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Publication/Creation

London : Jarrold and Sons [etc.], 1871.

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HOMŒOPATHIC VADÉ MECUM MEDICAL & SURGICAL

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THE

HOMŒOPATHIC VADE MECUM

OF MODERN

MEDICINE AND SURGERY.

BY

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FOURTH EDITION. THIRTEENTH THOUSAND.

LONDON:

JARROLD AND SONS, 12, PATERNOSTER ROW;

THE HOMŒOPATHIC PUBLISHING COMPANY,

2, FINSBURY CIRCUS, E.C.;

And all Homœopathic Chemists and Booksellers.

1871.

[ENTERED AT STATIONERS' HALL.]

R*71
871R

Printed by Jarrold & Sons, London Street, Norwich.

PREFACE.

A new Edition of this Manual being called for, the author here presents the results of the labour of many months, during which he has devoted the whole of the time he could command, consistent with the discharge of other responsible duties, to a careful revision of the work; and although some portions of the former volume have been condensed, and space economised to the utmost extent, to admit of the introduction of new matter, the work has again increased in bulk by nearly one hundred pages.

The new matter embraces twenty additional sections, besides upwards of four hundred paragraphs interspersed through every part of the volume, and embodying the most recent advances in medicine and surgery.

The additions to Part V. are very considerable. The *Clinical Directory* is an alphabetically-arranged table of diseases and symptoms, and the author has been aided in this part of the work by about twenty physicians—English and American—and it contains the results of their personal experience. The chapter on *Poisons* has been much improved, and its directions are made as clear as possible, and may be

fully relied upon. The appendix of *formulæ*, and the table of the various *dilutions* of the medicines prescribed, are now added for the first time.*

As in the preceding editions, so in the present, the author has confirmed his own observations and conclusions by frequent reference to standard authorities, both in the new and the old school of medicine. He therefore claims for the Manual the character of a "representative book" of modern medicine and surgery, as taught and practised by the most advanced physicians and surgeons of the day.

The Manual is not intended for domestic use only; the author has equally endeavoured to meet the requirements of medical students, junior practitioners, and allopathic medical men commencing the study and practice of homœopathy. He has received many assurances from all parts of the world that for them the work has been of great utility.

Objections are sometimes made to domestic medical books on the supposition that they are dangerous, and likely to interfere with the legitimate pursuits of the profession. These objections are groundless. In nearly every family, domestic drugs—Castor Oil, Epsom Salts, Rhubarb, Sulphur, Magnesia, Quinine, Anti-bilious Pills, Hydrate of Chloral, Bromide of Potassium, and even preparations of Mercury and Opium—*are* employed. We are not then responsible as *originators* of domestic treatment, but, finding drugs largely used by amateurs, we have laboured to *reform* the practice by substituting remedies and suggesting measures which, while

* The remarks in this paragraph refer to the large edition of the work, which alone contains Part V.

generally harmless for evil, are, properly used, powerful for good. Simple and uncomplicated cases—cold, fever, dyspepsia, etc.—may often be arrested at their outset, which, if neglected, might form the nucleus of serious or even fatal disorders.

A fact which specially justifies the composition of this Manual is the necessity of meeting, as far as possible, the requirements of persons residing in localities where professional Homœopathic treatment is inaccessible. An extensive correspondence, and frequent interviews with persons in various parts of Great Britain, Europe, India, and the Colonies, convince the Author of the importance of making some provision for patients so circumstanced, till professional men generally have been led to the study and practice of the discoveries of Hahnemann. Information frequently reaches him showing the urgent need for the wider diffusion of Homœopathic knowledge, and also of the happy and often striking results of the application of that knowledge.

It is scarcely necessary to add, that in every serious or doubtful case of illness, or when the treatment herein prescribed is insufficient to effect improvement in a reasonable time, a Homœopathic practitioner should be consulted. The vast and ever-accumulating resources at the disposal of a professional Homœopath, of which this manual represents but an inconsiderable fraction, places him on high vantage ground compared with a domestic practitioner. Cases are of daily occurrence which show that, equally for the Homœopathic and the Allopathic practitioner, it is impossible to act in the best way for the interests of patients without professional

training. Apparently trifling symptoms which escape the non-professional observer, clever though he may be, immediately attract the attention of the informed eye and ear of the physician, and put him on the alert for further discovery. A trifling impediment in the speech, and a slight difference in the size of the pupils, so insignificant as to escape the observation of the patient or his friends, may be indicative of a grave organic disease when associated with some little strangeness in the conduct or defect in the memory. A hundred other points the professional man detects, and estimates according to their importance. And the doctor alone can do so, for a special education is necessary for the recognition, particularly the *early* recognition, of many important signs and symptoms. A trained medical observer, too, views disease from a higher stand-point, and often recognises a relationship between a local lesion and a constitutional condition. In many diseases described in the following pages we have pointed out that connection; but diseases occur under such widely different circumstances, and vary so much in their effects, duration, and intensity in individual cases, that considerable modifications have to be pursued in treatment.

A great advantage arising from professional treatment is the amplitude of the resources of a Homœopathic doctor, not merely in the multitude of remedies at his command, but in the varieties of attenuations or dilutions which he can adapt to the constitutional peculiarities, age, sex, and habits of the patient. The writer is neither a low nor a high dilutionist, but ranges his doses from low tinctures or triturations to

the higher attenuations. The question of dilution is one of greater importance than is usually attached to it. Thus, for example, *Nux Vomica*, extremely useful in many cases of indigestion, if given for constipation in the first or second dec. dil., frequently aggravates; while in a higher dilution it is a remedy of prime importance in the correction of this condition. On the other hand, we have often found low dilutions, and even the strong tinctures, efficacious in our practice after the high dilutions had been found inefficient. The question of dilution is too wide to be discussed here theoretically; but in Part V. (large edition), we have to some extent met the subject *practically* by pointing out the different dilutions that have been found most successful in various diseases.

In conclusion, this manual throughout is eminently practical, and the author has steadily kept in view the important fact, that persons consult books, just as they do doctors, in the hope of being cured, and that the best book is that which teach how the desired cures may be effected. He has great confidence in the principles enunciated in the volume; and this confidence continually deepens as, year after year, his experience accumulates from the daily application of them in the exercise of his profession. He heartily thanks numerous correspondents, known and unknown, who have put the instructions to the test of clinical experiment, and have given assurance that in the work they have found the necessary guidance for the correct diagnosis and successful treatment of numerous diseases. This unsolicited testimony is the most satisfactory proof he could desire of the value of the work.

Every intelligent and diligent reader may contribute his mite towards a fuller and more definite knowledge of the remedies herein prescribed, by giving the results of his experience in their use, or by provings upon himself or others. The large amount of good, both in prevention and cure, anticipated from previous editions of this work, is even more confidently anticipated from this.

E. HARRIS RUDDOCK.

2, *Finsbury Circus*,
London, E.C.,
April 20th, 1871.

HINTS TO THE READER.

I.—When the work is consulted, the *whole* section devoted to the disease referred to should be studied—the symptoms, causes, medicines, and accessory means—before deciding on the treatment. One portion of a section throws light upon another, and hesitation in the choice of a remedy may often be removed by considering the section in its entirety.

II.—Facility of reference may be secured by an acquaintance with the arrangement of the Manual; it is divided into Parts, Chapters, and Sections; the headings on the top of the left-hand pages mark the general subject or class of diseases under consideration, and those on the right, the particular topic or disease to which it is appropriated.

At the commencement of each Section in Part III., the principal designations by which a disease is known are given; the first, in thick type, being invariably the one adopted in the *New Nomenclature*, and that by which it is desirable that the disease be in future uniformly styled; the second, in italics and within parentheses, is the Latin name; when other names follow, they are synonyms or common appellations. By noting the class of disease indicated in the left-hand

page-heading, the reader may form an idea of the nature of any particular disease; thus Diphtheria, Influenza, Hooping-cough, etc., occur amongst the *Blood* diseases—those in which the blood itself is affected; Rheumatism, Anæmia, Phthisis, etc., are classed with the *Constitutional* diseases—those in which the whole system is involved. The recognition of these points will often be highly suggestive to the initiated reader, and influence the prognosis and treatment of the case. Medical terms are occasionally used, but they are either explained in the text, or in the *index* at the end of the volume; this index is now made very copious, and every point of importance may be found by it. Consultation is further made easy by a table of contents at the commencement.

III.—Occasionally, remedies are prescribed without describing in detail the symptoms, by which their use is indicated. Under such circumstances, and whenever hesitating in the choice of a remedy, the reader is referred to the MATERIA MEDICA; a comparison should be made between the symptoms of the case under consideration, and the essential features peculiar to each remedy. The Materia Medica forms a very important part of the volume, and an attentive study of it will give a broad and tolerably exact knowledge of many valuable remedial agents, and a measure of skill in using them.

IV.—Persons desirous of being able to act wisely and promptly in the general treatment of disease should *read this Manual through, from the first page to the last.* The first Part is devoted to *Hygiene;* the second to *Diseases* and their Treatment; the third to *Materia Medica;* and the fourth to

Accessory Measures. All should be attentively studied. The fifth Part—the Clinical Directory—is chiefly valuable for the initiated, or for references to the Materia Medica. Many important practical points are scattered through the various Sections, but which, to economise space, are not repeated, and so may be lost to those who only read detached portions. Even after having read the Manual through, an occasional half-hour spent in perusing it will facilitate its consultation in cases of urgency.

V.—Lastly, the author will be glad to receive notes of the experiences of persons using the Manual. Striking cases of cure, which clearly illustrate the action of single remedies, are instructive to all. These, and friendly criticisms, will always be acceptable.

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PART I.

Introductory.

CHAPTER I.

Observations Pertaining to Health *(Hygiene)*.

1.—Plan of General Dietary.

Homœopathy is not a mere system of diet. Extended observation proves that the curative action of medicines, chosen according to the Homœopathic law, is but little affected by the food or beverages ordinarily taken; hence, beyond the prohibition of certain articles which over-stimulate the system, clog it in its operations, or impose on weak or diseased organs a task to which they are unequal, Homœopathic physicians interfere but little with their patients' diet.

The food of the invalid, however, must be regulated according to the nature, stage, and progress of the malady from which he is suffering; therefore, the diet appropriate in various acute and chronic diseases will be found prescribed in Part III.

The following suggestions on the dietary arrangements of persons in health, with occasional modifications, will, in general, be found suitable.

Breakfast. *Breakfast* at eight, a.m. It may consist of bread or dry-toast, with a moderate quantity of fresh butter, to which a new-laid egg, boiled three minutes, may be added;

or a little home-fed, cold, boiled bacon, chicken, or game, may be substituted, for those who take much bodily exertion. A breakfast-cupful of cocoa, deprived of its excess of oil, such as is sold by most Homœopathic chemists, or black tea, with milk, may be substituted; but the latter is less nutritious.

Breakfast is an important meal, and its digestion ought never to be endangered by taking it too hurriedly, or commencing a quick walk immediately after it. It would be an immense gain to the active man of business to make it a uniform habit to rise sufficiently early to give himself ample time to enjoy a quiet breakfast, and sufficient time after it for its digestion to have made some progress before again taxing the physical or mental powers.

Dinner. *Dinner* at one, p.m. Wholesome fresh meat and vegetables, carefully proportioned, plainly cooked, served hot, and properly masticated. These should be varied from day to day, with occasional additions, in moderate quantities, of fruit or farinaceous puddings; and fish substituted once or twice a week for animal food. Highly-seasoned dishes, condiments, pickles, salt and dried meats, rich or heavy pastry, and cheese, should be excluded from tables aiming at wholesomeness. *Weakly* persons who are obliged to take much exercise, may drink a small quantity of malt liquor, never exceeding half a pint if they are benefited by it; but in by far the majority of cases, fermented liquors had better be avoided altogether at dinner, and a few sips of filtered water, or a wine-glass of claret, or hock, diluted with an equal quantity of water, substituted. Too much cold water lowers the temperature of the stomach, and so interrupts digestion. The habit of taking wine after dinner is one of luxury, not of health; and all that can be said of it, from a hygienic point of view, is, *the less taken the better*. An occasional slight dessert of wholesome fruit is not objectionable,—apples, oranges, grapes, strawberries, gooseberries, etc.

Tea. *Tea* may be taken at six or half-past, and include one or two cups of black tea, bread or dry-toast, with butter, fruit, or marmalade, as may be found most digestible or agreeable. If it be the last meal in the day, and the person is not plethoric, and takes a great amount of physical exercise, the meal may include a little light meat, chicken, or white fish.

Late Dinners. A different arrangement is necessary for those who dine late—say at six, or half-past six, p.m., as then a *luncheon* should be taken at about one, p.m., which may consist of a small basin of good beef soup, with vermicelli, rice, or toasted bread in it. But if meat have been taken at breakfast, bread-and-butter, biscuits, or a sandwich may suffice; wine and malt liquors are better avoided at this time. From six to seven, dinner may be taken, and include the dishes already mentioned. The custom of taking tea, or a simple warm liquid meal three or four hours after dinner, is a very salutary one, as the warm liquid assists the separation and absorption of the chyle from the chyme, which is effected at this period. But the introduction of solid food, especially large quantities of buttered-toast or rich cake, would seriously interfere with this process. A moderate-sized cup of black tea, with a little milk and sugar, or a slice of lemon, forms a useful and agreeable beverage, and serves to remove all acrid materials left undissolved by digestion, and which, if not carried off, might disturb that rest for which the appropriate hour now approaches.

When convenient, the dinner-hour may be advantageously deferred until six or seven p.m., so that sufficient time may be devoted to it, and that rest (not sleep) taken after it which the principal meal requires, but which it is often impossible to give to it in the middle of the day. Persons much occupied should not eat full meals during the hours of toil; for such, a light repast is best in the middle of the day, and the principal meal taken in the evening, when the work of the

day is finished. Heavy meals taken during the hours of physical labour, without sufficient rest, are almost certain, eventually, to lead to derangement of the digestive organs.

Supper. If this be necessary, it should be of the lightest and simplest character. A small quantity of farinaceous food, which may be easily digested, is all that is required. Heavy suppers occasion much discomfort, and tax unwisely the digestive powers of the stomach when they should be at rest.

The section on "Dyspepsia," to which the reader is referred, contains almost every other remark necessary to be made on the general subject of diet.

2.—Comparative Value of Brown and White Bread.

Bread, aptly termed the "staff of life," is the common food of all classes, and its abundance is properly regarded as one of our greatest national blessings. Its importance, then, seems to justify a brief inquiry into the kind most conducive to health. We may at once state that our object is to impress upon the reader that *no single constituent part of our food is capable of acting by itself alone*, and that *one missing element may make the others wholly inefficient.* This applies forcibly to the subject of this section. Wheat contains the following principles, which slightly vary in different samples:—

Water	11 per cent.	Gum	4 per cent.
Gluten	13 „	Oil	2 „
Starch	60 „	Bran (the thin external husk)	2 „
Sugar	8 „		

These elements are not *uniformly* distributed throughout a kernel of wheat. Immediately beneath the thin external covering is a layer of darkish-coloured matter, very rich in gluten, and containing, in minute drops enclosed in its cells, most of the oil in the wheat. In the ordinary course of

grinding and dressing, a large portion of this covering is removed from the superfine flour, as it is not so readily reduced to a fine powder, and hence is rejected with the middlings and bran. Beneath this dark layer is the heart of the kernel, which is very white, and chiefly composed of starch, and from it the best looking and finest flour is made. This portion is not absolutely destitute of gluten, nor is the dark portion free from starch; but each exists in excess in the parts indicated.

The mineral ingredients of a kernel of wheat are also unequally distributed. They are, chiefly,—phosphoric acid, potash, soda, magnesia, oxide of iron, sulphuric acid, salt, and silica; and in superfine flour they exist in the proportion of a little over 1 per cent.; in the next quality, between 3 and 4 per cent.; still coarser flour, about 5 per cent.; and bran, 7 per cent. Thus it will be seen that fine flour contains but a small portion of those mineral ingredients which are found in wheat before grinding, a large portion being cast off with the bran.

But the mineral constituents of the vegetables we consume are as indispensable to the human organization as any other; experiments upon the inferior animals prove that the withdrawal of these elements from vegetable food is prejudicial, and that animals so fed perish from starvation. Mineral ingredients form the nourishment for important parts of the animal economy, and, dissolved in the blood, are taken up at points where they are necessary to sustain local parts. Thus, phosphate of lime is required by the bones, phosphates of magnesia and potash by the muscles, soda by the cartilages, phosphorus by the brain, silica by the hair, teeth, and nails, and iron by the red globules of the blood and black colouring matter within the eye.

The dark portion, which chiefly contains the gluten, the most nutritious constituent of the wheat kernel, is almost

entirely separated in the process of dressing; while the central is almost wholly starch, and of much less value to the body. In thus rejecting the dark portion which immediately underlies the bran, and is almost entirely removed with it, and used for the food of our cattle, we lose the most nutritious as well as the sweetest portion of the grain.

In the preparation of wheat for the purpose of food, it should be borne in mind that its value depends not upon the quantity of starch it contains, but upon the amount of gluten; and any process which diminishes this element is most objectionable.

The mere bran, without its underlying membrane, may be partially removed without much detriment; for though useful in obstinate constipation, it is irritating to the mucous membrane of the alimentary canal of some persons. In such cases the coarse portions of bran may be removed, but not to the extent of divesting it entirely of the bran and the darker portion referred to, and so sacrificing its nourishing properties for mere fineness or whiteness of bread.

Our supply of corn would suffice to sustain millions more if we could persuade the people, in this and other countries, of the advantages, in wholesomeness, digestiveness, and flavour, which brown bread has over white. Liebig states that 1000 parts of wheat-corn contain 21 parts of the nutritive salts, but fine flour only 7 parts.

This difference is very great, and the value of the unbolted flour as compared with that ordinarily eaten, is not at all adequately appreciated.* Dr. Boudens, a French physician,

* The necessity of the presence of the nutritive salts, in sufficient quantity, may be illustrated by the following fact:—It has been observed that when fodder is given to sheep, consisting of 2½ lbs. of winter straw and 3 lbs. of potatoes, a portion of the latter passes away undigested; but that if ¼ lb. of peas be added, the starch is retained, and the animal rapidly gains in weight, which it did not before. Now peas are rich in nutritive salts, and they contributed, in the above instance, to render the starch available for the nutrition of the sheep.

states that during the Crimean war, the Russian prisoners, accustomed to a very coarse brown bread, were inadequately nourished by the French rations, and that it was found necessary to increase them. Magendie has proved by experiment, that a dog will die if fed on white bread, but if brown be given him his health remains good. The subject merits the earnest consideration of the heads of households on whom the dietetic arrangements depend. In the case of the working population in whose diet bread is the chief constituent, they are sure to suffer from any deficiency in its nutritive properties, especially children and growing young people, who require suitable materials for the formation of the numerous parts of the animal frame. The subject is of less moment to those whose tables are daily supplied with edibles both abundant and varied, as they are less likely to suffer from the diminished nutritive value of any single article of food.*

The now uncommon *barley bread* is very nourishing. So also is the *oat-cake* of Scotland and the North of England.

3.—Cooking.

Much depends, as to the digestibility and nourishing properties of animal food, on the mode in which it is prepared for the table. The following passage from Professor Johnstone's work contains the whole theory of the art of cooking meat, and we give it entire, as such knowledge cannot be too widely diffused:—

"In cooking animal food, plain boiling, roasting, and baking, are in most general favour in our islands. During these operations, fresh beef and mutton, when moderately fat, sustain loss as indicated below.

