabuteau and other authors, M. Sapelier shows distinctly that there is a remarkable agreement.

Carbon di sulphide, which has been absorbed, is eliminated through several channels:

1st. *By the lungs*, shown by the odor of the breath.

2d. *By the kidneys*, Fehling's solution giving (on slightly warming) a brownish color to the urine of animals which have been submitted to experiments.

3d. *By the feces*, which lose their odor.

In regard to the anti-putrescent action of carbon di-sulphide, Dr. Sapelier recommends it from a therapeutic point of view, in the form of sulpho-carbonated water, for gastric dilatation and diarrhœa; we have seen that in the experiments and cases of poisoning given above, distension of the stomach and diarrhœa were among the symptoms produced by carbon di-sulphide. Therefore it would naturally occur to us that this remedy, acting in these cases according to the law of Hahnemann, might be of service.

Having given as faithful a review as possible of the thesis of our former colleague, what therapeutic conclusions are we to deduct therefrom?

We have seen that in the presence of alcohol, carbon di-sulphide produces sulphuretted hydrogen; the homœopathic dilutions made with this substance then, are dilutions of sulphuretted hydrogen, and it is this last-mentioned drug that will be prescribed unless our method of preparation be altered.

In order to give carbon di-sulphide, our first dilutions must be made with water, as is the custom in preparing the attenuations of the acids.

We may consider sulpho-carbonated water, which is a solution of about

1 in 1000, as the first dilution ; we are to continue with water up to the third, and after that, with alcohol.

We give the chief symptoms and principal lesions noticed in the experiments and cases of poisoning mentioned above :

Muscular weakness ; a progressive slowing of the respiration, small pulse, coldness of the extremities, cold sweats, arrest of the heart in diastole, diarrhœa, vomiting.

These symptoms lead me to think of carbon di-sulphide in the period of depression in cholera, and had we not already a goodly number of remedies well tested, we should recommend it here ; one can always remember it in case of need.

We notice, too, in the thesis by Sapelier (p. 118) that "Hastings and Bell had observed the efficacy of bi-sulphide of carbon (in an emulsion with the white of egg), in cholera, before the period of collapse."

The diarrhœic symptoms seemed sufficiently marked in the cases of poisoning, to suggest its use in simple diarrhœa.

It may do good service in simple gastric ulcer ; in fact, we see among its symptoms, distension of the stomach, vomiting, gastric hæmorrhage, and ulcers of the duodenum as well as of the pyloric end of the stomach.

We find also, evidences of hæmaturia which may indicate its use in renal hemorrhage.—*L'Art Medical*, March, 1887.

Thuja Occidentalis.—*A Case.*—A man of about 45, full habit, irritable temper, brunette, had been troubled to four or five years with an extreme sensitiveness of his teeth to either cold or warm substances, but especially cold, so much so that he was compelled to use warm water for brushing them, as the cold gave excruciating pain. None of the usual remedies seemed to make any impression. On drawing in the air through the teeth, they felt as if "set on edge," *i.e.*, as they felt when as a boy, or while in the army, he ate his fill of unripe apples, the former from choice, the latter from hunger. Finally, a dentist in Brooklyn was consulted, who found the gums in a deplorable state, discolored, puffy, loose ; he could run up his probe to the roots of most of the teeth, and found them incrustated with "tartar." He pronounced that, unless taken in hand forthwith, they would drop out, most of them, in a few months. As he proposed to treat them with Chloride of zinc, and similar heroic local applications, the patient consulted his homœopathic physician, Dr. Raue, of Philadelphia, judging very properly, that the condition of affairs had to be remedied by internal medication, and this, despite the dentist's assurance that only local applications would be effectual. Dr. Raue prescribed Carbo veg., and it seemed to alleviate the condition considerably, but, after three or four months, there seemed to be a standstill, and Dr. Pike, of Philadelphia, the well-known dentist, who was then consulted, declared that most of the back teeth were incrustated with

“tartar” up to the roots on account of the looseness of the gums. He made various applications, mostly of disinfectants, and also maintained that the diseased condition of the teeth could only be met by internal medication. He is inclined toward homœopathy. The patient was still using Carbo veg. from time to time, and, on returning after an absence of three weeks, the dentist declared that, as a whole, the gums were somewhat improved. That was on Monday, the 22d of November. On the Friday following, he again examined the teeth, and was simply amazed at the change for the better that had occurred in the interval. He was perfectly dumfounded, put a small looking-glass into the hands of the patient, who could see himself that the gums looked perfectly healthy, were well filled, and seemed to be in perfect order, with the exception of a few puffy spots here and there. Asking for an explanation of this seemingly marvellous change, the patient, after some reflection, answered that it could only be due to the action of a remedy which his physician had prescribed for him on the Tuesday previous, but for an ailment not in connection with the teeth. The patient had noticed for over a year that his semen had a pronounced offensive smell, and finally concluded to ask his doctor’s advice. Dr. Raue states that he could not recollect of a similar observation having been made, and finally decided on either Kali carb. or Thuja, but for various reasons chose the latter. Two doses of the 200th trituration and one of the 15th potency had been taken, and with the remarkable result as stated. First the extreme sensitiveness of the teeth to cold water disappeared, over night as it were, after having harassed him for nearly five years. He brushed his teeth with cold water without discomfort, then the annoying smell of the semen had disappeared, and lastly Dr. Pike discovered that within four days the condition of the gums had been totally changed. In addition to all this, the patient observed that an oppression on the chest, with oppressed breathing which had gradually grown worse during the fall, was very much better, is now entirely gone. It was, without doubt, the true constitutional remedy. The object of printing this case is this: That Dr. Pike asserts that similar cases of diseased gums and incrustated teeth were becoming very frequent for the last few years, and it may assist some of our readers to reach similar cases with as good success.

Clinical Cases.—By *Dr. Hafen*, of Neustadt.—G. Huber, aged 60, from Trippstadt, came under treatment on November 25th, 1886, complaining that for 15 years he had suffered from pains in the cheek and lower jaw of the right side, and that for the past year the pain was simply frightful, violent attacks of tearing, burning pain coming on every five minutes both day and night; the only relief obtainable was from rubbing the cheek with a towel. It was a neuralgia of the second branch of the trigeminus.

On March 13th, the man returned in good spirits saying that he felt

it to be his duty to come all the distance to thank me personally for relieving him of his suffering of such long standing. In the beginning of the treatment he was worse during the first three days, but then the pain began to decrease, did not return so often or so violent, although he had not at any time a whole day's intermission, but many times he was entirely free for half a day or half a night. Between Christmas and New Years, the pain suddenly left, and from that time till now he has had no recurrence of it.

The remedy was Arsenic 4x dil., 5 drops to half a pint of water, a swallow being taken three times a day.

A message came to me stating that Mrs. Elise Natter, of Föckelberg, aged 33, was suffering from extreme abdominal dropsy, with œdema of the legs and with a painful, red eruption. I assumed she had kidney disease, and gave, on account of the red eruption, Apis 2x dil. Four weeks later I received word that she felt better, but that the abdomen was still greatly distended, the legs filled with water and the eruption still the same.

I gave now Sulphur 6th potency, 10 pellets in half a pint of water, ordering a swallow to be taken three times a day, and soon after received the, to me, surprising news that the last remedy caused the dropsy to disappear quickly through the kidneys, the eruption was likewise cured and the woman was well. Sulphur a diuretic!

On February 28th, I received, towards evening, a telegram that I must come to see the Widow Kreis, three stations distant on the railroad. She was 64 years old, was in bed, and groaning from the frightful abdominal pain. It was stated that she had been unable to pass urine for several days and yet had the most severe urging to do so; a physician and a midwife had repeatedly catheterized her, yet no water came, and equally unsuccessful were the efforts to produce an evacuation of the bowels, yet there was continuous urging to stool, with violent sacral pain. The patient could not walk on account of the pain, and while lying she could not keep still. Upon examination, I found in the pelvis, more on the right, a tumor, the size of a man's head, and, upon using the catheter, I could only get a few drops of water, and the catheter came immediately upon a hard body, the tumor, which had pushed the bladder to one side, and partly doubled it up so that it was about full and yet could not be emptied. Also, in palpation of the rectum I came upon the solid tumor. What was to be done? The physician, who had preceded me, had advised the patient to go to Heidelberg, and have the tumor removed by the knife. This she would not do, and asked me if I could give no other advice. As I had already seen tumors disappear under the use of homœopathic treatment, I said I would use remedies, and if they failed, she could still have surgery as a last refuge. I

ordered warm poultices externally, and gave Merc. sol. 6 pellets, in watery solution, a dose every two hours.

On March 3d I saw the patient, and, to my joy, she was lying quietly in bed, and without pain; she could evacuate both bladder and rectum, the symptoms of incarceration had disappeared, and there was only the sacral pain left.

The tumor could still be felt, of the same size; it seemed to be solid but, on percussion, there was a tympanitic sound. I continued the poultices and the Merc. sol. On March 24th and on April 15th I saw her again; she was still without pain, the tumor was still present, but it was noticeably smaller.

To-day I saw the patient again, asked how she was, and desired to make an examination. She thought I would find even more of the tumor than usual, as she had just eaten a good amount of potatoes, but in spite of this I found the tumor considerably reduced. On percussion, it no longer gave any tympanitic sound, and the patient is not, in the slightest degree, incommoded by it.—*Allg. Hom. Zeit.*, Bd. 114, No. 21.

Case of Bright's Disease, with Post-Mortem.—By *C. Steddom, M.D.*, Monroe, Ohio.—H—D—, aged 15, died May 2d, 1887, of Bright's disease, brought on by taking cold from exposure in the latter part of December, 1885. Had been treated constantly by four "regulars" for about four months before I was called to see him, had been subjected to a course of "scientific" treatment, including from twelve to thirty-five cathartic evacuations from the bowels daily, but the trocar had not been used. I found him enormously swollen by dropsical accumulation from the crown of his head to the soles of his feet. Found his urine highly albuminous, and he had numerous other grave symptoms. After obtaining a pretty complete history of the case I prescribed *Ars.* and *Apis*, and scored his lower limbs in some twenty-five places, just barely allowing the lancet to penetrate the skin. "The waters flowed freely" after the operation, every step he took left a wet place, and if he sat in one place for a short time a miniature lake surrounded him, and in a few days his bulk was reduced more than half, the troublesome dyspnea left him, comparative freedom attended all his movements, and he rode out, again visiting his friends and playmates, but took no part in sports of any kind. The nausea and vomiting which had attended his other ailments were kept under control by *Nux v.* His appetite was good, too good, in fact, and things he should not eat, such as mince pies, pastry, etc., he *would have*. He remained in this condition some four months, when he began filling up with dropsical fluid again; the scoring process was again resorted to, but was not followed by as complete relief as in the first instance. I now put him on *Apoc. c.*, 2-drop doses, and he went along for about four months longer pretty comfortably (having occasional "bilious" attacks, but nothing serious), but stayed in the house

all the time, only moving from one room to another, yet always taking his meals at the table with the family. At this time an aggravation of all his symptoms occurred, the dropsical swelling increased, and the dyspnoea became very severe. I now gave him a few doses of *Verat. vir.θ*, which relieved the trouble in breathing, a free expectoration of white glairy mucus taking place. Had been giving him *Dig.θ* for the same symptom without particular benefit. Kept him on *Dig.* and *Apoc. c.*, occasionally scoring his lower limbs. For about a month longer he was comfortable, comparatively, but the accumulation was steadily increasing. I now made three incisions in each limb on the inside just above the knee, but only a small quantity of dropsical fluid escaped. A change of temperature now caused him to take cold, and a violent neuralgic pain set up in the left thigh, causing intense suffering, and to help him I gave a hypodermic injection of *Morph. sul.* into the painful part, complete relief from pain following in a few minutes, only an excessive soreness remaining in the part for a short time. To prevent if possible a return of the neuralgic pains, I had the hips and limbs enveloped in cotton batting; no more pain, but the continued heat of the parts thus induced caused an excessive discharge of the dropsical fluid to take place from the incisions, and in about four days from this time it disappeared. The patient now rapidly lost what little strength he had, his throat became so sore and inflamed that he could hardly swallow, appetite failed, urine almost entirely ceased, symptoms of uræmia came on rapidly, with complete exhaustion of the vital forces, soon followed by death.

The urine discharged during his entire sickness until within a few days of death, was almost normal in quantity, but highly albuminous, no particular odor being perceptible.

Remedies used during the treatment were: *Ars. 4*, *Apis 2*, *Apoc.θ*, *Dig.θ*, *Nux v. 2*, *Plumb. 6*, *Mer. cor. 3*.

The patient had never been at all rugged, being sickly when a baby, passing through his infantile years in feeble health, and later, having two attacks of typho-malarial fever, and chronic catarrh; his system was in a condition to invite such a fatal disorder as Bright's disease.

Post-mortem.—Assisted by Drs. Sutphin and Farris, of Middletown, and Carley, of Bethany, a post-mortem examination revealed the following diseased condition of the body: Left kidney entirely *white*, right kidney nearly so, only a very small part retaining any of the natural color. Liver enlarged fully one-third, and indurated; complete occlusion of gall-bladder, it being within the substance of the middle lobe of the liver (congenital). Lungs unnaturally small, with numerous adhesions to the diaphragm, hypostatic congestion. Heart abnormally large, very pale, valves in normal condition, cavities filled with fibrinous clots. Stomach: lining membrane softened and broken down; spleen enlarged and indurated; pancreas hardened and thickened.

A point of particular interest in this case was the situation of the gall-bladder within the substance of the middle lobe of the liver, and only discovered by opening up that organ and hunting for it.

NEW REMEDIES.

Methylal—A New Hypnotic.—In a preliminary note in *Vratch*, No. 10, 1887, Dr. M. Motrokhin, of Prof. Anrep's Laboratory in Khar-kov, states that he has made a number of experiments on men, dogs, rabbits, and frogs, as to the physiological action of methylal, the new hypnotic to which attention has lately been called by Dr. Personali. The following is the mode of preparation. A mixture of 1 part of methyl alcohol, $1\frac{1}{2}$ parts of pure concentrated sulphuric acid, and $1\frac{1}{2}$ parts of water, is subjected to distillation. The distillate is purified by treating it with potash, filtering and redistilling with chlorinated lime at 42° C. The product obtained is pure methylal. It is a light, colorless, easily evaporating fluid of a pleasant aromatic odor, somewhat resembling that of ether and chloroform. It is neutral in reaction and has a specific gravity of 0.8605 at 20° C. It is easily soluble in water, alcohol and oils. The results of Dr. Motrokhin's experiments may be summed up as follows: 1. When inhaled, methylal produces sleep, which ceases soon after discontinuing the inhalation. 2. Sensibility to pain is diminished during sleep. 3. The respiratory movements become slower and deeper, but remain regular. 4. Methylal does not seem to have any influence on the heart. 5. In man, the inhalation of two ounces of the drug gives rise to anæsthesia, which is especially marked about the head, and to a state of light intoxication. No unpleasant secondary effects are observed either during or after narcosis. 6. The drug causes a diminution of reflex action, and lessens the irritability of the cerebral cortex. 7. It neutralizes the spasmodic action of strychnine and picrotoxin, when these substances have been given in moderate quantity. When the dose of the alkaloid is large, methylal hastens the fatal issue, since in that case it has also to be given in poisonous doses. Hence methylal can only have a limited sphere of usefulness as an antidote. 8. The drug is administered either internally or through the lungs. Subcutaneous injection of it is very painful, and often gives rise to local gangrene of the skin. With reference to Dr. Motrokhin's paper, Dr. Serges Popoff, of Prof. Sushtchinsky's Laboratory, writes: "That as far as his own researches show, methylal is far from having no effect upon the heart. On the contrary, it considerably retards the beats of that organ, both in frogs and warm-blooded animals; it appears to act directly on the cardiac muscle and its ganglia. Moreover, the drug causes slowness and difficulty of breathing, which are dependent upon the action which it exerts on the central nervous apparatus." On the

whole, Dr. Popoff thinks that the use of methylal in practical therapeutics will be attended with certain difficulties.—*British Medical Journal*, May 21st, 1887.

ITEMS OF GENERAL INTEREST.

Myrrh as a Prophylactic against Infectious Diseases.—Femplé recommends the placing in the mouth of a fragment of myrrh if one finds himself in an infected atmosphere, and he has employed this means with happy results in several epidemics. He considers myrrh as a specific against infection. Physicians in the East use this means constantly in visiting patients.—*Pharm. Post et Bolletino farm.*, xxvi., 1887, 18.

Treatment of Epistaxis of Hepatic Origin.—Verneuil considers epistaxis, when not due to a foreign body, nor to a wound, nor to a neoplasm, to be caused by toxæmia, and the treatment must be directed according to the cause. In three cases reported by him, where internal remedies and even the tampon were ineffectual, he found the cause to be hepatic; a large blister applied to the right hypochondrium was followed by cessation of the hemorrhage.—*Jour. de Méd. de Paris*, May 1, 1887.

Therapeutic Properties of Acetanilide.—Dujardin-Beaumetz considers Acetanilide an antithermic, acting at the same time upon the nervous and circulatory systems. It has the grave inconvenience of producing sudden and unexpected lowering of the body temperature of 2 or 3 degrees (C.), and, still worse, of causing cyanosis. He has seen many examples of these effects in typhoid conditions with one dose of 7.5 grains. In typhoid fever Antipyrin is much preferable.

Acetanilide, by its action on the nervous system, increases greatly our therapeutic resources. Patients without fever, as a rule, bear it very well; some, however, give the evidences of lowered body-temperature and cyanosis without any assignable cause for such results. It is an admirable sedative in cases of—

1. Peri-orbital pains accompanying changes in the optic nerve.
2. In the atrocious pains accompanying cold abscess (abdominal) in Pott's disease (case of M. Léon Labbé).
3. It has been employed with marked success (in comparison with the unsuccessful results from other remedies) in the treatment of epilepsy.

It is not equal in value to Aconitine in the treatment of essential neuralgias. The author has used it successfully for the lightning pains of tabes. Grasset, of Montpellier, has recorded results not less favorable.

The mode of administration is in powder, 50 centigrams (7½ grains)

at a dose, three or four times a day.—*Jour. de Méd. de Paris*, May 1st, 1887.

Perineo-genital Zona in Tuberculous Patients.—M. Barié has made a very interesting memoir, in which, after rapidly reviewing the nervous troubles and painful complications observed in the course of pulmonary tuberculosis, he recalls some twenty-five observations published to date, of zona in the tuberculous. He has found three new facts in this connection, and gives the following conclusions:

1. Zona, although rare, merits a place among the nervous troubles observed during the course of pulmonary tuberculosis.

2. There is no apparent law as to its localization.

3. All the hypotheses brought forward concerning the production of zona in the tuberculous ought to be entirely rejected.

4. Whatever be its seat the zona of the tuberculous may have one of two origins—sometimes in a tuberculous meningo-myelitis; more often it is the consequence of peripheral parenchymatous neuritis, and hence may be classed with other vesicular eruptions of trophic origin.—*La France Médicale*, May 19th, 1887.

A New Tæniifuge.—Dr. Numa Campi, in *Raccoglitor Medico*, calls attention to the use of thymol in the treatment of tænia solium. This agent contains a volatile substance called thymine, isomeric with turpentine, also a tænicide. It is evident that the plant thyme owes its anthelmintic properties to thymol, although the tannin and other bitter principles associated are also of some importance. When pure, thymol resembles camphor, but is more transparent, and has a crystalline appearance. It is slightly soluble in water, but dissolves at once in alcohol, ether, and alkaline solutions. It has an acid, burning taste, which persists, and has the odor of thyme.

We know but little of its biological effects. Lewin, some years since, showed its germicide and antiseptic properties to be four times as great as those of carbolic acid. Its effect is not limited to micro-organisms, as it acts on animals high up in the scale, and particularly on man. Federici has used it among the workers at St. Gothard, and by it has produced the destruction of the *ankylostoma duodenale*, the parasite which causes the anæmia of miners. Dr. Vanni gives 6 grams (90 grains), divided in 12 doses, one to be taken every fifteen minutes. At the end of three hours the tænia was discharged entire. Dr. Campi has adopted the following method: In the evening 20 grams (300 grains) of castor-oil are taken, fasting; on the following morning 8 grams (120 grains) of thymol, divided into twelve doses, one to be given every fifteen minutes, and then 20 grams (300 grains) of castor-oil after the last powder of thymol. Some minutes later a tænia 3 metres (nearly 10 feet) long was evacuated with the head.—*La France Médicale*, May 7th, 1887.

Lowering of the Mortality Rate.—At a meeting of the International Statistical Society held recently at Rome, M. Vacher read a paper upon the diminution in the rate of mortality since the last century. According to him this diminution is a fact demonstrable from the statistics of a large number of countries. For example, the death rate in France in 1770 was 34 per cent., and 24 per cent. in 1880; in Sweden, in 1760, it was 28 per cent., and in 1880, 17 per cent.

M. Vacher is of the opinion that the lowering of the death rate is due solely to the progress in public hygiene, and Bodio has confirmed these conclusions as far as they concern Italy, where the death rate has diminished progressively since 1876, thanks to various hygienic improvements, and especially to the draining of the marshes.—*Semaine Médicale*.

Tetanus an Acute Contagious Disease.—At a meeting of the Société de Biologie a communication was received from M. Thierry relating to the results of experiments on sheep. These results appear to be confirmative of the new theory, according to which tetanus is a malady both contagious and acute. One lot of sheep having been placed in a clean stable and a second lot in a stable in which a horse had died of tetanus, cases of this disease followed in the second lot of sheep and in that only.—*Le Bulletin Médicale*, April 27th, 1887.

Physical and Chemical Properties of Antipyrin.—Professor V. A. Tikhomiroff of Moscow says that a pure preparation of Antipyrin is rapidly and completely dissolved in water, the solution having a neutral reaction. The most characteristic reaction of the drug is that a very weak, slightly yellowish solution of perchloride of iron becomes dark reddish-brown in color when a small quantity of Antipyrin is added to it. On a subsequent addition of a drop of sulphuric acid the mixture becomes completely colorless. Another characteristic property of the drug is that on mixing a watery solution of it with an excess of nitrous acid (or rather a mixture of KNO_2 and HCl) a green precipitate bearing the name of "Iso-nitroso-antipyrin" appears and forms spherical masses, which, as seen under the microscope, closely resemble colonies of yeast fungi (*saccharomyces cerevisie*). This appearance is produced by the aggregation of extremely minute crystals having a double refraction. The precipitate is soluble in caustic alkalies and ammonia, the solution being of a greenish-yellow color.—*Therapeutic Gazette*, May 16th, 1887.

Massage in Traumatic Orchitis and Epididymitis.—Dr. Kürduemoff, of the Moscow Military Hospital, says that he recently tried the massage treatment in three cases of orchitis and in two of epididymitis, all the patients being soldiers who had received some injury to the

parts in the course of gymnastic exercises, etc. Massage was resorted to, with the view of bringing about a resolution of the painful induration and enlargement, on the 7th, 11th, 14th and 15th day of the disease, after ordinary means had failed. The treatment was carried out once a day and the number of sittings required varied from five to ten, each lasting from ten to twenty minutes. The manipulations consisted in alternate centripetal rubbing and kneading of the epididymis, testes and hypogastric region. The results were most satisfactory. The swelling and induration seemed to "melt away under the hand." In every case the pain, tenderness and feeling of weight diminished after the first sitting. In no case were any unpleasant secondary effects observed. Dr. Kürduemoff thinks that massage may also advantageously be tried in the initial stage of acute inflammation of the testicle, with the object of removing congestion and promoting absorption of serous infiltration, as well as in plastic orchitis.—*British Medical Journal*, May 28th, 1877.

Carbonate of Lime as a Means of Arresting the Growth of Cancerous Tumors.—Dr. Peter Hood says: "Nearly twenty years ago *The Lancet* published a communication from me on the value of Carbonate of lime in the form of calcined oyster-shells as a means of arresting the growth of cancerous tumors. . . . In the paper referred to I related in detail the case of a lady nearly eighty years of age, who was the subject of scirrhus of the breast, and in whom the growth sloughed away and left a healthy surface after a course of Carbonate of lime, administered in accordance with a recipe which was current in her family. She manufactured her Carbonate of lime by baking oyster-shells in an oven and then scraping off the calcined white lining of the concave shell. The substance thus obtained was reduced to powder and as much as would lie on a shilling was taken once or twice a day in a little warm water or tea. It was said that perseverance for at least three months was necessary before any good result was to be expected.

. . . . The immediate cause of the publication of my paper was a conversation with Mr. (now Sir) Spencer Wells, to whom I related the particulars of the case above mentioned and of one or two others which had fallen under my notice, and who suggested that the beneficial action of the powder must be due to the lime which it contained. He told me that he had used lime largely in the treatment of uterine fibroid and other tumors, and that he was convinced that processes of atrophy and calcification resembling the spontaneous change or degeneration sometimes observed in them were often produced or promoted by its action. . .

"The ordinary history of true cancer is such a dismal record of failure that I think even a few instances in which benefit has been derived from a harmless remedy should encourage the profession to make trial of it in all suitable cases. . . . Up to the present time the narratives of cures of cancer have been chiefly suggestive of errors of diagnosis,

and no assurance of the value of any proposed remedy can be obtained until it has been used in a sufficient number of instances to exclude the possibility of such errors." . . .—*Lancet*, May 7th, 1887.

In the *Lancet* of May 28, 1887, Dr. Arthur Stradling reports the details of a case, in which one breast was amputated, over four years ago, for scirrhus of unusually rapid growth. Dr. Stradling was not present at the operation, but chanced to look in just as the tumor was being examined, and distinctly remembers the characteristic "apinoid" as the mass was laid open.

Two years later, this patient consulted Dr. Stradling, concerning the other breast, which presented a tense, incompressible, lobulated enlargement at the lower and outer part, deeply attached, the skin partially adherent, and the nipple retracted, with dilatation of the superficial veins and induration of the axillary glands. There was no ulceration, and no pronounced constitutional cachexia, but the expression was careworn and anxious.

"She complained of acute lancinating pain, radiating from the nipple, and it was only to obtain such temporary relief from this as would allow her to sleep at night that she appealed to me, since she declared most positively that nothing would induce her even to listen to the suggestion of another operation. . . . For several months I had no conversation with the patient, but I judged from her physiognomy that the disease was making its usual tedious progress. Shortly after this, at a meeting of the West Herts Medical Association, I heard from Dr. Hood, of the calcined oyster shells, etc. The patient was supplied with a quantity of dried carbonate of lime, adding thereto $2\frac{1}{2}$ per cent. of the phosphate to imitate the product of the shells as nearly as possible (the true proportion should have been about 1 per cent.). Of this she was to take as much as would lie heaped upon a sixpence, three times daily, in a dessert-spoonful of milk. . . . The lime has been administered for fourteen months, with very rare omission of the daily dose." The growth of the tumor is undoubtedly arrested, and without having taken measurements Dr. Stradling is of the opinion that it is decidedly smaller. The need for soothing lotions or liniments has long since ceased, the patient's countenance has become more placid and content during the past year. The implication of the skin and retraction of the nipple still continue, of course, but no tenderness remains, nor the slightest appearance of any proneness to ulceration.

Topical use of Phosphate of Lime.—A correspondent of *The Lancet*, May 28, 1887, writing from Vienna, says he has seen very favorable results in fungating joint disease from the topical application of Phosphate of lime. The medicament, which is prepared by adding Phosphoric acid to water in which the Phosphate of lime is dissolved, is ad-

ministered by injections into the diseased parts, or by dressings impregnated with the salt. The majority of cases thus treated were children between six and twelve years of age. There were two cases of white swelling of the elbow, with ankylosis, fever and pain; after six weeks, they were cured, with perfect freedom of movement. In another case of fungous disease of the knee with pain, the mobility was partly restored after four weeks' treatment. . . . The most remarkable case was that of extensive destruction of the knee-joint by granulo-fungous inflammation in a boy twelve years of age, with hectic fever, severe pains, necrosis and large cavities in the bones. The cavities having been stuffed with Phosphate of lime gauze, recovery proceeded quickly; after three weeks, the cavity was filled with fair granulations up to the surface, and the fever and pain ceased. The use of Phosphate of lime proved also very efficacious in a case of tuberculous fistula of the rectum, which resulted in a perfect recovery. The remedy has some disadvantages. It exerts a slightly irritating effect, and causes pain, which continues during the first six hours after its application, and is followed by fever which lasts a day or two.

Blenorrhagia.—A succinct study on the ætiology and treatment of this disorder is given by Dr. Ulisse Malusardi, in the *Gazetta Medica di Roma* of May 1st. His conclusions, set forth as the result of special clinical experience, are these: 1. Gonorrhœa (or blenorrhagia, as he prefers to call it) is a specific, local affection, the principle of which consists, invariably, in the presence of a parasite (*gonococcus*) in the secretion. 2. This infective principle of blenorrhagia, with its infective basis, must be constantly treated from the beginning with antiseptic remedies. 3. Injections of hydrochlorate of cocaine are the sovereign antidote to nocturnal erection or chordee. 4. The use of warm baths, even prolonged, is not contraindicated, as it materially allays the patient's sufferings and facilitates resolution. 5. Incomparably the most powerful and least hazardous antiseptic is corrosive sublimate in doses increasing from .5 per cent. to 1 per cent., after the action of iodoform has been proved to be inefficacious. 6. In the local sequelæ of blenorrhagia, advantage is often derived from the use of the sulphate of zinc, combined with that of corrosive sublimate. Tobacco is not forbidden in such cases by Dr. Malusardi.—*Lancet*, May 28, 1887.

Parasitic Theory of Cancer.—At a meeting of the Pathological Society of London, reported in *The Lancet*, May 21, 1887, Messrs. Balance and Shattock exhibited the results of a series of Cultivation Experiments made with New Growths. The authors were led to experiment with malignant new growths in this direction, since they were persuaded that the essential pathology of these must (as so greatly insisted upon by Sir James Paget) be similar to that of the specific diseases.

During the discussion following, Sir James Paget said he felt that he must have made a happy guess in early life, and he thought that very likely the parasitic theory would be found to give an explanation of the great difference between innocent and malignant growths.

Toxic Effects of Lead.—Mr. Wynter Blyth has had an opportunity of examining portions of the bodies of two out of five persons who have at different times died, more or less suddenly, from, as it is believed, the effects of lead poisoning. In one case he separated about a third of a grain of sulphate of lead from the liver and about a thirteenth of a grain from one kidney, besides finding lead qualitatively in the brain. In the other he was able to examine the brain with more minuteness, and estimated that here the cerebrum contained about a grain and a half and the cerebellum about a quarter of a grain of sulphate of lead. Mr. Blyth remarked in his paper read to the Chemical Society of London on these investigations: "There has hitherto been no reasonable hypothesis to explain the profound nervous effects of the assimilation of minute quantities of lead, but if it is allowed that lead forms definite compounds with essential portions of the nervous system, it may then be assumed that in effect it withdraws such portions from the body; in other words, the symptoms are produced not by poisoning in the ordinary sense of the term, but rather by destruction—a destruction, it may be, of important nerve centres."—*Lancet*, May 21, 1887.

Almén's Test for Sugar.—Of all tests for sugar in the urine Fehling's is undoubtedly the most satisfactory. Its ready decomposition and consequent need of being used in the recent state are disadvantages. To remedy these Prof. Almén of Upsala has improved the old bismuth test for sugar and has prepared a solution which has the advantage of keeping unchanged for years, and being at the same time an extremely delicate test for sugar in urine. It consists of a solution of bismuth subnitrate, with caustic soda and potassio-sodium tartrate. In testing for sugar, albumen, if present, must be first removed by precipitation by heat and acid and one part of the solution treated with ten of the urine, when if sugar is present the bismuth will be deposited in the metallic state. The test is sufficiently delicate to detect sugar in the proportion of only .05 per cent.—*Lancet*, May 14, 1887.

Carbolate of Mercury in Syphilis.—Dr. Karl Shadek of Kieff, being anxious to try the effects of carbolate of mercury which has been strongly recommended in syphilis by Prof. Gamberini, requested M. H. Brandt, a pharmacist in Kieff, to prepare some for clinical use. This he did by precipitating a very dilute solution of bichloride of mercury with a concentrated alcoholic solution of carbolate of

potassium. A yellowish precipitate was obtained, which, after being frequently agitated with the liquid for twenty-four hours, assumed a whitish appearance. It was filtered and washed with distilled water till the washings showed no traces of chloride. It was then transferred to a fresh filter-paper and dried under a bell jar. In this way a nearly white, tasteless, amorphous substance was obtained which was scarcely acted upon or dissolved by cold, but was readily soluble in boiling hydrochloric acid. The name given to it by Dr. Shadek is "Hydrargyrum Carbolicum Oxydatum," and he has been using it in his practice for several months. At first he gave it in the form of pills, one of which, containing about an eighth of a grain, was ordered, three or, occasionally, four times a day. It was well borne and did not interfere with digestion. In some cases the treatment was continued for six or eight weeks, without producing colic or other disagreeable symptoms. The total number of syphilitic cases in which it was given internally, was thirty-five (twenty-six men, six women and three young children). In five of these there was swelling of the gums and salivation. Mercury was found in the urine after the third dose. Its therapeutic value was especially remarkable in macular and tubercular syphilides and in syphilitic psoriasis of the palm and sole. Syphilitic rash and slight relapsing forms yielded to the treatment in from two to four weeks; in syphilitic affections of the mucous membrane and in papular and pustular eruptions, from four to six weeks were required. Multiple enlargements of glands were but little affected by it. In the case of children from two to four years old, doses of about the fifteenth of a grain were well borne twice daily.—*Lancet*, May 7, 1887.

Absence of Free Hydrochloric Acid in the Gastric Juice.—

The diagnostic value of the absence of free hydrochloric acid in the gastric juice in cases of malignant disease of the stomach is discussed at some length in a recent paper by Dr. V. G. Nechaieff of St. Petersburg. For the detection of free hydrochloric acid no less than thirteen different tests have been proposed. Of these he considers the following to be the most useful: 1. A solution of tropeolin in water, as proposed by Edinger. This has of itself a yellow color, but when brought into contact with a solution containing .01 per cent. of HCl it becomes a dark cherry red. 2. Methyl violet becomes blue on the addition of .025 per cent. of HCl. 3. Congo paper shows a blue tinge on being immersed in a solution containing .025 per cent. of HCl. 4. A mixture of three drops of liquor ferri perchloridi with the same quantity of carbolic acid in twenty c.c. of water shows the presence of lactic acid or its salts by becoming yellow; but if free hydrochloric acid is also present the reagent becomes colorless. This is therefore an excellent test for free hydrochloric acid when lactic acid or the lactates are present. Dr. Nechaieff advises that all these tests should be applied in each case.

He found that in cases of carcinoma of the stomach, and apparently in carcinoma of the œsophagus, absence of free hydrochloric acid constituted the rule and its presence the exception, and is disposed, therefore, to think its absence affords a practically useful diagnostic sign in cases where cancer of the stomach or œsophagus is suspected. Thus in seven cases of carcinoma of the pylorus, though 142 examinations were made, free hydrochloric acid was never found, though lactic acid invariably existed; and, again, in 105 examinations of four patients with carcinomatous stricture of the œsophagus, no free hydrochloric acid could be detected. In a case of cancer of the rectum, however, the presence of free hydrochloric acid in the contents of the stomach was very distinct.—*Lancet*, June 4, 1887.

The Coccus of Granular Lids.—Dr. E. Schmidt is stated to have succeeded in finding the micro-organism described by Sattler in granular lids (trachoma), which, he says, is similar to staphylococcus pyogenes. By cultivating this coccus he succeeded in inducing granular lids in dogs and cats.—*Lancet*, May 7th, 1887.

Vitiligo a Symptom of Nervous Disease.—Lebrun has recently called attention to the nervous origin of vitiligo in certain cases. This affection may, according to him, sometimes indicate the existence of a central or peripheral lesion, which would otherwise have passed unobserved; and it is, therefore, an important element both in prognosis and in treatment. The skin always denotes the state of the nervous system. If a patient presenting patches of vitiligo be carefully examined, a lesion of the nervous system, either central or peripheral, depending on the spinal cord or the ganglionic system, will in most cases be detected. It would be desirable to determine whether cutaneous affections of tropho-neurotic origin indicate a predisposition to certain nervous affections which appear periodically.—*British Medical Journal*, May 7th, 1887.

Biliary Calculus and Diet.—Dujardin-Beaumetz recommends that persons suffering from biliary calculus should be enjoined to abstain from all fatty substances which may furnish cholesterine. Peas, in particular, should be forbidden, as they contain a fatty substance similar to cholesterine; the excessive use of meat must be avoided, and eggs should rarely be eaten. A mixed diet composed of meat and vegetables is the best. All green vegetables may be eaten and also potatoes. Fruit may be taken if not too sweet; pastry should be forbidden. Meals should be taken frequently in order to keep the gall bladder at work. Wine mixed with Vichy water makes a good drink. The bowels should be kept open and plenty of exercise should be taken.—*British Medical Journal*, May 7th, 1887.

Hydrocotyle Asiatica.—Dr. H. Martin, of Nevers, France, formerly Medical Officer for the Colony of Algeria, reports some cases treated by him with this drug.

CASE I.—Jean P—, 15 years old; was seen on 17th February, 1885, and presented all the characteristics of a scrofulous constitution. For several months he had been suffering from lupus, and had been under treatment without deriving any relief. When seen the aspect of the patient was as follows: the back of the right foot, over a space of two inches in diameter, was covered with small indurations, having a large thick crust, some grayish white, others light yellow, the whole resting on a purple base. On the lower third of the inner surface of the left loin a large oval patch, about four and three-fourths inches in length, was noticed which was covered with a powder resembling pulverized chalk. The edges of the patch were of a yellowish color and small eruptions with an appearance of millet, were visible. Here was, therefore, a case presenting lupus in two forms: tuberculous and erythematic. This case had resisted all the usual remedies, so I prescribed the fluid extract of *Hydrocotyle Asiatica*, in doses of ten drops three times a day, and we applied to the foot a little Vigo cerecloth, telling the patient not to deviate from this treatment, and to return in about three weeks. When I again saw him I noticed with pleasure a diminution in the size of the indurations, an improvement in the erythematic patch, the appearance of millet in the eruption having entirely disappeared. Encouraged by the success so far attained, I increased the dose of the remedy to forty drops per diem, and owing to the distance at which the patient lived, I did not see him again till May. I was then greatly satisfied to see that he had only deep and reticulated scars left, such as are characteristic of lupus.

CASE III.—Ahmed Ben Amer, of the Ouled Sassy Tribe, was seen on 15th April, 1884. His whole body, with the exception of the hands and face, was covered with mucous tubercles; the inner surface of the cheeks and tonsils, were covered with syphilitic patches, which rendered deglutition both difficult and painful. We touched these patches with Nitrate of mercury, and prescribed Labarraque's liquor, at the same time giving internally pills of Protoiodide of mercury in three-centigram (about half-grain) doses a day. Contrary to previous experience with this energetic treatment . . . no benefit was derived. Having then heard of the marvellous action of *Hydrocotyle Asiatica* in syphilis, I prescribed it in ten-drop doses of the fluid extract thrice daily. Two weeks later the patient was free from all the syphilitic lesions above-mentioned.

The remedy is used also in leprosy.—*New Commercial Plants and Drugs, No. 10, by T. Christy, F.L.S., etc.*

NEW PUBLICATIONS.

Official Surgery and Its Application to the Treatment of Chronic Diseases. By E. H. Pratt, A.M., M.D., LL.D., Professor of Principles and Practice of Surgery in the Chicago Homœopathic Medical College. Chicago: W. T. Keener. 1887. Cloth, 12mo, pp. 129.

As declared in the preface, this book comprises the substance of a series of lectures delivered to the class of the Chicago Homœopathic Medical College during the winter of 1886-87. Its aim is, first, to show the influence of peripheral irritation upon systemic health of those orifices of the body serving as the outlets from pelvic cavities. Whatever be the opinion of anatomists concerning the normality or abnormality of what the author terms "pockets," and which he finds, whether in the rectum, urethra or vagina, as causal factors in the production of general ill health, the cases which he presents in detail seem very convincing of the correctness of his position. His methods are given with all fulness and are real additions to the resources of the physician. This book is well printed and bound.

The Elements of Modern Domestic Medicine. A Plain and Practical Handbook, Describing Simple Diseases, Etc. By Henry G. Hanchett, M.D. Cloth, 12mo, pp. 377.

Sexual Health. A Companion to a Plain and Practical Guide for the People in all Matters Concerning the Organs of Reproduction in both sexes and all ages. Cloth, 12mo, pp. 81. Carefully revised by A. H. Laidlaw, A.M., M.D. New York: Charles T. Hurlburt. 1887.

The first of these books is a well-conceived and well-written treatise for domestic use on the more common disorders of infancy, childhood, and adult life. The language is simple and without effort at appearing ultra-scientific. Those portions devoted to hygiene are free from personal hobbies of the author; the treatment recommended is confined to the better-known remedies, and all that we can consider as unwise is the employment of some external remedies as, for instance, painting the throat and chest with Iodine in croup, even in diluted form as the author suggests.

The second book is really made up of the author's views upon subjects which, out of deference to general opinion, he did not wish to appear in the first volume. Whether such publications are advisable or not is a question we are not called upon to discuss. The subject is treated by the author with extreme delicacy and from a high moral plane, but at best it is one upon which data, sufficiently large in number for the purpose of drawing general conclusions or formulating general rules, is, in the nature of things, impossible to obtain. Like its companion volume, the book is well printed and bound.

PUBLISHERS' DEPARTMENT.

The Need of an International Pharmacopœia.

1011 ARCH STREET, PHILADELPHIA.

EDITOR HAHNEMANNIAN MONTHLY:

In your March number Dr. Wyborn, in reply to my last letter, states, among other things, that there have been cases where a well-selected remedy, apparently clearly indicated, failed to respond, and he thinks that such failures, sometimes, at least, arise from the absence of some ingredient from an imperfectly prepared tincture. This carefully qualified statement cannot be questioned. However, many physicians, doubtless, have met with cases where a low preparation of a well-selected remedy failed to respond, while a high potency would give prompt relief, and vice versa. Again, there are some, especially chronic cases, where an absolute lack of responsiveness to the most carefully selected homœopathic remedies seems to exist. Or again, a patient, owing to a peculiar dyscrasia, may not be impressible by a given remedy, just as another may be peculiarly sensitive to its action. A lady of my acquaintance is so promptly affected by *Nux vom.* that if pellets, medicated with a high or low potency, be put into a milk-sugar powder and blank pellets be put in other powders and all of them numbered, she will invariably detect the medicated powder within a few minutes after taking it. These are some of the conditions which may obtain and which must also be taken into consideration.

In this connection I will relate an incident which occurred six or seven years ago: A physician casually discovered that his Aconite tincture failed to produce the tingling sensation peculiar to it when applied to the tip of the tongue. He then took several drops of it, and finally over thirty at one dose, without producing any marked effect, toxic or otherwise. What then puzzled him was how to explain the fact that for the six weeks preceding *dilutions prepared from this same tincture* had proved as efficacious as usual in his hands. Others were then induced to try this tincture, and while one man took sixty drops with impunity, three drops from the same bottle produced in another a high fever lasting nearly two hours. This tincture had been made from the expressed juice of the plant, grown in a very wet season, and as Aconitia, the toxic principle of the plant, is soluble in alcohol but not in water, only traces of it are found in the juice. As early as 1845 Fleming, in a treatise on *Aconitum napellus*, recognized these facts; and he further states, on page 80, that of a homœopathic tincture made from the juice of the same plant, as many as thirty minims had been taken at a time with impunity. It is evident, therefore, that the medicinal properties of this plant rest not alone nor chiefly in the alkaloid Aconitia, but that the extractive matter and volatile constituents are of equal importance. It differs in this respect from *Pulsatilla*, in which the medicinal virtue

seems to be confined altogether to the volatile Anemonine, a Camphor-like substance which is only obtained from the fresh plant-juice, and which is lost altogether by drying the plant. For this reason tinctures from the dried herb are absolutely inert. Dr. Wyborn mentions, as a sample of a complex pathogenesis, that of Belladonna. There is not another of the plant-juice remedies which shows as great a diversity of preparations from which symptoms are recorded.

Mr. Alfred Heath of London, in a letter on the same subject, in the same number of the *Hahnemannian*, sides in the main with my views on Hahnemann's methods of preparing remedies. Among other things he suggests some modifications in the preparation of plant-juice tinctures in that he would set aside the expressed juice for a few days and meanwhile macerate the press-remnant with the proportionate quantity of alcohol, then express and mix the liquids. This process might, perhaps, be applicable in the temperate climate of England, but would not do here. For in this country, with cellars dug only exceptionally deeper than ten feet below the surface of the streets, the juice would commence to ferment within five or six hours on a hot, close day; and to put into a refrigerator would be equally objectionable. Mr. Heath seems to think that Dr. Wyborn, or what is the same, the B. H. P., directs that plants should be dried before being made into tincture. This is a misapprehension, for it is stated that only a sample should be dried for the purpose of ascertaining the amount of water it contains, according to which the requisite amount of water is to be calculated.

I believe that a middle ground could be readily found for the *International Pharmacopœia*.

The B. H. P. puts forth as of paramount importance that it be known what proportion of the soluble constituents of the dried plant is represented in a given quantity of tincture. It is admitted that this gives but an approximate indication of its strength, and that nothing short of an assay of the alkaloid would give definite information. But why is it so much more to be preferred that the proportion of the *dried* plant in an ounce of tincture be known; why not substitute for it the *fresh* plant? It would be much simpler and quite as satisfactory. It would be accomplished by making but slight changes in the present processes. By taking to every pound of the fresh plant one pound, or if preferred, two of alcohol, diluted or otherwise, and making the tincture in the usual manner, by maceration or percolation, and afterwards adding sufficient alcohol to bring up the whole to two or even to three pounds. Then two, or three, minims of the tincture will contain the equivalent of one grain of the fresh plant. And a preparation would be obtained of about as definite a strength as by the other more complicated process. This, it strikes me, would be the simplest solution of the problem. If three pounds of tincture were made out of any given plants, it would approximate in strength those made according to the Hahnemann Class III.

Of three hundred and thirty fresh plant tinctures of the pharmacopœia, two hundred and fifty-six are made according to that class, including, with one or two exceptions, all of the American remedies. Carl Gruner advocated the general adoption of Class III. in his pharmacopœia thirty or more years ago, and made all of his fresh plant tinctures in conformity therewith. And as it is known that his preparations are used very widely and give good satisfaction, this new departure need not be looked upon as being in the nature of an untried experiment.

Tinctures from dried drugs could be made in the proportion of one part of the drug to five or ten of alcohol; the former would be according to Hahnemann, the latter according to the B. H. P. This could readily be arranged.

The part descriptive of the remedies in the two pharmacopœias could be retained, while the description of the processes would have to be recast. Trusting that this may help to indicate a way in which a mutual understanding may be arrived at, I remain,

Truly yours,

A. J. TAFEL.

—*Hahnemannian Monthly*.

Change of Air.—Several years ago we read a very interesting article headed as above in an eastern medical journal, wherein the writer claimed that it was both needless and barbarous to send patients, and, as a rule, patients seriously ill, away thousands of miles, to get the benefit of a change of air. The writer then cited cases which demonstrated the favorable influence which a change of 30 to 50 miles and an elevation of a few hundred feet above their usual place of abode brought about, and strongly inveighed against the hardship imposed on patients by sending them so far away, and out of ready reach of sympathizing friends. We were many times reminded of the foregoing when on our customary visits to the South Mountains at Wernersville, Pa. The hotels and country boarding houses there average about 800 to 900 feet elevation over tide water, or about five or six hundred above the station, and they are therefore readily accessible. The air is peculiarly dry, and even after a heavy rain the walks will be dry enough after a few hours, to be used with comfort. The fact that for tens of miles in every direction, the hills and mountains are covered with dense chestnut groves may account in a measure for its salubrity. Dried chestnut leaves are a popular remedy, in the form of an infusion, for whooping cough, and the emanations of tens of thousands of such trees may well be credited with a favorable influence on the air passages. It is a singular fact, that while both the Lebanon and Lancaster valleys are underlaid with immense masses of limestone, not a pound is found in the mountains, and wherever such a stone is met with, it is known that it

has been brought up on purpose to mark the boundaries of real estate. As a consequence, the water everywhere on the mountains is very soft and pure, a chemical analysis of the flowing springs belonging to the Grand View House having demonstrated that one gallon contains less than 2 grains of solid matter. The hotels are clean and set a good table at moderate prices. The Sunnyside House and Sunset House, in addition to the above, furnish board all the year round. The Grand View House, heated by steam, is as comfortable and cozy in midwinter as in summer. And Dr. Wenrich, a physician of high attainments, has the special management of it, and patients from all quarters of the compass are entrusted to his care.

As far as our observation goes, diseases of the air passages as well as general nervous prostration seem to be peculiarly amenable to the influences of this climate. But diseases of the circulatory system, especially heart diseases, seem to be equally favorably affected. Letters addressed to either of above resorts at Wernersville, Pa., will receive prompt attention. In summer all the hotels could be filled twice over, for whoever once spends a summer on South Mountain longs to return to it. But in the spring and fall the mountains are in their glory, and the absolute rest and quiet observed at these resorts soothes the jaded housewife and overwrought man of business and of the professions.

Ostrea virgula.—The following interesting letter from J. Bernay, M.D., will explain itself:

LYON, May 7, 1887.

MESSRS. BOERICKE & TAFEL.

GENTLEMEN: You have honored me by asking particulars about the *Ostrea virgula*, and here they are in a few lines.

It is a natural product, found in abundance in Savoy, a frontier province of France and Italy. This calcareous, bituminous rock, the analysis of which you will find further on, contains a large amount of small fossil oyster shells, among which the *Ostrea virgula* prevails. To this is due the name given by the lamented Dr. Emery, founder of the homœopathic hospital at Lyon, to the triturations and dilutions he ordered me to prepare of this product. It was he who studied its curative properties. The pathogenetic study of this drug has not been made. What suggested its employment was its composition, which gives ground to hope to find a combination in a single remedy embracing its own properties and those of *Calc. carb.* and *Petroleum*.

These suppositions have been verified by the results obtained in the clinics of the St. Luc Homœopathic Hospital, first by Dr. Emery and subsequently by Dr. P. Bernay, in scrofulous affections during the period of suppuration and eczema, and the cough with expectoration of phthisis.

The *Ostrea virgula* gives good results in the second period of whooping cough, when the child has eczema or impetigo.

The doses used run from the 1st centesimal trituration up to the 30th decimal. It is a remedy that deserves to be studied.

Yours very truly,

J. BERNAY.

Analysis of this calcareous bituminous rock (*Ostrea virgula*).

| | |
|--|--------------|
| Carbonic acid, | 32.20 |
| Sulph. acid, | 0.20 |
| Silicic acid, | 4.40 |
| Lime, | 50.20 |
| Magnesia, | 1.80 |
| Alumina, | 0.12 |
| Peroxide of iron, | 0.10 |
| Bitum., Naphtha and other } carburetted products, } | 10.98 |
| | <hr/> 100.00 |

This remedy may be obtained at our pharmacies in 3d decimal to 30th.

A hasty visit—less than half an hour—to the Homœopathic Asylum for the Insane, at Middletown, N. Y., left the impression of a model institution. It is beautifully situated in the midst of spacious grounds, and commands a view of many miles of farmlands, hills and distant mountains. Inside the buildings is more suggestive of a first-class summer hotel than anything else. Everything is scrupulously clean, and the corridors and rooms are flooded with light and touched in many ways with bright and cheerful colors,—pictures, frescos, cut flowers, etc. Even the necessary bars at the windows are made of ornamental iron work, which takes away the feeling of their being there for the sake of confinement. The State of New York may well be proud of this institution.

327 PINE STREET, PHILADELPHIA, JUNE 6th, 1887.

MESSRS. BOERICKE & TAFEL:

GENTLEMEN: In the *Scientific American* of June 4th, I read the following:

“*Calcined Oyster Shells as a Remedy for Cancer.*—In a recent number of the *Lancet*, Dr. Peter Hood, of London, refers to a communication of his, published in the same journal nearly twenty years ago, on the value of *Calcium carbonate* in the form of calcined oyster shells as a means of arresting the growth of cancerous tumors. In a case which he then reported, that of a lady nearly 80 years old, the growth sloughed away and left a healthy surface after a course of the remedy, as much as would lie on a shilling being taken once or twice a day in a little warm water or tea. He now reports another case of scirrhus of the breast, in the wife of a physician, in which the treatment was followed by an arrest of the growth and a cessation of the pain, the improvement having now lasted

for years, and no recrudescence having thus far occurred. He urges that the remedy can do no harm, and that the *prima facie* evidence in its favor is stronger than that on which, at Dr. Clay's recommendation, the profession lately displayed an extraordinary eagerness to try Chian turpentine. He would restrict the trials to well-marked cases of scirrhus, and insists that no benefit should be looked for in less than three months."

This is very significant, and shows how our opponents are insensibly tumbling over our remedies.

Respectfully yours,

EDWARD FORNIAS, M.D.

A work which promises to be of great value to the medical world will be published some time during the coming autumn, under the title of *A Clinical Materia Medica*, being a course of lectures delivered at Hahnemann College, Philadelphia, by the late E. A. Farrington, M.D.; they were reported phonographically, and are now edited, with the assistance of the lecturer's manuscript, by Clarence Bartlett, M.D., of Philadelphia, and revised by S. Lilienthal, M.D., who has lately removed from New York to San Francisco. Dr. Bartlett tells us that the number of remedies treated exhaustively is about 150, and that over 500 are incidentally treated. Some of these lectures were published in the *Hahnemannian Monthly* and other leading homœopathic journals several years ago, and they were at once translated and published in every foreign homœopathic journal. The book will be thoroughly indexed. We are unable to say what the price will be, but due notice, no doubt, will be given, and the work, when published may be ordered through our house.

From a report of a joint meeting of the Homœopathic Medical Societies of Albany and Rensselaer counties, N. Y., published in the *Medical Times*, we cull the following: "Dr. Schwartz related three cases of chronic headache cured by *Epiphegus virg.* One case of particular interest was that of a man who had had headaches on an average of two a week for a number of years. He commenced taking the remedy a month ago, since which time he has had no return of the headache." *Epiphegus* seems to be a wonderful remedy in many kinds of headaches; our readers will doubtless recall cases, reported in previous numbers of the RECORDER, in which it was very efficacious in sick headaches. It may be obtained at our pharmacies and agencies in any desired form.

In our May number we wrote: "We heard of a case in Pennsylvania lately, where the friends of an insane person requiring a surgical operation, tried in vain to get homœopathic treatment. The New York Asylum at Middletown seems to be the only institution of the kind in the East." In this paragraph we unintentionally wronged the asylum

at Westborough, Mass., under superintendence of N. Edmonds Paine, M.D., which was but recently opened. We very gladly make the correction, and we are quite sure that these lines will be the first intimation to a good many homœopaths, all over the world, that there is a well-ordered and well-conducted homœopathic hospital and asylum for the insane at Westborough, Massachusetts. If there are any others, it might be well for them to let their whereabouts be known.

Dr. Henry Detwiller departed this life on April 21st, 1887, at his home in Easton, Pa. He was born in Langenbruch, Switzerland, on the 13th day of December, 1795; came to this country, landing at Philadelphia, in 1817; he administered the first homœopathic dose ever given in Pennsylvania, July 23d, 1828, and was rewarded by a speedy and complete cure. Since then, he has been a student, practitioner, and champion of the principles of homœopathy. Dr. Detwiller practiced medicine for seventy-two years, and when gathered to his fathers was the oldest homœopathic physician in the world.

We have permission to quote the following testimony of the value of Dr. Cushing's *Leucorrhœa; Its Concomitant Symptoms, and its Homœopathic Treatment*:

BOSTON, April 22, 1887.

A. M. CUSHING, M.D.

MY DEAR DOCTOR: In answer to your inquiry, I am happy to say that your book on *Leucorrhœa* is, from my experience, the best help we have in the treatment of this disease; and every physician should possess it to aid him in selecting the true remedy.

Fraternally yours,

O. S. SANDERS, M.D.

Dr. Thayer also writes the author as follows:

BOSTON, April 21st, 1887.

I have used this little book some ten years or more, and have found it a valuable help in the treatment of uterine affections. The remedies in the various affections are well selected, and their application is appropriately explained.

Respectfully, etc.,

DAVID THAYER, M.D.

Extract from a letter from Dr. C. Hering:

"I am glad to get the book. I use it often, and shall keep it always on my table as a book of reference."

Extract from a letter from Dr. H. N. Guernsey:

"It is a valuable book, and will save much time and labor as a work of reference. I shall not only use it myself but shall recommend it to others."

Price of book to physicians, 80 cents; by mail, 86 cents.

Gaillard's Medical Journal (May) contains an account, by John S. Dickson, M.D., Pittsburgh, Pa., of a "case of successful enucleation after laparotomy of a fibroid attached to the fundus uteri." The patient was a married lady, aged 24; the incision made was thirteen inches long and the tumor, removed after a difficult operation, weighed eleven pounds and two ounces. "During the period of eleven days intervening between the operation and the day she left her bed for the first time, the patient's diet consisted entirely of the J. P. Bush Manufacturing Company's Bovinine, with a little milk, and of stimulants. Other foods were tried, but she could not retain them. On the nineteenth day the patient was discharged from the hospital."

ALEDO, ILL., June 7th, 1887.

MESSRS. BOERICKE & TAFEL :

You have done good service to the profession by bringing to their attention the virtues of the *Tarantula cubensis*. My use of this new remedy has not been very extensive, but the results obtained, when taken in connection with its provings and repeated confirmations in practice by Dr. Navarro, leave no doubt in my mind of the peculiar niche it is destined to fill in our therapia. Carbuncle is the special disease where it is indispensable, and here it takes a position which no other drug can fill. Analogous conditions, such as malignant abscesses and poisoned wounds, would necessarily be included within its reach. Like others of our remedies, it is no specific for a disease, but it does control certain conditions and trains of symptoms very likely to arise in many of these cases. To compare this remedy with others, I should say that it included the virtues of several remedies indicated, and which one is tempted to give *seriatim*, in order to cover the symptoms. It has the high fever and restlessness of *Aconitum*, the severe local pains and redness of *Belladonna*, the burning and paroxysmal pains and chills of *Arsenicum*, the high temperature, soft quick pulse, and often the dark-red hue of *Rhus tox.*, and seems to promote the suppuration process much more rapidly than *Hepar*. A remedy like this adds additional emphasis to those who contend for the single remedy, and is bound to take its place, like many of our new remedies, when this theory can be successfully maintained.

Dr. Navarro, of Cuba, mentions several cases of carbuncle and abscess where the suppurative process had extended over large space. To this I can add a case of carbuncle on the back of the neck, attended with erysipelas of the scalp, where *Tarantula cub.* proved the right remedy in the right place. The denuded spot was about the size of a large letter envelope, and was destructive to all tissues down to the muscles, so that the articulations of the cervical vertebræ were plainly visible. There was great restlessness, severe burning pain, sleeplessness, tongue thickly coated all over, yellow at the base; some thirst; pulse soft, broad, and rapid.

After checking the erysipelas with *Rhus tox.*, and being somewhat disappointed with the slowness of *Hepar* in promoting suppuration, the temperature being 103° to 104°, *Tarantula cub.*, 7x, was exhibited with most remarkable effect. All symptoms rapidly gave way, and during the first twenty-four hours the temperature had fallen two degrees, the next to 99°, the burning pains came at longer intervals, with less severity, the spells of sleep grew longer, and suppuration was rapidly established. This was a case where unfavorable results had been generally conceded, and I am satisfied that without the *Tarantula* they would have been fulfilled.

As for its use in diphtheria I have no personal confirmations, but being analogue of *Lachesis*, with so many symptoms of *Belladonna*, which the *Lachesis* does not approach, I am as well satisfied as one can be when reasoning *a priori*, that it will cover more cases of this disease than any other single remedy. Indeed there is sufficient evidence of this fact already adduced.

I am glad to be able to mention this good word for the new addition to our materia medica, and I can only hope that you will continue to keep it before the profession.

Yours, etc.,

J. W. REYNOLDS.

We call attention to the new advertisement of Messrs. Wells & Richardson Company in this edition of the *Recorder*. Lactated food is well known and has many friends among homœopaths. It may be had at our pharmacies.

In His "One Hundred Days in Europe," now running in the *Atlantic Monthly*, Dr. Oliver Wendell Holmes, writing of a hotel at Great Malvern, England, says: "The room I was shown looked out upon an apothecary's shop, and from the window of that shop stared out upon me a plaster bust which I recognized as that of Samuel Hahnemann. I was glad to change to another apartment, but it may comfort some of his American followers to know that traces of homœopathy—or what still continues to call itself so—survive in the Old World, which we have understood was pretty well tired of it." In the year 1843 the "Autocrat" tried to kill homœopathy in his *Homœopathy and its Kindred Delusions*. He didn't succeed; it still lives, and, what is more, grows enormously, and we fancy the doctor knows this, and the foregoing is about as pretty a piece of whistling to keep the courage up as we have seen lately.

Good Words.—So little of the *Recorder's* space has been devoted to self-laudation that we feel our readers will pardon the subjoined extracts from our mail, received mostly since our last number went forth;

and we also thank the writers of these, and other letters of a like nature, for their good words. From Toronto, Ontario, we received the following frank letter:

I cheerfully enclose one dollar, subscription to *Homœopathic Recorder* for '87, as the evidence increases from number to number that your editor is a capable *chef de cuisine*, who culls wisely from an abundant market, and improves at every meal in the arrangement of his table and the appetizing flavor of his dishes. Heretofore I have read your *Recorder* as an *advertising* sheet, but now think a meal at your *table d'hôte* well worth the fee you ask.

Another physician from the north writes of the *Recorder*:

Almost indispensable to the advanced physicians of our school.

From Erie, Pa., and italics the writer's:

I consider it a *most valuable* journal.

From Kansas:

The article on the curative sphere of *Aurum muriaticum natronatum*, by Dr. Tritschler in No. 3, if correct and reliable, is worth many times the whole year's subscription.

From Vermont comes a letter of similar tenor:

The last year's issue abundantly paid for itself in the number that brought the new remedy *Antimonium arsenicosum*.

In this connection we might repeat that, with the last number of the volume, will go a most thorough index, and as the *Recorder* aims at being a practical journal, a volume of it thoroughly indexed will make a valuable work of reference. From Wisconsin comes the following sentiment pleasing to publishers' hearts:

I have enjoyed your *Recorder* for the past year, and wish to promote its existence.

Cleveland, O., sends us the following:

The introduction we get to new remedies is worth twice the price of subscription.

From Massachusetts:

It contains many excellent articles, and I hope in the near future to welcome it monthly.

Thanks for the hope. Sound timber is of slow growth. Another Massachusetts friend writes:

It is the best journal that comes to my table for the money. Make it a monthly.

From New Hampshire comes this, which we will certainly endeavor to merit:

Your *Recorder* is the keystone of our homœopathic journals of to-day, and I wish it success.

We will close these interesting mail gleanings (they are interesting to us at any rate) with the following from practical Kansas:

It is just what every homœopathic physician should subscribe for.

Christian Science.—A physician, and one in position to speak on the subject, said, not long ago, that in his part of the country—the far West—the “faith healers and mind curers” were seriously injuring the practice of physicians. Whether this is applicable to other parts of the country we do not know, but, judging from Dr. J. M. Buckley’s interesting article in the *July Century*, in which we are told that there are no less than ten “Christian science” or “mind cure” institutions turning out “healers” by the dozen (and this does not include “faith curers”), it would seem as though it must apply to some extent. These “colleges” give “diplomas” and charge students all the way from twenty-five to eight hundred dollars for teaching them that anatomy, physiology, treatises on health, hygiene, diet, exercise, medicines and doctors are of no use; that sickness, even down to boils and ulcers, is but imagination, as also is insanity: “A bunion would produce insanity as perceptibly as that produced by congestion of the brain, were it not that mortal mind calls the bunion an unconscious portion of the body. Reverse this belief and the results would be different”—so says Mrs. Eddy, and she seems to be the mother of this craze. Arsenic, they say, kills because people imagine it does; people grow old because they imagine they do, and they die from the same cause; some day “Christian science” will make the world believe that old age and death are but imagining and will change these into imaginings that there are no such things as old age and death—and then these will not be. It is hardly possible that such sheer nonsense should last any great length of time.

The undoubted “cures” these people make seem to be mostly cases of those who are suffering from the effects of strong medicine, and the ceasing to take it cures them, but the “mind curer” gets the credit and takes care to advertise it, and at the same time to conceal the many cases where, confronted by actual disease, she, or he, has ignominiously failed and the patient has imagined himself dead, and consequently is so. The mind healer also seeks by every means to inspire confidence; “the encouraging words of the healer on departing,” say Dr. Buckley, “are not without effect, differing as they do from the uncertain or preternaturally solemn forthgivings, or ill concealed misgivings, of many ordinary physicians.” Those who wish to get an insight into the ways of mind curers cannot do better than read Dr. Buckley’s paper.

The following from the *Medical and Surgical Reporter*, July, shows “the cause”:

“The question has been asked whether homœopathy is on the increase, and, if so, the cause. I can answer emphatically *yes*. Many are having a very lucrative practice, from the fact that they make a visit and furnish the medicine for \$1, while the regulars charge for visit and prescription \$2, and in addition the druggist will charge from 75 cents to \$1.50 very often, which makes it very expensive, besides the trouble of

going after it; and, at night time, matters are delayed in rousing up the druggist, etc. Then, too, many are fearing mistakes. Then, again, many look back to former days, when doctors furnished their medicines; and they were excellent doctors. I know from personal observation that those who furnish their medicine are getting very fine practice, and I verily believe the time is not far distant when the regulars will be compelled to furnish their remedies, which could be done with much less labor than forty-five years ago, when I commenced the practice of medicine. I observe another fact, that many druggists are becoming wealthy in a few years. Many patients go to them for advice and medicine to avoid the doctor's fee, and they have the very best formulas on hand to resort to. I remember, five years ago, I gave Maj. King a prescription for a cough mixture, at a time of general colds. It had the desired effect, and becoming known in that locality, the druggist put up in one week over twenty bottles of "Maj. King's Cough Syrup." Now, if I had furnished the medicine, I should have had the benefit.

DR. P. P. WERNER.

WASHINGTON, D. C., June 18th, 1887.

The following extract, from a note received by us from a physician at Essex, Vermont, is interesting: "I have another victory to score for *Epiphegus vir.* in sick-headache. One or two doses completely broke up a headache in which *Chionanthus*, etc., had been unavailing."

A chatty barber once told us that tight fitting hats caused baldness, by keeping the air away from the hair, and in proof of his assertion he advanced the undeniable fact that no man is bald below the hat-line—if we may so speak. The barber's theory is not new, and is in conflict with a *Popular Science* writer who holds baldness is entirely due to the hat that "constricts the bloodvessels which nourish the hair-bulbs," or, in other words, to the dignified stove-pipe or the hard felt hat.

We have received a copy of the "First Report of the Camden Homœopathic Hospital and Dispensary Association," of Camden, N. J., covering the years 1885-86. It shows a record of 1968 cases treated in the dispensary, and 280 in the hospital, of which no less than 253 were surgical. Among the receipts we notice \$1950 from the city of Camden "for the care of the poor," which speaks well for the city of Camden. The hospital began modestly and is growing, as it deserves to.

That yarn about the homœopath whose treatment failed,— he who gave *Hepar sulph.*, third decimal, whilst the allopath cured the patient by giving the sixth decimal, and who in response to the homœopath's "I gave him *Hepar* myself!" replies, "Ah, you didn't give it high

enough; I gave the sixth," is, we are inclined to believe, a sun-myth, or, if not that, surely a very fidgety little yarn; we have treed it in half a dozen cities, but each time it airily pops up in another. Not only is its home hard to fix, but the ailment also is very skittish, and if it keeps on it will in time take in all for which *Hepar* is given.

An article published recently asserts that vaccination is the cause of diphtheria, and the writer claims that he has never met with a case of diphtheria in an unvaccinated child. The editor of the *American Homœopathist* also admits that he never has, but says that under various names diphtheria "can be traced back to a time when vaccination was not dreamed of, but a little thing like that should not be allowed to stand in the way of so brilliant a discovery."

Æsculus Hyppocastanum Cerate.—This preparation, used for many years as an external application in cases of hæmorrhoids characterized by strong pressure at the anus, accompanied by peculiar stitching pains as if the skin around and within the anus were dried and shrivelled up, was formerly usually made by subjecting Mother tincture of *Æsculus hyppocastanum* rubbed up with *Petrolatum*, to a gentle heat until all the liquid had been dispelled and the active properties incorporated with the vehicle. A few years ago it was discovered that *Æsculus cerate*, made by digesting the nut itself with *Petrolatum* and then subjecting it to a moderate heat until all moisture had evaporated, yielded a far superior preparation. We have disposed of hundreds of gross of the Cerate made with the Mother tincture, and it gave good satisfaction; however, as that prepared from the nut itself is preferred by many, we have secured a large supply, and can furnish it at the usual rates.

The Dangers of a Milk Diet.—"That milk is not always a good thing for adults is well known; but it seems that an exclusive milk diet may even bring on dilatation of the stomach, emaciation, and many other distressing symptoms. A patient illustrating this fact was recently shown by M. Debove at the Société Médicale des Hôpitaux. The man had had alcoholic gastritis, and lost thirty-six pounds under a milk diet."—*Medical Record*.

Guernsey's Key-Notes to the Materia Medica to physicians, postage included, \$1.87. A valuable work.

The Prescriber, by Dr. John H. Clark, is a book for the prescriber's desk, not for the study. Sent, post paid, \$1.18.

SPLINTERS.

Socialism is defined by a witty writer as our "natural propensity to heave bricks at respectable persons."

The reader somehow feels injured and tricked when a person in a novel has heart disease and doesn't die.

Revenge, a blood-chilling new novel, has a villainess and "she was six foot four"—the biggest on record.

Warner found a seven-years-old boy in a sleeping-car "out west" one morning who, when asked how he had slept, replied, "Well, thank you, as I always do in a sleeping-car."

"'Death loves a shining mark' and he hit a dandy when he turned loose on Jim."—Arizona newspaper.

A Siamese teacher defines "Wig—hypocrite hair," "Bullet—son of a gun," "Daughter—a girl son."

"The cat has splinters in its feet" was the way a child explained the matter.

"Jugulate" is a new word from the West; it is derived from "jug—a jail."

More school English. "Spine—a collection of small bones extending from the head to the feet."

Specialists in laryngology, ophthalmology and dermatology are now known to flippant students as "throat-men," "eye-men" and "skin-men."

A slangy microscopist speaks of his slides as his "toboggans."

An old, uncracked chestnut: What would happen if an irresistible Force should meet an immovable Obstacle?

Few people go round the world, but we all go round with the world—once every day.

"Yankeries" is a new word and it's English, you know, for things American.

The proper little miss in *Ruddygore* was left in a basket, hanging to a door knob, "with a change of linen and a book of etiquette."

"There is a fallacy somewheres if we could only see it" says another and troubled one of *Ruddygore*.

One dollar a year, Messieurs, is all we ask for the *Recorder*.

Probably it is the prominence of the beautiful bride that caused the thoughtful man to remark, "I have noticed there are more women get married than men."

"Her tired spirit was released from the pain racking body and soared aloft to eternal glory at 4.30 Denver time." Rocky mountain obituary.

A gentleman at the opera made a knot in his handkerchief so as not to "forget that charming melody."

When told that the rear car in a train was the one generally smashed the old lady asked why they did not leave it off.

A graceful carriage in entering or leaving a carriage is difficult to acquire—so is the carriage.

The man who snores should be rapped in slumber.

"Do you know the gentleman who gave you money just now?" asked one blind beggar of another. "Only by sight." Paris wit.

"Positive *sick*; comparative *better*; superlative *well*" was the way a healthy minded little one in a grammar class put it.

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PROVING OF OXYTROPIS LAMBERTI ("Loco" Weed).

BY WM. S. GEE, M.D., ADJUNCT PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

OXYTROPIS LAMBERTI, Pursh.—*Commonly taller, as well as larger, than other varieties (the scapes often a foot or more high); silky,—and mostly silvery-pubescent, sometimes glabrate in age; leaflets from oblong-lanceolate to linear (4 to 16 inches long); spike, sometimes short-oblong and densely flowered, at least when young; often elongated and sparsely flowered; flowers mostly large (often an inch long, but sometimes much smaller), variously colored; pod, either narrowly or broadly oblong, sericeous pubescent, firm-coriaceous, half-inch or more long, imperfectly two-celled. Includes O. Cuneata of Hook, Fl. Bor. Am., in part. Common along the Great Plains from Saskatchewan and Minnesota to New Mexico, Texas, etc., and in the foot-hills.—From Coulter's Manual of the Botany of the Rocky Mountain Region.*

"LOCO" WEED—RATTLE WEED.—This plant, according to information gathered by Parke, Davis & Co., belongs to the order of Leguminosæ—the great bean family. It is one of the poisonous members of that family. It is found in California and New Mexico.

It is a perennial plant, with herbaceous or slightly shrubby stems, the foliage remaining green during winter when grass is scarce, and so attracting animals that would otherwise probably instinctively shun it. The plants do not appear to be equally poisonous at all seasons or in all localities, and it has been doubted whether the active properties they possess are due to a normal constituent of the plant. No medicinal use has ever been made of these plants, although their poisonous character has often led to the suggestion that they might be found valuable. No

physiological study has been made of the action of the poison, and no complete chemical analysis has as yet appeared.