	In boiling.	In baking.	In roasting.
4 lbs. of beef lose ...	1 lb.	1 lb. 3 oz.	1 lb. 5 oz.
4 lbs. of mutton lose	14 oz.	1 lb. 4 oz.	1 lb. 6 oz.

* See *H. World*, Vol. iii., page 94.

The greater loss in baking and roasting arises chiefly from the greater quantity of water which is evaporated, and of fat which is melted out during these two methods of cooking. Two circumstances, however, to which it has not hitherto been necessary to advert, have much influence upon the successful result of these and some other modes of cooking.

"If we put moist flesh-meat into a press and squeeze it, a red liquid will flow out. This is water coloured by blood, and holding various saline and other substances in solution. Or if, after being cut very thin, or chopped very fine, the flesh be put into a limited quantity of clean water, the juices of the meat will be gradually extracted, and by subsequent pressure will be more completely removed from it than when pressure is applied to it in the natural state, and without any such mincing and steeping. The removal of these juices leaves the beef or mutton nearly tasteless. When the juice of the meat, extracted in either way, is heated nearly to boiling, it thickens or becomes muddy, and flakes of whitish matter separate, which resemble boiled white of egg. They are, in fact, white of egg or albumen; and they show that the juice of flesh contains a certain quantity of this substance, in the same liquid and soluble state in which it exists in the unboiled egg. Now, the presence of this albumen in the juice of butchers' meat is of much importance in connection with the skilful preparation of it for the table.

"The first effect of the application of a quick heat to a piece of fresh meat is to cause the fibres to contract, to squeeze out a little of the juice, and, to a certain extent, to close up the pores so as to prevent the escape of the remainder. The second is to coagulate the albumen, and thus effectually and completely to plug up the pores, and to retain within the meat the whole of the juice. Thereafter, the cooking goes on through the agency of the natural moisture of the flesh. Converted into vapour by the heat, a kind of steaming takes

place, so that whether in the oven, on the spit, or in the midst of boiling water, the meat is in reality, cooked by its own steam.

"A well-cooked piece of meat should be full of its own juice or natural gravy. In roasting, therefore, it should be at first exposed to a quick fire, that the external surface may be made to contract at once, and the albumen to coagulate, before the juice has had time to escape from within. And so in boiling. When a piece of beef or mutton is plunged into boiling water, the outer part contracts, the albumen which is near the surface coagulates, and the internal juice is prevented either from escaping into the water by which it is surrounded, or from being diluted and weakened by the admission of water among it. When cut up, therefore, the meat yields much gravy, and is rich in flavour. Hence, a beef-steak or mutton-chop is done quickly, and over a quick fire, that the natural juices may be retained.

"On the other hand, if the meat be exposed to a slow fire, its pores remain open, the juice escapes, and the flesh pines and becomes dry, hard, and unsavoury. Or if it be put into cold or tepid water, which is afterwards gradually brought to a boil, much of the albumen is abstracted before it coagulates, the natural juices for the most part flow out, and the meat is served in a nearly tasteless state. Hence, to prepare good boiled meat, it should be put at once into water already brought to a boil. But to make beef-tea, mutton-broth, or other meat-soups, the flesh should be put into cold water, and this afterwards very slowly warmed, and finally boiled. The advantage derived from *simmering,* a term not unfrequent in cookery books, depends very much upon the effects of slow boiling as above explained."

It is a cause of regret to find how very extensively the principles expressed in the above quotation are disregarded. Even in some well-informed circles, there exists lamentable

ignorance or extreme carelessness as to the proper method of cooking animal food so as to utilize its most valuable constituents.*

4.—Water.

There is no drink in the world so wholesome, or, to the unperverted taste, so agreeable, as pure water. It is the natural drink of man, is highly favourable to digestion, and may always be taken in moderation when thirst is present. It enters into the composition of the tissues of the body, forms a necessary part of its structure, and performs such important purposes in the animal economy as to be absolutely indispensable for life and health. Water enters largely into combination with our food; and articles that we take as food can only afford nourishment by being dissolved in it. It also acts as a vehicle to convey the more dense and less fluid substances from the stomach to their destination in the body. It gives fluidity to the blood, holding in suspension, or solution, the red globules, fibrin, albumen, and all the various substances which enter into the different structures; for the whole body is formed from the blood. Not only the soft parts of the body, but even the very bones, or the materials of which they are composed, have at one time flowed in the current of the blood, suspended or held in solution in water. To prove how essential water is for the development and maintenance of the animal body, we may here state that a calculation has been made which shows that a human body, weighing 154 lbs., contains 111 lbs. of water. Such a fact suggests the necessity for obtaining water pure, and taking

* See Dr. Baikie on "Digestion and Food" in *H. World*, vol. i., page 149. Professor Thompson's Gresham Lecture on "Food" in *H. World*, vol. iii., page 47. Baron Liebig on the "Nutritive Value of Different Sorts of Food," in *H. World*, vol. iv., pages 111, 180, 224.

it unpolluted by animal and mineral ingredients. When practicable, water for domestic purposes should be filtered.

Water may be obtained tolerably pure in rain or snow collected in suitable vessels in the open country, away from crowded dwellings and manufactories, where processes are constantly going on which tend to its deterioration. Spring-, river-, sea-, surface-, well-, and mineral-water, all contain various substances dissolved in them, which render them, without distillation or filtration, unsuitable for drinking, or even to be used in the preparation of articles of diet. Even for cooking purposes and bathing, the purer water the better. The purest water is obtained from deep wells, bored through the earth and clay down to the chalk *(Artesian Wells)*.

It is most important that the receptacles for water—tanks and cisterns—should be carefully examined and thoroughly cleansed at regular seasons, especially after a time of drought and before the approach of winter. Much mischief is done, and often disease induced, by allowing cisterns to fill up after they have been dry or the water in them low; the quantity of sediment and filth is often very great, and if not carefully washed out becomes mingled with every fresh influx of water, and thus diphtheria, enteric-fever, and other blood diseases, are produced. The deleterious consequences that ensue from neglect of this duty are often alarming, although the source of the evil be unsuspected.

It is a fallacy to suppose that surface well-water is purer than that obtained from deep wells because it is more sparkling and often cooler and clearer. The sparkling of these waters is due to the presence of carbonic acid gas, and that acid is derived from the decomposition of animal and vegetable substances.

"The situation of these wells, especially in London, explains the origin of these impure matters. The water that

supplies the surface wells of London is derived from the rain which falls upon the surface of the land, and which percolates through the gravel, and accumulates upon the clay. Now this gravel contains all the soakage of London filth; through it run all the drains and sewers of London; and its whole surface is riddled with innumerable cesspools. Here is the source of the organic matter of surface well-waters, and also the cause of their coolness, their sparkling, and their popularity. In most small towns there is a public pump, and when this is near the churchyard, it is said to be always popular. The character of the water is no doubt owing to the same causes as that of London surface wells, the remains of humanity in the churchyard supply the nitrates and carbonic acid of the water.

"From this kind of impurity the water of deep wells in London, and of wells cut into rocks which bring their water from a distance from towns, are entirely free. They frequently contain inorganic salts in abundance, but they do not contain organic matters; hence, for drinking purposes, they are far preferable to the waters of surface-wells. A great number of these wells exist in London. There is one attached to almost every brewery in London; and manufacturers, who need pure water for their operations, sink these wells."—*Lancaster.*

Not one of the least important objects contemplated in the publication of this work is the removal of a foolish prejudice, which unhappily exists in the minds of many, against pure water, an element which God has provided for His creatures with the most lavish abundance; and of promoting, both for internal and external purposes, in health and sickness, a more regular use of this invaluable boon and blessing. In a community in which this element shall be used as the chief beverage, and more abundantly for purposes of purification, we may hope to find the pure virtue of which water is so

vivid a type. There, too, suffering will be easily controlled by our remedies, and the development of latent tendencies to disease which the habits and fashions of the present age seem to favour, will be most effectually prevented.

5.—Pure Air.

A proper supply of pure, fresh air is essential to the preservation of life and health. Although life may not be destroyed suddenly by breathing an impure atmosphere, still the vital energies are thereby slowly but surely impaired, and this is especially the case with growing children, and persons suffering from disease.

Air Spoiled by Breathing. It will be sufficient for our present purpose briefly to state, that in the process of breathing, the air loses a third part of its oxygen, the life-giving principle, and receives in exchange carbonic acid gas, a gas not only incapable of supporting life, but actually destructive to it. Such is the change effected by a solitary act of breathing; and if this process goes on in an ill-ventilated room where several human beings are gathered together, the carbonic acid gas accumulates, usurps the place of the oxygen consumed, and so renders the air less and less fit for the purposes of the renewal of life. Carbonic acid gas cannot support combustion; hence a lighted candle partially or completely surrounded by it, burns slowly or goes out; and so is it with human beings, when more or less completely enveloped in an atmosphere charged with this gas; all the functions of the body are tardily and imperfectly performed; the muscular tissues are enfeebled, the breathing becomes oppressed, the head aches, and, in extreme cases, life is extinguished amidst sufferings of the most distressing nature.

Airy Sleeping-Rooms. The fact that carbonic acid gas is inimical to health and life, shows the importance

of making provision for its uninterrupted removal from our houses and places of assembly, and, above all, from our sitting rooms and *sleeping rooms*, in which we pass so large a portion of our lives. *Airy, well-ventilated sleeping apartments should be ranked with the most important requirements of life, both in health and disease.* Bed-rooms, in which about one-third of human existence is passed, are generally too small, crowded, and badly ventilated. The doors, windows, and even chimneys are often closed, and every aperture carefully guarded so as to exclude fresh air. The consequence is, that, long before morning dawns, the atmosphere of the whole apartment becomes highly injurious, from the consumption of its oxygen, the formation of carbonic acid, and the exhalations from the lungs and the relaxed skin. In an atmosphere thus loaded with effluvia, the sleep is heavy and unrefreshing, partaking more of the character of insensibility. Were due provision made for the uninterrupted admission of fresh air, and the free escape of impure air, the sleep would be lighter, shorter, and more invigorating. In nearly every instance, the door of the bed-room may be left open, and the upper part of the window let down a few inches—a greater or less extent according to the state of the weather—with perfect safety. A current of air may be prevented from playing on the face of the occupant, by placing the bed in a proper situation, or by suspending a single curtain from the ceiling. We may be permitted to add, we always sleep with a portion of the top sash of the window down, except in very wet, windy, or foggy weather; and even then the door of communication with the adjoining room or landing remains open. During foggy weather, the apertures directly communicating with the external air may be closed.

The importance of the subject is very correctly and strikingly put by a medical writer of the last century. "If any

person," he remarks, "will take the trouble to stand in the sun, and look at his own shadow on a white plastered wall, he will easily perceive that his whole body is a smoking mass of corruption, with a vapour exhaling from every part of it. This vapour is subtle, acrid, and offensive to the smell; if retained in the body it becomes morbid; but if re-absorbed, highly deleterious. If a number of persons, therefore, are long confined in any close place not properly ventilated, so as to inspire and swallow with their spittle the vapours of each other, they must soon feel its bad effects." Unpleasant as it is to dwell on such a subject, it is yet true that the exhalations from the human lungs and skin, if retained and undiluted with a continuous supply of oxygen, are the most repulsive with which we can come in contact. We shun the approach of the dirty and the diseased; we hide from view matters which are offensive to the sight and the smell; we carefully eschew impurities in our food and drink; and even refuse the glass that has been raised to the lips of a friend. At the same time, "we resort to places of assembly, and draw into our mouths air loaded with effluvia from the lungs and skin and clothing of every individual in the promiscuous crowd: exhalations, offensive to a certain extent from the most healthy individuals, but which, rising from a living mass of skin and lung in a state of disease, and prevented by the walls and ceiling from escaping, are, when thus concentrated, in the highest degree deleterious and loathsome" *(Bernan)*.

Ventilation of Schools. The sanitary arrangements of many schools are notoriously bad. The buildings used for such purposes are often unsuitable, and the cubic space and the window space totally inadequate. This applies often both to the school rooms and the sleeping rooms, which are overcrowded and badly ventilated, causing loss of appetite, headaches, and general delicacy, often attributed to over-work,

but in reality due to want of fresh air. Parents should always inspect the rooms, and ascertain their size, the position of the windows and fire-places, and other facilities for ventilation, with the average number of occupants. A rough test of the efficiency of the ventilation of a schoolroom may be arrived at by entering it after it has been occupied some two hours, and comparing the difference existing between the air of the room and that out-of-doors.

Badly-ventilated Churches, etc.

The great practical inference is, that the only means of preventing people from poisoning themselves and others is to ensure their being constantly surrounded by fresh air; otherwise, low fevers may result, and such acute diseases as scarlatina, measles, small-pox, etc., may be excited in epidemic forms, often marked by malignant symptoms. The air of an apartment containing several human beings, if unchanged, not only becomes charged with carbonic acid gas, but also, as before stated, impregnated with animal particles which fly off from the skin and lungs, so minute as scarcely to be detected by the microscope, but capable of decomposition; and, taken by the breath into the lungs, may be absorbed, and develop the worst forms of scrofula and consumption. But if these particles are given off from bodies affected with, or recovering from, small-pox, scarlet-fever, hooping-cough, typhus, etc., they will exert a still more injurious influence upon the health, and probably generate in other bodies diseases like those from which they emanated. It is most important to bear in mind that the assembly in an ill-ventilated church, court of law, school-room, theatre, ball-room, or evening party, may include in its number some as yet unsafe convalescents from these or kindred diseases. The only security we can suggest is, as far as possible to avoid all places of public resort or private gatherings in which the most ample provision is not made for the admission of fresh air, and for

the uninterrupted escape of air spoiled by carbonic acid gas or animal exhalations.*

In the cure of disease pure air exercises a very potent influence. Jackson, writing on the Peninsular war, states that more lives were destroyed by accumulating sick men in ill-ventilated apartments than in leaving them exposed to severe weather by the side of a hedge or common dyke; showing the priceless value of fresh air.

Value of Sunlight. The importance of sunlight for physical development and preservation is not, it is believed, duly appreciated. Women and children, as well as men, in order to be healthy and well developed, should spend a portion of each day where the solar rays can reach them directly. Just as sprouts of potatoes in dark cellars seek the light and are colourless till they come under its influence, and as vegetation goes on but imperfectly in places where sunlight does not freely enter, so the cheeks of children and adults who live almost entirely in dark kitchens, dingy alleys, and badly-lighted workshops, are pale, and their bodies feeble. Houses are only fit to be occupied at night that have been purified by the solar rays during the day.

It has been pointed out by Dr. Ellis that women and children in the huts and even log cabins of America, which contain only one or two rooms, remain healthy and strong; but that, after the settler has built a house, and *furnished it with blinds and curtains*, the women and children become pale-faced, bloodless, nervous, and sickly; the daughters begin to die from consumption, and the wives from the same or some disease peculiar to women. At the same time, the adult males, who live chiefly out-of-doors, continue healthy.

The value of sunlight, with its accompanying influences, for animal development, may be illustrated by such facts as the following:—in decaying organic solutions, animalcules

* See articles on Ventilation in *H. World*, vol. i., pp. 5, 60, 198.

do not appear if light is excluded, but are readily organized when it is admitted. The tadpole, kept in the dark, does not pass on to development as a frog, but lives and dies a tadpole, and is incapable of propagating his species. In the deep and narrow valleys among the Alps, where the direct rays of the sun are but little felt, cretinism, or a state of idiocy, more or less complete, commonly accompanied by an enormous goitre, prevails, and is often hereditary. Rickets, or deformities, crookedness, and enlargement of the bones, are very common among children who are kept in dark alleys, cellars, factories, and mines.

During the prevalence of certain epidemic diseases, the inhabitants who occupy houses on the side of the street upon which the sun shines directly, are less subject to the prevailing disease than those who live on the shaded side. In all cities visited by the cholera, the greatest number of deaths took place in narrow streets, and on the sides of those having a northern exposure, where the salutary beams of the sun were excluded. It is stated that the number of patients cured in the hospitals of St. Petersburg was four times greater in apartments well lighted than among those confined in dark rooms. This discovery led to a complete reform in lighting the hospitals of Russia, and with the best results.

Except in severe inflammatory diseases of the eyes or brain, the very common practice of *darkening the sick-room* is a highly prejudicial one. The restorative influence of daylight is thus excluded, and also the grateful and natural succession of light and darkness, the two always making up the same period of twenty-four hours, which favours sleep at the appropriate time, and divests the period of sickness of the monotony and weariness of perpetual night.

7.—Healthy Dwellings.

To those who are able to choose their habitations we offer a few suggestions. The subject is especially important to delicate families, and to persons predisposed to consumption; it also deserves attention from those who are healthy, and desire to maintain that blessing unimpaired both in themselves and their children. We advise, if possible, a country residence, and the selection of a house so constructed as to secure dryness of the foundation, walls, and roof. The site should be dry,—a gentle slope, a gravel soil; and the aspect southerly or westerly; the bedrooms, especially those appropriated to cases of sickness, should have this aspect. It should also be a site *from* which there is thorough drainage, but *towards* which there is none. If the house is not upon a slope, the artificial *drainage* must be perfect. In towns and crowded places in which the accumulation of decomposing and decomposed animal and vegetable matter is great, artificial channels or drains must be so constructed that all noxious matters and vapours may be rapidly removed and carried to a distance, before they can impregnate the atmosphere and water. Every dwelling to be wholesome should be accessible to the free passage of currents of air, and provided with an unlimited supply of good water. In the choice of a site for a house, a locality should be avoided in which the water is impregnated with lead, iron, or other mineral substances, or in proximity to stagnant waters; the ground should be above the level of the mist or vapour which rises after sunset in marshy and other districts. This subject is of special importance to the Colonist who may have to select a site for his habitation. In short, the fundamental condition of healthy dwelling-places is—perfect purity of air and water; this must take precedence of all other considerations. The cause of the spread and fatality of the mediæval

plagues was neglect of the conditions necessary to secure pure air and cleanliness.

Other points of subordinate importance may be glanced at. The house should not be too closely surrounded by trees, or in immediate proximity to thick woods, as they both attract and retain moisture, while they exclude much of the valuable influence of sun-light, and thus render the climate damp and cold. A cheerful situation, at the same time commanding the sight of green trees, hedges, shrubs, etc., has a beneficial tendency. If compelled to live in a town, the house should face a park, square, or other open place, or at least be situate in a wide airy street, with a favourable aspect.

Some who read these pages may not have it in their power to carry out these hints fully, but be compelled to live where their occupations, families, or means determine; nevertheless even such may be benefited by these suggestions; for, although they cannot secure perfection in a house or situation, they may aim at an approximation to it.

8.—Exercise.

Exercise strengthens and invigorates every function of the body, and is essential to health and long life. No one in health should neglect to walk a moderate distance every day, and if possible in the country, where the pure and invigorating air can be freely inhaled. *Walking* is the healthiest as well as the most natural mode of exercise. Other things being equal, this will ensure the proper action of every organ of the body. The walk for health should be diversified, and if possible include ascents and descents, and varying scenery; and be alternated, when circumstances admit of it, with riding on horseback, active gardening, or similar pursuits; and with gymnastics and games of various kinds. Athletic sports and manly exercises should form a

part of the education of youth, nor should they be neglected in after life, especially by persons of sedentary pursuits. Many aches and pains would rapidly vanish if the circulation were quickened by a judicious and regular use of the muscles. These modes of exercise, practised moderately and regularly, and varied from day to day, are much more advantageous than the exciting, immoderate, and irregular exertions which characterize the ball-room, the hunting-field, and even the cricket-ground or the rowing-match. These exercises are sometimes pursued so violently as to be followed by severe and permanent injury to the constitution. In the case of very feeble and infirm people, carriage-exercise, if it may be so called, and frictions, by means of bath sheets, and gloves, over the surface of the body and extremities, are the best substitutes for active exertion.

The best periods for exercise are,—when the system is not depressed by fasting or fatigue, or oppressed by the process of digestion. The robust may take exercise before breakfast; but delicate persons, who often become faint from exercise at this time, and languid during the early part of the day, had better defer it till from one to three hours after breakfast. Exercise prevents disease by giving vigour and energy to the body and its various organs and members, and thus enables them to ward off or overcome the influence of the causes which tend to impair their integrity. It cures many diseases by equalising the circulation and the distribution of nervous energy, thus invigorating and strengthening weak organs, and removing local torpor and congestion.

Invalids should always be moderate in their exercise, had better take several short walks than one long one, should avoid fatigue, should not stand in the open air. The best time for them is in the forenoon, arranged so that they can rest for half-an-hour before dinner. They should never take exercise immediately before a meal or going to bed.

The philosophy of using the muscles is very correctly expressed in the following quotation from Dr. Chambers:—

"If an animal's limbs are duly employed, the muscles keep up their shape and their vigorous power of contraction, their flesh is of a rich bright red colour when the animal is fully grown, and is firm and elastic. Examine it under a microscope, and you find it made up of even parallel fibres, each fibre seeming to be engraved over with delicate equi-distant cross-markings, like a measuring tape, very minutely divided. The more the muscle has been used in a well-nourished frame, the more closely it conforms to the typical specimen of the physiologist:

'Use is life; and he most truly lives
Who uses best.'

But suppose this muscular fibre has been unworked, then the flesh is quite different in aspect; it is flabby and inelastic, of a pale, yellowish hue, and makes greasy streaks on the knife that cuts it. Sometimes even all traces of fibres have disappeared, and it is converted into an unhealthy fat. Sometimes you may trace fibres under the microscope, but their outline is bulging and irregular, the cross-markings are wanted, and you see instead, dark refracting globules of oily matter in them. In short, the muscle is degenerating into fat, retaining in a great measure its shape, but losing its substance. Such is, by God's law, the penalty of not using His gifts."

9.—Clothing.

The adoption of artificial clothing by man may be stated to serve three purposes,—the regulation of the temperature of the body; protection from friction, insects, and dirt; and ornament.

In this climate clothing is chiefly employed for warmth, which purpose it secures by moderating or restraining the escape of heat from the body. Articles of clothing have no power in themselves of generating heat, and are designated as warm or cool just in proportion as they restrain or favour its escape. Thus a lady's muff and a marble floor are ordinarily of the same temperature; but the sensation produced by each is widely different, because the animal heat is retained by the

muff, and rapidly carried off by the marble. Hence for clothing we select those substances which least conduct heat, such as the wool of sheep, and the silk produced by silk-worms, which are superior, as non-conductors, to cotton or linen. In this country we have recourse chiefly to the former in winter, and to the latter in summer, cotton and linen garments being coolest, linen cooler than cotton.

There are several practical errors on the subject of clothing, committed perhaps by a majority of persons, to which we may briefly direct attention. "The first and most obvious of these," says Dr. Baikie, "is wearing too much clothing in-doors or in bed, thereby both exhausting the natural powers of the skin, and exposing its action to a sudden check on going out into the cold air. This forms one of the principal objections to the almost universal use of flannel, *worn next the skin*, and kept on even during the night, as is the practice with many people. The skin is thus unnaturally excited, and in course of time loses its natural action; or, on the other hand, becomes so sensitive as to have its action checked on the slightest exposure. I venture to propose my own plan of clothing as suitable to elderly people, and those of delicate constitutions in general.

"1. In summer as well as winter," Dr. Baikie writes us, "I wear a cotton garment next the skin, thin in summer, stouter in winter; over this a very light silk shirt for summer, and a thicker one in winter. I also wear a narrow strip of flannel, lined with cotton, round the abdomen in summer, replacing it by a thicker one, made so as to double over the front of the abdomen in winter; my ordinary shirt is always of cotton.

"2. In the beginning of autumn I add a light-coloured flannel shirt *over* my ordinary one, leaving the front open, or wrapping it across according to circumstances. When the winter fairly sets in, I replace this by a stout flannel shirt; but in both cases, I take this off on dressing for dinner, so as

to have the full benefit of it while exposed to cold in the *open air;* this I think of great importance, and I never use anything else than a light cotton shirt *to sleep in*, and strongly object to the common practice of sleeping in flannel."

Wearing Flannel next to the Skin. Having regard to the prevalence of this often-injurious habit, a few words on the subject may not be out of place here. It is well known that even in otherwise normal conditions, the skin of some persons is highly irritable and most unpleasantly excited by contact with flannel, and that when this exalted sensibility exists, the use of flannel next to the skin may develop decided physical alteration. It does this mechanically by increasing, or more correctly by retaining, the local heat, and intensifying reaction. Cases of skin disease often come before us in which pruritus is thus aggravated, and the affection prolonged, especially when combined with neglect of proper ablutions. In congested conditions of the skin, or in morbid states of the cutaneous nerves, flannel is inadmissible; or if necessary to guard against vicissitudes of the weather, it may be worn outside a linen garment, as before suggested. The diseases in which this advice is especially applicable are, according to Dr. Tilbury Fox,—erythemata, roseola, urticaria, certainly syphilodermata in their early stages, scabies, and prurigo. "A remembrance of this little practical fact," says the above author, "will sometimes give us the greatest cause to be thankful that we attended to it, trifling though it be."

The *colour* of clothing is not unimportant, light being preferable for the following and other reasons:—(1.) White reflects the rays of heat which the black absorbs; at the same time it impedes the transmission of heat from the body. Light-coloured clothes are therefore best both for winter and summer, retaining the heat in the former, and keeping it off in the latter. (2.) Particles which emanate from diseased bodies, as in miasmatic districts and unhealthy accumulations,

are much more readily absorbed by dark than by light clothing. Therefore those who are exposed to contagious influences in the sick room, or in unhealthy neighbourhoods, should wear light clothing. Dark clothes favour the transmission of contagious disease from house to house much more readily than light.*

Another point deserving attention is, that of *frequent changing and cleansing of clothes.* The practice of adopting dark-coloured instead of light-coloured garments has frequently its origin in economy, dark clothes tolerating an amount of dirt inadmissible in light. It should be recollected, however, that dark garments contract dirt after being worn a little time as much as light, and if not changed and cleansed, may favour the production or spread of disease.

In connection with this subject it may be well to advert to the inconvenience of heavy thick clothing, the tissues of which are close and firm. Materials for clothing should be chosen, the textures of which are loose and porous, and contain air in their interstices—air being a bad conductor of heat.

"The advantage of having numerous light instead of fewer heavy coverings to the skin are these—the stratum of air interposed between each layer of covering being a non-conductor, they are relatively much warmer than a much greater thickness in fewer pieces; 2ndly, they can be more easily laid aside to suit changing temperature; 3rdly, being lighter they are less apt to overheat the wearer, and thus lessen the chance of a consequent chill."†

* We may mention as an illustration, that dark clothing imbibes odorous particles most readily, as,—the effluvia of the dissecting room, the smell of tobacco; and even the peculiar odour of London smoke is at once detected in black clothing by country people.

† In China, one of the most changeable climates in the world, the variation in one day being frequently 35 or 40 degrees, this is the mode adopted by the natives to protect themselves: a working man will often appear in the morning with 15 or 20 light jackets on, one over the other, which he gradually strips off, as the day gets warm, resuming them again towards night.

Other points may be briefly referred to. Summer clothes should not be put on too soon, or winter ones too late. Thin-soled boots and shoes are destructive to health. So are *stays*. The body is strong enough to support itself; while stays often bring on diseases of the lungs and other important organs. The muscles of the body were intended to sustain it erect, but when stays are applied, they soon become indispensable, by superseding the action of the muscles; and, in accordance with a well-known law of the muscular system, when they cease to be used they cease to grow, and become insufficient for the discharge of their natural functions. Not only so, stays are directly injurious; and it is a well-ascertained fact, that cases of organic disease have arisen from, or at least were aggravated by, their use.

Finally, it may be stated that the clothing of children, whose feeble frames are less able to resist or endure cold than those of adults, is generally insufficient. When a baby is divested of its long clothes, it is in danger of being insufficiently clad, the danger increasing when it can run alone, and is more exposed to atmospheric influences. It cannot be too strongly impressed upon those who have the charge of children, that the practice of leaving those parts exposed, which when grown up we find it necessary to clothe warmly, especially the lower limbs and abdomen, is a frequent cause of retarded growth, inflammation, mesenteric disease, consumption, etc.*

10.—Bathing.

The cold bath, often recommended in this work, when practised in a reasonable manner, is a most valuable aid to health. As a general rule, every person in health should bathe or sponge the whole body once a day with cold water,

* See *H. World*, vol. i, p. 83.

immediately following it by friction and exercise, to promote the reaction. This tends to health, just as opening the window lets fresh air into a room. Merely washing the hands, face, and neck, is by no means sufficient; the entire surface of the body requires the application of water, not only for the purpose of cleanliness, but as a means of invigorating the capillary circulation, and so fortifying the system as to enable it to resist atmospheric vicissitudes. The secret of attaining these ends consists in employing the cold in such a manner and degree, and in the body being in such a state before and after the application, as that the reaction or glow shall be most perfect. The cold sponge-bath may be adopted with safety by almost any one, the shock not being too great, and good friction rapidly causing agreeable warmth. The best period for a cold bath is on rising from bed, before the body has become chilled. The time the sponging should be continued must be regulated by the condition of the patient: if he be weak, the time should be brief, as from one to two minutes; for if continued too long, instead of tonic effects, depression will follow, and may continue during the whole of the day. If the weather and the water be very cold, the bath should be taken before a good fire. Very young children are benefited by cold sponging or bathing, even during the winter months. Cold bathing should not, therefore, be practised when the body is cold or cooling, or when it is exhausted by exertion or fatigue, or is naturally too weak, or when the skin feels chilly, until this feeling has been removed by friction or exercise. A bath should not be taken too soon after a meal; for then the circulation should be undisturbed, as the stomach requires all its power to digest the food; nor should the time spent in the bath be too long; that may vary, according to circumstances, from about one to four minutes.

Temperature.—The water of the bath should not be colder than 59°, ranging from this to 64°, according to the

season, and according to the temperature of the room. The temperature of the bath-room should be 64° or 65°; if lower than this, the water should be a little warmer, and if the room is *cold*, then the water should be 68°, and the bathing process performed as quickly as possible. The temperature of the bath-room is a point of considerable importance, and it can only be accurately measured by a thermometer; one of these useful instruments should therefore be kept in every bath-room.

If the important conditions stated above are disregarded, the immediate depressing effects of the bath will be continued; there will be no glow of reaction, and subsequent chilliness and dulness will ensue. An occasional addition of sea-salt to the water, as recommended in the next paragraph, communicates a stimulating property favourable to reaction. A similar effect is likely to result from the force or shock with which the water is applied; probably a shower-bath is the most efficient, as it most excites those forcible and deep inspirations which are the most efficient cause of the reaction which follows. The reaction is further promoted by vigorous friction over the entire surface with coarse large towels, which operate both by stimulating the cutaneous vessels, and also by muscular exertion, which promotes the more energetic action of the heart. A brisk walk after the bath also tends to promote reaction.

Sea-Salt Baths. Patients who are unable to secure sea-bathing may enjoy, to a limited extent, its advantages, by adding a solution of *sea-salt* to the water of the bath. Sea-salt is the residuum of evaporated sea-water; and if it be added in proper quantity to a bath, so that the mineral ingredient approximates to that contained in sea-water, it will be very much more efficacious than a simple fresh-water bath, in consequence of the stimulating action of the water upon the skin imparted by the saline matter which it holds in

solution. The addition of salt obviates the chill which fresh-water sometimes gives. It will often be found that consumptive patients, with feeble circulation and cold hands and feet, are much benefited by a salt-water bath, who could not bear the shock of fresh-water. In the absence of sea-salt, a handful of bay-salt, or of common salt may be used.

Such a bath, taken regularly in the morning, is conducive to health in two ways:—It inures the body to a degree of cold greater than it is likely to be exposed to during the rest of the day, and so proves most serviceable in protecting it from atmospheric influences; and it tends to remove irregularities in the circulation, and, by exciting the healthy action of the skin, may aid that organ in removing disease.

It is not everyone, however, who can with safety practise bathing in the manner just now pointed out. Cold bathing would be very hazardous, not only to patients who are extremely weak, or who have any organic disease, especially of the heart or lungs, but there may be some idiosyncrasy or condition of the constitution peculiar to the individual which would render such a course the very reverse of beneficial. Patients who have any ground for doubt on the subject should consult their medical attendant. Caution is more particularly necessary in infancy and old age. The adaptation of the cold bath to individual cases may often be determined by the following criterion:—If, after a bath, the patient remains chilly, languid, and dejected, or suffers headache, it had better be discontinued, and subsequently gradually adopted; but if the sense of cold rapidly passes off, and a glow of warmth and animation of spirits succeed and continue for some time, the cold bath is almost sure to be productive of good.

The *warm bath*, to the feeble and exhausted frame, is often very beneficial, and a great luxury. The temperature may be varied according to the sensations of the patient, but as a

rule should be that of the temperature of the blood—96° to 98°; if higher than 98°, the bath may be followed by a profuse perspiration, which weakens the system. Warm bathing, however, including the hot-air or Turkish-bath, except as a remedial agent, and prescribed by a medical man, is generally prejudicial.

Sea-bathing is of the greatest value to convalescents from acute diseases, to those whose health has been injured by excessive work, town residence with sedentary occupation, excesses of various kinds, and in many chronic illnesses, when debility is not excessive. It should not be indiscriminate. The propriety of it depends on the health of the bather, the temperature of the water, and the motion of the sea. Persons in feeble health should only plunge into the sea, remain a minute or two, then leave it. Those in robust health may remain from five to ten minutes; if they can swim and are accustomed to bathe, they may remain so long as they feel warm. If the water is very cold or the sea is strong, less time should be allowed. Delicate persons should choose a quiet wind and a smooth sea. Strong persons may bathe before breakfast; others only in the forenoon. Sea-bathing is prejudicial when the body is exhausted, or overheated, or cold, or rapidly cooling. A short walk, without fatigue, should precede the bath; a longer walk, also without fatigue, should follow it. Stout, plethoric persons, liable to rushes of blood, palpitation, giddiness, etc., should bathe very cautiously. Aged persons should regard themselves in this matter as invalids. Infants, feeble children, and timid children are scarcely strong enough for the open sea. Injury is done to the feeble by a disregard of their imperfect reactionary power, and to the timid by disregard of the strain upon their nervous system. Warm glow and exhilaration of spirits after the bath indicate its beneficial action. Chilliness and depression are indications of harm.

The temperature of baths may be thus classified—cold, 33° to 60°; cool, 60° to 75°; temperate, 75° to 85°; tepid, 85° to 92°; warm, 92° to 98°; hot, 98° to 112°.

For various forms of baths, and their use for persons in disease, see page 88 *et seq.**

11.—The Influence of Professions and Occupations on Health.

Whatever may be the particular employment of an individual, it can rarely be divested of certain effects, more or less prejudicial to his general health. Occupations which permit the free use of pure air and moderate muscular exercise, with exemption from want or anxiety, are those most conducive to a healthy, long life. Statistical tables afford evidence of the greater longevity of some pursuits as compared with others. The following table from Tarbell's "Sources of Health," published at Berlin in 1834, is on too limited a scale for general application, but is undoubtedly a close approximation to the truth.

Of 100 Clergymen		42	attained the age of 70 years and upwards.	
„	Farmers	40	„	„
„	Commercial Men	35	„	„
„	Military Men	33	„	„
„	Lawyers	29	„	„
„	Artists	28	„	„
„	Teachers	27	„	„
„	Physicians	24	„	„

The first half in the above list, with the exception of the clergymen, are necessarily much exposed to the air, and take physical exercise; but the other half, with the exception of the physicians, are chiefly confined in-doors, engaged in sedentary occupations. The difference between the longevity

* On Bathing generally, see *H. World*, vol. i., page 173; vol. ii., page 45; vol iv., page 194.

of the clergyman and the physician may no doubt be accounted for by the fact, that the literary pursuits of the former are not of so multifarious and unremitting a character as to prevent sufficient out-door exercise being taken; the nature of his studies may be regarded as favourable to a long life, by inspiring influences conducive to cheerfulness, hope, and serenity. The physician, on the other hand, is exposed to influences most adverse to health; he has frequently to encounter the poison of infectious disease, and is often unable to observe those rules and precautions which it is his duty to enforce in the practice of others; his responsibility often involves extreme mental anxiety; and his almost incessant occupation of both mind and body, no doubt account for his comparatively short life. There are, however, instances of medical men attaining an advanced age. Harvey reached the age of 81; Hoffman, 83; Hahnemann, 88; Heberden, 93; and Hippocrates, 109. The last, according to the best accounts, was much engaged in travelling, and passed a great deal more of his time in the country than in crowded cities.

Why Employments are Unhealthy. The circumstances which operate in rendering occupations unhealthy, are chiefly the following: deficiency of daylight and pure air; a bad posture of the body during employment; and the inhalation of mechanical or poisonous substances.

Abundance of sunlight is of great importance in workshops and offices, particularly where young people are employed. As already pointed out, patients make better and more rapid recoveries in well-lighted hospitals; and very serious cases are generally placed in the sunny side of such buildings. If, therefore, persons are more likely to regain health in such apartments, we may fairly conclude that health will be better preserved in a large, well-lighted workshop or office. Windows should be frequently cleaned, and the walls and ceilings whitewashed at least twice a year.

There is at present a general and just outcry about defective drainage; but the diseases and mortality from this source bear a very small proportion to those from over-crowding. Spacious, airy, and well-lighted offices and work-rooms for clerks, compositors, tailors, dressmakers, and others, would prevent a large amount of chronic disease; and, at the same time, work would be better done, and skilled labour rendered far more productive and valuable.

The influence of *posture* is not unimportant. The sedentary occupations, such as are followed by book-keepers, milliners, tailors, shoemakers, and many others, are often most unfavourable to health, as the sitting posture is generally combined with an inclination forwards, so as to compress the chest and stomach. To a limited extent, the hurtful consequences of such postures may be avoided by occasionally changing to a standing position when at work, and by taking out-door exercise during the hours of relaxation. Plenty of healthful recreation in the open air is the best corrective of the injurious consequences of sedentary employments.

Occupations, however, are only incidentally injurious; for a certain amount of work is advantageous for man, both in regard to his mind and his body. Industry is necessary to promote a healthful contentment of the spirits, and to dissipate melancholy, or remove those dissatisfied and restless cravings which prey upon the unemployed. Industry, moreover, is ordinarily followed by rewards such as are esteemed most desirable, even by the mere worldling; and when wealth accumulates or honour flows in upon a man, through God's blessing on his honest industry, it is immeasurably more precious to him than if ancestors had bequeathed it. We know there are districts of the earth where but little demand is made on the labours of the husbandman, the mountains and the valleys yielding almost spontaneously their rich produce. But the people of districts whose soil

possesses the greatest fertility—Italy and Spain, for example—are often sunk to the lowest condition in those mental, social, and moral qualities, which constitute the chief glory of a nation. Released from the necessity of industry, the body becomes enfeebled, the mind weak and vacillating, the sensuous passions preponderate over the intellectual powers; and man, in such circumstances, presents the humiliating spectacle of a mere stagnant humanity, excited into action only by the lowest instincts of his nature.