The stockmen speak of it as causing intoxication in the animals which eat it, and a prominent symptom is the "loco" condition, in which the power of co-ordination is lost or greatly limited. They cannot readily readjust for changes in gait, etc. A horse travels on level ground, but finds great difficulty in changing to pass over an elevation or depression, or, when going uphill, he has great difficulty in starting downhill; it is difficult, when he is still, to impress him that he must go, and as difficult to stop him when desired. The same rule applies to eating and other necessaries. Such a horse is said to be "locoed." Professor Hawkes procured specimens from which Bœricke & Tafel made a tincture. To further test the merits of the remedy, the students of the class at Hahnemann Medical College of Chicago kindly participated in a proving.

Professor Hawkes received some reports from his group, but has mislaid his papers, and he is unable to give in detail the symptoms produced. He stated, however, that the principal action corroborated that given above.

During 1886-87 term I made another attempt, and a few reports were received. The remedy was given by number, that the prover should not know what he took, nor the strength of it. Some were given the θ , others $1x^d$, $2x^d$, $3x^d$, $12x$ powders, $30x$ powders, and some higher.

A few reported "no effect" from the θ . The following includes the report from five persons:

1. (Mr. S. P. F., 10 drops of θ .)
2. (Mrs. W., 10 drops of $3x^d$ repeated.)
3. (Mr. G. H. A., 15 drops of $3x^d$.)
4. (Mrs. P., powders of $12x$ repeated.)
5. (Mrs. L., powders of $30x$.)
6. (Mrs. L., powders of $12x$.)

SYMPTOMATOLOGY.

Mind.—Great mental depression, ^{1, 3}. Cannot think or concentrate his thoughts, ^{1, 3}. Very forgetful of familiar words and names, ³. No life, ³. Disinclination to talk or study, ³. Wants to be alone, ³. Is better satisfied to sit down and do nothing, ³. Feels perfectly despondent, ³. A feeling as if I would lose consciousness, ⁵. All symptoms worse when thinking of them, ^{1, 3}.

Sensorium.—Strange sensation about the head, ⁴. A feeling as if I would lose consciousness, or as if I would fall when standing, ⁵. Sense of fulness of the head, and of instability when standing or sitting, ⁶.

Head.—The head has a feeling of great pressure, especially on moving the eyeballs, ⁴. Head hot, ⁶. Was unable to move around on account of this strange, uncertain feeling of numbness, with prickling sensation in left arm and hand, ⁴. Full, uncomfortable feeling in the head, ⁵. Slight headache in vertex and occiput in forenoon, over the eyeballs

about noon,¹. Pain in the helix of the ear for two or three minutes, then pain commenced between the eyes and went in a straight line up over the head and down to the base of the brain,². Pain across the base of the brain,² ("gone in a minute or two"). Dulness in frontal region, must lie down,⁴. Pain in occipital region is constant since 1 P.M.; heavy ache, as if a weight were attached to the lower edge, pulling it back, but pain does not extend down the back,²; all stop at 3 P.M.,². A pressing headache from 2 to 5 P.M.,³ (on 2d day). Awoke with slight pressing pain in forehead, which increased gradually until about 2 P.M., and then gradually decreased,³. Pain, dull and heavy, in the head, with sense of pressure,⁴. Head very sensitive, < on the side on which I lie,³. Pressure upon the head disappearing after sleep,⁴. Dull, heavy feeling in the head, with uncertain gait and walk, so that she was obliged to lie down, when she fell into a deep sleep and woke up with the metallic taste.

Eyes.—Feel dull and heavy, blurred, pupils dilated,³,⁴. When reading, it seems as if a light were reflected from a bright copper plate seen at the left side, as if the light were at the end of the room,⁶. Pain in the eyeball,⁴. Pain over the right eye,⁶.

Ears.—Roaring sound in the ears,³.

Nose.—Very dry; scabs form in the nose,³. Frequent violent sneezing, with fluent coryza in the evening,¹. Nose feels as if sunburnt; red and shining, especially on *alæ*.¹ Feeling of pressure over the bridge of the nose,¹. Fluent coryza, somewhat bloody,¹.

Mouth.—Very dry, especially in the morning,³. Metallic taste in the mouth, strongly marked,⁴. Gumboil on left lower maxillary; profuse saliva,¹. Pain in left lower maxillary,¹. Tenderness of all the molars,¹.

Throat.—Slight inflammation of the pharynx, a "husky" feeling,¹. Dry and sore,³.

Eating and Drinking.—Appetite gradually increasing,¹. Appetite good; symptoms, < after eating, > after an hour,². Loss of appetite,⁶ (unusual).

Nausea and Vomiting.—Eructations, as after taking soda-water (after each powder), with colicky pains,⁵ and looseness of the bowels (constipated before taking the remedy),⁵. Eructations, empty, frequent,¹. Slight nausea, all day at intervals,² (first day). A very tired, languid feeling all forenoon, accompanied by nausea on lying down, passing away on getting up, and returning on lying down again (not at night).

Stomach.—Tenderness in the epigastric region,¹. A kind of pressing soreness,³. Cold during the chill,².

Abdomen.—Sharp, lancinating pains all through the abdomen, early in the evening,³ (observed but once). Sharp pain, running from right to left across the bowels for several minutes, followed by a very strong desire to go to stool; entire relief after stool; slight griping pain in the region of the umbilicus, working down at 8 P.M., followed at 10 P.M.

by discharge of flatus; full feeling in abdomen, causing short breathing after lying down in bed,¹

Stool.—Symptoms marked and constant.—Fæces of the consistency of mush, and slip through the sphincters in little lumps, very similar to lumps of jelly,³. Stools dark brown, or like jelly,³. Urgent desire for stool, sometimes removed by passing wind; quantity normal,³. Sore feeling in the rectum,³. Crawling sensation in rectum as if little worms were there,³. Stool inclined to be hard; unsatisfied feeling, as though not done,¹. Stool solid at first, then diarrhœa,¹. Movement of the bowels at an unusual time,² (6.30 P.M., had moved the morning of same day). Sharp pain from right to left across the bowels, followed by very strong desire for stool,². Stool, first hard, then loose,². Entire relief from pain after stool,².

Urine.—Symptoms very marked,³. Characterized from the first by a very profuse flow of clear, or almost colorless urine, nearly the color of water,³. Three to four times the normal quantity,^{3, 1, 4, 2}. When thinking of urinating I had to go at once,³. No sediment whatever,^{3, 1}. Pain in the kidneys, hardest in right, with some tenderness,¹. At the expiration of every two or three hours after stopping the remedy, there was an enormous flow of pale, straw-colored urine, and with this would gradually disappear the metallic taste which was so marked,⁴. Free urination, dark in color, no distress,². Urine scanty, and looked like that of a child troubled with worms, light red-colored stain on bottom of vessel,² (second day). Awoke with a heavy pain in the kidneys,² (third day). Urine clear on passing, but becomes as above described on standing,² (third day). During day urine scanty, with considerable irritation, as if the muscles of the bladder were contracting, > moving about,².

Male Sexual Organs.—From being naturally of a passionate nature, the *desire* and *ability* diminished to impotence,³. No sexual desire or ability,³. Bruised feeling in the testicles, beginning in the right and extending to the left—came on after going to bed,¹. Occasional pain, of short duration, in glans penis,¹. Pain in testicles, worse with extension along spermatic cord and down thighs,¹ (third day).

Sexual Organs, Female.—At 1.30 P.M., felt a pain in left ovary, like something grasping or holding tightly for about an hour, then disappeared,².

Larynx.—Slight accumulation of mucus in the larynx, hard to cough it up.²

Breathing.—Short and quick breathing from the full feeling in the abdomen,¹. Hard breathing, as though lungs and bronchi were closing as the chill passes off.

Cough.—A dry cough, from any little exercise,³ (eleventh day). A short, hacking cough, with tightness across the chest,² (third day).

Lungs.—Oppression at 9 P.M.,¹ (first day).

Heart and Pulse.—Palpitation, after lying down at night, for 15 to 20 minutes,¹ (seventh day). On going to bed, pain, like a wave, over the heart,² (second day), < lying down. Pulse 84, intermittent,² (2 P.M. of third day).

Outer Chest.—A warm, tingling sensation over left chest, just under the skin,² (lasted five minutes).

Neck and Back.—Neck pains. Pain and stiffness of the muscles of the back of the neck.

Upper Extremities.—Stitching pain in right wrist for half an hour, leaving a tired feeling in joint,². At 12.30, a sharp, cutting pain running from point of shoulder down front of chest to point of hip-bone, going suddenly.² Flesh feels as though she had taken a heavy cold,². Sharp pain, with coldness, from left shoulder-joint extending down the arm < in shoulder-joint, >sleep; goes away gradually,⁴. Prickling sensation in left arm and hand,⁴.

Lower Extremities.—Stitching pain in right leg and knee-joint for half an hour, leaving a tired feeling in the joint,². Hard pain in the left big-toe joint,². Pain inside of left leg from the groin to the knee,².

Extremities in General.—Flesh on under side of limbs sore,². Sore feeling of all the muscles of the right side of the body². All the pains come and go quickly, but the muscles remain sore and stiff,². Frequent fine pains all over the body until 3 P.M., when all disappeared and felt as well as usual,².

Position.—All pains better when moving about and when in the cool air,². Nausea, heart symptoms, and breathing, < lying down,^{1,2}.

Nerves.—At 10 A.M. a very sick, exhausted feeling appeared,².

Sleep.—Not very sound,³. Dreams of a pleasant or lascivious character,³. Wakes often,². On rising feels sad, weary, despondent,³. Twitching of the muscles on falling asleep roused him,³ (once three or four nights). Dreamed of spiders, bugs,² (first night), of swimming in water,² (second night—am not in the habit of dreaming).

Chill.—Chill at 11.40 A.M., beginning in back between shoulders, down over body to feet; stomach feels cold; pains all over body during chill; a peculiar sensation of crawling or contraction of the abdominal muscles, hardest about the navel, lasted about half an hour,². As the chill passes off a smarting in the throat and a feeling as though the lungs and bronchi would close up, making breathing very difficult; chill lasted until 1 P.M., followed by perspiration of palms of the hands and soles of the feet; the changeable pains remained until 3 P.M., when all disappeared,². No thirst in either stage,². Felt badly for three days at same hour as chill,². For four weeks on every seventh day had a chill with all the above symptoms; the coldness of the spine was continuous for eight weeks, and was then removed by Gelsemium,².

Notes from the Provers.—1. "These symptoms disappeared so gradually that I could not tell just when they finally left me: "pain in the

testicles; ^bcopious urination; ^caccumulation of mucus in the larynx; ^dpain in the kidneys. One peculiar character of *all* those symptoms which lasted for more than one day was that *thinking of them invariably made them worse*, and that they were not affected in any other way, as by motion, position, time of day, etc., except the palpitation of the heart and breathing, which seemed worse on lying down. The symptoms were aggravated every alternate day without an entire cessation." (No. 1 took single dose of 10 drops of *θ*.)

3. "The mental depression became so great that I was compelled to discontinue its use. (No. 3 took the 3x^d, and repeated at intervals.)

4. "Previous to taking the remedy there had been a long standing condition of vertigo. Vertigo when sitting up, when lying down, < by people moving about, and the attacks lasted two or three days at a time. This has never been experienced since taking the first powder. Whether the removal of this cerebral depression was directly traceable to the primary influence of the drug, or resulted indirectly, I am unable to say. Suffice it to say it has entirely disappeared, and with it the uncertain movement in walking, the severe pain in the head and the feeling of compression. At the expiration of every two or three hours after the remedy was discontinued there was an uncommon flow of pale, straw-colored urine, and with this gradually disappeared the metallic taste in the mouth which was so marked. The first small powder removed the vertigo." (No. 4 took 12x powders.)

6. "I was obliged to stop the powders, as such mental depression followed that I feared I would be unable to continue my studies." (She took 30th first and later 12x powders.) The great mental depression with vertigo, uncertainty of gait (incoördination), aggravation of symptoms when thinking of them (monomaniac tendency), profuse urination of clear urine, metallic taste, and better after sleep, make a group which (from some clinical use of the drug) we can predict will give a valuable sphere to this new drug.

Note-Book of Prover No. 1.—Jan. 10, 1886. I am of medium light complexion, 5 feet 6 inches high, weigh 135 pounds, with thin skin; given to thinking about two things at once; am generally better during cold weather; at 2.30 P.M. to-day I took 10 drops of contents of vial No. 9.

Jan. 10. Frequent violent sneezing with fluent coryza in evening; tenderness in the epigastric region, 10 P.M.; slight griping pain in region of umbilicus working down, at 8 P.M.; followed at 10 P.M. with discharge of flatus; feeling of oppression in lungs, 9 P.M.

Jan. 11. Slight headache in vertex and occiput in A.M., over the eye-balls about 12 P.M.

Jan. 11. Nose feels as if sunburnt, red, and shiny, especially on alæ; bruised feeling in testicles, beginning in right and extending to the other, come on after going to bed.

Jan. 12. Less able to concentrate thoughts; feeling of pressure over bridge of nose (continued till 1.18); slight inflammation of pharynx, "husky" feeling; stool solid at first, then diarrhœic; occasional pain of short duration in the glans penis; pain in testicles worse with extension along spermatic cord and down thighs; pain of rheumatic character, lasting but one or two minutes at a time for a few times, at lower end of left radius; pain streaking along the course of ulnar nerve from the tip of fourth finger.

Jan. 13. Fluent coryza, somewhat bloody.

Jan. 14. "Gumboil" on left lower maxillary; urine increased but normal in color, no sediment; slight accumulation of mucus in larynx, hard to cough up.

Jan. 15. Tenderness of all the molars; breath short and quick on account of full feeling in abdomen after lying down in bed; rheumatic pains, with weakness in the left knee.

Jan. 16. Profuse saliva; stool inclined to be hard but unsatisfactory, feeling as though not done; weakness of both knees.

Jan. 17. Pain in left lower maxillary; appetite has been gradually increasing; eructations empty, frequent; pain in kidneys hardest in right, with some tenderness; after lying at night palpitation of heart for from 15 to 20 minutes.

From this date to the present time the symptoms following have gradually disappeared, so gradually that I could not tell just when they finally left me. The symptoms referred to are: the pain in the testicles; copious urination; accumulation of mucus in larynx; pain in the kidneys.

One peculiar character of *all* those symptoms which lasted for more than one day was that thinking of them invariably made them worse, and that they were not affected in any other way—that is, motion, position, time of day, etc., except the palpitation of heart and trouble with breathing, which seemed worse on lying down. The symptoms were aggravated every alternate day without an entire cessation.

Note-Book of Prover No. 2.—Mrs. W.; in good health; medium height; nervous temperament; married; physician. Dec. 24, 1885, at night, took 10 drops of liquid [3d dec. of Loco]; no symptoms; dreamed of swimming (do not dream usually).

Dec. 25, morning. Took 15 drops; soon followed by free urination, dark in color, no pain; slight nausea all day at intervals; movement of the bowels at an unusual hour (6.30 P.M.); had moved at usual time in the morning; sharp pain running from right to left across the bowels for several minutes. Strong desire for stool, followed by movement, first part hard, followed by loose, free movement; *entire relief after stool*, felt all night until 8 o'clock, when a warm tingling sensation passed all over the left chest just under the skin, lasted about five minutes; no

other effects until bedtime; on going to bed felt a pain like a wave coming over the heart; dreamed of spiders, bugs, etc.

Dec. 25, evening. Took 15 drops.

Dec. 26, morning. Felt a tightness across the chest with a short hacking cough, soon passing away; a tired, languid feeling all forenoon, accompanied by nausea on lying down, relieved by getting up, returning on lying down again; stitching pain in right leg and knee-joint, also in right wrist-joint, lasting about half an hour, then going away, leaving a tired feeling in the joints; flesh on the under side of limbs that ached felt sore all afternoon; appetite good, but all symptoms aggravated by eating, and ameliorated within an hour; some sore feeling in muscles of right side of neck; pains thus far all on right side of body, except chest and heart pains. At 12.30 a sharp cutting pain running from point of shoulder down front of chest to point of hip-bone lasting about three minutes, going away suddenly; also pain and stiffness in muscles in the back of neck; a hard pain in left big toe-joint; all the pains come and go quickly, but the muscles stay sore and stiff after pain is gone; this is characteristic of the drug action wherever it causes a pain; pain in helix of left ear (for two or three minutes), then pain commenced between the eyes, and went straight up over the head and down to base of brain; heavy aching in lumbar region for a short time. Pain across base of brain—gone in a minute. Next pain down inside of left leg from groin to knee; flesh of hands and arms feels as if I had taken a heavy cold; pulse 84 at 2 P.M. and intermittent; the pain in occipital region has been constant since 1 P.M., and heavy ache as if a weight were attached to the lower edge, pulling it back, but pain does not extend down the back of neck or back; frequent fine pains all over until 3 o'clock, when all disappeared and felt as well as usual; urine during day scanty, and looks like that of a child troubled with worms; has a light-red color, a stain on bottom of vessel; on lying down at night a repetition of heart symptoms same as night before.

Dec. 27. Awoke with a heavy pain in the kidneys, also with same chest pains and a harder, hacking, dry cough; urine clear on passing, but becomes the same as on day before on standing; during day urine scanty and had considerable irritation, muscles of the bladder seemed to contract, all bad feeling going away on moving about until about 10.30 A.M., when a very sick exhausted feeling came on; on lying down had same nausea as on day before (not at night); all symptoms seem to be relieved by motion and going into the cool open air; bowels did not move yesterday, but moved this morning about ten o'clock; same pains as before; on rising took 15 drops more; at 11.40, while sitting by the stove, chill, commencing in back between shoulders, went down over body to the feet; stomach also feels cold; during chill had a repetition of all the pains of yesterday, but more severe; also a peculiar crawling in the bowels which I cannot describe; seems like a contraction of the muscles—hardest around the navel, lasted one-half hour; as chill goes

off a smarting in the throat and a feeling as if the lungs and bronchi would shut, breathing very hard, quite an effort to fill the lungs; chill passed off about one o'clock with slight perspiration of palms and soles, with changeable pains as on day before until 3 P.M., when all disappeared; no thirst in any stage; at 1.30 felt a pain in left ovary like something grasping or holding it tightly for about an hour, then gone; same pains returned in bowels as before movement; stool thin, yellow, and no odor; felt bad at same time for three days, then for four weeks on every seventh day had a chill with all the symptoms recorded; after the first chill the cold feeling in the spine never left for eight weeks, and was then removed by taking a dose of Gelsemium.

Note Book of Prover No. 3.—Friday evening, Jan. 9, 1886.—I began by taking 15 drops.

Saturday, Jan. 10. Slept better than for several nights previous; did not dream. Intense desire to urinate in the morning; urine profuse all day, and of a light straw-color; urine had a very strong urinous odor. *Every time I thought of urinating there was an urgent desire to do so; this was especially marked all day.* Felt sad all day. Headache from 2 to 4 P.M.; a pressing headache.

Sunday, Jan. 11. Did not sleep so well; dreamed some; awoke at 4 A.M., feeling very stupid and weary. Urine very profuse, and clear like water; no sediment whatever in the vessel after urine had stood over night, and no change in color. Stools slip from anus like lumps of jelly. A pressing headache from 2 to about 5 P.M.

Monday, Jan. 12. Dreamed considerably last night; dreams of a pleasant character; mouth very dry in the morning on awaking. *Throat sore.* A kind of a pressing soreness in the stomach. A crawling sensation in the rectum, as if little worms were there. *The sphincters seemed relaxed, and the feces would slip through in little lumps very similar to lumps of jelly.* Stools of a dark brown color. *Sexual desire greatly diminished.* Roaring sounds in the ears. Mind seems weak; cannot study with usual vigor; seemed to forget. Urine profuse, and of a watery color. Very chilly all day, though there was considerable sweating of the feet and under the arms; very sensitive to cold air. Eyes feel dull; pupils dilated.

Tuesday, Jan. 13. No new symptoms, nor aggravation of the preceding. Tuesday evening I took 15 drops.

Wednesday, Jan. 14. Slept tolerably well, but awoke with a slight headache, which continued all day. Urine very clear and abundant; stools continue like little jelly lumps. Sharp, lancinating pains all through the abdomen in the early evening. Dryness of the nose; scabs form in nose. Head seems very sensitive on the side on which I lie. Did not take any more for a week.

Jan. 19. Took 15 drops in the evening.

January 20. Urine unusually profuse and clear; stool the usual consistency, and jelly-like. A slight pressing pain in forehead, as from weight; slight in the morning, but gradually increased till 2 P.M., and then gradually went away.

January 21. Dreams, of a lascivious character. Stools, of the consistency of mush, of a carrion smell, passing like jelly lumps; urine very profuse and clear; when I think of urinating I must go at once. From any little exercise, a dry cough. *Back feels very weak.*

January 25. Took 10 drops in evening.

January 26. Took 5 drops in morning. Urine increased in quantity, and of very light color.

January 27, evening. Have had a very greasy taste in my mouth all day. *Mental depression; no life.* Flow of urine increased; sexual desire lessened; stools the usual consistency. *Thinking of any symptom makes it more intense.*

January 28. Took 5 drops night and morning. Urination is very profuse; inclination for stool is very urgent, but is thoroughly removed by the passing of wind. No sexual desire at all; there is almost impotence. *Disinclination to talk or study; want to be alone.* No inclination to work; feel better satisfied to sit down and do nothing.

The above are the daily records of the symptoms as noted. The mental depression became so great that I was compelled to discontinue its use. I used about two thirds of the amount given me. A few other symptoms noted in another book are given in the summary.

SUMMARY.—Mind.—Great mental depression. Cannot think or concentrate my thoughts. Very forgetful of words and names that I know well. *No life.* *Disinclination to talk or study; want to be alone.* No inclination to work; feel better satisfied to sit down and do nothing. *Feel perfectly despondent.*

Urine.—Symptoms very marked; characterized from the first by a very profuse flow of clear or almost colorless urine; nearly the color of water; urgent desire to urinate; the amount was from three to four times the normal amount. When thinking of urinating I had to go at once. No sediment whatever.

Stool.—Symptoms marked and constant. Fæces of the consistency of mush, and would slip through the sphincters in little lumps, very similar to lumps of jelly. Color of stools like jelly, or dark brown; inclination for stool was very urgent, but was sometimes removed by passing wind; quantity of stool no more than normal; sore feeling in rectum.

Sleep.—Not very sound; dreamed considerably; dreams of a pleasant or a lascivious character; awakens often; on rising feels sad, weary, despondent. A twitching of all the muscles just as I would go to sleep, which would arouse me; this was felt three or four nights, but only once each night.

Abdomen.—Sharp, lancinating pains all through the abdomen early in the evening (observed but once).

Head.—A pressing headache from about 2 P.M. to 5 P.M., on two days. Awoke with slight pressing pain in forehead, which increased gradually until about 2 P.M., and then gradually decreased. *Head very sensitive*; worse on the side on which I lie.

Mouth.—Very dry, especially in morning.

Nose.—Very dry; scabs form in nose.

Ears.—Roaring sounds in the ears.

Eyes.—Feel dull, heavy; pupils dilated.

Throat.—Dry, and sore.

Stomach.—A kind of pressing soreness.

Rectum.—A crawling sensation, as if little worms were there.

Back.—Feels very weak in region of kidney.

Sexual Organs.—MARKED. From being naturally of a passionate nature, the desire and ability diminished so much that it might properly be called *impotence*; no sexual desire or ability at all.

Very sensitive to cold air; chilliness, with sweating in arm-pits and of the feet.

P.S.—Am 25 years of age; weight, 180 pounds. Feel perfectly healthy every way when I get away from this Chicago climate.

Note Book of Prover No. 4.—Trituration. First proving. January 8. 11.30 P.M., one powder. At 12 M. noticed a sharp pain, commencing in left shoulder and followed down the arm, but centred more particularly around the shoulder-joint, remaining until after sleep.

January 10. Took one powder at 9.30 A.M.; shortly after, the pain in left shoulder returned, accompanied by feeling of coldness, extending the whole length of arm, lasting about two hours, then gradually wearing away. Had forgotten about taking the powder until reminded by the recurrence of the pain. At 6 P.M., same day, took another powder; along with the pain in arm and shoulder came dull, heavy pain in the head, with sense of pressure, and pain in eyeball; pressure upon the head, but disappearing after sleep; metallic taste in the mouth.

January 15. At 7.30 A.M. took two powders, and after 8 o'clock had strange sensation about the head, with feeling of great pressure, especially upon moving the eyes; was unable to move around on account of strange, uncertain feeling of numbness, with prickling sensation in left arm and hand. Same day, at 3.30, took one more powder; the dull, heavy feeling in head continued, without the numbness, but the gait and walk were so uncertain that I went to bed, and fell into deep sleep, and upon awaking in the morning the metallic taste in mouth was strongly marked.

January 24. This is the first day of proving since the last date, and, in order to investigate thoroughly the therapeutic property of the drug

and decide upon its sphere of action, took at 9 A.M., three powders; was perfectly free from pain at the moment of swallowing; in about one half-hour the eyes commenced to blur; there was, at the same time, dulness through the frontal region, so much so, was obliged to lie down; the pain in arm and shoulder was like rheumatism; the pupils were dilated; and the result of this experiment was but a repetition of the previous symptoms—the metallic taste in the mouth being more decided than before.

Clinical.—Previous to taking the remedy, there had been a long-standing condition of vertigo; vertigo when sitting up, when lying down, aggravated by people moving about, and the attacks continuing two and three days at a time; this has never been experienced since the taking of the first powder. Whether the removal of this central depression was directly traceable to the primary influence of the drug, or, whether it resulted indirectly, *or how it* was modified, I am unable to determine; suffice it to say, it has entirely disappeared, and with the uncertain movement in walking, the severe pain in the head and the feeling of compression, there was no return of *this* symptom (vertigo).

At the expiration of every two or three hours after discontinuance of the remedy, there was an enormous flow of pale, straw-colored urine, and with this would gradually disappear the metallic taste in the mouth, which was marked.

Whatever this drug is, I am very susceptible to it; during this proving strict hygienic and dietetic measures have been adhered to; coffee, tea, acids, and spices have been banished; and I find a small powder has been sufficient to determine the therapeutic character of the drug as well as greater doses.

Note Book of Prover No. 5.—(30x powders). (Dark hair, stout, widow, had one child.)

January 7, 1886. Took first powder at 10 P.M.; followed immediately by eructations as if I had taken soda-water; continued with the remedy, with no symptoms except these, colicky pains, looseness of the bowels (constipation was marked when I began).

Thursday, January 14. A feeling as if I would lose consciousness, or as if I would fall when standing; full, uncomfortable feeling in the head.

January 16. New potency (12x powders).

January 17. Pain over right eye.

January 19. Constant pain in upper part of right lung for two hours. When reading, seems as if a light were reflected from a bright copper plate seen at the left side, as if the light were at the end of the room.

January 20. Head hot, feet cold, sense of fulness in the head, and of instability when standing or sitting.

January 22. No appetite (unusual).

HOMŒOPATHIC THERAPEUTICS.

Treatment of Migraine.—By *Dr. P. Jousset*. Translated by Helen M. Cox, M.D.—Homœopathy is frequently successful in the treatment of migraine; but, to be efficacious, the treatment demands a study of the minutiae of the patient's symptoms and great perseverance in the use of remedies.

The chapter by Richard Hughes on Cephalalgias, aside from the question of much and important information on the chief remedies for migraine, is full of confusion, because the author does not clearly recognize migraine as a distinct neurosis, and arbitrarily establishes a nervous, congestive and gastric cephalalgia.

Migraine is a neurosis characterized by violent pain, at first in the parietal region, accompanied, when at its height, by nausea and vomiting. Migraine is paroxysmal, and, like other neuroses, is hereditary, and may alternate with various other neuroses, especially gastralgia.

Does migraine exist as an essential malady? In nearly all cases it is a gouty or, what is the same thing, a hæmorrhoidal affection. Is it symptomatic of herpes circinatus? It alternates or is conjoined, as we have said, with other neuroses, especially with hysteria and hypochondriasis.

In his most interesting work on the "Diseases of the Nervous System" Grasset agrees with the opinion of our school on the relations of migraine with other diseases, and defends it with great ability (p. 608).

Migraine presents for study, in view of its treatment, a common, a benign and a retinal form.

I. TREATMENT OF THE COMMON FORM.—This treatment may be divided into two chapters: Treatment of the disease; Treatment of the paroxysms.

A. Treatment of the Disease.—*Nux vomica*, *Sanguinaria*, *Iris versicolor*, *Digitalis*, *Calcarea carbonica*, *Pulsatilla*, *Natrum muriaticum*, *Stannum*, *Sepia*, *Silicea*, *Cocculus* and *Causticum* are the main remedies for the common form of migraine.

1st. *Nux vomica* is the drug most often indicated; it is suitable for gouty and hæmorrhoidal patients, who compose four-fifths of all those suffering with migraine. The migraine which is cured by *Nux vomica* begins in the morning on waking and increases during the day, with nausea and vomiting during the paroxysm; aggravation by intellectual activity, motion and rest; and the pain extends to the occipital region, where it often becomes more intense than anywhere else.

Dose and mode of administration.—The 12th and 30th dilutions are those which I use almost exclusively. Like all the other remedies for the cure of migraine, *Nux vomica* should be given in the intervals between the attacks. Should these be very frequent, the drug should be prescribed immediately after an attack; one dose morning and evening

for four days. If the attacks recur regularly every month, the remedy should be given after the attack, as we have just said, and during another period of four days immediately preceding the next. When the paroxysms are quite irregular, the *Nux vomica* is to be administered during a period of four days every fortnight.

2d. *Sanguinaria Canadensis* is the second remedy in importance for migraine, and should be preferred to *Nux vomica* in women whose menses are too profuse and accompanied with migraine. The pain is extremely severe, with *bilious* vomiting, electrical shootings through the head, odontalgia, otalgia, pains in the limbs and shiverings. As in *Nux vomica* the pains begin in the morning and increase during the day. According to Dr. Mills, of Chicago, the attack is preceded by scanty micturition, and its disappearance is accompanied by profuse excretion of colorless urine.

Dose and mode of administration.—I shall make the same remarks as on *Nux vomica*. In some cases, where migraine accompanies the menses every month, I have used *Nux vomica* and *Sanguinaria* in alternation; *Nux vomica* for four days before the periods, and begun with *Sanguinaria* immediately upon the appearance of pains in the head, or, if these be absent, on the fourth day of the period.

3d. *Iris versicolor*.—This remedy, to which Dr. Claude has called attention in France, is most important in the treatment of migraine, as well as the two already described; it suits well when bilious and frequent vomiting is present; obstinate constipation is also one of its indications. We shall return to *Iris versicolor* in speaking of the retinal form of migraine.

Dose and mode of administration.—The same as for *Nux vomica*.

4th. *Digitalis*.—This is a new comer in the treatment of migraine, whose old pathogenesis truly included excessively violent pains in the head and bilious vomiting. But it is since the publication of a work upon *Digitalis* by Dr. Marc Jousset that the action of this remedy in migraine has been pointed out. *Digitalis* is suitable when the pains are violent, accompanied by heat in the head, coldness of the extremities, frequent bilious vomiting.

Dose.—Until now *Digitalis* has been used only in the mother-tincture. Two drops morning and evening are prescribed in the interval between attacks.

5th. *Calcarea carbonica*.—This is a very old remedy for migraine, indicated by the following symptoms: nausea and eructations, *icy coldness* in the head; it begins in the morning, often on the side on which the patient has been lying; is increased by intellectual exertion, by walking and by *shaking*.

Dose and mode of administration.—The same as for *Nux vomica*.

6th. *Pulsatilla*.—This remedy is far less frequently indicated than the preceding; it is suitable in migraine which begins in the evening, is

accompanied by general chilliness and a malaise like that of indigestion; the pains are lancinating and throbbing; amelioration on being quiet in the open air.

Dose and mode of administration.—The same as for *Nux vomica*.

7th. *Natrum Muriaticum*.—This drug has been little used; it is indicated in migraine which begins in bed in the morning; diminishes on rising and walking slowly about; it increases on the contrary on walking quickly. The migraine is accompanied with nausea and vomiting.

Dose and mode of administration.—The same as for *Nux vomica*.

8th. *Stannum*.—A remedy thus far little used, but strongly recommended by Hughes. His indications are terrible pains with vomiting; *very painful constriction around the brow and temples*, general coldness, great relief after vomiting. The action of tin corresponds to the crescendo and decrescendo character of the pain, so common in migraine.

Dose and administration.—The same as heretofore.

9th. *Sepia*.—This remedy is recommended by Richard Hughes in the treatment of chronic migraine, especially in women subject to leucorrhœa and sweat in the feet and in the axillæ. The pains appear suddenly; they are more marked in the morning, and accompanied with flashes of heat, stiffness of nape of neck, and nausea; they are aggravated by walking in the open air.

Dose.—The 12th or 30th. When there is much leucorrhœa it is well to prescribe from the 1st trituration to the 10th during several consecutive weeks.

10th. *Silicea* is prescribed by Bähr. The indications are: rush of blood to the head, great sensitiveness of the scalp, alopecia; sweat on the head; pains ascending from the neck to the head.

Dose.—30th dilution.

11th. *Cocculus*.—The migraine of *Cocculus* is that which is accompanied with the state of vertigo and nausea peculiar to this remedy. The pain is seated particularly in *the frontal protuberances and left orbit*; it is aggravated by eating and drinking, by standing and walking in the open air.

Dose.—The same as for *Nux vomica*.

12. *Causticum*.—Hemicrania with nausea and vomiting. The pains are felt in the morning on awaking; they are increased by moving the head and walking quickly. Sometimes the suffering increases gradually, then suddenly diminishes.

Dose.—As for *Nux vomica*.

B. *Treatment of the Attack.*—All the remedies whose action we have just reviewed are almost or entirely useless during an attack of migraine; they should be given in the intervals to diminish the paroxysms, or, better still, cause their complete disappearance.

The remedies for the *attacks* are mainly *palliative*, having no influence on the course of the disease. The chief remedies of this class are: Caffèine, Morphine, Glonoine, Aconite, Belladonna, Veratrum, Guarana.

1st. *Caffeine* is one of the best remedies for quieting the attacks of migraine; we give it in doses of twenty-five centigrammes of the 1st dec. trituration, one every half hour.

2d. *Morphine*.—This remedy is very successful. It is administered in doses of two to four drops of 50 per cent. solution hypodermically.

3d. *Glonoine* is indicated when the cephalalgia is accompanied by pulsation in the head, flashes of heat, a sensation like swelling in the head, red face, very strong arterial pulsation, impossibility of keeping the head covered.

Dose.—One drop of the 1st dilution every half hour.

4th and 5th. *Aconite* and *Belladonna* have sometimes relieved an attack of migraine; they should be given in the mother tincture.

6th. *Veratrum* is indicated by extreme pains inducing delirium, with cold sweats and fainting fits. The pains pulsate and are accompanied with stiffness of the cervical muscles.

Dose.—One drop of the mother tincture every half hour, up to twelve drops.

7th. *Guarana* or *Paullinia* and *Deris* are dangerous remedies.

II. TREATMENT OF THE RETINAL FORM.—This form of migraine is essentially characterized by visual disorders: vertical or horizontal hemiopia of one or both eyes, scotomata, sparks, sometimes complete blindness. In this variety there have been observed frightful symptoms of temporary paralysis of the tongue, and even hemiplegia.

In some cases the attacks consist solely of visual disorders, pains in the head being entirely absent. Galezowski has described well this species of migraine, and affirms that in spite of its alarming symptoms, it is of no real gravity.

The principal remedies are: *Belladonna*, *Iris*, *Phosphorus* and *Spigelia*.

1st. *Belladonna* is the drug which has given the best results; it is indicated in visual disorders, with symptoms of paralysis and very severe pains in the head, aggravated by noise and light.

Dose.—6th and 12th dilution.

2d. *Iris versicolor*.—This remedy, for which we have already given the indications in the treatment of ordinary migraine, is also remedial in the retinal form, because of one special symptom which it presents, *i. e.*, the patient sees a spot in front of the eye on the side which is affected.

Dose.—6th and 12th dilution.

3d. *Phosphorus*.—The pathogenesis of *Phosphorus* presents the following set of symptoms, demanding its use in the treatment of ophthalmic migraine: pain in the head above the left eye, with black spots flickering before the eyes, temporary blindness, cephalalgia, with vomiting. *Dose*, 6th and 12th.

4th. *Spigelia*.—Its characteristic is a frightful pain in the eye-ball, as if it were being torn, dilatation and immobility of the pupils, amblyopia and temporary blindness. *Dose*, 3d to 12th.—*L'Art Médicale*.

Iris Versicolor.—By *Dr. A. Claude*, of Paris.—Among the clinical indications which are given by different authors on *Iris Versicolor* we find among others: diarrhœa, dysentery, cholera infantum, megrim, sea-sickness. But they fail to mention a complaint in which I saw great benefit from *Iris—constipation*.