Having regard to the material frame of man—the point that comes especially within our province—we commend to all industrious employment, which, when followed under the conditions already indicated, is conducive to health and long life. The body was formed for active duties, and the performance of these is indispensable alike for perfect physical development, for health, and happiness. The muscles, the tendons, the ligaments, and even the bones, require exercise, and become feeble and deteriorated in structure from indolence. Hence, the *vertebræ* (backbone) of a carpenter, or of any one who has followed a similar occupation, are larger and also much heavier in proportion to size, than those of a shoemaker or tailor. It is stated of a person who, in consequence of a trifling lameness, took up the occupation of begging,—sitting almost wholly during the rest of his life, and using the limb as little as possible—that the thigh-bone of this limb was found to be considerably less in circumference, and shorter, than the other. From more than one point of view, then, it appears that the real good of life does not consist in being exempt from the necessity of daily toil, and that happiness is more equally distributed than is apparent on a cursory glance on the surface of society. The Creator, who has made industrious employment the heritage of man, confers at least daily bread, contentment, and physical well-being, as the reward of industry; while He would seem to

have ordained that the carriage, the luxurious dwelling, and the rich and varied food, shall tend in a measure to deteriorate the health and blight the happiness of those possessing them. The man who has nothing to do is ever restless, and craving for a good not yet enjoyed; his pleasures lose their character as such by becoming the business of his life, and satiety produces disgust. In brief, the industrious man, if his labours are not too exhausting, or carried on in an unhealthy atmosphere, but relieved by daily out-door exercise and relaxation, will pass a happier life, and live longer than the indolent man; and though some occupations or professions may not be directly promotive of health, industry is man's best estate.

CHAPTER II.

Signs and Symptoms of Disease.

To recognise fully the various evidences of an unhealthy action of the system, a long course of study, including both healthy and morbid anatomy, is necessary. If, however, the several points referred to in this chapter be carefully examined, with the different cases which come under our notice, they will aid us in arriving at a tolerably accurate idea of the nature and severity of the disease we have to treat. The following are common and well-known diagnostic signs.

1.—The Pulse.

The pulse is produced by the forcible expulsion of blood from the heart, through the *aorta* (the great trunk artery), and thence into the various arteries of the body, by each contraction of the left ventricle of the heart; its character will consequently be modified by the condition of the heart, the blood-vessels, and the blood itself.

In feeling the pulse, great gentleness should be observed, and it should be done as easily as possible, so as not to excite the action of the heart, which would defeat the object in view. The pulse may be examined in any part where an artery is so close to the surface that its throb can be plainly felt; but in general the most convenient locality is at the wrist. While examining the pulse, there must be no pressure exerted upon the artery in any part of its course by tight sleeves, ligatures, etc. The examiner should place three fingers just above the root of the thumb and the joint of the wrist, with his thumb on the opposite side, so as to be able to regulate the pressure at will. Its frequency may thus be measured by the seconds-hand of a watch; but its peculiar characteristics, as indicative of various phases of disease, can only be appreciated by the educated hand of the medical man. By this method we can detect its rhythm, its fulness, or softness; whether by compression it may be rendered less perceptible; whether it is strong and bounding, forcing the fingers almost from the arm; or hard, or small and wiry, like the vibrations of a string; or intermittent, striking a few beats, and then apparently stopping for one or two beats; or whether the pulsations flow into each other, small and almost imperceptible.

Healthy Pulse.—The healthy pulse may be described as uniform, equal, moderately full, and swelling slowly under the fingers; it is smaller and quicker in women and children. In old age, the pulse becomes hard, owing to the increased firmness or structural change in the arterial coats. The average number of beats of the healthy pulse in the minute, at different ages, is as follows:—At birth, 140; during infancy, 120 to 130; in childhood, 100; in youth, 90; in adult age, 75; in old age, 65 to 70; decrepitude, 75 to 80.

The healthy pulse is influenced, however, by the following and other conditions, which should be considered in estimating

the character of the pulse as a diagnostic sign. It is faster in the female than in the male, the former exceeding the latter by from six to fourteen beats; but this difference only occurs after about the eighth year. It is quickened by exertion or excitement; it is more frequent in the morning, and after taking food; it beats faster standing than sitting, and sitting than lying; but it is retarded by cold, sleep, fatigue, want of food, and by certain drugs, especially *Digitalis*.

Pulse in Disease.—In estimating the differences of the pulse as signs of disease, allowances must be made for those sudden irregularities which are often observable under transient excitement or temporary depression, especially of nervous persons.

The rapid pulse, especially if strong, full, and hard, indicates inflammation or fever; if small and very rapid, it points to a state of great debility, such as is often present in the last stage of enteric-fever.

The jerking pulse is marked by a quick and rather forcible beat, followed by a sudden, abrupt cessation, as if the direction of the wave of blood had been reversed, and is indicative of structural disease of the valves of the heart.

The intermittent pulse is that in which a pulsation is occasionally omitted, and is frequently owing to some obstruction in the circulation in the heart or lungs, or inflammation or softening of the brain, apoplexy, etc.; also in some forms of valvular disease of the heart; and where *Hernia*, or *Enteritis*, has proceeded to *Gangrene* of the intestine. Prolonged overexertion, watching, want of rest, anxiety, etc., may produce it. In minor degrees, indigestion with flatulence may produce it.

The full pulse occurs in general plethora, or in the early stages of acute disease; while the *weak pulse* denotes impoverished blood, and an enfeebled condition of the system.

When the pulse resists compression, it is said to be *hard*, *firm*, or *resistant;* if it is small as well as hard, it is said to be *wiry*.

2.—Temperature and the Clinical Thermometer.

During the last few years considerable help has been derived in the diagnosis and treatment of disease from the use of the clinical thermometer. In all cases of illness, to count the pulse and the respirations, is not more important than to measure the heat. The thermometer aids the physician in arriving at definite and certain conclusions, and relieves him of much mental anxiety. In temperate regions the normal heat of the human body, at sheltered parts of its surface, is 98·4° Fahr., or a few tenths more or less; and a persistent rising above 99·5°, or a depression below 97·3° Fahr., are sure signs of some kind of disease. The maintenance of a normal temperature, within the limits above stated, gives a complete assurance of the absence of anything beyond local and trifling disturbances; but any acute disease unnaturally elevates the temperature or animal heat, and many diseases are thus indicated some time before they could be detected by any other means.

The thermometer enables us to diagnose decisively between an inflammatory and a non-inflammatory disease; it also helps us to determine the severity of the inflammation by the number of degrees to which the thermometer is raised. *Hysteria*, it is well known, often simulates inflammatory disease; but the temperature of hysterical persons is *natural*, whereas that of persons really suffering from inflammation is *always raised*. A case is recorded of a girl supposed to be suffering from hysteria simulating a case of inflammation of the membranes of the brain. The hysterical tendency of the patient led to the supposition that there was only an *apparent* symptom of inflammation; the thermometer determined the genuineness of the symptoms; for it showed a temperature of 103·5°, proving the actual existence of grave inflammation, afterwards confirmed by the fatality of the disease.

In *acute fevers*, the thermometer affords the best means of deciding in doubtful cases; it is often the best corrective of a too hasty conclusion, and is indispensable for prognosis; thus, in *typhoid fever*, the rise of temperature, or its abnormal fall, will indicate what is about to happen one or two days before any change in the pulse, or other sign of mischief, may be observed.

In consumption the thermometer affords us most valuable diagnostic information. The symptoms and signs are often obscure, or their true cause may be doubtful; especially in the early stage of the disease, when treatment is likely to be of greatest avail. The importance of the aid of the thermometer in this case will be recognised by the fact, that during the deposit of tubercle in the lungs, or in any organ of the body, the temperature of the patient is always raised from 98°, the normal temperature, to 102–3°, or even higher, the temperature increasing in proportion to the rapidity of the tubercular deposit. A persistent elevation of the general temperature of the body has often been found to exist for several weeks before loss of weight or physical signs indicating tubercle in the lungs could be appreciated. Hence an elevated temperature not only affords us certain information as to the existence of *phthisis*, but the degree of that elevation enables us to estimate the extent and progress of the disease; for a persistent rise shows that the disease is progressing, or that unfavourable complications are setting in.

In *ague*, several hours before the paroxysm, the temperature of the patient's body rises considerably.

In *acute rheumatism*, a temperature of 104° is always an alarming symptom, indicating grave complication, such as involvement of the valves of the heart. In short, a temperature of 104° to 105° in any disease, indicates that its progress is not checked, and that complications are liable to arise.

In all cases of convalescence, so long as the decrease of temperature proceeds regularly as measured by the thermometer, no *relapses* need be feared; on the other hand, delayed decrease of temperature in pneumonia, the persistence of a high evening temperature in typhus or enteric fever, or in the eruptive diseases and the incomplete attainment of normal temperature in convalescence, are signs of great significance. They indicate incomplete recovery, approach of other diseases, unfavourable changes in the products of disease, or the continuance of other sources of disturbance requiring careful examination. The onset of even a slight elevation of temperature during convalescence is a warning to exercise careful watching over the patient, and especially for the maintenance of a due control over his diet and actions *(Aitken)*.

These remarks might easily be extended, and illustrations multiplied of the value of the thermometer as an aid to diagnosis; but beyond recommending a small, straight instrument, with a correct scale, self-registering, and taking the observations regularly at the same hours daily throughout the disease, noting at the same time the pulse and the breathing, we have not space for further observations.

3.—Breathing.

Healthy inspiration is performed with great ease, by a nearly equal elevation of the ribs and enlargement of the chest; expiration is the natural return of the chest to its proportions during rest. An adult breathes about twenty times in a minute. Disease and exertion quicken the rate of breathing.

Dyspnœa, or difficult breathing, may result from spasm of the air passages, as in asthma; the presence of tumours, or false membranes, as in diphtheria and croup; or great swelling of the tonsils, or inflammation of the glottis; all of

which obstruct the entrance of air to the lungs, and so occasion dyspnœa. Disease of the nerves which preside over the respiratory movements, or in that part of the nervous centres from which they proceed, may also produce serious difficulty of breathing. In pleurisy, fracture of the ribs, apoplexy, and cases of great exhaustion, when an insufficient supply of blood is sent to the great nervous centre—the brain—the respiratory movements are deranged, and otherwise greatly or even fatally obstructed.

The *odour* of the breath is also characteristic, and may be most disagreeable, as the result of want of attention to cleanliness of the mouth and teeth, indigestion, putrid sore throat, etc. During the eruptive fevers, and in enteric and pestilential fevers, it is both offensive and infectious.

4.—The Tongue.

This organ affords important indications:—*Dryness* points to diminished secretion, and is common in acute and febrile diseases; *moisture* is generally a favourable sign, particularly when it succeeds a dry or furred condition. A *red tongue*, that is, preternaturally red, is common in the course of the eruptive fevers; in gastric and bilious fevers, and in bad cases of indigestion, the redness is often limited to the edges and tip. When the tongue is *livid* or *purple*, there is defective oxygenation of the blood. The *furred tongue*, is the most marked, and is common in inflammation and irritation of the mucous membranes, in diseases of the brain, in all varieties of fever, and in almost all acute and dangerous maladies. It should be added, some persons have usually a coated tongue on rising, without any other symptom of disease. A uniformly white-coated tongue is not very unfavourable; a yellow coat is indicative of disordered action of the liver; a brown or black, of a low state of the vital powers, and

contamination of the blood. The gradual cleaning of the tongue, first from the tip and edges, shows a tendency to health, and indicates much more than the disappearance of the coating that covered the organ, in short, the cleaning of the whole intestinal tract; in less fortunate cases, as the tongue gets browner, dirtier, and drier, each day, the nervous and muscular systems get weaker, and hope is gradually extinguished; when the fur separates in patches, leaving a red, glossy surface, it is also unfavourable; when the crust is rapidly removed, leaving a raw or dark-coloured appearance, the prognosis must still be unfavourable.

5.—Pain.

This is often a most important indication of the nature and seat of disease, pointing to an interruption of the harmony of the bodily organs; the severity and persistency of the pain being in proportion to the disorganizing violence of this interruption. When attended with a throbbing sensation, consequent upon the heart's action, it is called *pulsating pain;* when with a feeling of tightness, *tensive;* when with heat, *burning*. *Nervous* pain may be recognised by its disposition to follow a certain course, without being rigidly limited to one particular part; by its being subject to perfect intermissions; and by the suddenness with which it comes and goes. *Spasmodic* pain is mitigated by pressure, by frictions, and by applications of heat; it comes on suddenly with greater or less severity, terminating abruptly. *Inflammatory* pain is constant, attended by heat, quickened pulse, is increased by movement of the affected part by touch or pressure, and usually mitigated by rest. Frequently pain occurs, not in the part diseased, but in a distant one. Inflammation of the liver generally first shows itself by pain in the right

shoulder; inflammation of the hip-joint, by pain in the knee; stone in the bladder, by pain at the end of the penis; disease of the heart, by pain down the left arm, etc.

6.—The Skin.

In health the skin imparts to the touch the sensation of an agreeable temperature, with just sufficient moisture to preserve its softness; it is also elastic, smooth, and neither too tense nor loose. A *harsh, dry, burning heat* of the skin is indicative of fever, and must ever be regarded as unfavourable, especially in inflammatory conditions of internal organs. If this condition be followed by *perspiration*, and at the same time by an improvement in the general symptoms of the patient, it is a favourable indication. Great relief is usually experienced on the occurrence of the sweating stage in ague, rheumatism, and inflammatory fevers. On the other hand, complications may be feared if perspiration ensue without any amelioration of other symptoms.

Partial or local perspirations indicate a deranged condition of the nervous system, or an affection of the organs contained beneath the perspiring surface. If perspirations occur after trifling exertion, they point to excessive weakness. Night sweats, of frequent occurrence, not only show debility, but when preceded by chills and fever, indicate a hectic and consumptive state of the constitution.

The *colour* of the skin is also diagnostic. A bluish tint of the skin indicates structural disease of the heart. A yellow colour points to biliary affections. A rich blush of the cheeks, especially if it be circumscribed, and the surrounding parts pale, indicates an irritable condition of the nervous system, or a diseased state of the lungs.

7.—The Urine.

The urinary organs are,—the kidneys and bladder, with their appendages. The kidneys secrete the urine from the blood, and by this process the blood is relieved of many impurities, which if retained would give rise to disease in the whole system. The secretion of the kidneys reaches the bladder through little channels *(ureters)*, and when the bladder is filled, the urine is discharged, through the urinary canal *(urethra)*.

Healthy urine is of a brightish yellow or amber colour, a tint darker in the morning than in the afternoon, yielding a slight ammoniacal smell, devoid of unpleasant odour, and precipitating no deposit on standing, or only the merest trace of mucus, or of urates from a low temperature. In advanced age the urine becomes darker and slightly offensive; it is darker in persons who lead a very active life; different varieties of food also produce a marked effect both on the colour and odour of urine. The stream of urine should be round and large, and it should be passed about four to six times in twenty-four hours without any pain or straining.

The average *specific gravity* of healthy urine is 1,020, being in excess of water, which is the standard (1,000).

The specific gravity of urine in Bright's disease, is 1,015 to 1,004; diabetic urine, 1,025 to 1,040.

In disease, the urine presents many varieties, and furnishes valuable indications to the pathologist. Thus, it may be of a dark yellow or saffron colour, as in jaundice, or derangement of the liver; it may be red or high-coloured, and scanty, with quickened pulse, as in fever; it may be bloody or slimy, as in affections of the kidneys or bladder; it may be pale and copious, when metamorphosis is checked, less urea excreted, and the unrenewed blood furnishes no colouring

matter, as in nervous and hysterical ailments; it may be heavy, muddy, or of a purple colour, showing an unfavourable condition of the system; or it may be dark or black, indicating putridity. The urine may be passed too copiously or scantily, with pain, with effort, or it may be retained with difficulty. There may be a frequent or uncontrollable desire to micturate, with burning or scalding pain; or the pain may be only experienced in passing the last few drops; in either case local inflammation is indicated.

When urine has to be examined, a little should be taken from the whole quantity that has been passed during twenty-four hours, as it varies greatly in its properties at different periods of the day.

CHAPTER III.

THE MEDICINES, ETC.

THE following brief description of the different forms of medicine used in homœopathic practice, is given for the sake of the uninitiated. The preparations are of four kinds, viz., *Tinctures*, *Pilules*, *Globules*, and *Triturations*.

TINCTURES.—These contain the more active principles of the vegetable medicines, in a greater or less concentrated form, and are supposed to be quicker and more decided in their action, in acute diseases, than either pilules or globules. It is therefore advisable for those who reside at a distance from medical aid, to be furnished with such a selection of the tinctures as are adapted to sudden and acute diseases, in addition to a complete case of the pilules or globules. The selection recommended by the author may be found, pp. 73–4.

Pilules.—These are made of a porous, non-medicinal substance, and afterwards carefully saturated with the tinctures. They are very tangible; do not evaporate like tinctures; and retain their virtues for many years, if unexposed. They are perhaps the *best* form of medicine for domestic use, as combining convenience with efficacy.

Globules.—In size, globules may be compared to poppy-seeds: and are prepared in the same manner as pilules. Their chief utility is for administration to children and infants; and during sleep; for they can be carefully put into the mouth without awakening the patient.

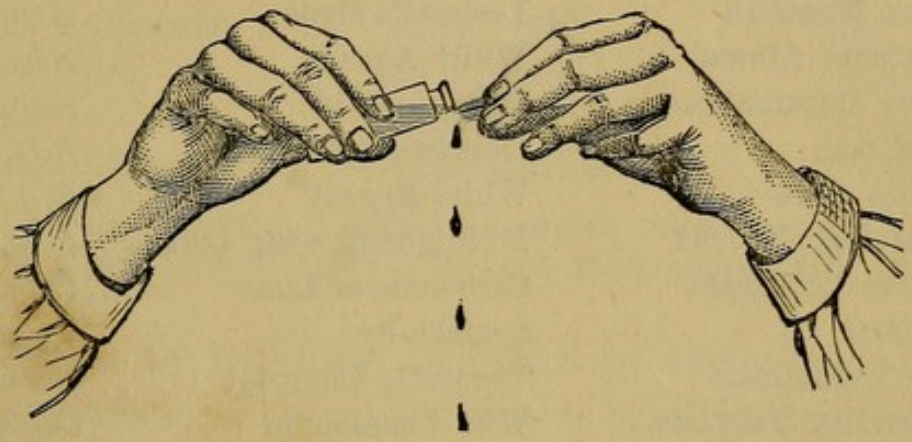
Triturations.—These are in the form of powder, containing a portion of the original drug triturated with a given quantity of sugar-of-milk, and are necessary to the administration of the lower attenuations of *insoluble* medicines, such as *Calcarea*, *Carbo Veg.*, *Hepar Sulph.*, *Mercurius*, *Sepia*, *Silicea*, etc. Triturations are not generally used in domestic practice. In some instances, however, they may be advantageously employed with discretion.

Medicine Chest.—A case or chest to suit this manual should be constructed expressly to contain the medicines mentioned in the list on pp. 72–3; it should also be protected from light and heat, and kept apart from substances which emit a strong odour. Immediately after using a vial it should be corked again, and the corks and vials never changed from one medicine to another.

Corks.—If a cork decays, or becomes damaged, a new one should be at once substituted. Except for acids, good sound corks are preferable to glass stoppers, as they more effectually prevent evaporation, preserve the virtue of the medicine, and are easily replaced when broken. Missionaries, emigrants, etc., should take an extra supply of new ones.

If the above directions are observed, the medicines may be kept unimpaired for years.

DIRECTIONS FOR TAKING THE MEDICINES.—*Tinctures* should be dropped into the bottom of a glass, and water, in the proportion of one tablespoonful to a drop, poured upon the medicine. It is desirable to drop the tinctures accurately; and to this end the bottle should be held in an oblique manner, with the lip resting against the cork: the bottle should then be carefully tilted (as shown in the accompanying drawing), when the tincture will drop from the lower edge of



the cork. A little practice will enable a person to drop one or any number of drops with great exactness. The vessel in which the mixture is made should be scrupulously clean, covered over, and the spoon not left *in* the medicine.* If it has to be kept several days, a *new* bottle and cork may be used.

Pilules or *globules* may be taken as they are; but it is better, if convenient, to dissolve them in pure soft water. They should be sucked, not swallowed whole.

The *Triturations* should be placed dry on the tongue.

It is well before taking medicine, to rinse the mouth with water.

* Glazed spoons, and graduated fine earthenware medicine-cups, with covers, numbered 1 and 2, specially made for this purpose, and sold by homœopathic chemists, are the most suitable. These vessels are recommended, as they protect the medicines from light and dust, and distinguish them from other liquids. Mixtures prepared in glasses or other domestic vessels are often thrown away in mistake, sometimes causing great inconvenience.

LIST OF THE PRINCIPAL MEDICINES PRESCRIBED IN THIS MANUAL,

*With their English and Latin Names, their Abbreviations, and the Attenuation recommended for general domestic use.**

	Latin.	English.	Abbrev.	Atten.
1.	**Aconitum Napellus**	Monk's Hood	*Acon.*	3×
2.	**Antimonium Crudum**	Crude Antimony	*Ant. Crud.*	5
3.	**Antimonium Tartaricum**	Tartar Emetic	*Ant. Tart.*	3
4.	**Apis Mellifica**	Honey-Bee	*Apis*	3×
5.	**Arnica Montana**	Leopard's Bane	*Arn.*	3×
6.	**Arsenicum Album**	White Arsenic	*Ars.*	2
7.	**Aurum Metallicum**	Metallic Gold	*Aur.*	5
8.	**Belladonna**	Deadly Nightshade	*Bell.*	3×
9.	**Bryonia Alba**	White Bryony	*Bry.*	3×
10.	**Cactus Grandiflorus**	Midnight-blowing Cereus	*Cact.*	3×
11.	**Calcarea Carbonica**	Carbonate of Lime	*Calc.*	6
12.	**Cantharis**	Spanish-fly	*Canth.*	3×
13.	**Carbo Vegetabilis**	Vegetable Charcoal	*Carbo V.*	6
14.	**Chamomilla Vulgaris**	Wild Chamomile	*Cham.*	3
15.	**China**	Cinchona	*Chin.*	1×
16.	**Cimicifuga Racemosa**	Black Snake-root	*Cimic.*	3×
17.	**Cina Anthelmintica**	Worm-seed	*Cin.*	3×
18.	**Cocculus Indicus**	Indian Berries	*Cocc.*	3×
19.	**Coffæa**	Raw Coffee	*Coff.*	3×
20.	**Colocynthis**	Bitter Cucumber	*Coloc.*	3×
21.	**Cuprum Aceticum**	Acetate of Copper	*Cup. A.*	3
22.	**Digitalis**	Foxglove	*Dig.*	3×
23.	**Drosera Rotundifolia**	Round-leaved Sundew	*Dros.*	3×
24.	**Dulcamara**	Bitter-Sweet	*Dulc.*	3×
25.	**Ferrum Muriaticum**	Muriate of Iron	*Ferr. Mur.*	3×
26.	**Gelseminum Sempervirens**	Yellow Jessamine	*Gelsem.*	1×
27.	**Hepar Sulphuris**	Liver of Sulphur	*Hep. S.*	3
28.	**Hyoscyamus Niger**	Henbane	*Hyos.*	3×
29.	**Ignatia Amara**	St. Ignatius' Bean	*Ign.*	3×
30.	**Iodium**	Iodine	*Iod.*	3
31.	**Ipecacuanha**	Ipecacuanha	*Ipec.*	1
32.	**Kali Bichromicum**	Bichromate of Potash	*Kali B.*	3
33.	**Lycopodium Clavatum**	Common Club-moss	*Lyco.*	6
34.	**Mercurius Corrosivus**	Corrosive Sublimate	*Merc. C.*	3×
35.	**Mercurius Solubilis**	Impure Oxide of Mercury	*Merc. S.*	3
36.	**Nitricum Acidum**	Nitric Acid	*Nit. Ac.*	4

* For information respecting the uses of the medicines in this list, see Part IV.

	Latin.	English.	Abbrev.	Atten.
– 37.	**Nux Vomica (Strychnos)**	Nux Vomica	*Nux. V.*	3×
38.	**Opium**	Opium	*Op.*	3×
– 39.	**Phosphorus**	Phosphorus	*Phos.*	3×
40.	**Phosphoricum Acidum**	Phosphoric Acid	*Phos. Ac.*	3
41.	**Platina**	Platinum	*Plat.*	5
42.	**Plumbum**	Lead	*Plumb.*	5
– 43.	**Pulsatilla Nigricans**	Wind Flower	*Puls.*	3×
– 44.	**Rhus Toxicodendron**	Poison-Oak	*Rhus.*	3×
45.	**Sepia Succus**	Inky Juice of Cuttlefish	*Sep.*	5
46.	**Silicea**	Pure Flint	*Sil.*	6
47.	**Spigelia Anthelmia**	Indian Pink	*Spig.*	3×
48.	**Spongia Tosta**	Burnt Sponge	*Spong.*	3×
– 49.	**Sulphur**	Sublimed Sulphur	*Sulph.*	3
– 50.	**Veratrum Album**	White Hellebore	*Verat.*	3×

Also the strong Tincture of Camphor, which must be kept by itself, or the saturated pilules; the latter may be kept, well corked, with the tinctures for external use.

In addition to the fifty remedies in the above list, some others are occasionally prescribed, a brief description of the general uses of most of which may be found in the Materia Medica.

If the medicines are only kept in pilules or globules, the following twelve tinctures, of a low attenuation, for acute cases, should be kept in a small separate case or drawer, namely:—Nos. 1, 6, 8, 9, 15, 31, 34, 37, 39, 43, 44, and 50.

Mother Tinctures, for External Use.

Arnica Montana ϕ **Cantharis Vesicatoria** ϕ **Rhus Toxicodendron** ϕ
Calendula Officinalis ϕ **Hamamelis Virginica** ϕ **(Camphor**, as above)

These are recommended to be kept, with Arnica-plaster, strapping-plaster, scissors, forceps, oiled-silk, lint, etc., in a compartment separate from the medicines in the body of the chest.

The list of medicines recommended in *The Stepping-Stone to Homœopathy* forms a good selection for persons *beginning* Homœopathic practice. (See p. 57, 7th ed.)

A useful *Traveller's* case, or case for the pocket, would include remedies numbered in the list above printed, 1, 5, 6, 8, 9, 14, 15, 20, 26, 29, 31, 34, 37, 39, 43, 44, 49, 50.

Hours.—The most appropriate times for taking the medicines, as a rule, are,—on rising in the morning, and at bed-time; if oftener prescribed, about half-an-hour or an hour before, or about two hours after, a meal. Under no circumstances should a patient be aroused from sleep to take medicine: but pilules or globules may generally be carefully slipped into the mouth.

The Dose.—In determining the quantity and strength of doses, several circumstances must be taken into consideration, such as age, sex, habits, nature of the disease, etc. As a general rule, without reference to individual peculiarities, the following may be stated as the proper dose in domestic practice:—

For an Adult, one drop of the tincture, two pilules, four globules, or one grain of the trituration.

For a child (say 5 to 15 years), about one half the quantity.

For an Infant, one third.

One drop, or a pilule, is easily divided into two doses by mixing it with two spoonfuls of water, and giving one spoonful for a dose.

Repetition of Doses. The repetition of the dose must be determined by the character of the malady from which the patient is suffering, the urgency of the symptoms, and the effects produced by the medicines. In violent and dangerous diseases—such as cholera, croup, diphtheria, convulsions, etc.—the remedies may be repeated every ten, fifteen, or twenty minutes; in less urgent cases, every two, three, or four hours. In chronic maladies, every six, twelve, or twenty-four hours. When improvement takes place, the medicines should be administered less frequently, and gradually relinquished.

Alternation of Medicines.—To avoid the confusion resulting from mixing different remedies in one prescription, and to ascertain the pure effect of each drug, homœopaths do

not mix several medicines together; but in acute diseases, when the symptoms of the malady are not met by a single remedy, and a second one is indicated, the two may be given in *alternation;* that is, one medicine may be followed by another at certain intervals of time, and in a regular order of succession. In croup, for example, *Acon.* and *Spongia*, or *Acon.* and *Iod.;* in pneumonia, *Acon.* and *Bry.;* etc. But the alternate use of medicines should, as much as possible, be avoided. Except in violent and rapid diseases, the author rarely prescribes medicines alternately, and strongly recommends the general discontinuance of that method as one little calculated to yield exact and definite clinical experience. In order to test the value of any remedy, it should be given alone. In combining medicines all data are lost concerning the real action of any single agent.

Genuine Medicines. To obtain a beneficial action from the remedies herein prescribed, it is essential to procure them from a person of known character, who has been trained, and who is exclusively engaged as a Homœopathic chemist. Failures in Homœopathic practice, we doubt not, often arise from the inefficiency of the medicines employed. Inasmuch as any person has been hitherto allowed to assume the designation of "Homœopathic chemist," without submitting to any test of qualification, there is the greater need for exercising caution as to the source from whence the medicines prescribed are obtained. Persons who are in doubt on the subject, and in whose locality there is no such chemist as we have just indicated, should consult a Homœopathic medical man, who will inform them of trustworthy persons from whom the medicines may be procured. Homœopathic remedies should not be purchased from an Allopathic druggist's shop, unless a separate room is specially appropriated to them; otherwise the virtues of the medicines are liable to injury by close proximity to strong-smelling drugs; and,

further, Homœopathy, with such associations, is generally kept in the back-ground. Druggists, with few exceptions, are opposed to Homœopathy, often depreciate it, and when they can do so, recommend their own preparations in preference. Medicines can be easily sent by post by any well-known Homœopathic chemist.

PART II.

Accessories in the Treatment of Disease.

1.—Cod-Liver-Oil.

The value of this agent in the treatment of many constitutional diseases is amply confirmed by long experience. It should be regarded as food rather than medicine, although the minute amount of *iodine* it contains may account for its curative virtues in many cases in which cod-liver-oil has been the only remedy given.

The complaints in which cod-liver-oil is of service need not be enumerated here, as it is prescribed in numerous instances in the following pages. We may, however, state that it is specially valuable in the various forms of *scrofula*—chronic discharge from the ears, strumous ophthalmia, enlargement of the glands, strumous disease of the bones, strumous abscesses, etc., and, in short, in all diseases which require fatty substances as food, and *iodine* as a remedy.

In the treatment of *consumption* it stands, by almost universal consent, pre-eminent; when given in suitable cases, its power in checking emaciation, and raising the tone of the muscular structures is too well known to need confirmation now.

The value of cod-liver-oil is often very marked in the *sequelæ* (secondary disorders) of many acute diseases or inflammations occurring in middle-aged and in old persons, in whom the reparative powers are less active than in children; also in the after-effects of the acute fevers of children, who have suffered, previous to such attacks, from impoverished

health, scrofula, etc., as, chronic discharge from the ears and nose after scarlet-fever and measles; the after-stages of hooping-cough. Rickets, chorea, etc., are generally controlled and quite cured by the administration of cod-liver-oil. Chronic rheumatism and gout, chronic bronchitis, chronic skin diseases, and the degenerative diseases of the aged, are all more or less benefited by the employment of this agent.

Cod-liver-oil should not, however, be administered indiscriminately. It is generally inadmissible during the persistence of acute febrile symptoms, congestion, hæmoptysis, or any active form of disease; digestion is then impaired, the mucous membrane irritable, and the oil is only likely to occasion disorder. The sphere of cod-liver oil is to remove exhaustion, and increase general tone; this is best accomplished when active morbid processes and local irritation have subsided, for then the system is in a condition to appropriate a larger amount of nourishment.

Some caution is necessary to be observed in the administration of oil to obviate nausea or eructations. Such effects generally result from the quantity or quality of the oil used. The large quantity of oil taken in some cases occasions disorder of the digestive mucous membrane, or it passes off with the evacuations. The appearance of any oil unchanged in the evacuations is a sign that the quantity should be reduced, as more is given than can be digested. We generally recommend it, at first, in teaspoonful doses, twice a day, with, or immediately after, food; if the stomach be intolerant of it, a teaspoonful, or, for young children, ten or twelve drops, once a day. If there be still difficulty in retaining the oil, we prescribe it at bed-time, just as the patient is lying down to sleep. In cases of extreme irritability of the stomach, cod-liver-oil may be introduced into the system by friction; a considerable amount of friction, as much as the patient can bear, facilitates absorption.

The disagreeable effects of oil, and the repugnance felt towards it, have often been created by inferior and disgusting preparations, and we fully endorse Dr. Chambers' remarks, who, writing on consumption, says, "To find the easiest assimilated oil, and to prepare the digestion for the absorption of the oil, are the main problems in the cure of consumption." The oil we invariably recommend for its easy assimilation, agreeableness, and high nutritive value, is *Möller's purest Norwegian Cod-liver-oil.* We have prescribed this variety exclusively for several years, and have found in numerous cases that patients who previously could not take oil on account of the unpalatableness, fishy, or rancid compounds they had attempted under that name, experienced no difficulty whatever in taking Möller's oil. Considering the value of cod-liver-oil, and its being so frequently prescribed in the following pages, we are glad to be able to give our emphatic recommendation to so pure a preparation as the one above named.

As a vehicle, cod-liver-oil may be taken in *claret.* The oil should be poured upon the wine, so that it does not touch the glass, but be floated on it as a large globule. It may then be swallowed without taste. A few morsels of agreeable food may then be eaten. In this way the most capricious person may take the oil without any discomfort. Another plan to obviate taste and prevent nausea is to take a pinch of salt immediately before and after the oil.

2.—Food for Invalids, Infants, etc.

Essence of Beef.—By the following method, excellent beef-tea, containing a large amount of nourishment, may be prepared:—"Mince, as fine as possible, a piece of lean beef, without fat or bone; let it stand in its own weight of cold water (a pound to a pint) for six minutes; place on the fire

till it boils; then let it simmer for fifteen or twenty minutes; strain, and add a little salt."

But LIEBIG'S EXTRACT OF MEAT is a far cheaper, purer, and more effective preparation of beef-essence. It may be made agreeable to the palate and stomach, and is an admirable article of food for all cases of *physical debility* and extreme emaciation, especially after profuse losses of blood; collapse from wounds; for patients suffering from severe and prolonged fevers; in the last stages of consumption; bad cases of indigestion, in which the stomach rejects any but fluid kinds of food; as an article of diet for nursing mothers; etc., etc. In extreme cases of exhaustion, the extract is mixed with wine, and has thus been used with striking success. As it possesses a wholesome stimulating property, it may take the place of intoxicating drinks, and even of tea and coffee; and will be found less liable than these to produce derangement of the digestive organs.

Beef-tea offers a *fluid* form of food just adapted to an imperfect condition of the digestive and general bodily functions, which being more or less suspended, require nourishment in a concentrated form, and of easy assimilation. It is from the ease with which it is digested and absorbed that its restorative effects may, at least in part, be attributed. Taken after fatigue it has a remarkable power of raising the vigorous action of the heart, and dissipating the sense of exhaustion following severe or prolonged exertion. It is recommended in preference to the glass of wine which some professional men take after preaching, watching, prolonged mental effort, etc.

It can also be *readily* prepared for use. By the addition of a small quantity of the extract to a little hot water, according to the proportions directed on each jar, beef-tea is *immediately* prepared; an important consideration when an exhausted patient is waiting for food. Rice (whole or ground),

barley, isinglass, &c., may often be advantageously added to thicken the beef-tea.

Mutton Broth.—This may be made in a similar manner to beef tea, either plain or thickened. The best part of the sheep is the scrag end of the neck, free from skin and fat, bruised and cut into small pieces.

Chicken Broth may be prepared from a full-grown young chicken, divested of head, neck, feet, etc. Skin and fat should be removed. Some well made toast should be given with it, or it will be rather insipid.

A similar preparation may be more readily made by using Gillon's "Essence of Chicken," which may be procured from any homœopathic chemist. This simply requires diluting with hot water in the proportions stated upon each tin.

Veal Broth is not very palatable; and as it does not contain the nutrition of beef tea or mutton broth, it is scarcely advisable to introduce it to the sick room, unless for variety.

Farinaceous Food.—In all cases of inflammation, fever, enfeebled digestion, and general weakness, it is desirable to rely mainly on farinaceous food. Even beef tea is often too stimulating.

Oatmeal Porridge.—This is perhaps the most wholesome and nutritious food of this kind that can be taken, when it is properly made, and when a patient has not been suffering from any form of irritation of the stomach or bowels. It has long been the staple food of the Scotch; and produces good muscular fibre and strong bone. It is a very nourishing diet for growing children. Common oatmeal is not equal to the Scotch; and it is not always easy to obtain the Scotch. It should be prepared as follows: boil water according to quantity required, adding salt to taste; while boiling, sprinkle the meal slowly on the surface and stir it in; when enough is added, let all simmer for half-an-hour, stirring occasionally.

Pearl Barley forms an excellent meal. It should be

boiled for four hours, so tied in a cloth that room is left for the grain to swell. Only so much water should be added from time to time as to feed the barley and supply the waste of evaporation, lest the goodness of the barley should be boiled out. It may be served with milk, or (if the patient can bear it) with butter or preserves.

Rice is regarded with prejudice by many, perhaps because it is cheap. But, prepared with milk, it is a wholesome and nourishing food. A Hindoo can work for many hours, and walk long distances on rice diet. It requires less time to prepare than barley—one hour is sufficient; but it may be cooked and served in the same way. Baked rice puddings form a pleasant variation. For these ground rice is preferable.

Maccaroni Pudding.—Three ounces of maccaroni should be soaked for forty minutes in cold water, well mashed, then added to a pint of boiling milk. This should be stirred occasionally, while it simmers for half-an hour; then add two eggs beaten up with a dessert-spoonful of sugar; also, if desired, a flavouring of lemon. This may then be baked in a pie-dish for twenty minutes.

Vermicelli may be used instead of maccaroni, but will require only twenty minutes soaking.

Part of a *stale* loaf of bread, boiled, and served with butter and salt, or with preserves, affords a change of wholesome food. Bread puddings made with eggs and milk, either boiled or baked; sponge cake *(stale)* puddings made in the same way diversify the diet.

There are many preparations of farinaceous foods, some of them have acquired considerable reputation. Many of them are not only harmless, but really very excellent; some, on the other hand, are preparations of pulse which are not adapted to weak digestion.

Arrow-root, Tapioca, Sago, Jellies, etc., are little more than vehicles for the administration of other things. In them-

selves they afford but little nourishment. Isinglass, however, possesses great nutritive qualities.

Toast is rarely made well. Bread burnt on both surfaces, with the inside spongy, is unwholesome food. It should be of moderate thickness—slowly and thoroughly baked through—nicely browned on the outside—in short, not toasted too fast. Such toast is wholesome to eat, or to soak in water.