CASE I. When I began the study of homœopathy, infinitesimal doses found me a very skeptical convert. I had carefully noted cases where they were recommended. One day, I read in a German journal, the name of which I fail to remember, the simple indication: *Constipation, Iris Versicolor 30*. I was favored by fortuitous circumstances in this instance. For some time after I was called to a poor woman afflicted with heart disease, in consequence of which her abdomen and lower extremities were enormously swollen. The absolute constipation withstood the most potent purgatives which the allopathic doctor administered, in addition to several tappings. Digitalis and the Mercuries had been exhibited in vain. It was absolutely necessary to remove the hard masses of fœces. The case was desperate, and I felt justified in trying an experiment which possibly might benefit the patient. I prescribed *Iris vers. 30*, 4 drops in six ounces of water, of which a spoonful was to be taken every hour. On the succeeding morning the patient had had a more than copious evacuation of rather liquid fecal matter, and the ascites had vanished. The morbid symptoms reappeared after a few days as intense as ever, but *Iris 30* had the same favorable effect. This contest lasted for some time, until the poor woman, devoid of all means, was forced to enter a hospital, in which she died soon after.

CASE II. Count P., 36 years of age, small, corpulent, hæmorrhoidal, has an enormous appetite, sleeps regularly after each meal, locomotion impeded, has renounced all sports, in which formerly he excelled. Count P. is also frequently afflicted with attacks of megrim and vomiting, which confine him to bed for whole days. Pain is located in the forehead, implicating also the eyelids. Noise, light, and motion aggravate. Patient has a constipation for which he had used clysters, purgatives, thermal springs, without effect; he had also been treated already homœopathically, but to no purpose. Neither his heart nor lungs were affected. At 16 years of age had been afflicted with an attack of renal colic.

Iris versicolor seemed to be indicated. I gave him, during office-hours, a few pellets of *Iris 30*, and accompanied him at his request to his mother. We had not been on the road ten minutes when the Count was forced to rapidly enter the nearest dwelling, where he had a pa-pescent, painless stool. He could not recall having had such an irresistible call to stool in fifteen years. *Iris versicolor 30* has become a precious remedy for the Count. He is using it now since for four years;

his constipation is better, and the attacks of megrim are fewer and of less intensity.

CASE III. Mrs. Erl . . . , æt. 43 years, Irish, small stature, black hair, blue eyes, sprightly temperament, and the complexion slightly icterous, lives almost exclusively on strong tea and coffee. Has hæmorrhoids and persistent constipations. Menses irregular, accompanied by megrim; forehead and eyes are affected, is sensitive to light and noise; I visited this sick lady one day, while her son-in-law, an allopathic physician, was present, who informed me that she could not receive on account of her indisposition. He stated that, for years, he had tried various treatments without success, and that he would like to see this case treated homœopathically.

I gave her at once *Iris versicolor* 30, and Mrs. E. shortly after had a copious evacuation of liquid yellow fæces. She then slept for an hour, and was able to get up. Her son-in-law took heed of this effect, and promised to give *Iris versicolor* a trial at the next opportunity. When next she menstruated, the same symptoms supervened; he gave *Iris* in mother tincture; result, *nil*. My colleague came to me, and twitted me on my credulity. I gave him a vial of the 30th dilution. He returned it the same evening, asked my pardon, with the remark, "*Iris* did the work."

Doctor B. has not yet become a convinced homœopath, but he diligently studies our *Materia Medica*, and has become an *eclectic*. As for his mother-in-law, she continues the use of *Iris versicolor* 30 with the best of success.

CASE IV. Mad. C. . . , æt. 28, blonde, sanguine temperament, afflicted with a persistent, obstinate constipation. Has a passage only every 18 or 20 days, in spite of clysters and abuse of drastics. For five years has had attacks of liver colic recurring every month; they do not coincide with the menstrual period, and necessitate a season at Vichy every year. Appetite good, all functions normal, no icteric color. Every attack of colic is accompanied by intolerable megrim. Has then a sensation as if her eyes were being closed, and as if the pain descended from the forehead to the eyelids. This pain is pressive, persistent, and is aggravated by light and noise. Duration of attacks of megrim from two to three days. I was called to Mad. C. on account of an attack of colic. The constipation had then persisted for twenty days; menstruation had just appeared. The constipation, with the accompanying headache, as also the well-known action of *Iris* on the liver, induced me to prescribe that remedy, and I left two powders of the 1st trituration, to be taken at intervals of half an hour; I intended to secure the drastic action of this remedy. I was recalled in the afternoon; the pains had become intolerable; no stool; the patient rolled herself about in bed, crying and weeping. I gave, instead of the 1st trituration the 12th dilution, of

which I put a few drops into water, and gave her a spoonful at once, I then gave some additional directions to her attendants, when a lady friend, who had remained with Mad. C., requested us to step out for a few moments. I was soon recalled, and was shown a small amount of soft, yellow, and very thick fæces. The pains in the liver were considerably lessened; directed that the remedy be continued hourly until my return in the evening.

After my departure, Mrs. C. had *eight* such passages, the colic as well as the megrim had ceased, but every stool was accompanied by violent tenesmus. I omitted Iris, and gave Chamomilla 12. The night was very good, and Mrs. C. was well next day.

In the six months following Mrs. C. had only one attack of megrim and renal colic. My patient feels well, and I flattered myself at having made a radical cure of that constipation with Iris. I changed the dilution; but have to admit a failure. After trying other remedies, I settled on Podophyllin, and this produces a passage about every five days. She denied being afflicted with hæmorrhoids, but later on it became apparent that she had been mistaken.

CASE V. Mad. R., æt. 28 years, one of my first patients, is the type of as pronounced a victim of hæmorrhoids as I ever saw. Bloody stools. Varices of the colon, pyrosis, megrim, etc. Has a passage only every fourteen to twenty days. A burning tenesmus is succeeded by a few scybala. Mad. R. appealed to a friend who thought herself a great homœopathic physician because she had a box of remedies and a small domestic work. Mad. R. had taken Nux v. and Sulphur, but without success. After I had succeeded in relieving her of some other affection, I was also consulted about her constipation. I accordingly prescribed Iris in the 6th dilution; the evacuations were no easier, and Mad. R. reported that, after every spoonful of medicine, she experienced a violent burning deep in the intestines. I gave the 12th dilution, and as soon as this burning ceased, Mad. R. had a copious stool of some still hard fæces, but of a much lighter color. This remedy has served her for many years, and even if the expected action does not always show itself as quickly as before, yet there is really an extraordinary alleviation of her former sufferings. The attacks of megrim occur very seldom, as well as the loss of blood per anum. Mad. R. has to have recourse at times to clysters of cold water, but these were absolutely without effect before Iris had been administered.

CASE VI. Mad. M., a dramatic artist, æt. 30 years, very lymphatic, has been afflicted in childhood with herpetic affections. Menstruation irregular, accompanied by uterine colic and megrim. The latter, which shows itself also independent of the menstruation, is located in the forehead and in the eyes, which are then very sensitive. Mad. M. is troubled with habitual constipation, without having hæmorrhoids; for this she

takes, every morning, a clyster of cold water. This palliative is of doubtful benefit, however, and the attacks of megrim, for some time now, recur oftener. Last February I was called for one of these attacks; constipation for ten days; *Iris versicolor* 12 was followed by an evacuation in two hours, and the megrim vanished. Since that time *Mad. M.* always uses this remedy, which has so far not varied in its action. The attacks of megrim are rare and especially less obstinate, and the evacuations are more numerous and more copious.

CASE VII. Children, as is well known, respond very promptly to medicines. In the last six months I had occasion to treat for constipation, eight children, three still nursing. Concerning five of these I was able to obtain conclusive information easily, and medicated globules of the 6th, 12th and 18th dilutions acted very well; but with nursing babies the diagnosis was somewhat more difficult. It was more a relative than a decided symptom with them. But in one case an obstinate constipation of the wet-nurse proved quite troublesome until I administered *Iris* 12, when nurse and baby speedily were relieved. In two other cases the two very healthy mothers were not constipated. But the crying of the little ones, their distorted features, and tympanitic abdomen called for *Chamomilla* 12, yet it accomplished nothing. Finally, *Rud-dock's Text-book* afforded me the following information:

Iris versicolor. *Violent flatulent colic.* Colic often yields to this remedy, after *Nux v.*, *Chamomilla* and *Colocynth* were exhibited in vain.

It would seem that this English author lost sight of some of the ætiological conditions of this remedy; for, while I had every reason to be satisfied with the effect of the 6th and 12th dilutions, its administration was followed by an evacuation within 10 to 15 minutes, which perfectly tranquillized the little patients. With one little girl of three years I had to continue the remedy for two days on account of a recurrence of the symptoms. With a boy of six months, I had the same experience as with *Chamomilla*. After a time, the dilution seemed to have lost its peculiar effect which did not reappear until I changed to a higher attenuation.

Chorea cured by Magnesia Phosphorica.—By *Dr. John H. Clarke.*—*Gertrude S*——, aged six, was admitted to the London Homœopathic Hospital on March 30th, 1887. She had suffered from well-marked chorea during the preceding eight months, and the usual remedies for such conditions had been administered to her as an out-patient during the previous two months, with but small success. No definite cause was to be made out. The child did not suffer from worms, and there was no history of a fright. On admission she twitched all over during her waking hours, but was quiet during sleep. She walked

fairly well and could feed herself, but her speech was exceedingly defective. The heart's action was accelerated, but no abnormal sound was to be distinguished. Subsequently, however, a soft pre-systolic blowing sound was at times audible, as if the muscular fibres of the heart participated in the general spasms. The pupils were symmetrically dilated. Magnesia phos. was prescribed—two grains of the sixth decimal trituration, three times daily. The improvement which followed was slow but abundantly manifest. The general twitching became less; the articulation improved; the child took nourishment freely; slept well at night, and lost the scared expression so characteristic of the complaint. By May 17th no vestige of the chorea remained. On being directed to stand up, close the eyes, and hold the arms extended, she did so without difficulty. Subjected to the difficult test of walking blindfolded, she came through triumphantly. Lastly, her powers of speech had so much improved that, whereas on her admission the meaning of her utterances was a matter of pure conjecture, by this date her remarks were quite intelligible. Thus within seven weeks this obstinate case of a very troublesome disease yielded completely to Magnesia phos.—one of Schüssler's so-called "tissue remedies." No other medicine was given.—*Hom. World*, July, 1887.

Sciatica cured by Arsenicum.—By *Dr. J. H. Clarke*.—Jane P., a collar folder, aged 32, was admitted to the hospital, August 11, 1886. She complained of acute pain, referred chiefly to the inside of the right knee, but frequently shooting upwards to behind the trochanter, and at such times she experienced a sensation as if the leg were being violently flexed. She had suffered thus for five months. At one period the right foot had gone quite numb, and lately the pains had assumed a periodic character—increased in intensity from 11 P.M. to 4 A.M. She had formerly, at different periods, suffered from congestion of the lungs, dysentery, and gastritis. On admission the tongue was foul; pulse 96 and soft; viscera apparently healthy. Arsenicum 2 prescribed in drop doses every two hours, with a liberal meat diet. Under this treatment she began steadily to improve. By the 23d she was enjoying very good nights, interrupted by an occasional mild twinge. On the 25th an intercurrent attack of a dysenteric nature produced a slight aggravation of the hip pain, but the Arsenicum covered the bowel symptoms so well that there was no occasion to alter the prescription. On the 28th she was allowed to sit up, but on doing so she felt "as if every nerve in her body were being strained." Kept in bed, accordingly, for some days longer. On September 4th she not only sat up without any discomfort, but succeeded in bending the knee, a feat which she had not been able to accomplish for five months. Shortly she began to walk about, at first with the aid of a stick, and then without such help. She remained

in the hospital until September 10th, when she was sent to a convalescent home practically cured.—*Hom. World*, July, 1887.

The Bacillus Tuberculosis as an Ætiological Factor of Tuberculosis.—*A Clinical Contribution by Sanitäts-Rath Dr. Johannes Schweickert, of Breslau.*—On September 19, 1886, I was requested to undertake the treatment of Mr. Kaufmann Stegmann of No. 52 Friedrichstrasse. He was about 35 years old; about three months before had had an attack of pleuro-pneumonia and had been treated by three physicians. According to the statement of the patient's wife he had been given up by the physicians. He was very pale and anæmic, had high fever with profuse night sweats, considerable cough, continuing often for hours, and expectorated in the twenty-four hours at least one-third of a litre of offensive, clumpy, apparently tuberculous pus. I auscultated and percussed him, and found a large pulmonary abscess in the lower lobe of the right lung. At times he expectorated blood in not inconsiderable amounts. The right apex was free from trouble, as also was the left. The heart was not displaced, and repeated measurements of both halves of the thorax gave no difference between right and left. Vocal fremitus was imperfect on the right side but not wholly lost; on the left side it was normal.

After the most scrupulous estimation of all the morbid phenomena, I was not able to make a diagnosis of an isolated right-sided empyema without implication of the lung, but was compelled to hold to the view that a large focus of suppuration must have existed first in the lung and possibly broke into the pleural cavity, the purulent process, however, continuing in the lung and causing great destruction. I sent the expectorated matter to the Pathological Institute here, and requested that a thorough examination of the same for bacilli be made. The reply came that there were present in the expectoration tubercle-bacilli in plentiful amount. This intelligence depressed me greatly; still, as the right apex, predominantly the seat of tuberculous deposit, was free, as was also the whole of the left lung, I did not lose hope altogether.

The patient received now Kali carb. 30, Natr. mur. 30, as well as a few doses of Arsen. 30; and for hæmoptysis as intercurrent remedies Ergotin 2 and Arnica 3 were ordered. On October 5th I changed to Kreosot. 6, which he took uninterruptedly until December 8th. From this date he received China 6. He was continually annoying me to relieve his cough, and to give him morphia as the other physicians had done, but I explained to him that the cough was necessary to relieve his lung of the fetid pus. The amount of expectoration gradually lessened and its offensive quality disappeared by degrees. On November 19th the amount of the expectoration for forty-eight hours was only a tablespoonful, thin mucus and not clumpy. I again sent it to the Pathological Institute and received this report: "The specimen of sputum sent

was examined for tubercle bacillus but in vain; four preparations were gone over and no bacilli found."

The patient, whom I have seen only a few days since, rejoices in completely restored health; he has neither cough nor expectoration, complains no longer of shortness of breath, even on going up two flights of stairs, which he has to do frequently during the day; auscultation of the right lung gives an almost normal result, and only in its lower part are slight bronchial *râles*; there is in this part slight dulness on percussion, and the vocal fremitus is quite normal; the affected half of the thorax is not retracted.

This clinical history gives rise to the following questions:

- I. Is the bacillus the only cause of tuberculosis?
- II. Does it make any difference as to the development of tuberculosis whether the bacillus has invaded the apex or the lower lobe?
- III. Does not this case show that the bacillus, finding in a suppurating lung a favorable place, will establish itself there?
- IV. Or, is the bacillus the irritant cause of the inflammation and consequent suppuration?
- V. Can this case be considered non-tuberculous, in spite of the fact that in the sputum colonies of bacilli were found?

According to my view, this case shows that bacilli of tuberculosis may be found plentifully in the sputum, and yet the case may not be hopeless.

I am convinced that Kreosote is the remedy that rendered the chief service in bringing about this cure. This remedy is employed now by allopathic physicians in pulmonary tuberculosis, but in much larger doses. That in this case the sixth dilution was efficacious, is testimony that the remedy did not act as a bactericide, but that it acts through a specific regenerating influence upon the morbid tissues, giving them the power of resistance to the attacks of bacteria. In this way it acts in the homœopathic treatment of diphtheria towards the micrococcus diphtheriticus, and in cholera towards the cholera bacillus.—*Allg. Hom. Zeit.*, No. 18, Bd. 114.

Diabetes Mellitus Cured by Kali Bromatum.—By *Dr. Wenzel Heyberger*, of Protiwin.—Mrs. Leden, aged 68, widow of a schoolmaster, had been suffering for a long time and had been treated by several allopathic physicians. One day in March, 1883, her daughter came to me saying that her mother would have to die as all hope was given up, but she thought that homœopathy might give some relief to her mother's great suffering. Upon inquiring what ailed the mother, I was told that she had diabetes mellitus, and that all the physicians had said that there was no further relief possible. I had seen the patient previously a strong healthy woman and now found her a mere skeleton. I could find nothing in the history to help me except that two years before she had had a chronic hepatitis. Her present trouble began five months before when

she noticed a remarkably good appetite, although after meals she suffered from eructations and heartburn; she then noticed a great increase in the amount of urine secreted, and that she had to get up frequently at night to pass it, and from the repeated disturbance of sleep and weakness she concluded to call in a physician, but she only grew worse. I found her skin cool but in folds; perspiration seldom and little. She felt weak in the head, confused, memory impaired. Visual power impaired, she saw as if in a dark room, and even with the aid of her spectacles she was unable to read. Rushing and roaring in the ears; nose dry; dry feeling in the mouth; tongue smooth, slightly moist; swallows without difficulty; taste at times bitter, at others acid; she had a tormenting thirst for any and everything liquid; there was constant hunger, and after meals, six a day when possible, there were eructations, pressure in the stomach, and sensitiveness in scrobiculus; fulness in the hypochondriac regions; abdomen distended and tympanitic on percussion; stools difficult and delayed, yet readily moved by cathartics. Urinates readily but very often, every ten, fifteen, or twenty minutes, and each time a large amount. She is worse at night, for she has hardly laid down when she has to get up again, and can only get rest by taking morphia, and even then the unbearable pressure to urinate awakens her; she passes more than five litres during the night; the urine is pale, somewhat turbid, and smells like decoction of mallow; examination showed the presence of sugar in large amount; the urine soon ferments. Auscultation gave nothing abnormal either in heart or lungs; respiration weak and somewhat accelerated; pulse 50. Diagnosis of diabetes mellitus confirmed. Prognosis most unfavorable; for the advanced age of the patient, the long continuance and the severity of the disorder, the high degree of the accompanying emaciation made even a partial relief of suffering unlikely, not to speak of cure, so that the lethal ending was to be looked for through exhaustion and paralysis.

Our therapeutics was to be put to a severe test. What homœopathic remedy could offer much after the long use of quinine and morphia? Arsenicum? To this remedy I had no objection, yet it did not seem to be specifically related to the case. I concluded to try Kali bromatum, recommended by Moleschott, allopathically, for I had seen Kali jod., Tart. stib., etc., used successfully in homœopathic doses in the same conditions for which the allopaths recommend them. I gave twelve powders of the 2d dilution, one to be taken every six hours. I was not a little surprised at my visit the next day (as I expected to change the remedy if no improvement had taken place) to hear from the daughter that her mother had slept, was not so often disturbed, and had passed much less urine. Day by day the improvement continued, and with the lessening amount of urine the proportion of sugar also diminished. The next prescription was the same medicine given three times a day and then only night and morning.

Towards the end of April the improvement seemed to stop, and I feared that the remedy had only a temporary influence, and I now gave it in allopathic doses, but soon had to repent of doing so, and returned to the 2d dilution. The cure went on to completion and now, four years after, she, in her 72d year, is a tolerably active old lady.—*Allg. Hom. Zeit.*, No. 13, Bd. 114.

Polypus of the Larynx in an Adult—A Cure by Berberis.*—By *Dr. Charles Ozanam*, Paris. Translated by Helen M. Cox, M.D.—The Abbé X., 45 years of age, came to consult me in April, 1879, about a chronic hoarseness, with which he had been annoyed for over two years.

The hoarseness was constant, without periods of aggravation or exacerbation, and without pain. The patient being subject neither to bronchitis nor angina, there was little probability that the cause of the hoarseness was a chronic laryngitis.

In fact, an examination with the laryngoscope soon demonstrated the existence of a polypus on the superior vocal cord of the right side.

This polypus was red, with a sessile base, and formed a *projection* of 3 millimetres with about the same diameter.

At first I gave Thuja 30, extolled by Hendricks in a similar case, for six weeks with no result; then Thuja 3, which had no better curative effect. In July I began the use of Berberis, for which the exact indication is: tumors and sessile growths; I gave first the 200th, which produced a slight primary amelioration.

The following month, under the influence of Berberis 30, the improvement increased. In September I gave Berberis 3, and the tumor diminished in volume, or rather in consistency, as the diameter did not change, but the projection was only about one millimetre. Finally, Berberis, 1st decimal, given during the month of October, completed the cure, now six years ago. The voice regained its timbre, and the patient can use it without fatigue.—*Bibliothèque Homœopathique*, February and March, 1887.

Note on the Efficacy of Guaiacum in Acute Angina of the Tonsils.—By *Dr. Charles Ozanam*, Paris. Translated by Helen M. Cox, M.D.—Guaiacum is thus far little known as a remedy. Medical tradition seems to have limited its use to that of a depuratory in syphilis and gout in which it acts by its production of abundant sweats. Nevertheless it possesses other remarkable properties, among them that of curing, and very rapidly, quinsy or inflammatory angina, simple as well as phlegmonous. Its pathogenesis seems to us to indicate this, as we read in clear terms: *burning pain in the throat*. This valuable discovery,

* From a memoir presented to the International Congress at Bâle.

however, does not belong to the homœopaths, but is due to an English physician, Dr. Brinton, in 1857, and recorded in the *Lancet*. In 1881, Dr. Morris also made use of it. He prescribed Guaiacum in full doses, 2 grammes of the powder three times a day; this resulted in sweats and profuse urination, and the inflammation quickly disappeared. I have also tried this remedy, not in such full doses, but in the Hahnemannian dilutions, 1st decimal, 2d and 3d centesimal, with the same success, but without apparent crises, a proof that they are unnecessary, and are rather the medicinal than the pathological effects.

The following are three observations on patients treated by me:

1st Observation.—Mrs. X., 58 years of age, a servant, came to consult me in July, 1882, for a severe sore throat. The tonsils were much swollen, the uvula infiltrated, all the adjoining portions of the throat were almost in contact with each other, thus making deglutition most difficult; the mucous membrane was very red, speech was painful and nasal, the pulse was up to 120; the poor woman had really showed courage even in coming to me, but she lived nearly opposite my house. I hesitated between two remedies; Belladonna, because of the redness, Apis because of the infiltration, when I thought of Guaiacum, the unfailing efficacy of which I had read of in similar cases. Therefore I gave Guaiacum 1st decimal, 5 granules in a glass of water, a teaspoonful to be taken every hour. The following day I visited the patient, who was much better, pulse 100, throat less swollen but still very red; same remedy continued. On the third day the patient was cured; pulse 76; the inflammation in the throat had entirely subsided, there was no pain, and only a slight redness remained.

The same remedy was continued for three days longer by way of precaution. In the month of September the poor woman went home for some weeks during the absence of her master. While there she was seized with a severe attack of quinsy, which was treated by leeches and purgatives; in spite of these, it terminated by the ninth day in an extensive abscess in the tonsils. The patient suffered much, and longed for her former treatment which had so promptly ameliorated and so quickly cured.

2d Observation.—In 1883, in the month of July, the same person had a third relapse. This time the patient sent promptly for me, and it was quite time, the swelling being already considerable. She implored me not to condemn her to the leeches and purgatives which had done so little to cure her in the previous year, and which had left her with prostration and a convalescence of over a month. I gave her this time Guaiacum 2d dilution in granules, and I had the satisfaction of seeing the cure complete on the third day again.

3d Observation.—On the 6th of February, 1884, I was called in to see the Marquise de X., who had had a sore throat for four days. During the first days, the pain had been slight, but on the fourth day, the entire

throat became swollen; the uvula, the soft palate, and the pillars of the fauces became œdematous, and their increased size interfered with respiration, caused great oppression and attacks of suffocation. Pulse 110.

I prescribed Guaiacum 1st centesimal dilution, a teaspoonful every hour.

The patient, being uneasy about her condition, took the remedy carefully; from the following day the amelioration was marked, and two days more of treatment with Guaiacum 1st decimal, completed the cure.

Since that time I have had a dozen similar cases to treat, and always with the same success.

It is true, I have not as yet employed other than the three first dilutions; but I have no doubt of the efficacy of the whole series of preparations; this will be henceforth the object of my investigations.

I have cured equally well a case of chronic coryza with Guaiacum, which had lasted for two years and had been very rebellious; this showed me that its action was not confined to the throat alone, but extended into the nasal fossæ also.

On comparing the properties of this remedy with those of the others employed in angina, we notice that Guaiacum seems to have properties analogous to:

Belladonna, Apis, and Baryta carbonica. It appears to combine in itself the virtues of these three drugs. Thus, like the first, it succeeds in *erythematous* or *inflammatory angina* with *bright redness*.

Like the second, it does well in *angina* with *œdema* of the submucous tissues.

Like Baryta and Apis, it corresponds to *phlegmonous angina* with a tendency to *suppuration of the tonsils*. Therefore it is a valuable acquisition to the therapeutics of acute affections of the throat; and, besides its general action on the muscles and articulations in rheumatic and gouty affections, its well-defined specific effects in the guttural and pharyngeal regions should be recognized; its very general indication is here easily perceived.—*Bibliothèque Homœopathique*, February and March, 1887.

NEW REMEDIES.

A New Diuretic, Hygrophila Spinosa (vel Asteracantha longifolia).—By *William A. Jayesingha, L.C. M.C.*, Kurunayala, Ceylon.—*Hygrophila spinosa* vel *Asteracantha longifolia*—a prickly herbaceous plant common in the marshy places in the hotter parts of Ceylon, belonging to the natural order Acanthaceæ—was tried as a diuretic in several cases of dropsy with success in the Government Civil Hospital, Kurunayala. It is known as Ikkirie in Singalese, and Neermullie in Tamil. The entire plant is used in medicine; the practitioners of native

medicine in Ceylon consider it as one of the best medicines in dropsy ; it is given in the form of decoction, and locally it is used as a fomentation in cases of inflammation and in rheumatism. The ashes of the burnt plant, according to Dr. J. Shortt, in doses of about half a tea-spoonful twice or thrice a day, is a form of administration followed by native practitioners of India. Dr. Kirkpatrick states that he frequently employed it in dropsical cases, and it undoubtedly possesses considerable power as a diuretic. Dr. Gibson also bears testimony to its powers as a diuretic. It is also favorably reported by several of the surgeons of India.

The two following formulas for the administration of the drug are given in the Indian Pharmacopœia by Waring, namely: Decoction—take of asteracantha root one ounce ; water, one pint ; boil to fourteen ounces ; strain ; dose from an ounce to an ounce and a half daily. Acetum—take of asteracantha leaves, freshly dried, two ounces ; distilled vinegar, sixteen ounces ; macerate for three days, press and strain ; dose, four drachms to one ounce.

The mode of administration followed in this hospital is the following, namely: Two ounces of the dried plant are infused for half an hour in a pint of boiling water, and strained ; this quantity is administered in divided doses to one patient in the twenty-four hours.

A New Tæniifuge.—George H. Harris, L.R.C.P., etc., writes from Simla to the *Lancet* (July 23d, 1887), of *Embelia ribes*, called by the natives of India “bao-birang.” He has used this remedy for the past four or five years in cases of tapeworm amongst Europeans and natives with good results, and it is a favorite Indian remedy. He usually gives from one to four drachms (or even more) of the powdered seeds with milk or with curds, early in the morning, fasting, following it up some hours later with a purgative dose of castor-oil. The latter is nearly always needed, as the seeds are not purgative. The seeds are about the size and shape of pimento seeds, and are not unpleasant to take, being slightly aromatic in taste. The efficacy of the remedy is vouched for when given in full doses, repeated every morning if necessary ; not even the slightest ill-effects have been seen from its use.

Salix Nigra in Ovarian Pains.—Dr. J. Hutchinson, of Glasgow, says: “In many women pain in the ovarian region is a constant attendant upon the menstrual epoch. In some this is due to organic disease, but in a large number it is one of the manifestations of the neurotic temperament. And cases are met with in all degrees of severity, from a slight amount of discomfort along with indications of globus hystericus up to hystero-epilepsy in its most pronounced form.” With this remedy he has had results which he never had before while employing

the bromides, valerian, asafoetida, etc. In the Transactions of the Texas State Medical Association, Dr. Pain reports many cases treated successfully with this drug. He prescribed it in cases of ovarian hyperæsthesia, uterine neuralgia, etc., and also in spermatorrhœa and nocturnal pollution. "The most numerous class of cases in which I exhibited the drug were women of a nervous temperament, in whom the nervous irritability reaches its height at the menstrual period, when along with the general *malaise*, is added a very decided pain in one or other ovary. They also suffered from hemicrania, the pain being situated about the left eyebrow, and resembling the feeling as if a nail were being driven into the skull (clavus). Many of them, too, complained of pain underneath the left breast, and extending round to the back. On one or two occasions I have noticed patients complaining of the above symptoms, and in only a moderate degree, under favorable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they become hysterio-epileptics. . . . I have also given the drug in two cases of nocturnal emissions with marked benefit."—*British Medical Journal*, July 30th, 1887.

Apomorphine in Croup.—Dr. Alexander F. Samuels writes to *Therapeutic Gazette* that he finds Apomorphine of the utmost value in croup. He dissolves $\frac{1}{8}$ gr. (pellet form) in six teaspoonfuls of water and gives a teaspoonful every five or ten minutes until emesis results. The second or third dose usually does the work. When the child is past swallowing, the remedy is given hypodermically (of course in less water). He has no dread of croup, if only he has the Apomorphine pellets with him.

ITEMS OF GENERAL INTEREST.

Santonin Poisoning.—CASE I. In a child, aged 5, produced violent spasms at short intervals for several hours. Pupils widely dilated. She was kept in bed, and finally thoroughly restored.

CASE II. Scotch woman, aged 60, suffering from tapeworm. Santonin 2 grains, every twelve hours, was given. In twenty-four hours her sight was almost destroyed; pupils widely dilated, with sensation as if about to fall, and spasmodic respiration. After an enema, her sight returned, but for a week after everything was of a deep green color.

CASE III. A lady had been voiding long, round worms for several years. I gave her $2\frac{1}{2}$ grains of santonin with 10 grains of powdered senna, to be repeated in ten hours. She grew deathly sick, vomited

freely several times, was dizzy and out of her mind for two days; had painful and watery stools repeatedly for three days, and from the first dose everything was of the color of an orange; pupils dilated and limbs quivering. She recovered in ten days.—Odelia Blinn, M.D., in *Therap. Gaz.*, July 15th, 1887.

Fatal Poisoning by Arum Maculatum.—Two children were recently poisoned at Dogsthorpe, Petersborough, as is alleged, from eating some leaves of the plant commonly known as cuckoo-pint (*Arum maculatum*). One boy, aged seven, died after much vomiting and purging within twenty-four hours. We have some doubt whether the leaves were eaten, for, as a rule, at this season of the year they have died down or become shrivelled, leaving a pedicle closely set with bright-red berries. Probably the latter were ingested.—*Lancet*, July 30th, 1887.

A New Test for Morphia.—A novel and very beautiful test for the presence of small quantities of morphia ($\frac{1}{200}$ grain) has recently been suggested. To the solution to be tested add a few drops of strong sulphuric acid and about the same quantity of a solution of sulphate of sodium. Heat the mixture in a porcelain capsule, and directly it begins to give off sulphuric vapor cool it suddenly, when it assumes (if morphia be present) an intense violet coloration. If the mixture be further heated it turns brown, and when cooled the addition of a few drops of water determines a vivid red coloration, which turns a pale-green if more water be added. If at this stage an equal bulk of chloroform be poured into the mixture and well shaken, the chloroform becomes of a bright blue color.—*Brit. Med. Jour.*, July 9th, 1887.

Iodine as a Prophylactic against Croup.—The subject of the prevention of croup has been studied by Dr. Dumas for several years, and he has tried a great many substances with this object in view. The agent which he thinks best of is Iodine, given internally in quantities not exceeding eight drops daily. He quotes a number of cases where there was every reason to suspect an attack of croup, and where the use of this remedy appeared to prevent its onset.—*N. Y. Med. Record*, August 6th, 1887.

Tetanus Cured by Hypodermic Injections of Cocaine.—Dr. Lopez gives, in *London Medical Record*, the following case: M. G—, 50 years of age, after working in the wet and cold, complained of rheumatic pains of back and limbs. Three days later he had marked opisthotonos and painful cramps, and all the symptoms of idiopathic tetanus.

Chloral hydrate and Morphia were prescribed. For three days the patient was kept under the influence of these drugs, with the result that the pain was lessened, but the muscular rigidity and cramps increased. He now became unable to swallow, and death seemed imminent. Morphia was injected hypodermically, but was followed by no amelioration of the symptoms. Three syringefuls of the mixed solutions of Morphia and Cocaine (each 5 per cent.) were then injected. The effect was immediate. After two hours he could move the limbs, turn in bed, and open his mouth. On the next day he was going on well; slight trismus and stiffness of the neck remained. On both sides of the neck and at the angle of the jaw a fourth part of the syringeful of the same solution was injected. On the next day all the symptoms had disappeared. The patient rapidly regained strength, and in a week's time returned to work.

Toxic Amblyopia.—The papers and discussions at the Ophthalmological Society on the subject of tobacco amaurosis (for the effect of other toxic agents was hardly considered) showed a considerable unanimity of opinion on a subject of which our knowledge is comparatively recent. But a few years ago there were many, whose opinion was of weight, who entirely disbelieved in the power of tobacco alone to cause amblyopia; we doubt if there are any such now who have carefully examined the evidence. Some difference of opinion exists as to the effect of alcohol when used in combination with tobacco, but the evidence appears directly to contradict the opinion that the alcohol is the more potent agent of the two in the cases in which they are both used. The cases in which alcohol was taken to excess, and no tobacco was used, seem, indeed, to show that the amaurosis produced by this agent is not, as in the tobacco cases, limited to the central portion of the field, but is accompanied by concentric contraction; the cases, however, are too few to warrant positive statements on this point. It appears now to be well established that the amaurosis may come on while the patient is still smoking the same quantity and quality of tobacco that he has been doing for years; it would seem, therefore, that some determining cause is required. Mr. MacHardy's suggestion that this will generally be found in some nervous shock seems plausible; in some cases, no doubt, physical hardship, such as insufficient food or lowered vitality, simply as the result of age, may account for the onset of the affection. It is probable that the kind of tobacco has as much or more to do with the symptoms than its quantity, and it is curious how much ignorance exists as to the relative difference of strength in tobaccos. Among many of the working classes bird's-eye has the reputation of being stronger than cavendish or shag, probably because it is hot. All the speakers agreed as to the favorable prognosis in these cases provided the smoking is dis-

continued. It seems probable that this is the main agent in effecting a cure, for equally good results appear to have been obtained by Strychnine as by large doses of Iodide of Potassium.—*Brit. Med. Jour.*, July 9th, 1887.

Effects of Petroleum Vapor on the Health.—Wielczyk has given an account of the effect produced on the health by Petroleum vapor. His observations were made on workmen engaged in the Petroleum mines in the Carpathian Mountains. Crude Petroleum is a thick, oily, greenish-brown liquid, composed of gaseous, liquid, and solid hydrocarbons. The miners are exposed to an atmosphere which is vitiated with marsh-gas (0.30 to 10 in 1000), ethylene (8 in 1000), hydrocarbons, carbonic oxide, and often with sulphuretted hydrogen. Cases of asphyxia are by no means rare. Prolonged exposure to such an atmosphere gives rise to noises in the ears, luminous circles before the eyes, accelerated pulse, loss of consciousness, hallucination, and syncope. Hallucinations especially are very frequent. For example, a patient hears voices ordering him to remain at the bottom of the pit; another picks up stones which he mistakes for gold, etc. The action of these vapors sometimes resembles that of the opiates. A workman will sleep for sixteen hours at the bottom of the pit, being angry when awakened. On the other hand disease is very rare among the workmen. Wielczyk has seen acne artificialis produced by the irritating action of the Petroleum on the skin, and also a few cases of conjunctivitis, but affections of the respiratory organs are almost unknown. Phthisis was found in comparatively few cases, and in most of these there was marked hereditary proclivity. Wielczyk attributes the rarity of phthisis to the disinfecting action of the Petroleum gases. Petroleum, when taken inwardly, causes nausea and a feeling of faintness. Wielczyk has used Petroleum with success in articular rheumatism. It was also found to promote the healing of wounds. Inhalation of the vapor of Petroleum newly brought to the surface causes at first a peculiar sensation of lightness in the chest, freedom of the respiratory movements, and quickening of the pulse, but this is quickly followed by ringing in the ears and general weakness.—*Brit. Med. Jour.*, July 9th, 1887.

Perchloride of Iron in Anthrax.—Dr. J. Roessli, of Pfaffnau, following Steiger's recommendation, has tried Perchloride of iron in a case of anthrax in a girl aged 9, who had been living in a veterinary surgeon's house. There were two distinct morbid foci: a well developed pustule just within the left nostril, with brawny induration and considerable swelling of the upper lip and adjacent part of the left cheek, and an incipient pustule on the tip of the tongue. The affected parts were painted with *Liq. ferri sesquichloridi* every four hours; in all four

applications were made. The lingual pustule disappeared in twenty-four hours. After forty-eight hours there remained only a small, black, dry scurf at the site of the nasal pustule. Similar good results were also obtained by Steiger's method by Dr. Bachmann, of Reiden, in a case of carbuncle.—*Brit. Med. Jour.*, July 9th, 1887.