Neave's Farinaceous Food.—Many years' experience in the use of Neave's Food seems to demand from us a distinctive notice, and to justify the recommendation of it as an excellent article of diet for the invalid, the dyspeptic, and others with feeble digestive power who cannot take food in a more solid form, or of a stimulating nature. Competent chemical analyses have found the preparation to contain every constituent necessary for the nourishment of the body; and this has been abundantly confirmed by what we have frequently observed as the result of its use. It should be prepared according to the directions supplied with the food, taking care not to make it too thick; and it may be seasoned to the patient's taste. It also makes a very agreeable *gruel*, being more easily prepared and answering the purpose better than that made from oatmeal, etc. In many cases a cupful of this food taken daily is highly beneficial; for suckling women it is far better than stout, porter, etc.; and for infants it is, in the majority of cases, the best substitute for the mother's milk. A great advantage in the adoption of this diet is, that any interference with the action of the bowels is generally unnecessary, as, by varying the quantity of milk mixed with the food, the most regular action is secured. In cases in which farinaceous food cannot be tolerated, *Sugar-of-Milk* may be substituted: generally, however, this intolerance is due to improper methods of preparation.

One precaution is necessary. Neave's Food should be obtained *fresh* and in *good* condition; if kept and exposed too

long, it deteriorates. Under favourable circumstances it keeps good for from six to twelve months, and may generally be procured in excellent condition from the leading homœopathic chemists. In the event of any difficulty, it may be procured freshly made from the manufacturers, Messrs. J. R. Neave and Co., Fordingbridge, Salisbury.

Sugar-of-Milk.—A still lighter food, and one which may be used when the farinaceous food does not agree, is a preparation of cow's milk and sugar-of-milk. The former should be reduced by slight dilution with water, as it contains too little sugar, but more *cream* than can be digested by weak stomachs. In cases in which it is necessary to bring up a child by hand from birth, *sugar-of-milk* is most suitable to commence with. *Formula.*—"Dissolve one ounce of the *sugar-of-milk* in three quarters of a pint of boiling water. Mix, when wanted, with an equal quantity of fresh cow's milk, and let the infant be fed with this from the feeding-bottle in the usual way. Always wash the bottle after feeding, and put the teat into cold water, letting it remain until wanted again."—*Turner.*

It is important to use only cow's milk of a good quality, and always to administer it at the same temperature as that of breast milk *(see Lady's Homœopathic Manual).* After the third or fourth month, *Neave's Farinaceous Food* is generally more suitable.

Condensed Milk.—Residents in London and large towns, where it may be difficult to obtain unadulterated milk, may find it advantageous to use the consolidated milk, imported in sealed tins from Iceland and Switzerland. It is prepared by the evaporation of water and the addition of sugar, and when opened the milk is of the consistence of paste. It contains all the elements of pure milk and cream, with sugar in addition; so that it will require only careful dilution with warm water to adapt it to the weak digestion of infants.

3.—Demulcent Beverages.

Barley-Water.—Wash a table-spoonful of pearl-barley in cold water; then add to it two or three lumps of sugar, the rind of one lemon, and the juice of half a lemon; pour on the whole a quart of boiling water, and let it stand for two or three hours, and strain it. Instead of lemon, currant-jelly, orange-juice, or sliced liquorice may be used to flavour. Barley-water is a valuable demulcent in colds, affections of the chest, hectic fever, etc. It is also useful in *strangury* and other diseases of the bladder and urinary organs.

Gum-Water.—Gum is a mild nutritive substance, less stimulating than most other forms of nourishment. On this account it is admirably adapted to inflammation of the mucous membranes generally, as in catarrh, bronchitis, etc. *Gum-Water* is prepared by adding one ounce of gum-arabic, and half-an-ounce, or less, of white loaf-sugar, to one pint of hot water.

Linseed-Tea.—This is often a useful beverage for soothing irritation in coughs, catarrh, consumption, pneumonia, diarrhœa, dysentery, inflammation of the bowels, leucorrhœa, difficult micturition, and other inflammatory diseases. It is prepared by adding one ounce of linseed, and half-an-ounce of sliced liquorice root, to two pints of boiling water, and macerating in a covered vessel near the fire for two or three hours; it should then be strained through a piece of muslin, and one or two table-spoonfuls taken as often as necessary.

Rice-Water.—Is invaluable in all cases of diarrhœa. Boil the best rice in a good measure of water. When it has boiled ten minutes strain off the water, and add more; and so on till the goodness is boiled out of the rice. The water is ready to drink when cold. Cream may be added if there is not high fever or inflammation.

Barley-Water, *Gum-Water*, *Rice-Water*, *Toast-Water*,

and *Linseed-Tea* are more or less useful in similar conditions, one being substituted for the other to suit the patient's taste.

LEMONADE.—Cut a lemon into slices, put them into a jug with several pieces of loaf sugar. Pour over it a pint of boiling water, cover it, and let it stand till cold. After straining, it is fit for use.

NITRIC LEMONADE.—Add twenty to thirty drops of *Acidum Nitricum dilutum* to eight ounces of pure cold water, and flavour with honey or loaf sugar; from a teaspoonful to a tablespoonful, according to age, two or three times daily. Useful for allaying sickness in hooping-cough, asthma, chronic bronchitis, consumption, loss of blood from the bowels, fœtid smell of the skin or urine, cold feet, night sweats, etc.

It should be remembered by those who provide the diet of invalids, that they soon tire of *sweets*, and that they gladly take something *savoury*. A perpetual round of sweetened drinks, jellies, etc., soon palls the appetite. Something mildly flavoured with non-medicinal herbs and spices would be very acceptable.

FRUITS.—Ripe fruits, when in full season, are often palatable and refreshing to an invalid; and rarely need be withheld if well cooked, even in acute forms of stomach disorder. In all cases, whether cooked or not, the skins and seeds should not be eaten. Oranges, grapes, and strawberries stand first for delicacy and wholesomeness. Apples, pears, peaches, nectarines, etc., stewed, baked, (not burnt) or boiled, may be served with sugar or syrup. Gooseberries, currants, and raspberries may be taken in moderation. Marmalades and preserves also. Plums are rarely suitable.

Fruit syrups (not "British Wines") mixed with water make a most agreeable drink, especially during hot weather, or in cases of fever. The proportion should be one or two dessert-spoonfuls to a tumblerful of cold filtered water.

4.—Ice.

Ice is a highly valuable therapeutic agent, and is now extensively used both internally and externally, chiefly to check hæmorrhage, to moderate inflammation, and to soothe the uneasy sensations of febrile and other disorders.

In *inflammation of the brain* or its membranes, and in the *severe headache* of the early stages of acute fevers, it is most useful. It is applied in small pieces, enclosed in a bladder or india-rubber bag, in the form of a cap fitted to the head.

To relieve the severe *pain* and *vomiting* in cases of *ulcer* or of *cancer* of the stomach, a bag containing small fragments of ice should be laid on the epigastrium.

In *inflamation of the tonsils*, the *sore-throat* of scarlatina and other acute specific fevers, and in *diphtheria*, the use of ice relieves pain and arrests inflammation. Ice also checks the secretions from the throat, and so obviates the necessity for frequent painful efforts to detach the mucus from the crypts and follicles of the tonsils. For these purposes it is best taken into the mouth and sucked in suitable pieces, frequently repeated.

In *hæmorrhages*, ice is extremely valuable. To arrest *bleeding* from the *mouth*, *throat*, or *nostrils*, ice should be applied directly to the bleeding vessels or to the surface, when it forms an efficient styptic. When hæmorrhage comes from the *stomach* or *lungs*, ice should be *swallowed* in small pieces, and frequently repeated. Thus taken, it is most likely to come in contact with the leaking blood-vessels, and constrict them.

To arrest *uterine hæmorrhage*, by promoting firm contraction of that organ, ice should be swallowed freely; at the same time, a piece of ice should be inserted up the vagina to the uterus, and, if necessary, a piece may also be pushed up the rectum.

To allay *local inflammations* or check hæmorrhages from the surface, ice, broken into small pieces, should be enclosed in a bladder or thin india-rubber bag. When one-third filled, the air should be squeezed out of the bag, which should then be tied at its mouth, on an inserted cork, so large and long as to bear the tight pressure of the twine. The bag may then be made into almost any shape, and fitted to the irregularities of the body *(Ringer)*. Other uses of ice, as a therapeutic agent, are suggested in Part III., in the various sections.

Cautions.—Ice is contra-indicated in conditions such as the following:—*Old age*, especially in feeble patients; *apoplexy* and *coma*, in persons with a feeble pulse; *advanced* stages of disease; *extreme feebleness*, whether constitutional or arising from disease. In all such cases the great sedative power of ice might overwhelm the patient, and stop the feeble action of the heart.

5.—Warm Baths.*

Warm Bath.—The temperature of the water must be raised to 98° F., or to what is agreeable to the back of the hand; then, if the patient be a child, immerse him up to his neck, and apply a cold wet towel to the head, or a large sponge, after dipping it in cold water; the cold towel or sponge should only be applied for about three minutes, and the child kept in the bath for five, ten, or twelve minutes, but removed before the stimulating effect has passed off; otherwise, re-action and depression may come on. If the sight of the water make the child afraid, a blanket should be spread over the bath, the child placed upon it and gently let down into the water, even with its dress on, if necessary to prevent fear. The temperature should be *fully maintained*

* For the correct or safe administration of warm baths, a good bath-thermometer is indispensable. The hand is a very unsafe guide.

by additions of fresh hot water carefully poured down the side of the bath, till the patient comes out. The bath should be given in front of a good fire, and a warm blanket be in readiness to wrap the patient in directly he leaves the bath.

The warm bath (92° to 98° F.), and the hot bath (98° to 112° F.), are remedial agents of great value in many affections. They are chiefly used to equalize the temperature of the whole body, to soothe the nervous system, to control the action of the heart, to promote perspiration, to relax the muscular and cutaneous system, and, especially, to equalize the distribution of blood throughout the body. In the latter instance a disproportionate quantity of blood in the internal organs is recalled to the surface.

The warm bath is often of signal benefit in the diseases of children—*Convulsions*, *Spasmodic Croup*, *Measles*, *Scarlatina*, *etc.;* also in *Dropsy after Scarlatina*, as well as in other dropsical affections. In the simple or inflammatory fevers of children, it calms the nervous excitement, and is often followed by refreshing sleep.

It is also highly soothing, and aids the cure in inflammatory diseases of the kidneys, bladder, and uterus; in spasmodic stricture of the urethra; in the passage of renal and biliary calculi; in many spasmodic affections of the bowels—*colic, etc.;* in *prurigo*, *tetanus*, *diabetes*, *Bright's disease*, and in the *melancholy of insanity.*

The Vapour Bath.—This has a similar action, and is applicable to most of the cases mentioned under the "warm bath," but is more particularly useful for adults in some forms of rheumatism, and dry scaly diseases of the skin. The patient should sit upon a wooden- or cane-seated chair, undressed, and be enveloped, chair and all, in blankets closely secured at the neck, and extending down to the floor. A vessel, containing about a gallon of boiling water, should then be placed under the chair, the clothes well-secured in all

directions to confine the vapour, and perspiration will soon follow. After the patient has been in the bath a few minutes, a thoroughly hot or red-heated brick or piece of iron should be added to the water, and the clothes again well closed in. During the bath one or two tumblers of cold water should be sipped. To prevent headache the forehead should be bathed with a sponge dipped in cold water, or a napkin wrung out of cold water laid on the head. If necessary, also, the feet should be put in a pan of moderately hot water, the heat of which should also be maintained by adding, after a few minutes, fresh hot water. After the patient has perspired for ten or fifteen minutes, he should be *quickly* washed with tepid water, dried, and at once retire to bed. Or he may sit in a *shallow bath* at a temperature from 60° to 80° F., the extremities and trunk being well rubbed by an assistant, and water gently poured over the head for three or four minutes, after which the patient should be dried and retire to bed.

The Hot-air Bath.—In this bath a spirit-lamp or a saucer containing one or two ounces of spirits-of-wine or rectified spirits-of-naptha, after being set on fire, is substituted for the hot water of the vapour bath; but the blankets are used in the same manner. It may also be followed by the tepid wash or shallow bath. As the spirit burns, heat is generated around the patient, and perspiration produced. If spirits in a saucer be used, and it be necessary to prolong the perspiration, a larger quantity of spirit may be used, but none should have to be added after the spirits have been lit.

The Hot Foot-Bath.—Immediately before retiring to bed, the patient should be undressed, but well covered with one or two blankets, which should also cover the foot-bath, so that the steam may have access to the body generally; the feet and part of the legs should then be put in hot water (98° F.), and the temperature afterwards increased by fresh additions of hot water, for ten, fifteen, or twenty minutes, according to the

strength of the patient, and until free perspiration breaks out on the face. He should then be rapidly washed with tepid water, rubbed dry, got into bed, and well covered with clothes. Perspiration should be further encouraged by drinking cold water. On rising in the morning, if sufficiently recovered, he should take a cold plunge, or shower-bath, or quickly sponge over the whole surface of the body, after which he should be vigorously dried by means of a sheet or large towel. This local warm bath is used for a variety of purposes, and, if adopted early and carried out according to the foregoing directions, will promote general perspiration, and arrest or relieve *catarrhs*, *fevers*, etc., in their incipient stages.

The *hot foot-bath* or the *hot sitz-bath* is also useful in sudden suppression of the menses from exposure to cold or wet; it relieves the distressing sensations of the patient, and aids the return of the function. Headache, palpitation, the hysteric sensation of choking, piles, etc., are likewise removed or relieved by a local warm bath.

The Blanket Bath.—This is an easy method of inducing perspiration. A blanket is wrung out of hot water, and wrapped round the patient. He is then packed in three or four dry blankets and allowed to repose for thirty minutes. The coverings may then be taken off, the surface of the body rubbed with warm towels, and the patient made comfortable in bed *(Tanner)*.

The Wet Pack.—A macintosh sheet, or thin oil cloth, or stout blanket or quilt, should be spread on a mattress, and over it a thick linen sheet, *well wrung* out of *cold* water. In fevers, the colder the water is, the better; for very delicate persons with feeble reaction, water at 68° may be used. The patient is to be extended on his back naked on the wet sheet, so that the upper edge covers the back of the neck, but the lower one is to project beyond the feet; holding up the arms, one side of the sheet is to be thrown over the body and tucked

in; the arms are now placed by the sides, and the other part of the wet sheet is thrown over all, and tucked rather tightly in, turning in the projecting ends under the feet. The macintosh or blanket is then to be brought over all the sheet, and well tucked in around the neck, at the sides, and over the feet, so as completely to exclude the air. A stout quilt or extra blanket is to be put over all. In a short time the patient will become warm; the sensation is most agreeable, especially in fevers. The patient may remain in the pack for thirty, forty-five, or sixty minutes, the duration being regulated by the effects produced. The patient should then be put into a shallow-bath at 64°, well washed, dried, and put to bed. It may be repeated once, twice, or thrice a day, according to circumstances and the violence of the attack. Perspiration may be encouraged by giving sips of cold water. If the head become congested, or the face flushed, while in the pack, a cold compress should be applied over the forehead. By attention to the above directions, any person can apply the wet-pack. The wet-pack is invaluable in the *early* stages of all fevers; and in *scarlatina*, *measles*, *small-pox*, *etc.*, it assists in bringing out the eruption.

*** For suggestions on Bathing as a hygienic measure, see Part I. pp. 50-5.

6.—Glycerine.*

Glycerine, or the glycerine of starch,† is of great use as an external application, when the lips or hands are chapped, or when the skin is left rough, and inelastic, as after eczema and other skin complaints. It quickly gives suppleness to the tissues, and removes burning, tingling, or smarting. Glycerine should be mixed with an equal quantity of water, or, still better, of eau-de-Cologne, as without such dilution the tissues

* Chiefly from Ringer's Therapeutics.

† See Formula in the Clinical Directory, Part V.

may be inflamed and made to smart. The glycerine of starch may also be used in xeroderma to make the skin soft and supple. A bath should also be taken each day, and the application applied after the body is wiped thoroughly dry. Glycerine is a good application to the meatus of the ear, when the tissues are dry, or when the tympanum is ruptured. In the latter instance it covers the opening, and so, for a time, supplies the place of the lost membrane. In acute diseases, when the lips, tongue, and gums become dry and coated with dried mucus, these parts should be washed quite clean, and kept moist by glycerine diluted with water. This greatly improves the comfort and appearance of the patient.

In chronic diseases, as phthisis, at their last stage, the tongue and inside of the cheek become dry, red, and glazed, and usually with great thirst. These discomforts may be lessened, and often removed, by washing the mouth with glycerine and water. If the glycerine be used alone, it is liable to make the mouth clammy and sticky. If thrush have attacked the mucous membrane in the above-mentioned disease, this may be quite removed by the employment of the glycerine.

Glycerine of carbolic acid may be applied with advantage to fœtid sores, such as open cancers, whether on the surface of the body or in the uterus. It removes the offensive smell of the discharge, and also improves the condition of the sore. Probably this preparation would be of use in Lister's most admirable method of treating wounds.

Glycerine of borax is a good application to pityriasis of the the scalp; it may also be employed in aphthæ and thrush of the mouth.

Glycerine, or glycerine cream, is one of the best preventives of bed-sores. The part exposed to pressure should, if possible, be washed every morning and evening, with tepid water, and carefully wiped quite dry with a soft towel, and then a little glycerine, or glycerine cream, rubbed gently over the part

with the hand. If the part be at all sore or tender, the latter is best. Glycerine should be used before any redness or tenderness occurs, as it is preventive rather than curative.

7.—Wet Compresses.

A cold compress consists of two or three folds of soft linen, wrung out of cold water, applied to the affected part, and covered by a piece of water-proof material—oiled-silk, gutta-percha-foil, or india-rubber-cloth (Mackintosh)—which should project a little beyond the wet cloth on all sides, so as to prevent the access of air and evaporation from the linen. In parts subject to considerable motion, as the throat and neck, the edges of the oiled-silk should be folded in over the wet linen so as to prevent its exposure to the air.

For delicate persons with feeble re-action, the compress may be held for a minute in front of a fire before applying it.

In general, compresses are best applied at night, as it is often impossible to keep them in *close apposition* while moving about. After removing them in the morning, the parts should be sponged with cold water to restore the tone of the skin.

Abdominal Compress.—This consists of two or three thicknesses of linen from about six to nine inches wide, and long enough to go round the whole body, or the linen may only cover the front part of the abdomen, or even only the seat of uneasiness; this should be wrung out of cold water, covered with oiled-silk, and secured by a flannel or linen roller with strings to keep it in nice apposition with the part which it covers. This may be worn several nights in succession, the parts being well sponged with cold water and rubbed with a coarse towel on removing it in the morning. The abdominal compress is very valuable in typhoid fever; it tends to control diarrhœa, checks the spread of ulceration, and so lessens the danger of perforation. In constipation it is often a most useful

adjunct to our medicines, and in diarrhœa it relieves irritation and facilitates the cure.

Compress for the Throat.—This is an excellent application in various affections of the throat, and may be used in the following manner:—A piece of linen or flannel should be wrung out of cold water, and wrapped in two or three thicknesses round the throat; this should be covered with oiled-silk, and, over all, two or three thicknesses of flannel to maintain the warmth. When this is applied, the patient should retire to bed, and he will generally have the satisfaction of finding his throat-difficulty much relieved by the morning.

Chest-Compresses.—In bronchitis and other inflammatory affections of the lungs or pleura, the use of wet-compresses, after or before poultices, greatly aids the action of the medicines. Compresses adapted for the chest and other parts may be obtained from most Homœopathic chemists.*

Sores, ulcers, and tumours are often benefited by compresses; local forms of rheumatism, as lumbago; some inflammatory affections of the knees, ankles, and other joints; and in sprains and other injuries they hasten the cure.