Poisoning by Pilocarpine.—Dr. A. G. Glinsky, of the Kharkov Alexandrovskaja Infirmary, reports a case of poisoning by pilocarpine—the first of its kind, according to the writer, in medical literature. A gentleman who had been in the habit of using a solution of pilocarpine as a stimulant for the hair, swallowed a considerable dose of the fluid instead of a solution of quinine. About five minutes afterward profuse perspiration, first of the face and then of the whole body, set in, together with salivation. These symptoms were speedily followed by dimness of sight, prostration, trembling of the limbs, a sensation of cold, noise in the head, and a general sense of confusion. On seeing the patient about an hour after the accident, Dr. Glinsky found profuse cold, clammy sweat in big drops on the face and body, coldness of the limbs, slight cyanosis of the hands and lips, a subnormal temperature; pulse 84, full, dicrotic; respirations 14; profuse salivation, great contraction of the pupils, spasmodic shiverings, general restlessness, extreme weakness, and trembling of the lower extremities. The treatment consisted of the internal administration of tannin and emetics, together with the hypodermic injection of atropin ($\frac{1}{30}$ of a grain, given in three doses). A quarter of an hour after the injections a striking improvement took place; the perspiration ceased, the pupils became dilated, and tremor disappeared, and on the following day the patient was quite well.—*British Medical Journal*, May 21st, 1887.

Unilateral Iodism.—Dr. Wm. Richardson Rice, in *British Medical Journal*, July 16th, 1887, reports the case of an elderly plethoric gentleman for whom he had prescribed three grain doses of iodide of potassium. Having taken it for about thirty-six hours he then passed a very sleepless night, suddenly becoming very restless; he felt very anxious about himself, and had a great fear of impending dissolution. When I saw him the next morning he had the following symptoms: great congestion of the vessels, but most especially marked on the right side of the head, with considerable œdema of the loose tissues about the eye, side of the neck, and ear; the latter was so much inflamed that I thought it advisable to leech it. The other usual symptoms of iodism, such as running at the eye and nose, frontal headache, were present, but the great peculiarity was that they were all most markedly on the right side."

Against Bergeon's Method of Treating Diseases of the Respiratory Organs.—*Dr. Wyss*, of Geneva, passing in review *Dr. Bergeon's* new method treating the diseases of the respiratory organs, and blood poisoning, by means of rectal injection of gases, makes the following remarks: Every new suggestion for the treatment of tuberculosis of the lungs calls forth new hopes of having at last discovered an infallible remedy for this dire disease, and is eagerly submitted to the test, both by the profession and the patients. This has always been the case, and was so again. But within the last few years Professor *Rokitansky*, in Innsbruck, reported on the eminent success of his treatment of pulmonary tuberculosis with *natrium benzoicum*. The affected lungs cicatrized with unusual rapidity, the general condition of the patient visibly improved, the weight of the body rapidly increased, and the confidence in an ultimate complete recovery for some time seemed to become realized.

But, unfortunately, only too soon the French saw that "*elle a duré ce que durent les roses*," also applied to these cases. Already, after a few months, this method, like so many others, has been abandoned; not one single control and test experiment by impartial investigators bore out *Rokitansky's* asserted brilliant results. The question at issue in this case is: Is *Dr. Bergeon's* new method based on sound scientific principles, or will it be doomed to failure like that of *Rokitansky* and others. . . . *Dr. Bergeon's* treatment, as is well known, consists in the intimate permeation of the whole body by gaseous substances, on the supposition that these will destroy bacilli and the products of their secretions without a poisonous or otherwise injurious effect upon the patient. It is, however, doubtful whether the tubercle bacilli and the presupposed products of their secretions be really rendered innocuous by this proceeding, which has not been proved, the less so as bacilli still continued in the sputa of patients treated according to this method after their alleged cure. . . . *Dr. Wyss* watched the effects on three patients, who had long continued under his observation, and in whose expectorations he continually discovered numerous bacilli. Every one of these had borne the rectal injection of gases badly, and died within one to two months after. In one of them, a man aged forty, whose treatment *Dr. Bergeon* personally conducted, the injection brought on such violent colics and diarrheas that they had to be entirely discontinued after one month. It is very questionable whether this otherwise ingeniously devised method of treatment will prove of positive therapeutic value in other infectious diseases, and in non-parasitic affections of the respiratory organs.—*Medical Record*.

[In Bellevue Hospital, New York, the method of *Bergeon* has, after some months of trial, been entirely abandoned.—*Ed. H. R.*]

Acute Hepatic Cirrhosis.—The varieties of hepatic cirrhosis are very numerous, and the tendency is rather to increase their number, whilst the desire must surely exist to put this seeming chaos into order. Much light has yet to be thrown on the acute forms of cirrhosis, with which we seem to be becoming more and more familiar. M. Debove has contributed an interesting case. The whole duration of the clinical history was not more than five months, and for the first three of these the woman, aged thirty-four, merely complained of some general symptoms not specially referable to the liver, the first symptom of affection of which organ was marked jaundice, and on admission to the hospital it was found that the liver extended five fingers' breadth below the margin of the thorax. Fever, jaundice, hemorrhages, enlargement of the spleen, diarrhoea, and but slight ascites, were the principal symptoms. Three weeks before death the liver progressively diminished in size, till, at the necropsy it was found to be level with the edge of the ribs. The cirrhosis had chiefly affected the periphery of each hepatic lobule, and was in this sense allied to the mono-lobular form of Charcot, for the amount of connective tissue increase was about sufficient to replace that of true liver tissue, so that the volume of the organ was not far from normal. Further examination showed, however, that a pericellular sclerosis had also taken place, and that the connective tissue around the portal system as well as around the hepatic veins was increased; the surface and section of the organ were granular. The remaining true liver-cells were either partly degenerated, recalling the fatty, cirrhotic type, or else granular and atrophied.—*Lancet*, August 6th, 1887.

Cyanide of Zinc in Cardiac Affections.—Cyanide of zinc exerts, according to Professor Lashkevich, a beneficial effect on some cardiac cases which cannot be obtained by other means. In cardiac neuroses it acts quickly and certainly. Palpitation, want of rhythm, and pain in the region of the heart are quickly affected, sometimes, indeed, cured by this drug. The dose is from a tenth to an eighth of a grain three times a day. Similar beneficial effects are produced when there is organic cardiac disease. The regulating action of cyanide of zinc to valvular insufficiency is less marked than its effect on cardiac neurosis; nevertheless there were cases in the wards where it acted better than other cardiac remedies, digitalis, convallaria, adonis, etc. In this respect it acted particularly satisfactorily in cases when other remedies could not be given without producing derangement of the gastro-intestinal system. Here it improved the action of the heart, thus increasing the secretion of urine, moderating the pulse, and diminishing the dropsy due to irritation of the gastro-intestinal canal. In a case of nervous palpitation, with hysterical anuria, cyanide of zinc diminished the palpitation, and at the same time caused the secretion of urine to recommence.—*Lancet*, August 6th, 1887.

NEW PUBLICATIONS.

American Medicinal Plants. An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies, their History, Preparation, Chemistry, and Physiological Effects. By Charles F. Millspaugh, M.D. Illustrated by the author. Bœricke & Tafel, New York and Philadelphia. Fascicle VI.

The completion of Dr. Millspaugh's great work by the prompt appearance of this sixth and last fascicle is a credit alike to the industry of the author and the enterprise of the publishers.

The opening of new, or hitherto but little known, regions to commerce brings almost daily to the medical press reports of new remedies, most of which have some reputation among the peoples in whose regions they are indigenous. It is questionable, however, whether, except in very few instances, the seeking for new exotic remedies really pays, and in this view a work like Dr. Millspaugh's should be doubly welcomed. If the multiplication of new remedies was accompanied by a deeper study and more thorough proving of the older ones the matter would stand in a different light, but we are inclined to think such is not the case.

Our own flora, too, offers many specimens whose virtues and properties are practically unknown, yet the announcement has only to be made of some new plant from Australia or the Philippine Islands to cause drug-dealers to be overrun with demands for it.

The work of Dr. Millspaugh, apart from its value in presenting for study reproductions of the better-known plants of American origin, has the additional merit of directing attention to many too little known and hence too little used individuals, and for this reason alone deserves our warmest encomiums.

Want of space prevents any extended criticism of the present fasciculus; indeed, such would only be a repetition of the commendation given already to the previously appearing parts. The present instalment contains a description of each of thirty plants, accompanied by a full-page plate colored from life, one (that of *Cannabis*) being double-sized. Among the more commonly known plants we find *Dioscorea*, *Euphrasia*, *Hyoseyamus*, *Lycopodium*, *Rumex*, *Sambucus*, *Stillingia*, and *Uva Ursi*.

A most acceptable feature is the appendix, containing a glossary of botanical terms and a bibliographical list. But of more especial value, and giving the work a high place as a book of reference, is the bibliographical index, in which, under the name of each plant, are to be found all the references, whether to standard botanical works or to journal literature, used in the body of the work. We are amazed at the untiring industry of the author in making it, but it is in keeping with his effort at attaining perfection throughout the publication. A general index completes the work.

As a companion to the *Homœopathic Materia Medica* Dr. Millspaugh's publication holds a unique position in medical literature, and its merits are so self-evident that we feel sure that every physician having the opportunity of inspecting it *must* become a purchaser, and for this reason we are almost sorry that the sale of the work has not been by canvassers.

PUBLISHERS' DEPARTMENT.

Extract from President Orme's Address, Fortieth Annual Session of the American Institute of Homœopathy.

And, now, what response are we to make to the overtures of the liberal and progressive members of the old school—that large, growing, and respectable portion who adhere to the ethics of the “new code?” A very simple one:

Your new code is our old code—the code of the Golden Rule—the code of common sense and of humanity—the code we have held to and have been controlled by all the while. Our Institute defines the term *regular physician* as a “graduate of a regularly chartered medical college; the term also applies to one practicing the healing art in accordance with the laws of the country in which he resides.” Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician—and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be—the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor should its members fail to answer with alacrity calls to co-operate in the interest of suffering fellow beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us all, eschewing bickerings, so act as to uphold the dignity and honor of our profession, and thus command the respect of the world at large.

Homœopaths, then, having no thought of relinquishing their distinctive title, under present conditions, WHAT IS THE TRUE BASIS OF HARMONY? First, the Golden Rule; second, the acceptance by the profession at large, of the definition adopted by the American Institute of Homœopathy, of the term “regular physician;” third, the recognition and co-operation of members of different schools, under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonization of the medical profession.

The duty of making suggestions is one which I shall allow to rest but lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit.

All along through the controversy concerning homœopathy, charges which are entirely in conflict with the truth have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far—so that, with

many, the misrepresentations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows:

Resolved, 1st. That the American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its Constitution, namely, "the improvement of homœopathic therapeutics, and *all other* departments of medical science," and that it is proud of its achievements up to this time.

2d. That the imputations cast upon the character and intelligence of the early homœopaths (who were converts from the old school practice) by many of the profession, were the result of ignorance and prejudice, were unprofessional, and unworthy of the members of a scientific and liberal profession.

3d. That the charge made at a later date, by the American Medical Association, that members of the homœopathic school "practiced upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the science of anatomy, chemistry, physiology, etc.," is absolutely devoid of foundation in fact.

4th. That the still later charge by some of the profession (the above having been demonstrated to be untenable) that homœopaths "trade upon a name," is not only a slurring attempt to check a winning cause, but is a positive calumny.

5th. That the most recent and present position of a portion of the medical profession, that homœopaths are blameworthy for consorting under a denominational name, thus constituting a "sect," is a flimsy pretext, and an insufficient cause for refusing to extend to them the usual courtesies of the profession.

6th. That the responsibility for the division of the profession into schools, as far as homœopaths are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the new school, and aspersing and ostracizing its followers—rendered the closer association of these latter a necessity.

7th. That there is no demerit in belonging to a sect, provided it be engaged in a good cause and its methods be tempered with liberality; and that it will be expedient for homœopaths to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur*.

8th. That inasmuch as the position of the homœopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions.—*Hahnemannian's Report*.

The following good old-fashioned war-whoops, from one who is evidently an allopath from far away times, may remind the fathers of Homœopathy of the days when their waists were slimmer. The whoop comes through the columns of the *Medical Register*, and the whooper whoops to the editor thereof: "The homœopath repudiates scientific medicine" and "he is neither acceptable nor is he competent to be the colleague in this board of the scientific physician," *i. e.*, New York State Board of Health. "Homœopathy is not science anywhere," it is "an exerescence of medicine," etc., etc. Let us charitably hope that the excited one feels relieved after all this, and that the full knowledge that he has written himself down what Dogberry desired to be written down may come to him very gently, for should it come all at once the shock might prove fatal.

It may interest many to know that the old Homœopathic College and Hospital on Filbert street, Philadelphia, has been transformed into a hotel, with a barber shop, elevator, lofty clerk, and all the other necessary adjuncts, even to putting the word "hotel" before the proper name on the sign. Let us hope that its guests may sweetly sleep undisturbed by thoughts or presence of the shades of the dismembered.

Grape Juice.—The unfermented grape juice for which we have the agency has become so well known, and so favorably known, that on first thought it seems useless to say anything further on the subject; but a good thing will bear repetition, especially in these days of helter-skelter, shout, and hurrah, for so many new things that are to do wonders, and it is well to say a word occasionally about things well known and standard. A gentleman ordered a dozen bottles the other day from one of our Philadelphia pharmacies for his wife, to be sent without fail that afternoon. The package was shipped as directed, but the local express failed to find the house, which was situated in the suburbs, and brought the package back. Next morning the gentleman was at the pharmacy by seven o'clock in the morning, and highly indignant, because that grape juice was absolutely the only nourishment his wife could take and retain, and to be deprived of it for an afternoon and night was dangerous. One thing we can state without fear of contradiction: if this juice was preserved by chemicals it would not only not sustain life as it does, but would prove to be deleterious; and, furthermore, invalids would not take it with the relish they do; and, still further, we would not have *any* bottles sending their corks, champagne fashion, to the ceiling as we do now, for grape juice preserved by chemicals never ferments. We have been offered many brands at lower prices, but examination proved the trail of the chemical serpent to be over them all, and we would have nothing to do with them. The cost of preserving grape juice with salicylic acid is by no means great, as it requires no labor, and no utensils save the wine-press and a barrel. But grape juice such

as this whereof we write cannot be preserved in this easy and cheap manner, for it requires not only much labor, but must be kept in stock in glass in small quantities, and handled very carefully to prevent fermentation. The result is an article that is as healthful and as palatable as the ripe autumnal grapes.

The Eclectics at Waukesha say that, *Whereas*, a certain member deftly managed to get himself advertised in their *Transactions* for 1886-7, "be it therefore *Resolved*, that hereafter such and kindred advertising shall not be allowed in the publication of our proceedings."

Professor Bergeon, of Lyons, France, proposes to cure consumption by injecting through the anus a mixture of carbonic-acid gas, carbon dioxide, and sulphuretted hydrogen. It is claimed that when sulphuretted hydrogen is so injected into an animal the gas is expelled by the lungs. It is not clear in what way this reversal of nature's course of noxious gases and changing of the function of the mouth is to cure consumption. Professor Bergeon says the gas destroys the "bacillus of phthisis," but why the mysterious bacilli will not die when the gas is inhaled directly into the lungs is, as we remarked before, not clear; probably it is not strong enough until after it makes its upward journey.

Franciscea Uniflora (*Manaca*).—Professor E. M. Hale says of this remedy (*Arndt's System of Medicine*, vol. i., p. 409): "It has long had a place in the Brazilian dispensatory, and is largely used in domestic practice among the Spaniards and the aboriginal tribes. Early travellers mention this 'wonderful specific' for acute and chronic rheumatism, and recount its magical effect on themselves. It is used largely to-day in the hospitals of South America, and of late in those of New York and Philadelphia. . . . My own experience fully confirms the claims for its great power and efficacy. I know of no remedy whose action is so prompt, certain, and curative. It not only alleviates the pain in a few hours, but prevents its return and extension to other joints and tissues." We have imported this remedy, and it may be obtained at any of our pharmacies or ordered by mail.

Sizygium Jambolanum, which in Europe and this country has been so successfully used in diabetes, is an East Indian plant, and the tincture to be effective must be made from the seeds and not from the bark and twigs, as is done in some instances. We import the seeds, and our mother tincture, triturations, and tablets of *Sizygium* are undoubtedly reliable. Dr. Burt, of Chicago, used this remedy in cases of diabetes of two and a half years standing, with very marked success.

Albert Claypool, M.D., Toledo, O., reports three cases in the *Clinical Review*, August, 1887, in which *Sizygium* was used. The first was a young woman, who for three or four months had voided from five to six

quarts of urine a day—urine free from sugar. “The only symptoms were a tired or used-up feeling, great thirst, and the necessity of voiding urine frequently, day and night. Gave *Sizygium* 1x., five drops three times a day. Within four weeks the urine was reduced to the normal quantity and the patient said she was all right again.” The second case was of a woman in middle life who had suffered with diabetes mellitus for several years, voiding from six to ten quarts per day. “Gave *Sizygium*, as in previous case, with at first promise of great benefit, but the second prescription did not continue the improvement and the patient concluded to try something else and went out of my hands.” “The third case was of a woman sixty-five years old, very much used up by the care for a long time of a sick husband. Had been afflicted with diabetes for over a year. Passed about six quarts of urine a day; it contained both sugar and albumen. Patient was very nervous and sleepless. Had severe palpitation of the heart with faintness. Gave *Sizygium* 1x and 2x five drops three times a day, with *Cactus grand.* and *Convallaria* as intercurrent remedies. Patient improved from beginning. Sugar lessened and albumen stopped, with rapid diminution of urine till normal quantity was reached. After three months’ treatment patient seemed in good health and all medicine was stopped. Sometime afterwards the old trouble again showed itself but the same treatment was again efficacious.

The reports of meetings of the various societies and organizations of Homœopaths are all pitched in the same key of confidence in the great and noble cause. Taken as a whole there seems to be no doubting, no wavering, no compromise, and no desire to abandon the name inscribed on the battle flags of so many hard fought fields—HOMŒOPATHY.

Something New.—“*The Medical Genius; a Guide to Cure,*” is the title of a book, a mixture of Homœopathy, Old School, Eclecticisim, and the “yarbs” and cures of our grandmothers, published by the author, Stacy Jones, M.D. It is dedicated “To all those who prefer curing diseases, to contending about dogmas.” This has a wider application perhaps than the author is aware, for it would be difficult to find a physician who preferred controversy to curing disease. The book is printed on a fine quality of paper, has 320 pages, including index, and undoubtedly sells well; chiefly, we think, because of the numerous and odd recipes scattered throughout it. For instance, “Decay of teeth prevented; use dilute alcohol as a toothwash.” Also directions for the use of alcohol—mostly external—is given in sore mouth, sore throat, angina pectoris, burns, scalds, bruises, gatherings, bed-sores, dressing wounds, itch, sweating hands and feet, corns, spotted fever, and paresis. Again: “Cabbage. Fresh cabbage leaves, thoroughly cleansed and bruised to a soft pulp, applied and held in place by compress, frequently renewed, are

said to cure ulcers, scabby condition of the skin, suppurations, gatherings, gathered breasts, hard swelling of glands, tumors, abscesses, boils, carbuncles, diphtheria by binding the pulp, or bruised leaf, to the throat," etc. Old frost bites are cured by a "strong tea of white oak leaves, gathered from the ground." Rheumatism cured by celery, and so on. As a curiosity the book is worth the \$2.00 (net) it costs at any of our pharmacies.

Brotherly love does not reign among the drug trade journals. It seems that the man advertising "arsenic complexion wafers" has been arrested by the health officers of New York. Commenting on this the *Analyst* says, that in order to derive any benefit to the complexion, "the arsenic must be taken in such quantities as to be pernicious to health," and "that the inestimable jewel of good looks in man and woman is a concomitant of sound health, and is not to be achieved by practices destructive of the physical constitution." To this sound doctrine the *Western Druggist* agrees, but adds: "On the very next page of the *Analyst* we find the virtues of a 'hair restorer' extolled in extravagant language, while it is a well-known fact that the compound in question was analyzed by Chandler and found to contain lead in notable quantity;" and it also mentions another article praised in the same columns—an "oriental cream"—which it affirms is compounded of calomel. If every injurious preparation wherewith gullible humanity anoints, rubs, or doses itself, or fools with in some way, were to be denounced, the denouncers would have but little time for anything else.

Adonis vernalis comes from Russia, where it was first used by the peasantry for dropsy and heart disease. Trial of it by Dr. Botkin (see *Arnold's System of Medicine*) in dropsy showed the cardiac contractions increase in force, pulse less frequent and more regular, urinary secretions increase from 200 to 2000 or 3000 cubic centimetres, and albumen and casts disappear from the urine. In dropsy, due to disturbance in compensation and activity of the heart, the heart beats increased in force and size of heart diminished; heart rhythm more regular. Urine increased from 300 to 3000 cubic centimetres, and all deposits disappeared. There was an increase of chlorides and urates, weight of body diminished and the œdema decreased rapidly; size of liver increased; cyanosis and dyspnoea disappeared, and respiration became full and regular. These results were obtained in hospital practice, and in most cases great relief was experienced the first day. The remedy may be obtained at our pharmacies.

Lachesis.—This poison was first obtained by Dr. C. Hering in 1832, from one snake, and that constituted the entire supply until 1868 when two more were obtained and identified as belonging to the same species by Dr. Hering. We have, therefore, an ample supply of this important remedy.

Sir William Gull, Physician to the Queen and Prince of Wales, has raised a commotion by denouncing drugs and those who give them, and holding that it is the doctor's duty "to see that nature's powers were not interfered with." To this a correspondent of the *British Medical Journal*, among other things, replies that a doctor without medicine is like a poet without rhyme, and the *Homœopathic World* cynically remarks: "It is a common device among those who wish to save themselves the trouble of learning the use of anything to deny that the thing has any uses at all." It seems to us that Sir W. Gull is entirely right—from his point of view, the allopathic.

William Bodenhamer, M.D., New York, contributes to the *Medical Record* some statistics, gathered from his *ante bellum* practice of twenty-one years in Paris and Louisville, Ky., and in New Orleans, of hemorrhoids and anal fistula. Out of 2321 cases of the former, 2265 were of the white race, and 56 of the black. Anal fistula, 1541 cases; white, 1444; black, 97. Of the hemorrhoid cases, 1466 were males and 855 female. Anal fistula, 1125 male, 416 female. The doctor thinks the regular lives which the slaves were compelled to live had very much to do with their fine physical health, something, he intimates, they are now to a great extent losing. The ratio he gives between the whites and blacks, while true of his practice, is probably misleading, from the fact that slaves could not consult a physician at will, but were generally doctored by the master or overseer.

Brain-food.—Some one once said that the brain needed phosphorus; some other one, that fish were rich in phosphorus; *therefore*, fish was the diet needed by brain-workers, or, in other words, "brain-food." The phrase caught the fancy of newspaper men, they passed it along, and the great Public believed it. Now, Professor Atwater tells us (*Century*) that phosphorus is not brain-food, and that fish-flesh has no more, if as much, as other meats. And yet, for all that, fish is the food for brain-workers, because, says Sir Henry Thompson, it "contains in smaller proportion than meat those materials which, taken abundantly, demand much physical labor for their complete consumption, and which without this produce an unhealthy condition of the body, more or less incompatible with the easy and active exercise of the functions of the brain." It has sometimes occurred to us that what might be an excellent diet for one brain-worker—or muscle-worker either—would not do for another brain-worker. Men are not duplicates.

That meteoric work of Dr. Jones's, his *Medical Genius*, contains a section of "Hints," and one of these is, that night cramp may be prevented by putting bricks under the two posts at the head of the bed, and sleeping with the garters on. This is an innovation on the treatment which puts the bricks in the hat and sleeps with the boots on.

Our pellets are made in kettles lined with hard wood, and consequently we can positively assert that they are free from copper contamination. Our tablets are made in glass moulds instead of the usual rubber moulds commonly used, and hence are unquestionably free from the abrasions of rubber—largely sulphur. The demand for these goods grows steadily, as the natural result of this close attention to quality and purity. The same minute care is observed in the preparation of all our goods, a care that largely increases our expenses, but results in goods on which the physician can implicitly rely. We can easily be undersold, and are, by the “cheap” pharmacists; but when they furnish a line of goods of equal degree of quality throughout, one of two things will happen—they will not stay in the business, or, they will leave the ranks of the Cheap Johns.

Some “Stray Leaves from a Baby’s Diary” (*Chicago Rambler*):

“2 A.M. Born a few minutes ago. Yelled.

“2.15. The fool-doctor told ’em I was a boy; just as if that was something new.

“4.10. The old man has just got even with the doctor by giving him one of his cigars.

“4.18 to 5.18. Yelled.

“5.20. The antique circus-poster (the nurse) fed me on warm water and whiskey. She said I had the colic. Will work the colic racket again.

“9. Woke up with headache. The old man ought to keep better goods.

“3. Have dozed. Everybody is doing well but the people in the block, who are tired for want of sleep,” etc., etc., all of which is funny, or not,—according to your temperament.

Just before the meeting of the American Medical Association at Chicago, in June, the *Chicago Times* made some lively attacks on the *soi-disant* “regulars.” Among other things, it said: “At the Chester (Illinois) penitentiary, where the medical practice is of the allopathic kind, the percentage of time lost by sickness is four times as great as it is at the Joliet penitentiary where the prisoners are doctored on homœopathic principles. The *Times* states this as a fact just as it would state any other fact. The convention of ‘regular’ physicians will probably furnish an explanation to it.”

Chionanthus Virginica.—“A few years ago, Dr. Gross called attention to *Chionanthus Virginica*, as a drug having special action on the liver. It has the power of producing the typical sick-headaches and jaundice. Dr. Hale experimented upon himself, even producing the vomiting, the jaundice, and the headache. Dr. Gross said he had used the *Chionanthus* in a great many cases of jaundice, even ‘of years’ standing, removing it in eight or ten days’; also, in gall-stone obstruction it

has acted very quickly. The pathogenesis bears a closer similarity to this trouble than does that of *Chelid. mag.* or *China*, and the effects have reached further than present relief. My experience with it has been with the mother-tincture and third dilution. The removal of the cause is our first aim, and in the complete photograph of the case we may see the remedy covering the local as well as the general symptoms."—W. S. Gee, M.D., in *The Clinique*.

Dr. S. A. Jones said of the headaches of *Epiphegus*: "The victims of this species of headache are not equal to any unusual demand upon their energy; any slight departure from the 'even tenor of their way' determines an attack. It is the headache of exhaustion—neurasthenia, as it is termed,—hence the slight excitement of a visit, or a day's shopping, or an unwonted over-exertion, exhausts their limited capital of energy, and precipitates an attack." This famous "headache remedy," for women especially, may be had at our pharmacies in any shape, including tablets, at usual rates.

S. E. Farnsworth, M.D., Baldwin, Wis., says that he used Lactated Food in one of the "most severe cases of chronic inflammation of the stomach" he ever saw, and with most satisfactory results. It may be obtained at any of our pharmacies.

Journalistic Gossip.—The editor of the *Clinical Review* reads the riot act thusly: "The editor is satiated with these apathetic, asthmatic, paroxysmal efforts at support. If it is the wish that the *Review* continue, the editor would be happy to receive some intimation of it."

The August *Hahnemannian* contains a full report of the meeting of the Institute, and its business manager offers a free copy of the number to any M.D. writing for it.

The Institute at its late meeting dropped the *New York Medical Times* from the list of homœopathic publications. It, as is well known, had some time ago dropped the word "homœopathic" from its title-page.

Professor H. R. Arndt, of Ann Arbor, Michigan, has retired from the editorship of the *Medical Counsellor*. His successor is Professor D. A. McLachlan.

"We publish a medical journal, and put enough hard work in it to make it worth ten times the price."—Western Medical Editor.

The *Homeopathic World*, erstwhile "homœopathic," has declared war "against the whole tribe of foreign diphthongs." The middle "o" in homœopathy must go, it says.

The *Western Druggist* publishes fac-similes of six prescriptions received at drug stores, and offers a reward to any one who can decipher them.

The *Minnesota Medical Monthly* is, we believe, the youngest of homœopathy's twenty-five journals. William E. Leonard, A.B., M.D., is editor.

Jottings.—The Governor of Dakota has appointed Dr. Huff, a homœopathic physician, Chairman of the Board of Health of the Territory.

The royal family of Hawaii are stanch homœopaths, and while attending the Jubilee in London were under care of Dr. Burwood of Ealing.

Dr. Holmes's fling at Hahnemann in the *Atlantic* was unfortunate—for him; writing of the incident, the *Hospital Gazette and Students' Journal* says, it "leads one to believe that he is the owner of a petty mind."

Thomas Engall, Esq., M.R.C.S., died on July 18th, aged eighty. Examinations showed the liver and gall-bladder to be almost completely destroyed by carcinoma; the bladder contained 138 gall-stones, yet he had never suffered from gall-stone colic. Mr. Engall was a prominent and active English homœopath.

"They say," there are more than seventeen hundred medical journals published in the world; we don't believe it.

Dr. T. F. Smith, of New York city, presented the report of the Bureau of Organization, Registration, and Statistics, at the Institute meeting. It condenses as follows: Number of medical societies reporting, 123; not reporting, 27; number of national societies, 5; number of sectional societies, 2; number of State societies, 31; number of local societies, 112; number of hospitals, homes, etc., not reporting, 14; the hospitals report a bed-capacity of 4239; whole number of patients treated, 13,852; number cured, 5935; relieved, 4401; died, 910, showing the remarkable mortality of only 1.5 per centum; number of dispensaries reporting, 34; not reporting, 12; patients treated, 142,629; prescriptions, 376,886; number of colleges reporting, 14; students, past year, 1171; graduates, the past year, 372; alumni, 7732; number of journals, 24.

President Orme presented the Institute with a handsome gavel of Georgia pine.

The Southern Homœopathic Medical Association will hold its fourth annual meeting at New Orleans, December 14-16.

Cremation, in cases of death from yellow fever, is now compulsory in Brazil.

The Institute elected the following officers for the ensuing year: President, A. C. Cowperthwaite, M.D., Iowa City, Iowa; Vice-President, N. Schneider, M.D., Cleveland, Ohio; Secretary, Pemberton Dudley, M.D., Philadelphia; Treasurer, E. M. Kellogg, M.D., New York.

The Institute will hold its next meeting at Niagara Falls.

The poor old Autocrat gives homœopaths another senile dig in the September *Atlantic*—classes them with "long-haired men and short-haired women"—disbelievers in vaccination, hydrophobia and M. Pasteur.

The homœopaths of India enthusiastically celebrated Hahnemann's 132d birthday at Calcutta. They have also formed a club for the dissemination of homœopathic principles, etc.

The Pasteur Institute, Odessa, Russia, is reported a failure; one-third of its patients have died, many of them, it is suspected, from the treatment they received.

Mr. A. J. Tafel was appointed, by Governor Beaver of Pennsylvania, a member of the Board of Examiners under the new pharmaceutical law.

The twenty-third annual meeting of the Homœopathic Medical Society of Pennsylvania will be held at Pittsburgh, September 20-22.

The Maryland Institute of Homœopathy has decided to disband in order not to conflict with the older body, the Maryland State Homœopathic Medical Society which has been lately revived.

The Homœopathic Medical Society will meet at Pittsburgh on September 20th. This meeting will also celebrate the semi-centennial of the introduction of Homœopathy west of the Alleghenies. The celebration exercises will take place in the Opera House, on the 20th. Dr. J. D. Duke will deliver an historical address. Addresses will also be delivered by Drs. A. R. Thomas, of Philadelphia; D. S. Smith, of Chicago; J. W. Dowling, of New York, and J. C. Burgher, of Pittsburgh. Dr. Wm. Tod Helmuth, of New York, will read an original poem.

Dr. J. M. Buckley, in the *Century*, says, that in the Oneida Community once, he asked what treatment they gave their sick, and the reply was (in effect) "treatment by criticism," *i.e.*, the critics went to the patient's bed-room and roundly abused him or her; the resulting anger effected a cure.

F. H. Newman, M.D., senior editor of the *Medical Current*, died of apoplexy, August 17th, at Chicago.

Dr. Samuel Worcester has removed from New England to El Cajou, San Diego, California.

Dr. W. H. H. Jackson, of Oil City, Pa., has been appointed Company Surgeon to the Lake Shore Road.

Mrs. Eliza B. Jeanes died at her residence in Philadelphia on August 19th, aged 87 years. She was the widow of Dr. Jacob Jeanes, and for over half a century one of the truest friends that homœopathy possessed.

The library of the Surgeon-General's office, Washington, D. C., has been removed from the old Ford's Theatre building, where President Lincoln was killed, to the corner of 7th and B streets, on the Smithsonian grounds.

Dr. Titus L. Brown, of Binghamton, N. Y., died on August 17th, of paralysis. He was a graduate of the Homœopathic Medical College of Philadelphia in 1853. He was an active member of the American Institute of Homœopathy and of the International Hahnemannian Association.

DRIFT.

Punch defines "flirtation" as "a spoon with nothing in it."

When a man barks his shins, massage is his first treatment.

Said the doctor: "'It's hysterico vaporous hypo megrims.' Groaned the deacon; 'O God, forgive my sins!'"—G. A. K., *Harper's*.

"Who can economize truth like a Russian?" is an Englishman's question in a new book of travels.

Mr. M. F. Eagan thinks English manners and customs are good when they are not bad.

According to Grant Allen, the reason we do not all commit suicide is that we have so many things we want to do to-morrow.

Never tell people how you are; they don't want to know.

Wilkie Collins predicts that the end of all things will find the last Englishman delivering the last speech.

Caesar, 'tis said, was a Roman general, who wrote a schoolbook for beginners in Latin.

A crumb of consolation for many eminent men: "Idiots, it is believed, are rarely bald."—*Saturday Review*.

"With one leg in the grave, and the other no business out of it," says one of H. Ryder Haggard's people.

Did Washington Irving libel the people of Connecticut, when he said they resolved that the colony be governed by the laws of God until they had time to make better.

Speaking of a stupid summer resort: "Can you have any fun there?" "Oh, yes, but you must take it with you."—Thackeray Letters, *Scribner's*.

§.—Business manager, HOMEOPATHIC RECORDER.

"Legal handbooks have all been bad, though, probably, careful investigation would reveal the fact that some have been worse than others."—*Savage Critic*.

Laurence Oliphant, descending a Cornish mine, asked how much further it was to the infernal regions? "I don't know, sir, exactly," replied the miner, "but, if you will let go the rope, you will be there in a minute."

"All that was finite of this gifted woman was forwarded by Adams's Express Company."—Bret Harte's last novel.

After dinner.—Smiling speaker, slowly rising, looking about: "I have nothing to add"—half hour—"and now let me add"—three-quarters of an hour—"and, in conclusion, let me add"—one hour; sits down; heartfelt applause.

German professor to young lady: "You don't must make yourself drouble to shpeak Cherman by me; ven you shpeak English, I know your meanness very vell."—*Horrors*.

It is said that a "busy doctor" recently sent in a death certificate, and signed his name in the space for "cause of death."

"Why does opium cause sleep? Because there is in it a sleep-producing power."

Mr. Edgar Fawcett writes of a "devotedly uxorious lady." Oh, Edgar!

An old lady, in a new novel, joined the Methodist church because it alone gave her a chance to "jaw back at the preacher."

When asked what precautions had been taken against fire, the Irish porter replied that they had insured the house for twice what it was worth.

THE
HOMŒOPATHIC RECORDER.

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No. 6.

A STEP FORWARD.

THE gift of a million dollars by members of one wealthy family to a medical college in New York within a short time may serve as a theme for consideration by all belonging to our school.

Although one-half of the sum mentioned was specifically given for hospital purposes, the remaining half was for the construction of buildings suitable for the purposes of medical teaching, and it does not need more than average foresight to know that the enriching of an institution in such measure places it at once beyond the fear of financial disaster and enables it to carry on the work of medical instruction on a plane as yet unattained in this country.

It is becoming more and more self-evident that a thorough education in the medical sciences is not only of great advantage to its possessor, but that to obtain it is, in these days, only possible by the expenditure of more time in medical studies than is included in the two or three years' course usually given. Instruction of the most advanced type, replete with opportunities for original investigation and for the cultivation of the senses of sight, hearing and touch in the study of disease, is only possible now, to any large extent, in a medical school blessed with an ample endowment; and such schools will of necessity attract, as a rule, those students whose previous education has taught them the value of the best methods.

Are we homœopaths, believing as we do in the scientific truth of our law of cure, to rest content to see the best equipped young men pass by our schools to enter the better appointed ones of our opponents? This is no idle fear by any means, as we personally know, and the same view has been taken by the Homœopathic College in New York, the faculty of which has made an appeal to the profession of that city and vicinity

for subscriptions to an endowment fund with which it can carry on in a manner suitable to the needs of our day the work of educating medical men. The amount already subscribed is, we believe, quite large, but does not, as yet, reach the sum needed; enough, however, has been given to justify the purchase of a new site and the erection of hospital and instruction buildings.

We trust that the action of this faculty is not an isolated one, and that measures are now under way looking to the foundation of a fund in each of our colleges, in many cases greatly needed.

The day has gone by when a knowledge of pathology or of diagnosis was considered by some (never many) in our ranks as superfluous, and we maintain that even according to Hahnemann's method of "taking a case" he does best who has first made his diagnosis of the case and who understands the pathological processes involved. The homœopath is no less a follower of Hahnemann by being a thoroughly equipped physician.

To wealthy patients we must necessarily turn for the material help required, and fortunately they are not few among the lay-followers of homœopathy. Concerted action among the physicians of our school in the matter of appealing to their wealthy patients would, we are inclined to think, meet with an unexpectedly generous result.

HOMŒOPATHY UNDER THE SOUTHERN CROSS.

LETTER II.—CENTRAL MEXICO AND YUCATAN.

I PROMISED you in my last that I would describe the national drink, *Pulque*, and the plant from which it is procured, *i. e.*, *Agave Americana*.

At Aguas Calientes one first notices a number of rigid, bayonet-leaved plants, that attract attention sufficiently for the most careless tourist to inquire their name. He is informed that it is the *maquey*, famous throughout the upper plateau of Mexico for the number of its products, and especially its *pulque* and *tequila*. The plant is a member of the family *Bromeliaceæ*, and may be generally described, as stemless, the leaves growing in a tuft from the ground and being somewhat quadrangular, very thick, from 2 to 8 feet long; spiny upon the margin, and sharply spined upon the point; their color is a cool, gray green. It was once supposed that this plant, like some others of the same group, flowered *but once* in a century; but the fact is, that with proper care and climate they flower often, every four years at least, the greenish blossoms being borne upon a rigid stalk springing from the centre of the plant and rising to a height of from 10 to 18 feet.

From Aguas Calientes to the City of Mexico small plantations, and a few fence rows, so to speak, are seen wherever the ground is damp enough, or can be irrigated sufficiently, for their growth; but the great

production of the plant is south, east, and west of the city—especially, however, to the east.

My reasons for going on into the produce of pulque, and culture of this plant in a paper of this kind are two: First, because of the medicinal qualities of the product; and second, because its introduction into the United States is now being urged and attempted.

From a few miles east of the city of Mexico to Esperanza, a distance of 150 miles, lies a succession of valleys, beginning under the afternoon shadow of Popocatepetl and ending in the morning shade of Citlaltepetl; these valleys average about six miles wide, and are planted almost solely with maguey. In the centre of this belt is Apam, justly deemed the pulque region of the Republic. Here the plants are set in rows, about twenty feet apart in both directions, such rows stretching away as far as the horizon will receive the sight.

Pulque is the slightly fermented milk of the plant, which is gathered by the native laborers by means of a suction tube, a cavity being made in the heart of the base of the plant where the juice is collected as the leaves emit it. This done, the juice is placed in small earthen dishes and set aside for two days in the shade, at the end of which time it is either poured into barrels and sent to various points for the next day's consumption, or into pig-skins, loaded upon burros, and vended like milk about the neighboring country towns. When freshly gathered, pulque is highly cathartic and unfit for drinking, as it also is on the night of the third day after gathering; so great is the prejudice against pulque on the third evening that the police of Mexico close all pulque shops in the city at 6 P.M. daily.

The drink is about the color of skim milk, of a glutinous, stringy consistence, an odor somewhat resembling burning rubber, and a taste recalling a mixture of garlic, sour milk, fresh yeast, and burned rags; nevertheless, few people who have taken two cups would refuse the third, especially at Apam, where it is really very pleasant.

The effect of pulque is much more decided than that of double the quantity of lager beer, and when drunk to excess causes a peculiarly pleasant intoxication, if the appearance of the smiling face of a pulque toper is any criterion. It seems to tie the drunkard's legs up into twice the number of knots that whiskey does, but unlike a whiskey intoxication, should the subject fall he regains his feet very quickly and easily. The hallucinations during intoxication I am led to understand are generally of an extremely pleasant type.

Upon the system, the effect of moderate use of this liquor is to keep the liver and bowels in action, and to promote the excretion of urine, all of which are quite a strong necessity in the high and hot altitude where the plant grows. Excessive or prolonged habitual use causes enlargement of the liver, a tendency to degeneration of tissues, and a variety of complaints attendant upon those disorders.

The preservation and exportation of pulque to the United States, now being urged, is one of those ventures that gain so much *eclat* in these days, but one that will not bear the test of time. The process of preserving the liquor is a secret, but very likely is based upon the antifermentative action of the salicylates, which, of course, are in themselves more or less detrimental. I venture the opinion that the exportation, when once the furor of novelty has passed by, will be a slow trade.

Pulque when subjected to alcoholic fermentation, produces a liquor known as *tequila*, and when further distilled, *mescal*; the first is a harsh, gin-like liquor, highly diuretic; and the second, a still harsher one, that none but the most hardened toper would dare to drink.

The maguey plant also ranks quite high in this country, economically. Its fibre, being very strong and durable, is used for ropes, baskets, matting, cordage of all kinds, thatching, and coarse cloth; while a kind of saponaceous mass can be made from the roots that is a very good detergent.

Leaving the city of Mexico, and its kind homœopathic brethren, we pass northeastward through a very dusty country to Apizaco, when we take a branch road to the beautiful city of Puebla, whose clean streets and delightful clear mountain air, pregnant with the cool breezes from Popocatepetl's snowy peaks, impress us with a much more favorable idea of this country. Although we had expected to find three homœopathic physicians here, only one in reality was to be found, Dr. Placido Diaz Barriga, nicely established in large parlors in the centre of the city, whose hospitality, like that of his brothers in Mexico, was pleasantly enjoyed. Here again, we were greeted by cases well filled with high potencies, the doctor having found his large practice to depend upon their use.

Trecking back to Apizaco, we again reach the main line, and pass on to the brink of the upper plateau at Esperanza, from whose cloud-environed station we commence to literally drop down the steep mountain sides to the lower country—the *Terra Caliente*, or hot lands. At one place, particularly, upon this grand piece of railroad, one could drop an article from the car window over 3000 feet without its meeting an obstacle to its fall. Through the cloud-watered vegetation of really tropical nature, and past many fertile plateaux where sugar-cane, coffee, bananas, and oranges grew in profusion, we passed Cordova, noted for its fruits and most excellent coffee, and again left the train at Orizaba, to meet Dr. Ramon Hernandez, and again enjoy the pleasure of a conversation with a pure homœopath.

Here at Orizaba we enjoy a day among the plants of Mexico, and gather many medicinal species, among which *Datura arborea*, with its immense funnel-shaped flowers; *Ipomea purga*, in all its floral splendor, and many other species find their way to our press.

Leaving Orizaba, we again descend the steep mountain sides, and in a very short time find ourselves upon the sea-level, along which we travel about sixty miles to the coast at Vera Cruz, where Mexico has more need for zapalotes (turkey-buzzards) than any other of its cities; one's idea of Vera Cruz is always associated with the sight of garbage-carts full of fighting and disgusting buzzards, and a standing need of smelling salts.

We are inclined to think that here, of all the most necessary places, a homœopathist is not to be found, though Dr. Mendoza is said to be established at this port. From the city of Mexico to the sea, physicians do not ever have their names, as such, upon a door-plate, and for a stranger to find any special one a vast amount of diligent inquiry and cab-fares have to be expended. The fashion of secluding themselves is supporting a code a little too fine.

From the fort of San Juan d'Ulloa at the harbor (?) to Progreso, Yucatan, the sailing is absolutely a straight line at 64° across the arm of the Gulf of Mexico for thirty-six hours. Here at anchor, four miles from the low shore line, we are quickly surrounded by numerous sail-boats, each having a crew of two mestezas, who are justly termed the best small-boat sailors of the Western continent.

Embarking in one of the boats, while a strong wind blows on shore, we have a very rough passage into port, where a waiting train on an American railroad speedily conveys us to the capital, Merida, located about eighteen miles inland.

Speaking from the Mexican standard, Merida, with its 75,000 souls, is a fine city, built like those of the upper lands of the Republic, and one of the hottest places I ever saw. A miserable apology for a hotel is the only hospitality offered to strangers, from which we have to walk many blocks to get meals. I think it has no equal in Mexico for the size and grandeur of its mosquitoes, bed-bugs and cockroaches.

The true representative of homœopathy here is Dr. Raphael Villamil, a gentleman of scholarly attainments, and fine practice, who is striving also to establish at this place a botanical garden of species homœopathically useful.

In finishing my trips through Mexico with this peninsula, I find that, taking all things into consideration, the republic is fairly well represented. It is certainly a sorry place for advanced ideas and deep thought, and a country that will take many decades to advance to a point of appreciativeness of what in advanced science may be of benefit to it and its people.

In my next letter I will attempt to give you some idea of how we stand in Cuba and Brazil.

C. F. MILLSPAUGH.

HOMŒOPATHIC THERAPEUTICS.

Treatment of Diseases of the Spinal Cord.—By *Dr. P. Jousset*.
—[Translated by *Helen Cox O'Connor, M.D.*]

1. *Congestion of the Spinal Cord.*—This affection is most frequently symptomatic of fevers of a severe type, especially variola and typhoid. In asphyxia and tetanus it plays, the rôle of a lesion, being an effect, not a cause. Congestion of the cord has a more independent existence when following upon a fall, excessive coition or sudden suppression of the menses, poisoning by strychnine, carbon di-oxide and amyl nitrite. Congestion of the meninges always accompanies that of the cord, and neuritis often results. The symptoms are pain more or less severe throughout the vertebral column, contractures, or more often incomplete paralyzes. According to Brown-Séguard, the loss of muscular power would be more pronounced in the recumbent than in the vertical position. This mechanical theory is absolutely contradicted.

Treatment.—Belladonna, Arnica and Tobacco are the remedies which we have indicated in our *Treatise on Practical Medicine*, to which must be added strychnine and amyl nitrite, if the assertion of Grasset be confirmed, and if these substances really produce congestion of the spinal cord.

2. *Anæmia of the Spinal Cord.*—Obliteration of the arterioles produces a sudden anæmia of the cord. If this anæmia be complete, the symptom is a paralysis in proportion to the extent of the anæmia and the region affected. If the anæmia be incomplete, the phenomena of paralysis are preceded by pains and contractures.

Severe hæmorrhages, particularly of the uterus, cause paralyzes through anæmia of the cord; these may be of very long duration.

Secale cornutum is the remedy most frequently indicated in the treatment of such paralyzes.

3. *Hæmorrhages of the Spinal Cord.*—Charcot and Hayem have denied the existence of hæmorrhage of the spinal cord; according to these authors, this hæmorrhage would always be connected with a myelitis. This opinion is false because exaggerated; Grasset reports several cases, with autopsies, of hæmorrhage of the cord without myelitis.

The symptoms are sudden, consisting of very acute pain at the seat of the hæmorrhage, extending like a belt; motor and sensory paralysis, that of the sphincters corresponding to the region of the hæmorrhage. Death may supervene at the end of a few days or months. Is a cure possible? The facts are still too few to allow of an answer to this question. This affection is found at times in young women, following upon suppression of the menses.

Treatment.—Arnica and Belladonna should be given in alternation during the acute period; later recourse may be had to the remedies for myelitis or paraplegia, according to the patient's symptoms.

4. *Hæmorrhage into the Meninges of the Cord.*—This affection is symptomatic of strains, traumatism, strychnine-poisoning, fevers; it is occasionally produced in the new-born; and is sometimes preceded by a pachymeningitis.

It may occur spontaneously. The symptoms closely resemble those of hæmorrhage of the cord; acute pain which may extort cries, pricking sensations, slight convulsive jerkings somewhat like decided shiverings. Paralysis less complete than in hæmorrhage of the cord; sphincters may or may not be paralyzed. Death common and rapid.

Treatment.—Grasset advises *Ergotin*. Arnica and Belladonna are indicated by the totality of the symptoms; clinical observations are very meagre.

Treatment of Myelitis.—The pathology of myelitis has for a long time been extremely obscure and incomplete; hence the therapeutics also remains necessarily quite uncertain. Progress of late, however, has been considerable, and we are now able to suggest therapeutic measures for myelitis.

So far as treatment is concerned, we may distinguish *diffuse acute myelitis*, *diffuse* invading myelitis (from the meninges), *diffuse chronic myelitis*, *acute myelitis of the anterior horns*, comprising *infantile paralysis*, called in the adult, *acute spinal paralysis*; *lateral amyotrophic paralysis*, *myelitis of the lateral columns* (spasmodic tabes, Charcot).

We have previously given the treatment for *sclerosis "en plaques," progressive muscular atrophy* and *locomotor ataxia*.

Drug-pathogenesis and clinical observation do not yet warrant our giving a systematic mode of treatment for each affection of the cord. But we shall study the remedies which act upon the spinal cord, and shall point out those that the materia medica or clinical experience indicates in special cases.

The Solanaceæ, Strychnine, *Secale cornutum*, the Snake-poisons, Lead, Silver, Phosphorus, *Cicuta*, *Chelidonium*, *Veratrum*, Arsenic, Oxalic acid and Mercury have been employed.

1st. *Belladonna.*—We have seen that Belladonna was the remedy in the beginning of locomotor ataxia; it is also the chief remedy in the beginning of acute diffuse myelitis. It is indicated by a paraplegia that is progressing and still incomplete, a paralytic numbness of the limbs, a staggering gait and the impossibility of standing still. Paralysis of the ocular muscles, dilatation of the pupil, paralysis of the bladder and its sphincter, point to the use of Belladonna.

2d. *Stramonium* has been far less frequently employed than Belladonna, and is particularly indicated when convulsive phenomena predominate, with trembling and contractures. The spasms are produced by the slightest touch.

Dose: Of Belladonna and Stramonium, the mother-tincture to the 3d dilution.

3d. *Nux vomica* and *Strychnine*.—This remedy excels all others in the treatment of tetanus and for the lightning-pains of locomotor ataxia. Strychnine, however, in toxic doses causes a true myelitis; therefore it may be prescribed with some chance of success in acute diffuse myelitis, when the following symptoms exist: cramps, contractures, tonic spasms excited by motion, noise, light or touch. These spasms are accompanied by severe pains with trembling.

Dose: 2d trituration of sulphate of Strychnine.

4th. *Secale cornutum*.—We have said in our *Treatise on Materia Medica and Therapeutics* that *Secale cornutum* did not seem to us to be indicated in the treatment of myelitis. Recent works and clinical observations have shown this to be a mistake. In fact, *Secale cornutum*, in toxic doses, causes myelitis, and we have published in our *Clinical Notes* (2d series) the details of a case of subacute diffuse myelitis cured by *Secale cornutum*. A sensation of creeping and torpor in the limbs, a progressive and ascending paraplegia, with bed-sores on the sacrum, indicate this drug.

Dose: 1st trituration.

5th. *The Snake-poisons, Lachesis, Crotalus* and *Naja*, have been proposed in the treatment of myelitis; let us consider the value of this suggestion:

(a.) *Crotalus*.—This venom has been most strongly recommended by Elb, of Dresden. According to this physician, the symptoms indicating its use are as follows: Little sensibility to pressure in the vertebral region; general debility; marked weakness in all the limbs, pre-eminently the lower; a sensation of numbness and cold; *weakening of the faculties; difficulties of speech*; periodic attacks of dyspnœa. In view of these points of diagnosis, *Crotalus* seems to us to be indicated preferably in *chronic myelitis*, and most especially in *disseminated sclerosis*.

(b.) *Lachesis*.—This venom is indicated in paraplegia with stiffness and permanent contractures, painful sensation and formication in the paralyzed parts.

(c.) *Naja*.—This drug has cured in several cases when the symptoms were confined to a slight degree of paresis and anæsthesia.

Dose: From the 3d to the 6th dilution.

6th. *Plumbum*.—This drug produces paralysis with muscular atrophy. It is the remedy for myelitis when limited to the anterior gray horns, either in the acute or chronic form; *infantile paralysis, acute spinal paralysis, progressive muscular atrophy*. I have had a case where *Plumbum* entirely cured acute spinal paralysis in a rheumatic subject.

Dose: I have succeeded with the 30th dilution, but clinical experience is still too little advanced to enable one to formulate a rule concerning doses of this drug.

7th. *Argentum nitricum*, in toxic doses, has caused myelitis. We have seen that it was an important remedy in the treatment of *locomotor ataxia*; it is also indicated in myelitis of the lateral columns, or spasmodic myelitis.

Dose: This drug has been employed in material doses and in dilution; the most efficacious has not yet been clinically determined.

8th. *Phosphorus*.—This drug in toxic doses produces lesions of the spinal cord (Danillo) ill defined; it causes paraplegia and has cured it.

But to what affection should this paraplegia be attributed?

The symptoms indicating the use of Phosphorus are those of an ascending paraplegia with formication (Gallavardin).

9th. *Conium maculatum* produces an ascending paraplegia, which finally becomes bulbar, causing dysphagia, loss of speech, dyspnœa, asphyxia and syncope; it is indicated in acute myelitis and acute spinal paralysis.

Dose: ?

10th. *Chelidonium majus*.—Clinical experience is here entirely wanting, but its pathogenesis indicates this drug in *spasmodic tabes dorsalis*, and in *disseminated sclerosis*; paresis of the lower limbs with numbness of the muscles, tremors on motion; pain in the vertebral column increasing on pressure.

11th. *Veratrum*.—Such a remarkable action as that of Veratrum on muscular contractures should suggest this drug in the treatment of *spasmodic tabes dorsalis*. Veratrum produces a muscular rigidity which allows of a very slow return of the muscle to its normal state after the contracture.

12th. *Oxalic acid*.—This drug, strongly recommended by Richard Hughes, causes an ascending paralysis with pains in all the limbs. The complication of inflammation of the meninges and the cord with a certain degree of chronicity, characterizes, according to him, the choice of Oxalic acid.

13th. *Arsenic* produces paraplegia and, according to Hughes, inflammation of the spinal cord. This physician strongly recommends its use in chronic myelitis. The paraplegia of Arsenic is accompanied by loss of sensation, muscular atrophy, formication, cramps, muscular twitchings and œdema; this drug then should be indicated in *locomotor ataxia* and *spasmodic tabes*.

14th. *Mercury*.—Bähr reports a case of *acute myelitis* (?) cured by Mercury. This drug presents symptoms that point to its use in cases of *spasmodic tabes* and *locomotor ataxia*. Weakness of the lower limbs accompanies the cramps and contractures; it produces an unsteadiness of gait and the legs are involuntarily projected forward.

Dose: Bähr has used the 3d decimal dilution of Mercury.—*L'Art Medical*, July, 1887.

A Cure with Argentum Nitricum.—By *Dr. Mossa*.—Frau D. of Nakel, fifty years of age, had suffered from renal dropsy in 1867, since which date hæmorrhoids had appeared.

A fortnight before Christmas, 1875, she became ill, with feverish symptoms and tremors in the upper and lower parts of the left thigh; also urging to stool and urination.

She is a robust woman, not at all inclined to hysteria, tending to become corpulent, especially in the abdominal region. I found her, in April, 1876, confined to bed, lying on her back with the thighs drawn up towards the body. The trembling sensation had now extended to the upper part of the body. She had violent pains in the stomach, like those of an abscess; and from here the stitching pain darted towards the breast and left shoulder, and downwards towards the umbilicus. It was also cramp-like in the breast and neck; she complains of pain as if from ulceration in both hypochondriac regions, which are sensitive to touch. The tongue is coated white; appetite moderate; she can take her food (little else than the lightest broths) neither warm nor cold, but only lukewarm. The stool is constipated; and if expelled with effort, it is of whitish mucus, never colored nor in well-formed masses; she has after every such stool pain in the left side of the abdomen. The urine, which is voided only in small quantities, is straw-colored at the height of the pain, at other times darker. Sleep very insufficient for a long time, and for a fortnight she has had a morphia powder every night. As to the former treatment, the patient has received from her allopathic physician (who had diagnosed her complaint as an affection of the liver with catarrh of the large intestine) first Kurella's pectoral powder, then Carlsbad salts for five weeks, and finally, warm baths, to which bran was added. Her condition was no better, however; her face and skin assuming a rather darker hue. As far as the pulse was concerned, it was a *pulsus frequens e debilitate*. The liver, so far as could be ascertained, was somewhat enlarged. The diagnosis of the disease and the remedy was one of some difficulty in this case; still, when one begins with a gastric and hepatic derangement, the phenomena are easily grouped. If the *ulcus rotundum ventriculi* were not more commonly found at an earlier age, one might have thought of it here. But how had the use of Carlsbad salts for five weeks produced erosions in the mucosa of the stomach, perhaps already hyperæmic in consequence of the hepatic disorder?

As to the treatment, the patient received Pulsatilla, later Phosphorus, several doses of each in the 30th potency—but her condition was little changed thereby. By this time I had determined upon Argentum nitricum, 3d dilution, of which the patient took three drops thrice daily. Under this remedy a remarkable change for the better soon came to pass. At first the painful sensations emanating from the stomach were alleviated, then its functions improved; defecation and urination be-

came gradually normal; sleep returned without narcotics. The patient received at progressively increasing intervals, up to six grams of this remedy in the 3d trit. She has entirely recovered. To me a cure, although without an entirely clear diagnosis, is much more gratifying than a clear diagnosis *without* a cure, or even a clear diagnosis made post-mortem. Finally, I remember very vividly the standing phrase of an officer, with whom I stood in a battalion during the French campaign, when a doubtful question came up, hard to decide: "And the rest will be seen at the autopsy."—*Allg. Hom. Zeit.*, No. 12, Bd. 94.

Difference in Activity between Centesimal and Decimal Potencies.—By *Dr. Juan M. Rosas.*—It has often occurred to me that the same remedy in the same dilution or trituration, but prepared according to one of the above-named scales, showed a more powerful or a weaker action. I had formerly prepared many remedies myself according to the centesimal scale, but I have now ceased doing so; for, although the preparation of decimal potencies requires double work in order to reach the same numerical degree of attenuation, such increased trouble is, according to my opinion, amply rewarded. Concerning this, I could wish that authorities in our method of cure would but make comparative tests and give us their views and experience. The first impulse in this direction came from a patient to whom I had been prescribing for some time *Natr. sulph.*, 3d centesimal trituration. When prescribing for him again, I found I was out of the 3d centesimal trituration, and I gave him the 6th decimal trituration. It is to be noted that all my remedies are prepared by me from the same crude drug and with the same milk-sugar precipitated by me. In four days the patient returned, and asked why I had changed the remedy, or given a stronger potency, as its action was more lasting. Although I was sure I had given the 6th decimal, I changed again and gave the 3d centesimal, and asked him to return in two days and tell me the result. He did so, and said: "These powders are the same that I have already taken with such good result." The next time he came I gave again the 6th decimal instead of the 3d centesimal, and the result was the same, although he could not guess that I had again changed the potency. Following this, I have made the same test with other remedies and with the same results, viz., that the same degree of attenuation when made according to the decimal scale acts more deeply and longer than when made according to the centesimal scale. I think this is one of the best proofs of the law of dynamization, for it shows that the double trituration or succussion, in accordance with the Hahnemannian principle, develops more power, and renders the remedy more active. I read since in a journal that *Tinct. sulfuris* was considerably stronger and more active when the sulphur was rubbed up in the alcohol instead of the latter being allowed simply to stand upon the sulphur. I have produced the same result

myself; the Tinct. sulph. being very strong, and not like the tincture made by simply extracting with alcohol, although here the medicament and the alcohol are identical both in quality and quantity. Thus the difference is caused by the continuous trituration. Ought we not, then, to use remedies prepared according to the decimal scale, since the exact degree of attenuation can thus be obtained as required?—*Pop. Zeit. F. Hom.*, Nos. 11 and 12, 1887.

Treatment of Epilepsy.—At the meeting of Swiss Homœopathic Physicians, held at Baden on June 4th and 5th, 1887, the discussion upon the treatment of epilepsy was opened by Siegrist, of Basle, who said: "In my opinion, epilepsy that has lasted longer than five years is, as a rule, incurable; probably, because the disease has already produced changes in the brain that resist every remedy." In such long-existing cases he had, indeed, seen improvement, but never complete cure, as the attack always returns, although it may be after some years. Where fright can be determined as the cause of epilepsy, he had seen beautiful results with *Ignatia* and *Opium*. He had cured two cases with *Ignatia* and one with *Opium*; all three were in children. In a boy whose epilepsy may have been due to onanism, *Nux vomica* produced a cure, while in another similar case, in which *Potassium bromide* had only (in allopathic doses) caused amelioration, permanent cure followed the same remedy in the 2d dec. trit. In an adult he had seen intermission of several years, through *Cuprum 30*, and *Lachesis 30*, given every four days. The principal remedies are *Belladonna*, *Kali bromatum*, *Cuprum*, *Ignatia*, *Lachesis*, *Opium*. These are the only remedies from which he had personally seen good results.

Dr. Mende, of Zurich, related a case of cure through *Pulsatilla* in a high potency. A girl, aged 18, had, since the occurrence of menstruation in her 15th year, suffered from epilepsy, and *Bromide of Potassium* given daily to the amount of 90 grains had been of no service. Dr. Mende stopped all medication for six weeks, during which time the attacks came on once a week as before; he now gave *Puls. 3d*, without any result. Under *Puls. 6*, a dose given three times a day, every other day, the attacks came on only once every two weeks, and *Puls. 200*, prescribed in the same manner, being given, no attack occurred from August until February of the next year. For a whole year *Puls.* was given in the same dosage, and as she was without an attack she got married. The cure seems to be complete as the following will show. Some months after her marriage, she had an abortion in consequence of a fright, and she had hardly recovered from this when she sprained her foot in consequence of a fall on the stairs. In spite of these accidents the epilepsy has not returned, nor even the usual accompaniments of that disease, occipital pain and weakness of memory. *Pulsatilla* was chosen in this case because of the appearance of the attacks with the

occurrence of menstruation, the disease being a reflex epilepsy from the genital sphere.

Dr. Meschlin, of Basle, was of the same opinion, concerning the curability of epilepsy, with Dr. Siegrist. According to his experience, children were cured almost always with Belladonna, or greatly improved, while in adults Lachesis and Silicea in high potencies and few doses were of great service. In alcoholics, Nux vomica is a prime remedy.

The value of Silicea is proved in the following case: A man, aged about 40, had epilepsy caused, it is presumed, by excess in venery. The first attack came on after exposure to severe cold as a soldier. Sil. 200, a dose every three months, caused an intermission of eighteen months, when the trouble returned in consequence of excess *in baccho*. Lachesis was now given in the same dose as Silicea, and curatively, for it is now eighteen months since he had an attack.

Dr. Siegrist remembered the celebrated Count Ariel von der Ecke, who used to make remarkable cures of epilepsy. He always prescribed four remedies, Aconite, Belladonna, Chamomilla, and Opium, in the 3d or 6th potency, and gave Aconite and Chamomilla each twice in the forenoon, and Opium and Belladonna each twice in the afternoon. The results are said to have been very good.

Dr. Siegmund, of Spaichingen, had in one case seen evident improvement with Sulphur 5th, later 10th, in one dose of from 5 to 100 pellets. The patient, unfortunately, ceased attendance.

Dr. Mattes, of Ravensberg, considered Sulphur and Calcarea as constitutional remedies. Rapp had already recommended both these remedies, which he prescribed as follows: Sulphur for some days, then wait fourteen days; next, Calcarea was given in the same way. In a girl of 12, who had had epilepsy since her 6th year, Mattes gave Sulphur 30 for three days; after the third day the attacks ceased, headache and vertigo only remaining. After fourteen days, furuncles appeared on both insteps, and the more pus they discharged the better was the patient's general condition. The case is still under treatment, but is receiving Sac lac. He thinks the first duty of the physician in treating epileptic cases is to find out the constitution before he attempts to select the remedy. Following out this principle, he cured a sycotic man with Thuja, who had not, indeed, epilepsy but severe headache, nausea, and even fainting after coitus.

Dr. Meschlin related two cases of epilepsy in which the spasms began in one or other extremity. If the arm or leg (right) could be tied around, the attack could be aborted; a similar case had been cured by Dr. Anken with Belladonna.

Dr. Fries, of Zurich, also insisted on the importance of determining the constitution of the patient, and of giving the remedy in high potency and few doses. He had made a beautiful improvement, or perhaps a cure, with Opium. The patient, a peasant woman, aged 30, had had

epilepsy for ten years. Before the attack, she always experienced a peculiar anxiousness with desire to escape—then, with an outcry, the convulsion followed. The attack lasted some five minutes, when she fell into a deep sleep, which lasted about twenty-four hours. The marked somnolence, with the desire to escape before the attack, determined the selection of Opium (30 cent., a dose every four days). It is now eight months since she has had an attack, while usually the attacks came on four or five times a year.

Dr. Schadler, of Berne, had made in his practice about ten real cures of epilepsy, but only in youthful individuals—never when the disease had been of very long standing. Two-thirds of all cures result from Belladonna, and especially with Atropine 30, one dose every two or three days; two cures followed the use of Calcarea. He had also tried the method recommended by Fischer, of Brunn, especially in nocturnal epilepsy, by giving Cina, Silicea, Cantharis, and Sulphur 30, in alternation, but he had only seen improvement follow—never a cure.

Dr. Oberholzer, of Zurich, related a cure with *Rana bufo*. The patient, aged 16, had epilepsy for a year, having an attack every eight or ten weeks. No aura occurred; the convulsions came on with a cry, lasted from 10 to 15 minutes, and were followed by a long sleep. *Rana bufo*, 12 dec., two drops every morning and evening, was given for at least seven months, and no attack has occurred since August, 1886.

Dr. Fries expressed surprise that in the literature accessible to him he could find no case of cure of epilepsy with Camphor, for Camphor produces a kind of epileptic attack, and is recommended by Jahr as a remedy. To this it was opposed that the short duration of the action of Camphor made it questionable whether it could be of service in as severe and long-lasting a disease as epilepsy.

Treatment of Melancholia.—At the same meeting, Dr. Mattes related the case of a teacher, aged 68, who in consequence of overwork had melancholia with delusions of persecution. He couldn't sleep at night, was constantly speaking of being judicially persecuted. Had nervous tremor and perspiration, and also enlarged liver. Cuprum and Chelidonium, at that time the epidemic remedy, made considerable improvement in fourteen days; and now the man is well. Cuprum and Zincum are indicated in delusions of persecution, especially when the patient in his phantasies is constantly dealing with judges, etc.

Dr. Siegmund had a case of melancholia during the lying in period. The patient was constantly weeping and complaining, was full of fears concerning the future, and had the idea that she could neither see nor hear as well as usual. The liver appeared to him to be in fault. After the first dose of Chelid. 6, the case was so improved that the patient said it seemed as if a cover had been taken from her eyes. Since then, at the time of the menses, she has had several slight relapses which always disappeared under Chelidonium.

Dr. Meschlin had a case of melancholia in a young widow, who always before the period had an attack of despair with weeping, screaming, and suicidal ideas. Through Aurum 30, and later 200, she was so influenced that for seven weeks she has had no mental disturbance.

Dr. Fries had a similar case of melancholia, which he cured with *Viola odor.* 3. The patient was a young unmarried lady.—*Allg. Hom. Zeit.*, Nos. 10 and 11, 1887.

Common Salt in Migraine.—S. Rabow, of Berlin (*Therap. Monats.*), has obtained surprisingly favorable results from the use of common salt in six cases of migraine, where the attack was ushered in by gastric symptoms. Just as Nothnagel, some years ago, in consequence of accidental information from a lay person, found common salt to be an efficacious remedy for cutting short or aborting many cases of epilepsy, so Rabow owes to an accident the observation that an attack of migraine can be cut short by a small quantity of common salt. He had a patient, a young man, suffering from *petit mal*, with well-marked aura, whom he advised to carry with him some common salt, and at the first signs of the aura to swallow as much as he chose. The prescription was effective every time. Delighted with the favorable action of the remedy, an aunt who suffered with violent migraine which began with gastric symptoms, fulness, distension, retching, etc., took the same remedy herself in doses of from half to a whole teaspoonful, drinking a little water after it, and was thus enabled regularly to abort the attack, or, if it had begun, to get relief from it within half an hour. Rabow had naturally no idea that Father Hahnemann had found out a hundred years ago the wonderful action of common salt.—*Allg. Hom. Zeit.*, No. 12, 1887.

Hepatic and Renal Colic Relieved by Calcarea Carbonica.—By *A. Spiers Alexander, M.D.*, Plymouth, England.—CASE I. On November 9th, 1886, Mr. B. consulted me on account of the following symptoms. For some months he had been the subject of frequent attacks of pain in the hepatic region, epigastrium, and back between the scapulæ. The pain would come on suddenly, often during the night, being of an inexpressibly severe character, and causing faintness, dyspnoea, and cold perspiration. The paroxysm lasted for a period varying from one to four or more hours, and ceased as suddenly as it began. Slight jaundice often followed the attacks. It was evident that the case was one of hepatic colic, and I, therefore, prescribed *Calcarea carbonica* 30, a dose to be taken every fifteen minutes during the attack.

On November 30th, this patient reported that two attacks had occurred since his last visit. During each of them he had taken the remedy as desired, and on both occasions the pain passed away gradually while the medicine was being taken.

On December 15th, he returned, saying that two days previously he

had been seized again with violent pain in the liver, back, and stomach. He at once took Calcarea, and again the pain gradually declined, but did not entirely disappear till 11 P.M., when it ceased suddenly. The patient at this visit produced a stone, about the size of a pea, which he had found on washing and straining through a hair-sieve the motion passed after the attack. It was grayish in color, faceted externally, and the section had the glistening, crystalline appearance of cholesterine. I still have this calculus in my possession.

Of course I was greatly delighted, and the patient no less so. He inquired if the medicine was a preparation of opium, having heard that that drug was often used as an anodyne. "At any rate," he added, "I don't care if an attack does come again as long as I have this medicine."

But, alas, for the fleeting character of human hopes! A few days later another severe attack occurred, and this time Calcarea had no effect whatever.

CASE II. Mr. R., aged 51, retired naval engineer. On June 8th, 1887, I was sent for early in the morning to see this patient. On my arrival I found him in bed writhing with pain, the severity of which was portrayed on his countenance. He was sitting up, rocking his body to and fro, groaning and gasping for breath. The pulse was small and rapid, the extremities cold, and his face suffused with a clammy sweat.

This had been going on for more than twenty-four hours, but the pain had become much worse during the preceding night. There was slight jaundice already, and I felt little doubt as to the nature of the case. Calc. carb. 30 was now administered, a dose being given every few minutes. Before long he appeared somewhat easier, and, directing him to take the medicine frequently, I left, promising to return in a few hours. At 1 P.M. I went back and found my patient just awaking from a sound sleep. The pain had steadily continued to subside, and he had soon dropped off to sleep. As I stood talking to him, he suddenly exclaimed, with a look of alarm, "there it comes again." I gave him his medicine, and in a minute the drawn features relaxed and he lay back quietly free from pain. The following morning he was bright and cheerful, said he had slept all night, and that there had been no recurrence of pain.

The bowels had acted freely, and I was shown several small objects which had been found in the motion. Some resembled in size and shape an orange-pip, were of a bright yellow color, soft and pliable to the touch. Concretions of this kind are described by Harley as a rare form of steatomatous gall-stone—he believes them to be nothing else than masses of cholesterine in the preliminary stage of crystalline formation.

Another of the concretions found in the motion was of the more usual variety, having a gray, shell-like exterior, and a striated crystalline centre.

About 8 P.M. the same day, I received a note from Mr. R., saying that

another attack had come on, and that the pain-killer (as he had dubbed the Calcarea) being finished he would like a fresh supply. I went and saw him, and he then said that a fresh paroxysm had set in at 1 P.M., but as long as he took the Calcarea the pain remained slight, but grew very severe when he left it off. I inquired if the medicine did not entirely remove the pain, and he replied that it allayed the agonizing cutting and tearing, but that a dull, though not severe, "undercurrent," as he expressed it, remained. I administered more Calcarea and left him almost free from pain.

On the morning of June 10th he was again perfectly comfortable, the pain had gradually subsided on the previous evening, and he had slept well until 5 A.M. At that hour there was a recurrence of pain, but "as soon as I took the physic," he said, "it stopped."

The bowels had acted, the motion being clay-colored, accompanied by a large quantity of granular *débris*, each granule being about the size of a pin's head. This had not been preserved, but was no doubt a collection of minute calculi.

CASE III. *Renal Colic*.—On July 8th, 1886, I was summoned to see a lady, whom I found to be suffering from severe cramp-like pain in the right lumbar region, darting through to the groin, and accompanied by nausea and faintness. She had had frequent calls to micturate, and the urine deposited a dark sediment. Microscopical examination of the latter showed it to consist largely of uric acid and oxalate of calcium. The patient now received in succession Berberia, Lycopodium and other remedies, but without obtaining relief from them.