The appearance of a rash or eruption of pimples after the continued use of the compress, is regarded as favourable. If the rash be very troublesome, the compress may be discontiued, and glycerine and eau-de-cologne, in equal parts, smeared over the eruption.

8.—Poultices.†

Poultices or cataplasms are recommended on account of the warmth and moisture they convey, and are applied to the skin

* Messrs. Gould and Son, of 32, Moorgate Street, London, have just (Nov. 1870) shown us a most useful variety of compresses, which they make, suitable for the throat, chest, loins, etc.

† For this and the following section the author is mainly indebted to Ringer's Therapeutics.

when it, or an underlying structure is inflamed. They mitigate pain by relaxing tension, and promoting perspiration; they also facilitate the formation of pus, as in abscesses, boils, etc., and determine its progress towards the surface. Poultices may be made of linseed-meal, bread, bran, etc., as follows:—

Linseed-meal Poultices.—Boiling water should be poured into a heated bowl, and into this the meal should be quickly sprinkled with one hand, while the mixture is constantly stirred with a knife or spatula with the other, till a thin smooth dough is formed. If the water be added to the meal, little knots are apt to collect. The dough should be quickly spread on warmed linen already cut to the required size and shape, or put into a bag and applied. Linseed-meal retains heat and moisture for a long time, but is liable to irritate skin of a fine delicate texture, or when it is inflamed with an eruption.

Bread Poultices.—Place slices of bread into a basin, pour over them boiling water, and place the whole by the fire for a few minutes, when the water should be poured off, replaced by fresh boiling water, and this again poured off, and the bread pressed, beaten with a fork, and made into a poultice. Bread poultices are especially valuable for their non-irritating, bland properties.

Charcoal Poultices.—Uniformly mix charcoal with bread-poultice and just before the application of the poultice sprinkle the surface with a layer of charcoal. Or charcoal may be sprinkled on a wound, sore, or boil, and over it a simple bread poultice applied. Charcoal poultices are used to correct offensive smells from foul sores, and to favour a healthier action.

Carrot Poultices.—Boil carrots quite soft, mash them with a fork, and apply in the ordinary way. They are said to make wounds cleaner and healthier.

Poultices are chiefly useful in the following complaints:—Pneumonia, pleurisy, bronchitis, pericarditis, peritonitis, acute

rheumatism, lumbago, and to mature and facilitate the discharge of matter, in abscesses, boils, etc.

When used to mature abscesses or disperse inflammation, poultices should extend beyond the limits of the inflamed tissue; but afterwards, when the boil or abscess has discharged, the poultices should be very little larger than the opening through which the matter is escaping. A large poultice continued too long, soddens and irritates the part, and is liable to develop fresh boils around the old one.

In deep-seated inflammations — pneumonia, etc. — they should be renewed as soon as they become cool, and the former one not disturbed till the fresh one is ready to replace it. In bronchitis and pneumonia, a *jacket-poultice*, to go round the chest, with tapes to secure it in front and over each shoulder, is necessary to ensure efficient and uniform action.

To retain heat for a long time, poultices over a large surface should be covered with oiled-silk, or with a layer of cotton wool. One of these methods is preferable to a very thick poultice, which might cause inconvenience or pain.

In acute lumbago, they must be applied thick, hot, large enough to cover the affected part, and be renewed immediately they become cool. After continuing this treatment for from one to three hours, the skin should be wiped dry and covered with flannel, and this again with oiled-silk. Like the poultice, this last application promotes free secretion from the skin, to which the good results are mainly due.

As a substitute for a poultice, *Spongio-piline* may sometimes be used. It is made of sponge and wool felted together in three layers, and coated on one of its surfaces with india-rubber or gutta-percha to render it impermeable. By moistening the soft inner surface with water, the warmth and moisture of the ordinary cataplasm are secured; or by sprinkling the same surface with lotions, it may be made the vehicle for various medicinal substances. *Spongio-piline* is

often valuable during the formation of abscesses, for irritable sores, and especially when required for persons pursuing their usual occupations. But for the relief of severe pain, a large, soft, hot poultice is the most soothing application. Poultices should be continued till pain has subsided, or the sore begun to granulate; afterwards a wet compress, covered with oiled-silk, should be applied to the part bandaged.

9.—Fomentations.

Fomentations, by means of flannel wrung out of hot or boiling water, are employed for similar purposes as poultices, but are lighter and less likely to increase the pain of sensitive parts. The hot flannel is placed in stout towelling, and twisted round till as much water as possible is squeezed out. If well wrung, it may be applied very hot without any danger of scalding the skin.

Fomentations with hot water are useful in *relieving pain, arresting inflammation*, and checking the formation of matter, and are often valuable adjuncts to poultices. *Acne indurata* and similar *inflamed pimples* can often be dispersed or reduced in size by hot fomentations. Conjoined with poultices, they expedite the passage of matter to the surface, and favour its subsequent expulsion. In such cases the value of fomentations and poultices depends upon the heat and moisture; water for the fomentations should therefore be used *hot*, and fresh additions of hot water added as it becomes cool. After well-fomenting, poultices should be applied as hot as possible, and frequently renewed.

In inflammations, spasms, and pains affecting deeply-seated structures, as in the chest or abdomen, great and quick relief often follows hot fomentation.

Dry Fomentations.— When heat alone is required, and it is desirable to avoid the relaxation of tissues which moisture

would occasion, *dry* heated substances—flannel, bran, chamomile flowers, salt, sand, etc., are used. After thoroughly heating the substance, it should be placed in a bag made for the purpose, and which has also been previously heated. Sometimes, as in spasm and its accompanying pain, a thin piece of flat tile, heated in an oven, and wrapped in warmed flannel, may be employed. If mere evanescent heat is required, flannel, strongly heated before the fire, may suffice.

10.—Enemata—*Injections.*

An enema is a liquid injected into the large intestines, through the rectum, by means of a suitable instrument. Injections are used for various purposes, and consist of different substances, chiefly as follows:—

1.—*To relieve the bowels.*—Injections act, not simply by washing away the accumulated fæces, but by distending the rectum and promoting peristaltic action more or less through the whole intestinal canal. For this purpose a large quantity—one or two pints, or even more—should be injected. After the introduction of the fluid, the patient should lie down and retain the injection for ten or fifteen minutes. So large a quantity of fluid could scarcely be introduced or retained, except by patients who have previously used injections. As a general rule, the best fluid for injection is *cold* or *warm water.* Warm injections are sometimes useful to relieve pain or irritation, either in the bowel or in an adjacent organ—the bladder, the uterus, or even the kidneys—but should be used sparingly.

2.—*To restrain diarrhœa.*—For this purpose small injections only are necessary—one to two ounces; if copious enemata are used, the intestines are stimulated to contract and expel their contents.

Starch (tepid,) is an excellent material for such a purpose;

it should be made of the consistence of cream, and about two ounces used. In incurable cases, and when the diarrhœa resists other means, a few drops of opium should be added to the starch. Starch injections are especially useful in acute, excessive, and dangerous diarrhœa of typhoid fever, dysentery, phthisis, and the choleraic diarrhœa of children.

3.—*To remove thread-worms.*—For this purpose, half-a-pint to a pint of water, to which a dessert-spoonful of salt has been added, answers the purpose admirably (see Section on Worms). In order that the water may be thrown as high up into the bowel as possible, a vaginal gum-elastic tube may be attached to the enema-syringe, and, after being well greased, gently pushed right up the bowel.* Here, however, as in other cases, general treatment is necessary to correct the constitutional condition on which the disease depends.

4.—*To convey nourishment.*—Injections are sometimes used to sustain the system, by introducing food up the rectum when it cannot be taken by the stomach, as in acute gastritis, obstinate vomiting, cancer, etc. Beef-tea, soup, milk, the brandy-and-egg mixture, etc., may be administered in this way. It is necessary that the rectum should be empty before injecting nourishment. Medicinal substances are also sometimes administered by means of enemata.

11.—Inhalation.

In its therapeutic sense, inhalation is the act of drawing air, impregnated with the watery vapour of medicinal substances, into the air-passages. It is an extremely useful mode of administering various remedies when their action is chiefly required on the mucous surfaces of the respiratory passages. *Iodine, Sulphurous Acid, Phosphorus, Kreasote, Borax, Perman-*

* An excellent tube is supplied by Messrs. Gould and Son, of 32, Moorgate Street, London, which can be obtained through any Homœopathic chemist.

ganate of Potash, *Aconite*, *Hyoscyamus*, *Belladonna*, *Ipecacuanha*, *Carbolic Acid*, etc., may be well given by inhalation in certain diseases chiefly involving the throat and large bronchial tubes, or in irritative or convulsive cough, or when there is fœtid expectoration. Quinsy, catarrhal and ulcerated sore throat, chronic bronchitis, phthisis, etc., may be more or less benefited by inhalation. The method of inhaling is very simple, and is often done quite effectively, and with less effort, than with a special inhaler. All that is required is a jug of *hot* water, over which the face may be held, and a towel so arranged that it covers the face below the eyes, and surrounds the top of the jug, so as to confine the vapour. A few drops of the drug to be inhaled being dropped into the hot water, the medicine finds ready access to the air-passages through both the mouth and the nose. This may be practised for five or ten minutes at bed-time, and if necessary, and the patient has not to be exposed to cold air during the day, it may be repeated once, twice, or oftener in the day. In acute inflammatory diseases of the throat, simple or medicated vapour may be administered as frequently as the patient's strength and other circumstances permit. A portion of the drug thus administered reaches the lungs and enters the general circulation; but the chief action of the medicated vapour is on the throat and bronchial mucous surface.

In grave prostrating diseases — diphtheria, croup, etc. — vapour may be inhaled by diffusing it through the apartment by the steam from a kettle with a long spout, kept constantly boiling, or by forming a tent over the bed and covering it with blankets, and then bringing a pipe to convey the steam under it. In urgent cases, where suffocation is threatened, the room may be quickly filled with vapour by hanging wet towels before a large fire. In ordinary cases, simply keeping water boiling in the centre of the room will moisten the atmosphere sufficiently.

Besides the administration of various remedies to the respiratory passages, the local application of the *steam of hot water* is very serviceable; it soothes the inflamed mucous membrane, aids expectoration from the lungs, and removes mucus from the crypts and follicles of the tonsils.

Inhalation can, however, be only a subordinate method of treatment in constitutional diseases, such as consumption, and is chiefly palliative rather than curative. A well-chosen Homœopathic remedy, administered in the usual way, just as certainly reaches the seat of the disease as anything inhaled can do, and at the same time tends to correct the constitutional error on which the local symptoms depend.

When a patient has to be exposed to cold air after inhalation, the vapour should be *cold*, and formed and distributed by the *Spray-producer:* this is an important precaution. In many cases in which it is desirable to use topical applications directly to a diseased part, this is the best method; the fluid may be injected or thrown as a fine spray, so as to be inhaled by the patient, by means of the spray-producer. By breaking up the fluid into a very small spray, substances can be inhaled without inconvenience, and brought into direct contact with the bronchial tubes, even as far as their small ramifications.

12.—Some Directions on Nursing.

The services of an intelligent, experienced nurse, form a part of the treatment of the sick quite as essential as the administration of medicine. To aid her to some extent in the performance of this duty, the following *general* hints are offered. Particular instructions, suited to various diseased conditions, are given, when needful, throughout Part III., under "Accessory Treatment." Persons having the charge of patients should always refer to this portion of the section in which the case of illness is described, and also be familiar

with the various directions contained in this Part II. Special directions concerning infectious fevers are given in the section on Enteric-fever. In serious and difficult cases, the medical attendant alone can furnish instructions adapted to the peculiarity of each case; and it is the nurse's duty faithfully to carry out his directions, and to report to him at each visit the effects of the treatment.

1st.—*The Sick Room.*—The following points should be kept in view: (1) The apartment should be *airy*. A spacious, well-ventilated room, allowing an uninterrupted admission of fresh air, and the free escape of tainted, is a valuable element in the management of the sick. Fresh air can only be ensured by an open window or door, or both. It is generally desirable to have a blazing fire kept burning night and day, both in summer and winter, as this assists in the efficient ventilation of the room; but the patient's head should be protected from it. This is more especially necessary in infectious diseases, for the poison is thus diluted with atmospheric air, and so, losing its power, becomes inoperative. To the same end, the room should be divested of all superfluous furniture—carpets, bed-hangings, etc. (2.) The room should be provided with a *second bed* or convenient couch, to which the patient should, if possible, be removed for a short time at least once in the twenty-four hours. This ensures a change of atmosphere around the patient's body, and at the same time allows the bed to be aired. (3.) The apartment should be *darkened;* not by excluding all light and air, by closed shutters, or closely-drawn bed-curtains, but by letting down the window-blinds, and securing a *subdued* light, and by protecting the patient's face from the glare of gas, lamps, etc. (4.) The sick room should be *quiet.* Silk dresses and creaky boots should not be worn; the crackling noise made by anyone reading a newspaper is often most distressing to invalids; the tones of the voice should be gentle and subdued, but whispering avoided;

all unnecessary conversation and noise must be forbidden. (5.) The *temperature* of the room should be regulated by a *thermometer*, as the sensations of the nurse cannot be depended upon as a sufficient guide; a thermometer, suspended out of a current of air and the direct heat of the fire, will correctly indicate the temperature of the room. The temperature may be varied according to the nature of the disease from which the patient suffers. In fevers, inflammation of the brain, etc., about 55° will be the proper warmth. In inflammation of the lungs, and bronchitis, a higher temperature is necessary—60° and upwards. In all inflammatory affections of the chest, the air to be breathed ought to be warm, and also moist (see "Inhalation"), so as not to irritate the inflamed delicate lining of the air-tubes. Cold air and too many bed-clothes are sure to increase the mischief. Under all circumstances, it must be remembered that the temperature considered necessary is on no account to be maintained by excluding fresh air from the room, and making the patient breathe air over and over again which has already been made impure.

2nd.—*Cleanliness.*—Fears are often expressed that in washing the surface of a patient's body, or even in changing his linen, any eruption or rash should be driven in, or that cold should be taken. If done properly, there is not the least ground for any such fear. The patient should be sponged over as completely as possible at least once a day with warm or cold water, as may be most agreeable to his feelings, and then quickly dried with a soft towel. If the patient be much exhausted, a small part of the skin may be washed at one time; or, instead, first a damp, and then a dry towel may be used under the bed-clothes, so as to disturb the patient as little as possible. The value of this application of water is stated in the Section on Enteric-fever.

3rd.—*Beverages.*—In most cases of illness, especially at the commencement, cold water, barley-water, gum-water,

raspberry-vinegar-and-water, apple-water, toast-and-water, lemonade, or soda-water (see "Demulcent Beverages," p. 85-6), is nearly all that is necessary. There is sometimes a foolish objection raised to allowing cold water to a patient; but it is not only most refreshing, but an agent of supreme importance, lowering excessive heat, giving vigour to the relaxed capillaries, and accelerating favourable changes. The quantity of cold water given at a time should be small—one to two table-spoonfuls—and repeated as often as desired. Sucking ice is also both useful and grateful to many patients.*

4th.—*Food not to be kept in the sick-room.*—Miss Nightingale's suggestion on this point is so important, but, we regret to observe, so often disregarded, that we venture to repeat it here. It is this—do not keep the food, drink, or delicacies intended for the patient, in the sick-room or within his sight. The air of the apartment is liable to deteriorate them, and the continuous sight of them to excite disgust. Rather take up for him, at the fitting time, and by way of surprise, two or three teaspoonfuls of jelly, or as many fresh grapes as he may consume at once, or the segment of an orange. Or, if it be appropriate to his condition, a small cup of beef-tea, covered, with one or two narrow slips of toasted-bread, just from the fire; this is very much preferable to offering even a less quantity from a basinful that has been kept for many hours within reach of the patient's hand and eye.

Watching patients, moderation in convalescence, change of air on recovery from illness, etc., are elsewhere enforced, and may be found in the section on Enteric-fever.

* See article, Ice, pp. 87-8.

PART III.

Medical and Surgical Diseases, and their Homœopathic and General Treatment.

CHAPTER I.

General Diseases:—A. Blood Diseases.

The General Diseases are divided, in the new nomenclature of the Royal College of Physicians, London, into two sections, A and B.

Section A comprehends those disorders which appear to involve a morbid condition of the blood, hence called *Blood diseases;* and which, for the *most part*, run a definite course, are attended with fever and eruptions on the skin, are more or less readily communicable from person to person, and possess the singular and important property of generally protecting persons from a second attack. They are apt to occur epidemically. Of these epidemic visitations Dr. Farr observes, that they distinguish one country from another, one year from another, have formed epochs in chronology, have decimated armies and disabled fleets, have influenced the fate of cities, nay, of empires.

Section B comprises, for the most part, disorders which are apt to invade different parts of the same body simultaneously or in succession. These are sometimes spoken of as *Constitutional diseases*, and they often manifest a tendency to transmission by inheritance.

Eruptive Fevers. The Exanthemata, or eruptive fevers, may be regarded as continued-fevers, having an eruption superadded. They have the following common characters; they arise from a specific contagious poison, between the reception of which and the occurrence of the symptoms a variable time elapses; run a definite course; are accompanied by a specific inflammation of the skin, called the eruption, which passes through a regular series of changes; affect some part of the mucous membrane as well as the skin; and, as a general rule, only attack an individual once.

The true *Exanthemata*, including all these characteristics, are,—the *small-pox*, *measles*, and *scarlet-fever;* but there are other less perfect forms, as *chicken-pox*, *nettle-rash*, *rose-rash*, etc. The true exanthemata are termed, by the Registrar-General, *Zymotic diseases*, a term implying their origin in a poison which acts like a *ferment* in the blood; but in the new nomenclature, just referred to, they are classed as *blood diseases*, and are regarded by sanitary reformers as preventible. In all of them a latent period intervenes between the reception of the poison and the accession of the fever, during which time the patient is, to all appearance, in good health.

The following table shows the latent period, or period of incubation, and the accession and disappearance of the eruption in the three chief eruptive fevers.

Diseases.	Period of Incubation.	Eruption Appears.	Eruption Fades.
Small-pox ...	12 days.	On 3rd day of fever.	Scabs form on 9th or 10th day of fever, and fall off about the 14th.
Measles	10 to 14 days.	On 4th day of fever.	On 7th day of fever.
Scarlet-Fever	4 to 6 days.	On 2nd day of fever.	On 5th day of fever.

1.—Small-pox *(Variola).*

This, the most marked of the eruptive fevers, is a disease of a highly contagious nature; but less common in this country, and far less disastrous and fatal in its results, than formerly.

Varieties of Small-pox. It presents two varieties: *Variola Discreta* and *Variola Confluens.* (1.) In *V. discreta*, the pustules are comparatively few, remain distinct from each other, and may be easily counted. It is the simplest form of the disease, and, except during the first dentition, is rarely fatal. (2). In *V. confluens* the pustules are numerous, their outline becomes irregular, or they run into each other, forming large continuous suppurating surfaces. It is attended with the greatest danger to life; for the severity of the disease bears a direct proportion to the amount of the eruption, and danger in the confluent variety arises chiefly from the large quantity of pustulation. If the pustules are confluent *on the face*, whether they are so or not on other parts, we class it with the confluent kind. "The danger is always rendered greater, *cæteris paribus*, when the eruption is very full about the head, face, and neck" *(Marson).* (3.) There is also a variety in which the pustules partially coalesce, termed *Variola Semi-confluens.*

Course.—In its course, small-pox runs through four stages:—The latent or *incubative period*, lasts about twelve days from the reception of the poison; the *primary* or initiatory *fever*, continues about forty-eight hours; the stage of *maturation*, of about nine days; and the *secondary fever* and decline of the eruption, vary in length according to the severity of the disease.