Late in the evening of the 10th she sent to say that she had become much worse, and was getting quite exhausted from the protracted suffering. I went to see her, and found her very ill and presenting all the usual symptoms of a typical paroxysm of renal colic. I began to think of pulling out my hypodermic syringe, but determined in the first place to give Calcarea a chance.

I accordingly mixed some of the 30th dilution in water, and administered a dose every few minutes. Ere long, to my satisfaction, the patient's groans became less frequent, her face grew calm, and at length she exclaimed, "really, I think that medicine is doing me good." She continued it, and I was presently able to leave her feeling tolerable easy though not altogether free from pain. During the ensuing week paroxysms frequently occurred, and were usually relieved to some extent by repeated doses of Calcarea. The lady then went to the country, and I saw no more of her for two months. On her return, I learned that during her absence she had had another attack, after which she had passed a small hard stone from the bladder. This unfortunately had not been preserved. She stated that on that occasion Calcarea seemed even more efficacious than during the previous attacks.

CASE IV.—*Simulating Hepatic Colic.*—In September, 1885, a lady gave birth to her first child. Two or three days afterward the nurse in attendance was taken ill, and soon showed signs of erysipelas. She was, of course, at once removed, but too late, for her patient at the same time began to give evidence of blood-poisoning. For several days there were evening rises of temperature, the thermometer indicating over 104° F., with morning remissions. At first there were no well-marked subjective symptoms, but the patient gradually became jaundiced. About a week after her confinement, however, she was early one morning seized with a severe rigor, the temperature rapidly rose, and sudden cutting pain was felt at the epigastrium. This quickly increased in severity, extending all over the chest and through to the back. The patient's suffering now became extreme. She had to be supported in bed in a sitting posture while gasping for breath and with great difficulty expelling flatus from the stomach. She complained of intolerable faintness at the heart, the pulse was well-nigh imperceptible, the extremities cold, the lips livid, and the face bedewed with clammy perspiration. At times, indeed, she appeared almost at the point of death. This attack lasted an hour or more, and then gradually subsided. Whenever food was taken, however, the urgent symptoms returned, so that the patient dreaded to eat. Rigors occurred from time to time for the next few days, and were always followed by the symptoms described, each attack becoming more prolonged than the last. These, it will be seen, bore a marked resemblance to hepatic colic, so greatly, indeed, that the question was raised whether it was not a genuine case of that disorder. The stools were carefully searched for biliary calculi, but none could be discovered.

The treatment of the case is, however, what chiefly concerns us. Many different remedies were given, among others, *Nux vom.*, *Carbo veg.*, *Musk* and *Capsicum*, besides such accessories as poultices to the epigastrium. None of these afforded the slightest relief, and at length, after a more than usually protracted attack, a hypodermic injection of morphia was given. The distressing symptoms, of course, quickly abated, and a quiet, though sleepless, night was passed. Early next morning the pain set in again. Gradually it increased in severity till the condition already described had re-asserted itself with doubled energy. It now occurred to me that, as the symptoms so greatly resembled those of hepatic colic, the remedy that had attained reputation in that malady, namely, *Calcarea*, might be of service. Accordingly I administered a dose of the 30th dilution, and sat down by the patient to watch the result. She was sitting up in bed leaning heavily over a support in front of her, while frequent moaning gave evidence of her sufferings.

I noticed, ere long, that the moaning became rather less frequent, and the breathing seemed to grow somewhat easier. In a quarter of an hour I gave a second dose, which was followed by a still further cessation of the symptoms. The medicine was taken steadily every fifteen minutes, and

before an hour had gone by the patient was able to lie back on her pillow perfectly free from pain. From that moment she recovered rapidly. From time to time there were recurrences of the old pain, but a dose or two of *Calcarea* invariably checked it, till at length it disappeared to return no more.

Here, then, is an example of the remarkable fact that remedies selected in accordance with subjective symptoms are often curative, irrespective of their cause.

In the first three cases narrated the pain was caused by the passage of calculi; in the fourth by a totally different circumstance, namely, blood-poisoning.

What is the *rationale* of the curative effects of *Calcarea* in these cases? Pathology cannot answer this question, for the drug was effectual irrespective of differences in the causes. The pathogenesis of the drug must be appealed to for a reply. It cured because in the healthy it has been known to set up symptoms similar to those already described. Thus the provings show that it has caused:

Abdomen.—Pains in the liver, mostly stitching or tensive aching; drawing pain from the hypochondria to the back; tension in both hypochondria; contractive gnawing, abdominal spasms, and colic; cutting colic in the epigastrium; stitching or pinching aching colic without diarrhoea.

Chest.—Stoppage of breath; sensation as if the breath remained between the scapulæ; desire to take a long breath; pressure on the chest; palpitation of the heart; anxious trembling, beating of the heart.

It may be remarked that, in cases such as those quoted, the drug is powerless in a low potency. The writer has experimented with the third decimal, but without obtaining any help from it.

In the preface to the third edition of his *Pharmacology, Materia Medica, and Therapeutics*, Dr. Lauder Brunton says: "If a patient was being treated with *Carbo vegetabilis* in the 30th dilution the utmost care was necessary in regard to his diet, for if he happened to eat a single piece of burnt crust at breakfast he would consume at the one meal as much vegetable charcoal as would, when properly diluted, have served him for medicine during the remainder of his natural life."

How much crude *Calcarea carbonica* did the patients in the foregoing cases consume in their ordinary food while taking the 30th dilution as a medicine? Yet the latter cured, while the crude drug remained inert.—*Monthly Hom. Review*, July, 1887.

Brilliant Results from Aurum Muriaticum Natronatum.—By Dr. H. Goullon, of Weimar.—Never have I observed gold so startling in its action as in the following case: The patient is a type of the scrofulous habit; reddish hair, pasty complexion, thick nose, coarse features. About thirty years of age. He has had the misfor-

tune of being infected by syphilis, and the still greater ill-luck of being treated by mercurial inunctions and iodine to excess. All these circumstances conjoined helped to produce a complication of morbid conditions which would put medical art to a severe test. Let us recall the region in which gold makes such brilliant cures, and we find it especially suitable in an uncommon swelling of the left testicle. In this case I do not exaggerate, when I say that the scrotum was as large as a gourd of moderate size and the tumor was four or five times larger in circumference than the right testicle, which was also swollen. The entire mass simulated an oblong, heavy weight, like those one meets with in old-fashioned clocks, and could hardly find space in the capacious suspensory.

The skin was also involved. On the elbow was a wide-spread herpetic eruption; on different parts of the body were gummy indurations; the ear discharged; in short, the many characteristic manifestations of the syphilitic poison were to be seen throughout the cutaneous and mucous systems. There were also ulcerous formations in the oral cavity and on the sides of the tongue.

After about four weeks the patient again set foot upon the floor, saying: "The drops have done wonders." And indeed the influence upon the testicles was so striking, that now the right, which was formerly the smaller, seemed the larger, without having actually at all increased in size. Not the less remarkable had been the action of gold on the general condition. The patient, formerly irritable and uneasy, is cheerful and comfortable; enjoys sound sleep, whereas before he was disturbed with morbid dreams; has lost his previous debility and disgust for everything; and says that his digestive power is quite a different thing. He assimilates articles of diet which he did not formerly dare to take, unless he wished to suffer with flatulence, gastric acidity and vomiting. Among other things punch, which he "could not even smell," agrees well.

But evidently, the mode of administering gold in such cases, is not a matter of indifference. And although I have only recently published a cure with high potencies (in which I subsequently corrected the mistake of the 100th *Dec.* for the *Centes.*, which was what I used of the *Natrum muriaticum*), I can not commit myself to high potencies in syphilitic complications. Experience in these cases is always in favor of substantial doses. But, as we shall soon see, these proportionally massive and heavy doses are always quite out of the allopathic posological range, and even on this ground one must set boundaries, and seek for the conversion of the traditional school. By two or three clinical experiences of this sort, many a Saul would become a Paul in spite of all former prejudices, *vis inertia*, and most tormenting skepticism. One-half grain (0.03) *Aurum muriaticum natronatum* was dissolved in 6 grms. *Spiritus vini*, but of this first, 6 drops are again put

into a wineglass of water of which the patient takes a teaspoonful thrice daily. *Gutta cavat lapidem*. Thus here also, "many a mickle makes a muckle." And I cannot too strongly recommend this manner of administration as a model. It possesses above all this great advantage, that one need not depend upon a non-homœopathic apothecary for desired remedies. Of course this posology applies to one series of drugs only, such as Baryta mur., Tart. stib., Merc. corros., Arsen., and others.

If the opinion of the theorists is to be followed, gold can as little accomplish a cure as our spiritus sulphuratus, already discernible by the sense of smell. For chemistry teaches that gold and sulphur are not soluble for therapeutic uses.

Moreover, it cannot be said that gold cannot act in potencies. We find, *e.g.*, in Burnett, cures with Aurum 200, although here it is a question of special visual derangement, not a constitutional malady. When a patient complains that he sees only the half of objects (either the upper or the lower half), he should be given Aurum 200, if Burnett's experience may serve as a criterion. And as Bähr (Hanover) saw decided mental depression follow after Aurum 3, we naturally conclude that the higher potencies frequently seem to be demanded.

Lastly, recall the experiment of Prof. Jäger, who carried Aurum to the 500th dec., and then gave it to twelve persons to smell. They all found the difference between pure alcohol and this high potency, and indeed odors of other kinds.

In conclusion, a few observations on the cases especially suitable for Aurum. The nose particularly is the most severely affected, notoriously the chief point of attack in syphilis as well as in scrofula. While Aurum usually answers, however, in syphilitic affections of the nose, which go on to the destruction of the bones and cartilage, the symptoms here were of a more superficial nature. Painful fissures, which bled easily, loathsome, scurvy eruptions, copper-colored, spotted and streaked. And as the patient had, in addition to all this, lost an eye by injury, one can easily picture to one's self his Adonis-like appearance. He came to me first early in August, remaining under my care from that date for about six months, and received besides Aurum, Mezereum, Cinnabaris, Merc. bin iod., Arsenicum iod., in the 3d dec., which caused a disagreeable taste in his mouth and "burning in the stomach"; later, Kali iod., as I considered there was hydrocele as well as induration of the testicle.

One of the most important indications for Aurum emphasized by the patient was a "prodigious secretion from the nose"; at other times he called it "*bad blood*"; and scaly exanthemata on different parts of the skin and mucous membrane. Yet all these manifestations were checked before the complication of the testicle, and it is chiefly from this standpoint that I consider the observations recorded instructive.—*Allg. Hom. Zeit.*, Bd. 114, No. 12.

ITEMS OF GENERAL INTEREST.

Beri-Beri and Bacteria.—Dr. Pekelharing, a Dutch physician, now announces that he has succeeded in cultivating the micrococcus of beri-beri. From his cultures he infected seven rabbits and four dogs, of which six rabbits and two dogs died in a longer or shorter period with symptoms of paralysis of various groups of muscles, especially those of the posterior extremities and of respiration. On examination, extensive nerve degeneration was found. In some cases the animals were infected by the injection of cultures obtained from the blood of beri-beri patients, and in others by a mixture of the bacteria existing in the air of a barrack where the disease had occurred.—*Lancet*, September 24th, 1887.

Measles-Paralysis.—Although Landouzy, in his excellent work on the paralysis of acute diseases, asserts that without being exceptional, paralysees are less frequent with measles than with variola, yet it may be questioned whether measles does not distinguish itself rather more frequently than is generally supposed, as the efficient cause in certain cases of obscure nerve-disease amongst children. There are many grounds also for believing that disseminated sclerosis may find a cause in measles. M. Négrié, of Bordeaux, has observed a case of acute ascending paralysis consecutive to measles. . . . The child was three years old, and on the tenth day of full convalescence after measles considerable weakness was first discovered in the upper and lower limbs and in the neck-muscles. Headache, pain in the limbs and a fever of nearly 104° F. were other symptoms. The paralysis increased in degree, so that sitting was impossible; the knee-jerks disappeared and the plantar reflexes appeared to be diminished. Before speaking, the child was noticed to make some jerky inspirations. Sensation and the sphincters were not affected. Paralysis of respiration seemed to be the principal cause of death. . . . Négrié does not make any reference to the possibility of the presence of diphtheria in the case in question.—*Lancet*, September 10th, 1887.

The Spread of the Tubercle Bacillus by Flies.—In a communication made to the Académie des Sciences by MM. Spillman and Haushalter, the question of the spread of the tubercle bacillus by means of the common house-fly is considered. The authors state that they have seen flies enter the spittoons containing the sputum of phthisical patients; they were then caught and placed in a bell-jar. On the following day several of them were dead. Examination of the abdominal contents and the excrement of these flies on the inside of the jar showed the presence of many tubercle bacilli. The authors point out the wide dissemination of the disease which may take place in this way.—*Lancet*, September 10th, 1887.

Odontalgia v. Neuralgia.—The great difficulty occasionally experienced in diagnosing whether neuralgic pain of the fifth nerve is due to peripheral irritation from disease of the teeth or to some affection of the nerve trunk was the subject of a paper by Professor Victor Horsley. The distinctions are summed up as follows:

1. Trophic changes, such as muscular wasting in the parts to which the pain is referred, chronic congestion, or alternating dilatation and constriction of the bloodvessels, point to mischief in the trunk of the nerve.
2. Alterations in sensation, anæsthesia or hyperæsthesia of the skin, especially when gently touching the skin causes extreme pain, while firm pressure causes no pain at all, are, he believes, never due to dental irritation.
3. The origin and character of the pain are sometimes useful as a means of diagnosing the two conditions. When the pain begins in the skin or bone, and subsequently is referred to the teeth, the probability is that the lesion is in the nerve-trunk; if it is stated to begin in the teeth, it may or may not be due to them. Professor Horsley expressed the view that *constant* pain is in most cases of peripheral origin, whereas *intermittent* pain is due to trouble nearer the nerve centre; but this is opposed to the experience of most dental surgeons, intermittent pain being a frequent accompaniment of dental disease. Lastly, the existence of "tender spots" along the course of the nerve or its branches is generally an indication of irritation along the whole course of the nerve, but occasionally occurs in cases of peripheral irritation.—*Lancet*, September 3d, 1887.

Method of Detecting and Removing Needles Imbedded in the Tissues.—Dr. H. Littlewood says, in *Lancet*, August 27th, 1887:

1. The part supposed to contain the needle is thoroughly rubbed over with an electro-magnet, so as to magnetize the metal if present.
2. A delicately balanced magnetic needle is held over the part. If the needle is present its position can be ascertained by the attraction or repulsion of the poles of the magnetic needle.
3. Having ascertained the presence of the needle (*e.g.*, in the hand), the part is rendered bloodless and a grain or more of Cocaine injected hypodermically.
4. An incision is made over the ascertained portion of the needle.
5. The electro-magnet is then inserted into the wound and with it the needle is felt for. Sometimes it will be found and removed quite easily; at others, great difficulty will be experienced, taking as long as one-half to three-quarters of an hour. . . . It may be lying across the incision or it may be so firmly imbedded in the tissues that the electro-magnet is not able to withdraw it. If this occurs the incision must be enlarged and the edges held apart with some non-magnetic tractors; using the electro-magnet as a guide the needle may be seen and removed with forceps.

Mussel-Poisoning.—A French investigator, M. Dutertre, who has recently given much attention to the subject of mussel-poisoning, has

arrived at the following conclusions: There is no class of mussel which is always poisonous; that is to say, the toxic properties of these shellfish are dependent on accidental circumstances. The poisonous quality is not due to parasites, nor to sea-mud, nor to mineral salts, such as copper, iodine, etc., nor to the food eaten by the mussel, nor to the product of putrefaction, nor to the presence of spawn. It is the result of disease in the mussel itself, probably affecting its liver, and is due to the presence of several bases analogous to alkaloids; the principal of these, mytilotoxine, which acts somewhat in the same way as curare, and which gives rise to the paralytic form of mussel-poisoning, has been isolated and chemically identified. The principles which cause urticaria, salivation and gastro-enteritis have not yet been determined. These poisonous principles are only found in the liver, where they are found in greater or less quantity; they do not appear to come from without, but to depend on some lesion or functional disturbance of the liver. In some persons even non-poisonous mussels may often cause slight disturbances of the digestive organs.—*Brit. Med. Jour.*, October 1st, 1887.

A New Vermifuge.—Dr. M. Martinet writes to *Les Nouveaux Remèdes*, attributing vermifugal properties to the leaves of the *Sida Floribunda*. It appears that for the discovery of this substance he was indebted to the instinct of his dog, which, after having been sick for a number of days, himself sought out and devoured some leaves of this plant, and a few hours later was relieved at the same time of his sickness and a large number of intestinal worms. The plant is said to be very common in the neighborhood of Lima, and is a Malvacea of the genus *Sida*. The mucilage which is so abundant in the different species of Malvaceæ, is likewise present in this plant, but no substance can be discovered on chemical analysis to which its anthelmintic properties could be attributed. Microscopic examination, however, shows that all the leaves of this plant are covered with extremely minute resisting spines, and the vermifugal properties are, if present at all, to be attributed to mechanical action.—*Therap. Gaz.*, September, 1887.

Treatment of Rheumatism.—Dr. E. S. F. Arnold, in *College and Clinical Record*, September, 1887, gives the treatment of rheumatism followed by the late Dr. Robert Nelson, of Canada. The latter used a strong alcoholic tincture of *Colchicum*, prepared from fresh seed. He found that the shell of the seed contained a volatile oil; that when water was added to the tincture it became opalescent, like tincture of myrrh, and by its use he obtained extraordinary effects. He prepared it by adding to one ounce of the seed half a pint of the highest proof alcohol; after standing a fortnight, and shaking once or twice daily, it was fit for use. He added five drachms of this tincture to half a pint

of water, or rather enough to make half a pint, and of this the full dose is half an ounce. "Now," said he, "if you have a case of acute or subacute rheumatism, give this every four hours, night and day, avoiding acids, and giving a light diet, until the toxic effects of the *Colechicum* are induced, viz., nausea, or even vomiting, with active purging, which occurs generally by the time the sixteen doses are taken, and the rheumatism will disappear like a flash. Up to this period there will be apparently no relief." He always prepared it himself. In simple local or chronic rheumatism the remedy is of no avail.

Lithotomy in the East.—Dr. Ira Harris, of Tripoli, Syria, writing to *Albany Medical Annals*, says, concerning lithotomy: "A few months ago I visited a large village among the Nusairiyeh. The village barber called on me. . . . The man seemed very much interested in the operation of removing stone from the bladder, and in the various instruments I used. After the operation was completed, he said he liked his way best. 'What do you know about removing stone?' I asked. 'Oh, a little; I have removed over two hundred in ten years,' was his reply. I was inclined to doubt this statement. The man called to a boy to bring the smallest box of stones he would find in his house. The lad soon returned with a box containing sixty-three stones, which he spread on the floor before us. The barber's face shone with pleasure at these evidences of his skill. The fruit was before us, even if the patients did not all recover from their removal. There were all kinds and sizes; uric acid and oxalate of lime calculi being the most numerous. Some of the latter were of immense size. They showed by their broken spines and battered appearance the efforts used in their extraction. . . . He was very familiar with the symptoms of this disease—gave me all the signs, etc.

"When he suspected stone, he passed his finger up the patient's rectum—sometimes his whole hand—and felt for the stone. When he was satisfied of the presence of the calculus, he would place the patient in the usual position, having five or six men to hold the patient; no anæsthetic was given. The operator would again pass his finger up the rectum, behind the stone, bringing it up against the perineum; then, with a knife, curved at the upper two-thirds, he made an incision in the median line upon the stone. If the stone was small, he would remove it with his finger; if large, he would pass behind the stone a hook and drag the stone away.

"I asked him if he lost many patients after the operation. He replied that many died of exhaustion, but that he never lost a case from hæmorrhage. The only thing that seemed to trouble him was the fact that the greater number of his patients who recovered after the operation suffered from incontinence of urine or had a fistula."

Hystero-epilepsy cured by a Sham Operation.—Dr. Chiarleoni, believing that the good effects said to be produced by spaying, on women suffering from the different forms of hysteria, are, to a large extent, attributable to the mental and moral impression produced by the operation, determined to put this theory to the proof on the next suitable patient who came to his clinic. This happened to be a woman who, after a fright, had been affected by hystero-epilepsy, with more or less convulsive and paralytic symptoms. There was evidently no disease of the pelvic organs. She was subjected to a pretended ovariectomy, which, however, was merely an incision into the abdominal parietes, but was accompanied by all the paraphernalia of a true abdominal section—chloroform being of course given. This operation was followed by a complete cure; consequently, Dr. Chiarleoni thinks that spaying should not be resorted to, except in cases in which it is imperatively necessary.—*Lancet*, October 8, 1887.

The Sensibility of the Bladder, in the normal state and when diseased. According to F. Guyon, the desire to micturate is the only normal sensation manifested by the bladder. The first and principal object of Guyon's researches is to ascertain under what physiological conditions this desire is produced. The conclusions are:

1. In the physiological state, the desire to micturate only occurs when the wall of the bladder is in a state of tension.

2. The contraction of the vesical muscle invariably precedes the manifestation of this desire, which is not perceived until this contraction has proceeded to a certain degree.

3. The desire to micturate does not depend on the activity of a sort of elective sensibility which has a special centre situated at the neck or the fundus, but has its seat in the whole of the organ.

In the pathological state, the sensibility of the bladder is mainly due:

1. To the exaltation of its sensibility to tension.

2. To more or less acute sensibility to contact.

It is most important to remember that acute sensibility to contact constitutes a pathological condition.—*Medical Chronicle*, August, 1887.

Treatment of Diphtheria and Croup by Oleum Terebinthinæ.—Dr. Kapperger, of Darmstadt, records a case of diphtheria treated by the above remedy. The patient was a boy, aged 8. His illness commenced with a very painful angina, with high fever and great enlargement of the tonsils. As no improvement was observed after three days, Kapperger made some deep scarifications into the right tonsil; this, however, afforded no relief. On the other hand, distinct membranes became developed; they gradually extended over both tonsils, the soft palate, and uvula. . . . The usual remedies, Quinine, ice, Pot. chlor. produced no benefit. The only thing, apparently doing any good, were

insufflations of powdered charcoal and alum (15 to 5 parts), which prevented fetid decomposition in the mouth and its disastrous consequences on the general condition. On the fourteenth day of the illness, however, the patient became suddenly much worse; the pulse was very rapid and small, the face assumed the physiognomy characteristic of acute pyæmic blood-poisoning. Kapperger is not certain whether stenosis of the larynx was developing, as the superficial breathing might well be due to the great weakness. He continues thus: "In this special case I considered myself justified to try a means I had accidentally heard praised, but of which I had no experience whatever. I gave a teaspoonful of *Ol. terebinth. rect.*, followed by a tablespoonful of *Ma-deira*. The next morning the patient greeted me with the exclamation, 'I am quite well.' After thirty hours, the patient had a relapse of this very threatening condition. The same drug was again given, and the result was most successful, being immediately followed by rapid convalescence."—*Medical Chronicle*, August, 1887.

Dryness of the Throat from Excessive Tea-drinking.—Mr. Phillips Hills calls attention to this symptom, which, he says, is in himself the earliest and surest sign of excess in the use of tea. He says that some time ago, seeing a patient who was suffering from dry hacking cough, and sense of constriction in the larynx, he asked the physician in attendance whether the patient was an excessive tea-drinker, and was surprised to find the symptom was not generally known.—*Practitioner*, August, 1887.

Antagonism of Morphine and Atropine.—After using atropine as an antidote for morphine poisoning without any markedly beneficial results, Dr. Hermann Lenhartz, of Leipsic, has been led to consider its real value in such cases, and more particularly to study the extent of the physiological antagonism. He first of all satisfied himself of the effects of lethal doses of morphine on dogs, and observed that cramps and tetanus, more or less severe, occurred in the last stage, respiration ceasing, and the animal succumbing during the seizure. The diminution in the frequency of the pulse, and the lowering of the general blood-pressure, are constant phenomena in morphine poisoning, whether the dose be large or small, and can be produced by non-poisonous doses. On the administration of atropine, dilatation of the pupils, quickening of the pulse, and an increase of the blood-pressure, at once take place. The two last effects can equally well be produced by division of both vagi. Atropine antagonizes morphine in these particulars, but has no real influence in preventing the toxic and deadly effect of morphine, as he finds that in none of his experiments had atropine any effect whatsoever on the cramps and convulsions, during one of which attack, sooner or later, the animal dies. He compares and considers the

last stage of morphine poisoning as analogous to that of strychnine poisoning, and holds that in none of his experiments had atropine any effect in preventing the last stage; further, he considers that, although atropine antagonizes certain physiological effects of morphine, yet these are of no value in keeping away the most serious and lethal symptoms.—*Practitioner*, August, 1887.

The Germ of Erysipelatoid of the Fingers.—Professor Rosenbach has finally succeeded, after a long and patient search, in demonstrating the germ of a rather frequent but heretofore obscure lesion, *erysipelatoid of the fingers*. This disease is a specific dermatitis and always results from inoculation. Butchers, cooks, in fact persons handling game, are most frequently affected by it. The appearances of the skin resemble true erysipelas, but the affection remains circumscribed, never gives rise to constitutional symptoms, and disappears spontaneously after two to four weeks. The germ which is invariably present belongs to the class of algæ, grows readily upon gelatine culture and when inoculated always produces the same disease.—*Jour. Am. Med. Assn.*, July 30th, 1887.

Tribromide of Allyl.—Dr. Armand de Fleury has used this drug in hysteria, asthma, whooping cough, angina pectoris, convulsions of children and infants, and with good results. The drug is not new, having been obtained by Wurtz by treating $2\frac{1}{2}$ parts of bromine with one of iodide of allyl.—*Jour. de Méd. de Paris*, August 7th, 1887.

Pachydermia Laryngis.—The disease of the larynx from which the Crown Prince of Prussia has been suffering and which was, by some of the German physicians, considered to be a malignant one, has been found by Professor Virchow to be pachydermia laryngis. An abstract of Professor Virchow's report reads: "There are two kinds of epithelia in the larynx—pavement and ciliated. The transition between these two simulates very greatly that between the external skin and mucous membrane as, for example, on the lips. This location is dry and is not furnished with glands, and readily is attacked by morbid processes. In the present case we are concerned with a chronic inflammatory process—a hyperplasia. It has a purely epidermoidal character." Virchow has given to it the name of pachydermia. It exists in two forms; the smooth, pachydermia diffusa and the warty, pachydermia verrucosa. The processus vocales are very poor in connective tissue and vessels, they have no sub-mucosa, the mucous membrane lying directly on the epichondrium.

In the cadaver, especially in drunkards and in infants, there is found in this location a thickening which continues over on to the vocal cords. This swelling is beset with small papillæ only recognizable with a lens.

As a result of this state, fissures occur through which a continuous irritation is occasioned. From these papillæ there now develop papillomata—purely epithelial accumulations without any malignant character, simply hyperplastic. If the basis is healthy every suspicion of epithelioma may be excluded.—*Wien. Med. Wochens.*, No. 32, 1887.

Granular Kidney after Scarlatina.—At a meeting of the Medical Society of Berlin, June 20th, 1887, Leyden demonstrated the kidney of a young man dead from contracted kidney. The ætiology of the case is important and interesting. Three years ago the subject was taken with scarlatina followed later by dropsy and dyspnoea; under the continuance of the symptoms the patient, after a time, died. The autopsy showed granular atrophy of the kidneys; under the microscope could be seen shrivelled glomeruli, the result of hyaline degeneration. It is rare that the connection between scarlatina and nephritis is so evidently determined as in this case.—*Wien. Med. Wochens.*, No. 30, 1887.

Acetonuria in Children.—At the same meeting, Baginsky made the following statements:

Acetonuria occurs even in healthy children, but in small amount and not regularly. It is greatly increased by febrile diseases. It is established that in dogs, albuminous diet produces marked increase of acetone, which disappears under a diet of carbohydrates and fat. Acetonuria, therefore, stands in relation to the decomposition of albuminous matter. In eclampsia it is also markedly increased. Chloral, which is often prescribed in eclampsia and has been considered as the cause of the increase, does not act as such except to a slight amount. The processes of digestion and decomposition in the intestines cannot be held as the cause of acetonuria; ingestion of lactic acid produces it in a slight degree.

Whether or not acetonuria is a cause of convulsions must be denied, as well as any connection between it and rachitis.—*Wien. Med. Wochens.*, No. 30, 1887.

The Danger of Tobacco Smoking.—Dr. Selden gives an article worth perusal. Tobacco smoke consists, according to Richardson, of vapor of water, carbon as soot, in very minute particles, gaseous ammonia-compounds, carbon di-oxide, carbon mon-oxide and impure nicotine in gaseous state. Further, it contains organic acids (acetic, formic, butyric, valerianic, hydrocyanic and others) together with creosote, some CH compounds and oily bases.

The carbon (soot) colors the teeth and gums sooty, the ammonia scorches the tongue, irritates the salivary glands and decomposes the blood. CO and CO₂ produce weariness, headache and irregular action

of the heart, muscular tremor and vomiting, and in these respects it is powerfully aided by the nicotine. The volatile distillation-products lessen respiratory action, cause *fetor oris* and that peculiar uneasy state readily noticed in those not used to smoking. The bitter extractive matter causes a disagreeable sharp taste that any one smoking an unclean pipe recognizes.

The more severe symptoms of tobacco intoxication almost equal those of opium and chloroform on the motor nerves as irritant, upon the sensory as narcotic. The least injurious way of smoking is undoubtedly by the pipe, and then only the Turkish "nargileh" or the Oriental "hookah," in which the smoke is brought cool to the smoker's mouth by passing through the many serpentine windings of the tube and also through cold water. Short pipes are highly injurious, and long ones have the disadvantage of difficulty in cleaning.—*Deutsche Med. Wochens.*, No. 30, 1887.

Dioscorine in Hepatic Colic.—By *J. S. Todd, M.D.*—A judge of one of our highest courts was reduced to the verge of the grave with frequent attacks of that excruciating malady, *hepatic colic*. He had the best medical advice that Georgia could give; he vainly sought distant watering places and other physicians; he was a wreck; gave up his business and lost hope. He was advised to take the fluid extract of wild yam (dioscorine) by some one, and never after did he have an attack. I do not mean that one dose cured him, but that from the beginning of its use dated the end of his trouble. . . . My success with the remedy in hepatic colic has been simply all that I expected or desired.—*Atlanta Med. and Surg. Jour.*, June, 1887.

Experimental Insertion of both Ureters in the Rectum.—Professor Novaro, of Siena, read at a meeting of the Italian Surgical Society, held at Genoa in April last, a very interesting communication on an experimental operation performed in January on a dog, for the insertion of both ureters in the rectum. The operation was successful and the dog is now living and doing well. This operation was partially and without good success attempted by Gluck and Zeller, of Berlin. Bardenhauer, of Cologne, succeeded with only one of the ureters. Professor Novaro thought that in cancerous tumors of the bladder the complete extirpation of the bladder ought to be performed in two operations, reserving the exportative for the last. Scooping such a fragile organ only resulted in harm; moreover, only arrested the hæmorrhage for a few days. The members applauded Professor Novaro for his successful result.—*Chicago Med. Jour. and Examiner*, May, 1887.

Sewer-Gas.—Sewer-gas is of a very complex and variable composi-

tion and its toxic elements are not certainly known. In cases of acute asphyxia from very foul sewer-gas, the symptoms so strongly resemble those of poisoning by hydrogen sulphide that this gas is probably the cause of such attacks; but it is very doubtful whether hydrogen sulphide is often present in a house in sufficient quantities to produce any poisonous effects. On the other hand, in cases of typhoid fever from sewer-gas poisoning the toxic element belongs to one or the other of the following classes:

1st. Pathogenic bacteria which have already been isolated and studied, and may therefore be said to be "known."

2d. Pathogenic bacteria which have not yet been isolated and studied, and are therefore "unknown."

3d. Poisonous gases, such as hydrogen sulphide.

The first two classes are by far the most important as a cause of disease, and in them the sewer-gas merely conveys the specific germs, which have got into it more or less accidentally and which are not necessarily present in sewer-gas.—Dr. H. Hun in *Med. News*, August 20th, 1887.

Indigo as an Emmenagogue.—Dr. S. T. Yount has used indigo as an emmenagogue for a year and a half. Its emmenagogue action was suggested by his discovering that a female patient of his habitually employed it to produce abortion. He says it is odorless and tasteless, and may be given in from $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{iv}$ doses, two or three times a day. In very large doses the crude drug produces nausea and vomiting. It should not be given to pregnant women, nor where there is an irritable stomach, nor where there is the history of a previous pelvic inflammation, nor where there is marked cerebral anæmia.—*Med. Record*, July 9th, 1887.

Gymnema Sylvestre.—Dr. Thiselton Dyer has recently received at Kew a specimen of this very interesting plant, the leaves of which, when chewed, absolutely abolish for the time the power of tasting sugar. The *Gymnema sylvestre* is an asclepiadaceous plant, growing in the Deccan peninsula, and is also met with in Assam, along the Coromandel coast, and in some parts of Africa. It is a woody climber, with long slender branches. Its leaves are obovate or elliptic, acute or cuspidate, rarely cordate at the base. The powdered root has, for a long time, been known amongst the natives as a remedy for snake-bites, both as a local application and when taken internally in the form of a decoction. A Mr. Edgeworth has the credit of having been the first to discover the peculiar property of the leaves. A trial by Mr. David Hooper, Government Quinologist, is given in his own words, as follows: "Some authentic leaves were procured by Mr. Lawson from Guindy Park, Madras, who placed them at my disposal for chemical examina-

tion. They had a bitterish, astringent, and slightly acid taste. After chewing one or two leaves, it was proved, undoubtedly, that sugar had no taste immediately afterwards, the saltish taste experienced by others was due to an insufficiency of the leaf being used. Sugar, in combination with other compounds in dietetic articles, is plainly destroyed as to its taste after using these leaves. In gingerbread, for instance, the pungency of the ginger is alone detected, the rest is tasteless meal; in a sweet orange, the taste of the sugar is so suppressed and that of citric acid consequently developed, that in eating it resembles a lime in sourness. Among the several kinds of foods, drugs, and beverages which affect the palate, *Gymnema* does not pretend to render them all tasteless; it does not affect pungent and saline things, astringents, and acids. It is limited, apparently, to two diverse substances—sweets and bitters. It has been noted that sugar taken after the leaf tastes like sand; so I have found that sulphate of quinine, taken after a good dose of the leaf, tastes like so much chalk. . . . The effect lasts for one or two hours only; after that time, the tongue resumes its appreciation of all that is sweet or bitter.”

Mr. Hooper succeeded in extracting from the leaves a body having the characteristics of an organic acid related in some particulars to chrysophanic acid, but having some distinctly peculiar reactions, and possessing the anti-saccharine property ascribed to the leaves. This body he calls *gymnemic acid*. He has not yet succeeded in isolating the base with which it is in combination.—*Practitioner*, June, 1887.

Treatment of Rhus-poisoning.—Dr. L. B. Couch writes to *Medical Record*, concerning the treatment of Rhus-poisoning: “I have used every remedy that I have ever heard of in these cases, and with varying success—never brilliant. My experience is, that any one who relies on astringents solely will fail; and the reason, it seems to me, is plainly obvious. The poison, whatever it is, acts as a local irritant to the skin, the same as Cantharides, Croton oil, Chloroform, and Mustard. What result would it be reasonable to expect after rubbing Croton oil into the skin, to apply over it lead and opium washes, zinc ointment, and other like remedies? They might hinder, but would not prevent, the blistering process. Precisely the same conditions and results would and do obtain in ivy-poisoning. Being convinced of the truth of this, I have for the past year ordered for all cases of this kind frequent and thorough washing of the inflamed parts with hot soapsuds and water. By this procedure the irritating cause of the trouble is soon removed, the swelling and inflammation subside, and the skin quickly assumes its normal condition. In my experience, this method of treating ivy-poisoning is beyond comparison the surest, speediest, and best, that I have ever used, and as such I confidently recommend it to the profession.”

NEW PUBLICATIONS.

Rimedio Individualizzati per Sintomi e Malattie; ovvero, Grande Repertorio Clinico Omioptico. Del Dottor Tommaso Cigliano. Napoli: Tipografia Lanciano e d'Ordia. 1887. Paper, 8vo., pp. 964.

Clinical Repertory; or, Remedies Individualized by Symptoms and Diseases. By Doctor Tommaso Cigliano.

A Repertory is to the student of the Homœopathic Materia Medica just about what a catalogue is to a library. It gives him a ready means of finding the remedy whose symptoms resemble those of a particular case of disease; and the need of such aid in selecting the remedy must have forced itself upon the attention of the earlier followers of Hahnemann. There have been those in our school who have decried the use of repertories as mere "symptom-covering," but the ready sale which such works have met is the best reply to the sneer. As our remedies increase in number, our repertories ought to receive additions from time to time, but, as a matter of fact, a new edition of a repertory is to us as yet unknown.

The *Repertory* of Bönninghausen; the large one of Jahr in 2 Vols.; Jahr's *Symptomen Codex*; the small one in the Allentown edition of Jahr's *Manual*; Hempel's edition of the same, with his incorporated additions from Possart and others; the second volume of Hull's Jahr; the *Key to the Materia Medica*, by Ad. Lippe, M.D., containing the most valuable symptoms of eleven polychrests, in the first and only part issued, but wonderfully full of comparisons; Bönninghausen's *Therapeutic Pocket Book*; Constantine Lippe's *Repertory of Characteristic Symptoms*; as well as partial issues, such as the *Pathogenetic Cyclopædia*, published by the Hahnemannian Society of London; Berridge's *Repertory*, and the *Cipher Repertory*, both London publications, of whose completion we are not as yet aware; special Repertories, such as Cooper's *On Cough*, now out of print; Bell and Laird's *On Diarrhœa*; Bönninghausen's (American edition, by Dunham) *On Whooping-cough*; are among the chief works of the class that we know and have used. Allen's colossal *Register* is properly an index to his great *Encyclopædia*, but the absence of clinical symptoms in the latter work limits to that degree the scope of the *Register* as a working Repertory.

To the list just given, we have now to add the book before us, a large work of nearly a thousand octavo pages, by Dr. Tommaso Cigliano, of Naples. The repertory itself is preceded by a prolegomena of more than seventy pages, treating chiefly of pharmacodynamics and pharmacology. The index of remedies contains the names of 866 drugs, and from this may be judged the comprehensive scope of the work. A judicious condensation of terms nearly identical enables the author to compress considerably, as, for instance, the terms "rawness," "rough-

ness," "smarting," when used as expressing subjective sensations, are included under one heading. To give our readers a better idea of the manner in which the work itself has been done, we translate the first nine titles under the heading "Chest." In the last of these, the author's arrangement of the modalities, concomitants, etc., is shown; the typographical presentation of it being such that the distinctions are readily understood by the reader.

CHEST.

(See also, *Related Organs and Functions.*)

AFFECTIONS, inflammatory; Cannabis, Kali iod.; ameliorated by sweat, and aggravated by rest, (left side) Arg. nit.

ANGINA PECTORIS; Angus., Ars., Dig., Hepar, Ig., Lach., Ox. acid, Samb., Sepia, Verat.; during the paroxysm, AMYL NIT. (See also this word.)

ANGUISH; (left side), Aur.

ANXIETY (see also this word); (right side) *Acon.*, Anac., Arn., Bell., Bry., (right side) Cala., Calc. carb., Carbo veg., Cocc., (left side) Colch., Con., Crot. tig., *Cup. ac.*, Graph., Hyos., Kreos., Lam., Lye., Nat. m., Nit. acid, *Nux.*, Ol. an., Petrol., PHOS., Puls., Rhus., Seneg., Sepia, *Spig.*, Spongia, Stan., Sulph., Teucr., Viola od.

REDNESS; (right side) Nat. salicyl.,—in scars, Lach.,—limited to certain spots, (right side) Puls. nut.,—scarlet, also on pressure, (left side) Teplitz.

ABSCESS; Carbon ox.

RAWNESS IN; *Æsc. hip.*, *Ambra*, Ant. tart., Arn., Graph., *Laurocer.*, Nat. carb., Nit. acid., Zincum,—in speaking, Calc. carb.,—catarrhal, Berb. Graph.,—spreading to the throat, Cist.,—rasping, Berb.,—in coughing, Alum., Carbo. veg., Nit. acid., *Nux. mos.*,—with coryza, Sepia, —after dinner, Nat. carb.,—with oppressed breathing, (left side) Sel.,—aggravated on inspiration, Anac., by coughing, Nat. carb.,—relieved by mucous expectoration, or by sleep after dinner, Nat. carb.,—from getting up out of bed, Nat. carb., in variable weather, Acon.,—in the morning, Borax, Caust., Nat. carb., on awaking, Sulph., with a cough, Lye.,—in the night, Zincum, with a cough, Calc. carb.,—in the evening, Mur. acid., on speaking, Lye., with a cough, Calc. carb., at 8 o'clock, Am. mur.,—as a result of coughing, Clem., (right side) Grat.

SHIVERING; Bry., (left side) Nat. carb., Nat. mur.,—beginning in the chest, Cicut., *Spig.*,—in the evening, Ars.

IRRITATION; Am. carb., Ant. crud., Arn., Ars., Bism., Bry., Calc. carb., Canth., (right side) *Carbo an.*, Carbo veg., Cast. eq., Caust., Cham., Cic., Cina, Cocc., Colch., (right side) Colo., Cop., Crot. tig., (left side) Cyc., *Euphorb.*, Hyper., Iod., Kali bi., Kali carb., Kreos., Lach., Lact., Lam., *Laurocer.*, Ledum, Lob., *Lycop.*, Mag. mur., Mag. sulph., Mang., Merc., Merc. sulph., Murex, Mur. acid, *Nux.*, Ol. an., Opium,

Phos., Phos. acid, Pso., Puls., (left side) RAN. BULB., (right side) Raph., Saba., Sang., *Seneg.*, Spig., *Spongia*, (right side) Sulph., Tabac., Tart., Ter., *Tongo*, (left side) Zincum.

After, Walking in the open air, Sulph.

Sleeping, Nux mosch.

Eruclatations, Centaurea t.

Dinner, Agar. mus.

Character. Diffuse, — to the mouth, with coryza, Phos. acid. — to the throat, Kali nit. — to the inguinal region (left side), Fluor. acid. — to the vertebræ, with empty eruclatations, Rhod. — upper part, Sulph. External, (right side) Nat. carb., (left side) Sulph. acid.

Wandering, Coccus.

Extending to the face (right side), Sulph.

Deep-seated, in the evening in bed, Nat. phos.

Subcutaneous, limited to a small space (right side), Thuja.

Resemblances, As if from having swallowed hot water (right side), Sabad.

As if from glowing coals, CARBO v.

Modalities, While walking, Mag. sulph.

On rising from bed (left side), Nicc.

On moving the arm (right side), Bry.

On breathing, Kali carb., Laurocer.

While at rest (left side), Senega.

While coughing, Mag. mur.

Aggravation, On moving the arms (right side), Bry.

On eating salt food, Nit. acid.

On sitting, Phos.

From touching the left side posteriorly, Ham.

Causes, Cough, Ant. crud., Mag. mur.

Time, Forenoon, Mag. sulph.

Morning, Caust., (left side) Nat. carb.; following the menses, Zincum.

Night, Lach.; when scratching, Til.

Afternoon, (left side) Bar. c., Seneg.

Evening, Kreos., (left side) Seneg., Verat. — in bed, Bell., Nat. phos.

— at 5 o'clock, Hyper. — at 6 o'clock, Puls.

Followed by, Cough, Caust.

We do not know all the sources whence Dr. Cigliano's work has been derived, but as far as we have been able to trace them, it is correctly done. As the book is in a language but little known by the majority of our physicians, it cannot be expected to have an extended sale in this country. We believe its value to be incontestable, and think it will be of the greatest service in making any future repertory in the English language.

A Clinical Materia Medica. Being a Course of Lectures Delivered at the Hahnemann Medical College of Philadelphia, by the late E. A. Farrington, M.D. Reported Phonographically, and edited, with the assistance of the Lecturer's Manuscript, by Clarence Bartlett, M.D., and revised by S. Lilienthal, M.D. Philadelphia: Sherman & Co. 1887. Cloth, 8vo., pp. 752. Cloth, \$6; Half Morocco, \$7.

Up to the time of his all-too-soon demise, Professor Farrington's work in teaching *Materia Medica* was his special achievement, and we, in the years gone by, turned to his pages as they successively appeared in the journals with more zest in anticipation than to any contemporary writer on this subject. What he might have done in his chosen domain, had he been left to us, we can only surmise from the rare combination in him of strict loyalty to the law of cure, with the broadest view of the whole field of medicine. His loss to our school was, indeed, a great one. In referring, during the writing of these lines, to the first of a series of studies by him upon our *Materia Medica*, by a somewhat strange coincidence we find facing his first page in the *Hahnemannian Monthly*, for August, 1880, the memorial portrait of Hering, whose influence was so great upon the appreciative mind of Farrington, and whose unfinished work would, it was thought, be carried on by the latter.

In the book before us we have, as the title tells us, a phonographic report of his lectures on *Materia Medica*, to which have been added, as we learn from the Preface, abstracts from the series of articles entitled "Studies in *Materia Medica*," which appeared in 1880, 1881, and 1882. His work, to this extent at least, lives after him, and will continue to live, and, we believe, meet with increasing appreciation as years roll on.

Every page of the book bears the impress of his widely comprehensive mind, as well as of his keen analytic powers, his broad generalizations, and his frequently studied dwelling on what might be, to others, some trivial symptom, alike bearing witness to his mastery of his subject.

Words of ours cannot enhance the estimation in which this book will be held by English-speaking homœopaths; indeed, the verdict of highest favor has already been recorded, and we feel that we do our duty in full in expressing the hope that every practitioner of our school will own and study these lectures.

The Physician's Visiting List for 1888. Philadelphia: P. Blakiston, Son & Co.

This list is a welcome visitor in this, the thirty-seventh year of its publication. Besides the usual valuable features of the previous editions, the present one contains a newly revised and corrected dose table, a list of new remedies and two pages of aids in the diagnosis and treatment of the more common superficial ocular affections. The book is said by the publishers to be the smallest and lightest visiting list published.

How to Study *Materia Medica*. By C. Wesselhoeft, M.D. Boston: Otis Clapp & Son. 1887. Cloth, 8vo., pp. 27.

In the three lectures published in the book before us, Dr. Wesselhoeft gives to the profession what he has already given to his students in the Boston University School of Medicine from time to time. His views are in many respects original, and often, to our mind, commendable, but we do not think he will find many of our school to agree with him in urging medical men, and especially medical students, to prove one remedy per week. Such provings, we fancy, would be very unreliable. The lectures are beautifully printed and bound.

PUBLISHERS' DEPARTMENT.

Volume II.—III.—With this number the RECORDER closes its second year and second volume. It is no small matter to start and successfully conduct a regular publication of any sort, and especially in the necessarily narrow and limited field of homœopathic journalism; and the fact that the RECORDER has not only lived through the crucial second year, but gained strength in it, is a matter on which we plume ourselves not a little. Our subscribers range, not exactly from Greenland's icy mountains (though not far from them), but certainly to India's coral strand; from remote Japan and the far-off realms of King Kalakaua, to such thriving and bustling little places as England and the United States. They have sent us many encouraging words—words which show that the RECORDER has found a place, or made one, for itself, and has a great use to perform; and we thank our many friends for the cheering messages, and hope that, from our old friends, and from new ones, in response to the blanks herein inclosed, will come a showering response to give HOMŒOPATHIC RECORDER, No. 1., Vol. III., January 15, 1888, a lively send off.

An Offer.—Beginning with our January number (No. 1, Vol. III.), we will insert cards of physicians in a space of, say, one by two inches, for \$5 a year, which will also include a free copy of the journal. The RECORDER has, by all odds, the largest circulation of any homœopathic journal, American or European, published; it goes to every State and Territory in the United States; to all the provinces of the Dominion of Canada; to Mexico, West India Islands, South American countries, Europe, Asia, Africa, and the islands of the Pacific. That it would be an advantage to physicians, particularly those who make a specialty of any disease or branch of medical science, to have their cards before this world-wide constituency of their professional brethren, goes without saying. The publishing of physicians' cards in medical journals is rapidly growing in favor—in one journal before us, and one of limited and local circulation, we count thirty-one of these—and there is no better medium for such cards than the RECORDER. Though published in Philadelphia, the RECORDER is not a local journal; and the specialist of Maine or California, of Oregon or Florida, will find it every whit as advantageous as the physician of our home city, or of the other great Eastern and Western cities. As hard-headed facts are better than glittering generalities, and as every journal, big and little, claims to be an "unsurpassed advertising medium," we bring forward this *fact*: The average circulation of the RECORDER for the year ending with this number was 8625 of each number by actual count, or 51,750 numbers in all. It will not be less during the coming year. To insure insertion in our January number cards should be sent in at once.

The Same Old Text.—Quite accidentally, the other day, we heard of an incident, or the experience of a physician rather, which is suggestive. A travelling salesman swooped down on this particular doctor, and dazzled his eyes with the glittering “inducements” of the irrepressible cheap pharmacist. The doctor bought, and bought, and bought, and when he was through buying had enough tablets, triturations, tinctures, etc., to last him for a year or more, and had saved enough to buy, perhaps, a hat—we don’t know the amount of his bill. In due time, along comes the order, and the good doctor fell to examining his great bargain. Some things he found to be as represented—excellent; others, so, so; others, again, exceedingly doubtful; and, lastly, a great deal that was not at all doubtful, but undoubtedly worthless. Eliminating the worthless, the doctor found that his remaining stock cost him more than he could have bought goods he knew to be in every way accurate and depend-upon-able. Worse than that, he could not administer much of his remaining stock with any degree of confidence.

But of what avail to hold forth on this worn text—to crack this old, old chestnut again? Perhaps not a great deal; for there be those who so hunger for the pennies of the delusive “bargain,” that they will have them, even though the cost be a dollar for a penny—the dollar of lost practice for the penny in hand—and their hunger must, we suppose, be satisfied. But if we can, by preaching, induce physicians to examine a little closer what they buy, and to learn to detect an unreliable trituration, tablet, or tincture, we shall not have preached in vain.

The New Book.—In the July RECORDER mention was made of the *Clinical Materia Medica*, then in the printer’s hands, under which title the work of the late Professor E. A. Farrington was announced. This book is now completed, making a volume of 752 pages. Of the great value of this work it is needless for us to speak, and especially to those who had the privilege of studying under Dr. Farrington during the many years in which he filled the chair of *Materia Medica* and *Therapeutics* in the Hahnemann College of Philadelphia. A good deal of complaint has been made lately of the number of worthless books foisted on the profession by sheer force of puffery, combined with the silence of those journals which should have spoken out. Here, at least, is a book which requires no puffery, as the mere name of the author alone is sufficient guarantee to the medical profession that it contains matter of permanent value and of a nature to make it rank among the classics of our literature.

The price is \$6 in cloth, or \$7 in half-morocco or sheep, less the usual discount of 20 per cent.

Mullein Oil.—Howard P. Bellows, M.D., of Boston, Mass., read a paper on *Verbascum Thapsus* before the last Institute, an abstract of which is given in the *New England Medical Gazette*, in which he con-

cludes, from provings and from chemical tests, that "Mullein oil," or *Verbascum*, has a very limited field of usefulness. Of the proving he says: "I felt conscious of the left ear to an unwonted degree, an inclination to move it frequently on account of the slight uneasiness and sense of fulness. The hearing-distance remained normal, and no decided pains of any sort were felt." In practice, he tried it in chronic catarrh of the middle ear, acute suppuration, inflammation of the middle ear, otorrhœa, chronic dry catarrh of the tympanum—in all which he met with indifferent success, or none at all. The remedy would sometimes give prompt relief, but effects were not permanent, and other remedies would have to be resorted to. The only case reported where it worked well is the following:

"Mrs. —, age 38. For several months this patient had complained of a feeling of fulness and pressure in the ears, with few other symptoms. No especial direction of pressure was discriminated. The hearing was acute on both sides, the tympanic membranes normal in appearance, and only very slightly depressed in position, if at all. There was no tinnitus or pain of any sort, and no dizziness. The throat was catarrhal, but the Eustachian tubes were not obstructed. Here was just such a case as I desired to test this remedy upon, for it lay directly in the paths of its proved effects. The third decimal attenuation, one disk four times a day, removed these feelings of discomfort in less than a week."

In conclusion the doctor says that the remedy "is not harmful," and "seems capable of affording marked relief in cases of simple neuralgic otalgia, and in slight attacks of catarrhal inflammation."

Dr. Bellows's paper is valuable, as showing what Mullein oil is not to be used for, but in its chief line of usefulness he does not seem to have gone. Let us briefly summarize a few of the cases reported. One (by Dr. Cushing) is that of a man who fell in the river, got water in his ears, and was quite deaf for months; the oil was put "in his ears at night, and he was well in the morning."

Another case, reported in *Investigator* by Dr. Cushing: "A young man, aged about seventeen, had never slept away from home, as he always wet the bed. The best of old school doctors had failed to cure him. One prescription of Mullein oil 3d cured him in three weeks, and he remained cured."

Dr. Cushing made a proving which "developed the symptoms of almost constant but slight involuntary urination."

Another case, reported in the RECORDER, is that of a boy, aged about 6, subject to otitis, which *Pulsatilla* generally cured, but left an annoying deafness of from three to four weeks. Mullein oil cured this deafness in one night.

A physician of Providence, R. I., reports "a severe case of frequent and very painful urination," which had for four months resisted both

allopathic and homœopathic treatment. "I put him on Mullein oil, and improvement set in in a few days and steadily progressed, until now, instead of patient being up from one to two hours every night to pass urine, he sleeps all night and need not get up for the purpose until he rises for the day; he has but a slight pain while urinating now and none between times."

Another case is that of an elderly lady who, without any other physical ills, was gradually losing her hearing; a few drops in each ear on retiring for the night improved her hearing in a marked manner.

Another case, not reported, but which was told us, is that of a lady whose hearing was growing very poor. She travelled all one night in a sleeping car, and in the morning found one ear to be "stone deaf." She had used Mullein oil with favorable effects before, and now resorted to it again, and in one night the deafness was removed.

The cases of "ear-ache" reported are similar to those of Dr. Bellows; in some it afforded prompt relief, in others none, and in a few made the pain worse.

From all this it seems to us to be a remedy which should not be thrown aside, or even regarded as of comparative unimportance; if, by its aid, the physician can restore hearing, as in cases summarized, he will be doing a good work for his patients and for himself.

Rhus Poisoning.—W. E. Hathaway, M.D., of Maryville, Tennessee, writes to the *Southern Journal of Homœopathy*. "I have had such uniformly good results this season in treating poisonings by ivy and poisonous oak, with *Anacardium*, that possibly some other practitioners may regard this item as of some value. I am indebted to the HOMŒOPATHIC RECORDER for the suggestion, and made my first trial of it a year ago with such success that I have never since had occasion to use any other remedy. I began using the 6x, but this season have used the 4x generally. Sometimes I have given a lotion of *grindelia* for external use at the same time, but do not observe that it makes any difference in the promptness of the cure, which is effected by the *Anacardium* alone. Usually from two to three or four doses are quite sufficient. I give a dose night and morning, and then if improvement is noted give no more. The cure is usually nearly complete in twenty-four hours. Possibly the *grindelia* allays itching and burning more promptly than the *Anacardium* would alone. At all events it seems to do no harm. What it would accomplish alone, I cannot say."

Mail Orders.—American ingenuity has so perfected the means that it is now safe to send glass and liquid through the mails to any part of the world. This is a very great convenience to physicians who desire a small quantity of medicine of any kind, as, no matter how remote they may be, so long as they have mail facilities, they can get their supplies not quite so readily, but quite as safely as the metropolitan denizen.

We take pride in filling these orders by mail promptly, in sending them off on the same day the order is received. This we are enabled to do by means of an ample force of skilled employé's and a stock, we feel pretty safe in asserting, that can meet any demand made upon it—tinctures, triturations, tablets—any dilution or potency. As to quality—well a little scrap we heard the other day is to the point. Our informant, speaking of a lady acquaintance, an enthusiastic Homœopath, reported her as saying, "I always use Boericke & Tafel's medicines because they seem to act so much quicker than any others I have tried." Blood will tell—the finest forms of drugs from the most noted laboratories of the world, the fresh plant culled at the right season, and handled by skilled men, the most improved appliances, the careful supervision of every minutest detail, all these combined tell why our medicines "act so much quicker."

Send in your orders, and they will be promptly filled. We offer no "inducements" of the whispered *sub rosa* sort. The one who orders and never asks price gets it precisely as low as the shrewdest buyer could in person.

Bound Recorders.—Last year, unfortunately, two numbers of the RECORDER, Numbers 1 and 5, were exhausted and consequently we were unable to offer bound volumes, or to supply the calls we had for them. This year we have been more provident, having reserved a number of copies which will be at once bound in cloth, making a book of 288 pages with a good index and one of real and permanent value to physicians. Price per volume, \$1.25.

What the Operator Said.—A little conversation we heard the other day, and which occurred in the room in our laboratory devoted to making pellets, was so suggestive as to be worth reporting in substance. The operator of the row of big kettles asked a visiting acquaintance, who was watching the mass of white globules rolling about, if he had seen the same kettles before they were lined with wood; the visitor replied that he had not, and asked if the lining was much of an improvement. Improvement! Well, the operator rather decidedly thought it was; said that when the plain copper kettles were used, it sometimes happened in damp weather, when the pellets were slow in perfecting, and when everything was moist and sticky, that they actually acquired a greenish tinge from the sweaty copper and had to be thrown away, the sugar and labor being thus a dead loss. This is impossible now. A glance in the big rolling kettles showed the wood to be completely glazed with a coating of sugar and that the mass of pellets in process of making came in contact with nothing else. Physicians who use these pellets may rest assured that they are not giving *Cuprum* with the other medicine. "Unlined" copper kettles are used by every other pellet-maker.

American Medicinal Plants.—This superb work is now completed. We have a number of copies on hand which will be sold bound in half morocco. \$40.00 for the complete work, with discount of 10 per cent. to the medical profession. The *Medical Advance*, October, 1887, says of this work: "Every promise has been kept, and the entire work is a credit to American enterprise," also "as a companion to the *Materia Medica* it is almost invaluable." The *New England Medical Gazette* says of it: "It is with pleasure we chronicle the completion of this artistic and valuable work, which has demanded over five years of continuous labor on the part of the pains-taking and talented author. . . . The author and publishers deserve the hearty congratulations of the profession on the completion of a work whose merits are neither few nor small. The character and scope of the work are too well known to need further comment, and it is to be hoped that its utility will be practically appreciated and called into service. By such appreciation only can the profession discharge its debt to author and publishers." The *Medical Times* says: "We have said so much in praise of this work, in its progress through the press, that it is only necessary to state now that Fascicle VI., in its literary, scientific, artistic and typographical work, is fully equal to those that have preceded it."

A Speculator in Petticoats.—Messrs. T. B. Peterson, publishers (Philadelphia), send us a new novel translated from the French of Mallot, under the foregoing title. The story is certainly French in all the name implies, and those who like French stories will, doubtless, like it.

A Horse Disease.—Drs. Youngman and Baily, of Atlantic City, N. J., in answer to our inquiry concerning the epidemic among the horses in south and southeastern New Jersey, kindly sent us the following. Our apology to the doctors for the slight alteration in their communication, is that we gave it to the *Philadelphia Record* for publication, and they omitted a sentence or two concerning "our old school friends," and having no copy of MSS. we are compelled to quote from them:

"The epidemic among the horses in Atlantic county has been severe. The course of the spread of the disease has been with the prevailing winds—from northeast to southwest. The disease is purely a cerebro-spinal meningitis. There are no premonitory symptoms. The first indication of the disease is the lack of power to stand. If the horse be in the stable it will be noticed that he leans against the side of the stable and gradually sinks. He does not lie down, but sinks down perfectly helpless. If the horse be on the road he falls somewhat suddenly. He may rise, or make an effort to rise, but it results in again falling. After the second fall he seldom makes any effort to rise. Following this is a paralysis of the glottis. He seems to desire to eat and drink,

but he is unable to swallow. This symptom is not constant. Fever is high, with a hard, bounding pulse. The eyes are congested. Convulsions are present in many of the cases. They are tetanic in nature. There is a twitching of the muscles of the face, with an automatic motion of one of the forelegs. I do not know of any case where the hind legs were affected in this way. The spine is very sensitive, and a touch there with the hand seems to set the poor animal almost wild, though he may be unable to kick. There is no rigidity of the back. During the convulsion the pulse is very rapid and hard. There is no bowel trouble.

“Post-mortem examination shows a very much congested cord and medulla. The smaller brain is also very much congested, but there are no traces of disorder in any of the organs.

“The disease runs its course in about four days, and at the end of that time the horse is either much improved or dead. Death is horrible, usually coming in the form of convulsions. Recovery is rapid when it takes place, and in a few days the horse, though weak, is able to feed well. The remedies that seem to be the most useful are belladonna and strychnia, but they must be given in large doses. Belladonna in teaspoonful doses of the tincture relieves the congestion and fever, and strychnia in grain doses has a good effect upon the convulsions. Another mode of treatment is the preventive. Believing that the disease is due to a germ, carbolic acid in glycerine has been used with good results, apparently. The history of the disease is that when it strikes a stable most of the horses in that stable will have it. This number has largely been cut down by the preventive measures.”

Snoring.—In *Pepy's Diary*, under the date of February 10th, 1666, is the following: “To supper and to bed, being now-a-days, for these four or five months, mightily troubled with snoring in my sleep, and know not how to remedy it.” Whether the honest Samuel was conscious of his snoring and was troubled thereat, or whether his wife spoke of it in unpleasant terms, he does not state; neither whether he ever found a cure. Do any of our readers know a cure for this—shall we call it disease?—which is, perhaps, as prevalent now, as some may know to their sorrow, as it was over two hundred years ago? Is there no potency, high or low, to silence the bugle of midnight?

Homœopathic Drugs.—“We learn that 460 years B.C., in the time of Hippocrates, 265 drugs comprised the materia medica; now, the list comprises in almost exact numbers 1300 drugs. This list is one compiled by Dr. Henry M. Smith, of New York, being a list of all medicines mentioned in the homœopathic literature of his medical library, which is undoubtedly the most complete homœopathic library in the world. Of these 1300 medicines, 828 are to be found proven in Allen's *Encyclopædia*. I have carefully classified these 828, under their

natural scientific orders, and find them distributed as follows, in the three great kingdoms: Animal kingdom, 61; Mineral kingdom, 193; Vegetable kingdom, 567; Nosodes, 7."—William E. Leonard, M.D., in *American Homœopathist*, September.

Its Fortieth Year.—On Monday, October 3d, the Hahnemann Medical College began its fortieth year, and the day was marked by the opening of its new hospital, the first of four which will, it is said, occupy the land of the institution from Broad to Fifteenth Street, and be completed within a year. Within a short time \$25,000 will be received from the State, the first money ever voted to homœopathy in Philadelphia, though Philadelphia alone has received, perhaps, a million or so from that source for her allopathic institutions. But the good work has begun, and will continue, let us hope, until the ratio is the other way so far that allopathy will be but a tradition of the medical dark ages which preceded, and for a time was contemporary with, the true art of medicine—homœopathy. The new building is of brick, with brown-stone trimmings; it is fifty feet square, and three stories high; the interior wood work is white ash; the plumbing is as scientific and perfect as money and experience could make it, and an elevator and dumb-waiter add greatly to the conveniences. In the evening, a large audience listened to addresses from the Dean of the College, A. R. Thomas, M.D., and from Professors Gause, Dudley, and also J. N. Mitchell, who succeeds Dr. Gause, the latter having resigned his chair.

Other Days.—At the time the Medical Congress met in Washington, the correspondent of the Louisville, Kentucky, *Courier Journal*, in that city wrote a two-column letter advancing the claims of homœopathy, giving a sketch of the life of Hahnemann, and some interesting facts. We quote: "It is not generally known that Lincoln and his entire Cabinet were homœopathists. Payne, on the night when he went to assassinate Seward, on the night when Wilkes Booth shot Abraham Lincoln, carried in his hand a little package that he claimed Dr. Verdi, then and now a homœopathic physician, had sent him with to give to Mr. Seward, and by this means gained the opportunity to do his ghastly work." Among the names of those who are treated by homœopathy, given by this correspondent, we notice those of General McClellan, Chief Justice Waite, James G. Blaine, Jefferson Davis, and many others of present or past fame.

At the Antipodes.—Homœopathy in Tasmania, according to a correspondent of the London *Homœopathic World*, is having a very decided boom (the word fits so well we cannot help using it). It had been practiced for some years in the chief city, Hobart, but in the other parts of the island, until four years ago, was unknown. A physician, Dr. Samuel Brown, located at Launcetown; and between his marked suc-

cess and the League Tracts, the allopaths were stirred up to introducing a bill in the Tasmanian Parliament aimed directly at homœopathy, directing that all its medicines of a poisonous nature, up to the 3x, be labelled "poison," and a register kept of each sale. The citizens, however, held an indignation meeting, and the result was the bill was altered to read "Mother Tinctures," which was accepted by the homœopathists. The League Tracts are doing good work, it is said, and many hundreds are distributed.

"Many of the Books now published," says the *N. Am. Jour. of Hom.*, editorially, "are almost worthless, and the journals owe it to the profession to expose the true inwardness of such publications. It is only by fair, honest, fearless criticism that medical literature can be kept upon the high plane of its best publications, and the profession prevented from being constantly duped into purchasing books which are not only unworthy of the subject of which they treat, and of the valuable time of the physician, but tend directly to the degeneration of medical literature."

Personal.—O. B. Gause, M.D., for twenty-five years Professor of Obstetrics in the Hahnemann College, Philadelphia, has removed to Aiken, S. C. He is the first homœopathic physician who ever located in that place.

T. K. Dawson, M.D., has removed from Cleveland, O., to Marietta, Georgia.

Impervious Pavements.—One of the homœopathist members of the Pennsylvania State Board of Health, J. H. McClelland, M.D., of Pittsburgh, has written a letter to the *Chronicle-Telegraph* of that city, strongly advocating asphalt pavements. Among other reasons advanced by Dr. McClelland are these: "An impervious pavement is more healthful because organic matters cannot filter through and become subject to slow decomposition, as is the case with block pavements. In support of this statement I would refer to the report of the eminent sanitary engineer, Colonel Waring, to the authorities of New York, in which he shows conclusively that the air of the city was rendered impure and unwholesome owing to the gradual decomposition of organic matters which filtered through, and lodged between, the flat blocks of stone."

This is especially true of the narrow streets and alleys which are numerous in the older parts of the eastern cities; and from a sanitary point of view, it seems to us, it would be better to pave these, road-bed and side-walks, with an impervious pavement before attempting to improve the larger and better-aired streets.

Saccharine.—Chemists seem to be persons who most thoroughly appreciate Lord Palmerston's domestic philosophy that "dirt is only matter in the wrong place." A few years ago gas-tar was considered

the very essence of dirt, and was daubed on the walls and palings of gardens and orchards to prevent mischievous boys climbing over them, on the stems of trees to keep cattle off them, and was poured down sinks and drains to poison rats or drive them away in disgust. But of late the chemists, who have always been the real magicians, have converted this evil smelling, sticky *débris* of the manufacture of coal-gas into almost innumerable wonderful and exquisite colors, perfumes, condiments and drugs, which not only counterfeit, but often outrival, the choicest products of nature. Some of the condiments and medicines are among the greatest surprises of the present moment, and much interest has been excited in the minds of many persons by the reference to one of them, known by the name of saccharine, by Sir Henry Roscoe in his recent Presidential Address to the British Association at Manchester. Saccharine is not a mere chemical curiosity, but is an article of commerce, though at present it is a somewhat expensive one, but it will no doubt soon become cheap and plentiful if a large demand arises for it. Saccharine is a white crystalline powder, very like finely-powdered sugar, and possesses three hundred times the sweetening-power of cane-sugar. It is not a food like sugar nor a drug like glycerine, but a simple sweetening condiment, which passes through the human system unchanged, and without, as far as has yet been ascertained, producing any sensations except that of sweetness to the palate, and without evil consequences of any description whatever, even when given in daily doses which are equivalent in sweetening power to three pounds of cane-sugar. The scientific name of this curious substance is benzoyl sulphonic imide; and, in addition to its flavoring qualities, antiseptic properties are claimed for it, so that it has no chemical affinities to the sugars or carbohydrates, and cannot be broken up by the organisms which produce fermentation; hence the possibilities of its use for various domestic purposes cannot well be exaggerated. It will also become a valuable adjunct to the druggist in the preparation of some medicines, and to the nurse in the preparation of foods for the sick; while it will be an important adjunct to the physician in the treatment of obesity and diabetes. . . .

This new coal-tar product, saccharine, unfortunately for those who spend their time in seeking out new and "intense" sensations, and who may be eagerly looking forward to the pleasure of multiplying their taste for sweets three-hundredfold, is only slightly soluble in water, and when tasted in the pure state is so potent as to deaden the sensibility of the tongue by its intensity, as bright light temporarily deadens the sensibility of the optic nerve, so that it does not at present promise to add much to the joys of childhood, English schoolgirls, or of American young ladies. In this respect it resembles vanillin, another recently-discovered derivative of coal-tar, which in a well-diluted state is superseding the natural vanilla as a flavoring material, but which at first

was nearly stranded by being used in a too concentrated form. Saccharine is, however, soluble in dilute solutions of carbonate of soda, and it has been made into lozenges with this substance, which allows of its being used for many domestic purposes, such as sweetening tea (one grain of saccharine being sufficient for a cup of tea), and of being carried in the kit of soldiers and travellers as a highly concentrated substitute for sugar. It is also soluble in alcohol and glycerine, and in this shape it will be highly acceptable to medical men, and possibly to the manufacturers of wines—artificial wines we mean, of the gooseberry-champagne description. The teetotaler will hail the substance with delight when he learns that it cannot be converted by fermentation into poisonous liquors; and the housewife will see in it infinite possibilities of usefulness and economy in its powers to preserve as well as sweeten jams, “sweets,” and confectionery, and, not the least of its advantages, the ease with which it can be kept under lock and key, and the small space it will occupy in the store-room. It is obvious that the applications of this new kind of condiment are almost infinite, and we fear the reports we receive of it are almost too good to prove true. Still, when we remember that chloroform was for some time after its discovery a mere chemical curiosity, and that glycerine was for a long while a comparatively worthless product of the manufacture of candles, and the valuable service they have rendered to mankind, we may reasonably look for some, at least, of the advantages claimed by chemists for their new bantling, Saccharine.—*Saturday Review*.

Wine and Condensed Milk.—Dr. W. H. Saeger, of England, published a little book not long since under the title of *Light Diet for Invalids*, in which he described the condensed milk of commerce as “a substance sold in tins, said to be prepared from milk, neither wholesome nor palatable, but largely employed to ruin the digestion of babies, for whom it is sometimes a convenient and unsuspected poison.” The doctor evidently has not sat at the feet of Neal Dow, or if he has, has arisen thence skeptical, for he asserts that “wine is one of the best tonics in existence,” and prophesies that it will not be long before medical men resort to prescribing it freely.

Items.—Work on the New Homœopathic Hospital, Detroit, Michigan, is progressing rapidly towards completion.

The report that the N. Y. Medical College had bought *N. A. Journal of Homœopathy* is pronounced by Dr. T. F. Allen to be false.

The Southern Homœopathic Medical Association will hold its fourth annual meeting at New Orleans, December 14–16th, 1887.

A Chair of Surgery has been established in the Homœopathic department of the State University, Iowa.

The plans have been agreed upon for the Homœopathic Asylum for the Insane at Fergus Falls, Minn.

GRINDINGS.

"Anhydroorthosulphamidobenzoic-acid"! Look at its perspective.

The flour of the family runs out sometimes.

The St. Louis woman who threw a pancake at Mrs. Cleveland evidently had an eye for symbols—"you take the cake."

Old newspaper mossbacks still mumble over Philadelphia's "slowness."—Sarcastic young Phillie.

"I am one of the few men who have read your 'Evangeline,'" remarked an enthusiastic man to Longfellow.

Modesty is vanity upside down, say the cynics.

"—conceptions that would have wrought a nickel-plated smile on the brass face of a cast-iron pug pup."—Chicago literary critic.

(While you think of it, just send in that subscription of yours to the RECORDER, \$1.00 you know.)

"Passengers will please not ask the conductor to stop except at street crossings. The Society for the Prevention of Cruelty to Animals requests this."—Sign in street car.

"Hope, like an unfettered phoenix, burst from the ashes of my despair."—California simile.

A little boy said to the doctor's servant: "What! don't you know me? Why, we deal with you; we had a baby from here last week."—English wit.

"I'm losing my memory, doctor; why, see here, I found in my wife's chiffonier a bundle of love letters, and I don't remember at all having written them."—French wit.

Bound Volume II. RECORDER, \$1.25.

Good Homœopaths generally take their fighting in Allopathic doses.

"It is very good reading provided any one could read it."—Criticism on moral but dull book.

The ancients thought that kissing a pretty girl would cure headache; as she generally causes a heartache, this is probably true.

A jury is a body of men to determine which side has the smartest lawyer.

Is there ever a "superfluity of clearness?" Perhaps, when you can't meet a note.

We have had a series on "Books that have helped me"; now let us have one on "Books I have helped myself to."

Culture does not so much teach us what we may as what we may not do.

"Some spinach is younger and more tender than another kind."—Lady of the Cook Book.

The Sphynx, the first who harried unhappy man with riddles, came to an untimely end. Beware!

The fate of the first punster is enshrouded in darkness; something slow, lingering in boiling oil, we list.

When a man deserves to be known to more than deserve to know him he is — ?