Symptoms.—As in most other fevers, the following symptoms appear in the first stage:—chilliness, heat, headache, sometimes delirium; a *thickly-furred white tongue;* a deep

flush upon the face; a hard and frequent pulse; a feeling of *bruised-pain* all over the body, but especially in the *back and loins;* more or less pain or *tenderness* at the *pit of the stomach,* and sometimes *vomiting.* When the pain in the *loins* and the *vomiting* are excessive and continuous, they may be regarded as the precursors of a severe form of the disease. On the third or fourth day, the *eruption,* often so minute as to escape observation, appears in the form of red spots, or small hard pimples, which feel like shot in the skin. It appears first on the face, neck, and wrists, then on the body, and finally on the lower extremities. If examined, the eruption may be seen upon the palate, and is often formed on the lining membrane of the larynx, trachea, and bronchi, giving rise to sore-throat, salivation, cough, painful expectoration, and hoarseness. The pimples gradually increase in size until about the eighth day from the commencement of the fever; the contents, at first watery and transparent, change to yellowish matter as the pimples become ripened into pustules. The pustules are *depressed in the centre,* and surrounded for a short distance by a rose-red areola. During the time the pustules are filling up, there is swelling of the eyelids and face, sometimes to such a degree as to obliterate the features. A peculiar, disagreeable odour now begins to emanate from the patient, which is so characteristic, that the disease at this stage might be known by this alone. On the first appearance of the eruption, the fever subsides; but when it is at its height, a fresh attack sets in, which, to distinguish it from the precursory fever, is called the *secondary* fever.

In about eight days from the first appearance of the eruption, the pustules break, and discharge their contents; scales then form, which dry up, and, in a healthy state of constitution, fall off in the course of four or five days. When this takes place, purplish red stains are left behind, which very slowly fade away; or indelible, depressed scars remain, which

are called *pits*. In the latter case, the person so marked is said to be "pitted with the small-pox."

In *Variola confluens*, the secondary fever is often very intense, and is the most dangerous period of the disease. Severe and even fatal results may arise from exhaustive suppuration, erysipelatous inflammation, suffocative breathing, and, the most dreaded of all symptoms, a putrescent state of the blood.

Diagnosis.—An early recognition of this disease, both on account of the patient himself, and for the protection of others, is of great importance. *Severe pain*, evidently not muscular, *in the small of the back*, is the most characteristic symptom. As distinguished from *measles*, the eruption is more perceptible to the touch, and gives the sensation of shot under the skin. As distinguished from *Enteric (Typhoid) fever*, its attack is abrupt and severe, rather than insidious and uncertain. As distinguished from *Chicken-pox*, its eruption suppurates; the fever is high; while in chicken-pox the eruption is vesicular and does not suppurate, and the fever is mild.

Dangers.—The greatest danger arises from the *secondary fever* in the confluent form of the disease, at about the ninth to the twelfth day, when the pustules are ripening; for then the fever is likely to return, the vital strength having already been much exhausted. Fatal chest symptoms may arise; or there may be ulceration of the cornea, opacity, and loss of sight. An inflamed condition of the skin between the pustules, instead of the rose-red areola, is a bad sign. Infancy and advanced age are unfavourable periods; beyond sixty years of age, Mr. Marson states, hardly any who take it escape death. Violent and uncontrollable delirium is often an attendant on the confluent variety, and if it occurs early, in persons who have lived freely or irregularly, is an unfavourable symptom. "Draymen, barmen, potmen, tailors,

and the women on the town, are very unfavourable subjects to be attacked with small-pox, owing to their habits of indulging freely, and almost daily, in strong drinks" *(Marson)*. A too plethoric habit, sleeplessness, irritability, the patient vexing himself about trifles, are unfavourable conditions. On the other hand, a quiet, contented, hopeful state of mind, is favourable to recovery. Small, dark, and badly-ventilated dwellings, poor or scanty food, insufficient clothing, want of cleanliness, intoxicating beverages, and other similar influences, are also elements which determine the more severe form of this malady. It is worthy of remark, as Dr. Letheby states in one of his quarterly reports on the sanitary condition of London, respecting an outbreak of small-pox and the increase of scarlatina, that "these sudden outbursts of zymotic disease show that the force of these maladies is not exhausted by sanitary measures, but only kept in check; and that, when occasion serves by neglect of proper precautions, the force manifests itself in all its original vigour."*

Cause.—Contagion. It is supposed never to occur except from contagion; for large portions of the world have remained for centuries entirely free from it, until it was imported; and then it spread so rapidly, and often so fatally, as almost to depopulate whole countries. "There are some grounds for believing, however, that small-pox, in common with some other diseases, originated in the lower animals, and extended from them to the human species by infection or contagion" *(Aitken)*. "There is no contagion so strong and sure as that of small-pox; none that operates at so great a distance, both of time and place" *(Watson)*. The period during which the poison is most powerful, is, probably, when it is most perceived by the sense of smell.

* As the 4th edition of this work is passing through the press, eighty-five deaths from small-pox have been registered, in the Eastern Metropolitan group of districts, during the last fortnight (Nov. 1870).

EPITOME OF TREATMENT.—

1. *Primary fever.*—Acon., Bell.
2. *Eruptive stage.*—Ant. Tart.
3. *Suppurative stage.*—Ant. Tart., Merc.
4. *Retrocession of the eruption.*—Camph., Sulph.
5. *Confluent and malignant cases.*—Sulph., Ars., Phos.
6. *Complications.*—Phos. *(Pneumonia).* Acon. *(Congestion of the Lungs).* Bry. or Kali Bich. *(Bronchitis).* Merc. *(Glandular Swellings).* Apis or Bell. *(Dropsical Swellings, Closed Eyes, Swollen Throat).* Bell. or Hyos. *(Delirium).*
7. *To prevent pitting.*—Smearing the parts with bacon fat, and protection from air and light.
8. *Desquamation.*—Sulph., with cleanliness and tepid sponging.
9. *Sequelæ.*—Sulph., Merc. Cor. *(Inflammation of the eyes).* Hep. S. *(Boils).* See also the conditions and medicines under "*Complications*" above.

Aconitum—Is indicated, during the precursory fever, by shivering, heat, dryness of the skin, rapid pulse, swimming and pain in the head, nausea and vomiting, and pain in the back and loins; it may also be used during the course of the disease, whenever febrile symptoms are prominent. *Bell.* may alternate or follow *Acon.* if necessary.

Antimonium Tart.—Is specific for small-pox, in consequence of its power of producing, in large doses, in healthy persons, an eruption so closely resembling it as to have been mistaken for it.* *Ant. Tart.* should, therefore, be administered as soon as the nature of the disease is ascertained; it is specially valuable during the eruptive stage; it is also useful in the primary fever, if nausea and vomiting, or convulsions should occur. During nearly the whole course of the disease, it may be given, either alone, or in alternation with any other remedy

* A striking illustration of the disease-producing effects of *Ant. Tart.* is recorded by Dr. Baikie in *The H. World*, vol. i., p. 73.

that is especially indicated. In favourable cases, if *Acon.* be given for the primary fever, and *Sulph.* during desquamation, to prevent after effects, *Ant. Tart.* is the only remedy required.

Belladonna.—If the *head symptoms* are severe,—delirium, intolerance of light, etc., a few doses of this remedy will generally afford relief.

Mercurius.—Ulcerated throat, fœtid smell from the mouth, salivation, swelling of the face, or diarrhœa with bloody stools, especially during the process of suppuration.

Sulphur.—When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, it is not to *Arsenicum* that we should have recourse, but to *Sulphur* (*Teste*). During the formation of the pustules, and when there is furious itching of the parts; it is the best when the disease is on the decline, and as a preventive to the usual sequelæ of the disease. It should be continued till complete recovery has taken place.

Coffæa.—Great restlessness and inability to sleep. A few doses only will be required.

Camphor.—If the eruption *suddenly* disappear, or *suddenly* assume a malignant type, with difficulty of breathing, coldness of the skin, and symptoms of paralysis of the brain; two or three drops in a little tepid water, every ten or fifteen minutes, for several times, till the skin becomes warm, and the eruption reappears.

Opium.—Drowsiness or stupor and stertorous breathing.

Carbo Veg., Nit. Acid., or Arsenicum may be administered under similar circumstances, or when *Sulph.* only partially succeeds.

Cimicifuga, Vaccinine, Sarracenia Purpurea, Verat. Vir., and some other remedies are said to have curative or prophy-

lactic virtues in this disease, but we have not had sufficient experience further to recommend them.*

Accessory Means.—The patient should be kept cool and the sheets and linen frequently changed, ample provision being made both for the *uninterrupted admission of fresh air*, and the *free escape of tainted air*. A small, ill-ventilated room, overheating, and hot cordials, interfere much with the tendency to recovery. In cold or cool weather a fire should be kept burning in the apartment, to maintain warmth and dryness, and to assist ventilation. A *uniform* temperature of about 65° is the best. During the entire course of the disease, especially when the skin becomes hot, painful, or irritable, the whole surface may be sponged with warm water, to which a few drops of *Carbolic Acid* have been added, and well dried with a soft towel. This generally affords great relief. The use of *Carbolic Acid* in the above manner, and a slight infusion of its vapour in the air of the apartment, tends both to mitigate small-pox, and to deprive it of its *contagious* character. In the early stage of the disease, great advantage may also be derived from the *wet-pack* (see p. 91-2), followed by a *sponge-bath*. If ulceration on the back or nates *(buttocks)* is threatened, the patient should be placed on a *water-bed*. When the pustules have burst, powdered starch, or any other dry powder, should be freely applied, to absorb the matter. Cleanliness and frequent tepid washings are especially necessary during the last stage of the disease. An occasional warm bath towards the end of the treatment is also very advantageous. To *prevent pitting*, when the eruption is out, the patient's room should be kept *dark;* as soon as the pustules have discharged, and begun to dry, they should be frequently smeared over with olive-oil, cold-cream, or a mixture of one-third of glycerine to two-thirds of water, to prevent permanent scars. Dr. Baikie states that when the

* See *H. World*, vol. iii., pp. 86, 228; vol. iv., p. 217.

eruption is thoroughly out, the heat and irritation may be materially alleviated by smearing the whole surface of the body with fresh-cured bacon fat. A piece is to be boiled with the skin on, and then cut horizontally, so as to leave about a quarter of an inch of fat adhering to the skin; this is to be scored across, and used to anoint the eruption, and may be repeated twice or thrice daily. If the patient be a child, his hands should be muffled and lightly secured to prevent scratching, which might lead to ulceration. Adults may wear loose gloves. This precaution is especially necessary while the patient is asleep, and acts unconsciously. It however necessitates careful attention, that irritation may be allayed when it is excessive.

DIET.—Tea and dry toast, gruel, etc.; grapes, roasted apples, and wholesome ripe fruits in season. For drink, cold water is generally preferred; in addition, raspberry-vinegar-water, currant-jelly-water, and barley-water. For further hints as to diet and beverages, see Part II., pp. 79–86.

2.—Cow-pox *(Vaccinia)* and Vaccination.*

Vaccinia is a disease of the cow, which, by inoculation, was accidentally discovered by Jenner, a hundred years ago, to be protective against small-pox in man.

VACCINATION, then, is the process by which the disease *vaccinia* is artificially introduced into the human system for the purpose of protecting it against small-pox.

This process is in strict accordance with the Homœopathic

* It is stated that in Sweden, forty years *before* vaccination, out of every million persons, 2,050 died annually; *after* vaccination, 158 only. In Berlin, before vaccination, 3,422; after, 176. In Paris, before vaccination, 80 out of 100; after, 14 to 16. In the British army, scattered all over the world, and consequently exposed to great risks, but carefully protected by vaccination, 1 in 1,000 is attacked; less than 1 in 10,000 dies. See *H. World*, vol. v., 151.

principle, as it is preventive of small-pox in consequence of the Homœopathic relationship it bears to that disease. Its tendency is not only to prevent a fatal termination, and render the disease mild in its course, should it occur, but to keep off the disease altogether. The resident surgeon of the Small-pox and Vaccination Hospital at Highgate states, that in the course of his large experience, he found that when small-pox attacked persons who had not been vaccinated it killed 36 per cent. of them—that is, *one in every three died;* but that when vaccination had been performed, the death-rate of those attacked by the disease fell to *one in fifteen.* He also found that the protective power of vaccination was in proportion to the way in which it had been done; thus *one* permanent *cicatrix* (scar) after the operation gives a mortality from the disease of nearly eight in the hundred; *two* scars of rather more than four per cent.; *three* scars less than two per cent; and if *four* scars, not one in a hundred die when attacked by the disease.* This is a most important practical point to remember: if only one indifferent cicatrix remains after the operation, such persons, taking small-pox in after life, die at the rate of 12 in the 100; but if four or more cicatrices remain, only one in 200 will die of small-pox.

Further, Mr. Marson states, of 370 persons treated in the Small-pox and Vaccination Hospital, London, who believed themselves vaccinated, but who had no cicatrix to show, and trusted to such vaccination for their protection, that they died of small-pox at the rate of 23½ per cent. Persons, therefore, having no cicatrix remaining, are in a very unsafe condition.

In performing vaccination, the following are the chief points to be observed:—

1. The vaccine *lymph* used should be taken from a child free from scrofula, syphilis, or any constitutional *taint;* skin diseases, swollen glands, inflamed or sore eyes, are decided

* See the *Lancet,* August 15th, 1863.

objections, and, if disregarded, might result in the transmission of disease to previously healthy children.

2. The vaccinator should employ *a clean lancet;* pyæmia, syphilis, and other kinds of blood-contamination, no doubt often follow from the use of a foul lancet.

3. The lymph should be taken on the eighth day, *unmixed with blood* or any other secretion. Attention to the above hints will afford ample security against any of the so-called *evils of vaccination.*

4. The matter should be inserted in four places in each arm, it having been found that the protective power of vaccination is in proportion to the number of the resulting *cicatrices* (scars), that being the most efficient which leaves the most and the best cicatrices.

5. When arm-to-arm vaccination cannot be practised, the lymph should be preserved in hermetically-sealed capillary tubes.

6. Vaccination should be performed not later than the third month; indeed its performance is now rendered compulsory during the first three months, which is perhaps the best period, as dentition has not then commenced.

7. *Treatment* is scarcely ever necessary, as the condition thus set up, described as *small-pox in miniature*, is very simple. Should, however, there be much inflammatory redness and swelling, a few doses of *Aconitum* or *Belladonna* will relieve the patient. Occasionally a poultice is necessary, or dusting the part with flour or finely-powdered starch. As the pock is declining, a dose of *Sulphur*, morning and night, for a few days, is recommended, to prevent any subsequent bad effect, as skin disease, sore eyes, etc.

8. *Re-vaccination* should take place at the age of puberty; the great changes which occur in the system at this period of life rendering its repetition generally necessary. Persons at this period, especially if they are about to change their

place of abode, should be examined, and if they have only one cicatrix, or if that is imperfect, or if there is no cicatrix at all, they should be re-vaccinated. "For just upon thirty years we have re-vaccinated all the nurses and servants who had not had small-pox, on their coming to live at the Small-pox Hospital, and not one of them has contracted small-pox during their stay there" *(Marson)*.

From the above observations it will be inferred that we think highly of the protection afforded by efficient vaccination. Evils indeed may have arisen from its careless performance; but they only tend to prove that this operation, like every other on the human body, should be performed with care and skill. But if small-pox do occur in vaccinated persons, it does so with a trifling mortality. The occurrence of the disease after one vaccination is not an argument for *non*-vaccination, but for *re*-vaccination. We fully endorse the following remarks:—

"It is thus clearly demonstrated how vaccination has thrown the *ægis* of protection over the world; and how ample, how great, and how efficient that protection may be. It has been shown to diminish mortality generally, and the mortality from small-pox in particular both in civil and military life, at home and abroad, and just in proportion as it is *efficiently* performed. It has been shown to diminish the epidemic influence; it has been shown to preserve the good looks of the people; it has been shown that it tends to render small-pox a mild disease compared with the same disease in the unprotected; it confers an almost absolute security against death from small-pox; and, lastly, it has been shown to exercise a protecting influence over the health of the community generally" *(Aitken)*.

3.—Chicken-pox *(Varicella)*.

This is a pustular eruption, similar in its appearance to small-pox, for which it is at first often mistaken. It generally requires little medical assistance, but merely attention

to diet, as in simple fever. It differs from small-pox in the slighter degree of fever which attends it, in the pustules becoming filled with a watery fluid about the second or third day, which is never converted into yellow matter, as in small-pox, and in its rapid course. Generally, on the third or fourth day, the pustules dry up, forming crusts or scabs, leaving no permanent scars.

Treatment.—If the fever is considerable, *Aconitum* every four or six hours. When there is much headache, or other cerebral symptoms, flushing of the face, or sore throat, two or three doses of *Belladonna*. *Rhus Tox.* will generally be found one of the best remedies in this disease, and under its action it will soon disappear. *Apis*, if there be excessive itching with the eruption. If some of the pustules suppurate, *Merc.* should be administered.

Accessory Means.—Too early exposure to cold, and errors of diet should be guarded against; the latter caution is more especially necessary if the digestive organs are at all impaired. A milk diet is generally best.

4.—Measles *(Morbilli)*.

Formerly this disease was confounded with scarlatina; but there are well-marked differences, some of which are pointed out subsequently. Measles, presenting symptoms varying according to constitutional or atmospheric peculiarities, is generally unattended with danger, unless improperly treated. Children are usually the subjects of its attack; but when adults suffer, it is often a severe disease. Like scarlatina and small-pox, it is highly contagious, often epidemic, and generally attacks the same person only once.

Modes of Propagation.—No susceptible person can remain in the same room or house with an infected person without risk of taking the disease; and it is almost impossible to

isolate the disease in large establishments or schools. It is propagated by *fomites* (infected clothing). This is proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease; and also by the same circumstance resulting when susceptible children have lain in the same beds, or in the same room, shortly after it has been occupied by patients suffering from the disease *(Aitken)*. The contagion from *measles*, *scarlatina*, etc., only ceases when *desquamation* (scaling off) of the *cuticle* (skin) is quite complete.

Table shewing the Chief Differences between Measles and Scarlet-Fever.

MEASLES.	SCARLET-FEVER.
1.—*Catarrhal* symptoms are prominent—watery discharge from the eyes and nose, sneezing, harsh cough, etc.	1.—Catarrhal symptoms are usually absent, but there is great *heat of skin*, *sore throat*, and sometimes *delirium*.
2.—The rash is of a *pinkish-red* or *raspberry-colour*. The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in scarlet-fever.	2.—The eruption is of a *bright scarlet-colour*, and by drawing the back of the nail over the skin, a white streak is produced, which lasts two or three minutes.
3.—The eruption is somewhat *rough*, so as to be felt by passing the hand over the skin, and is in groups or in rounded or *irregular-shaped masses*.	3.—The rash usually presents no *inequalities* to sight or touch, and is so minute and closely crowded as to give the skin a *uniform* red appearance.
4.—Liquid, tender, *watery* eye.	4.—A peculiar *brilliant stare*, as if the eyes were glistened by an ethereal lustre *(Duggan)*.
5.—The cuticle is thrown off in minute portions, like *scales of fine bran*.	5.—Desquamation of the cuticle is in *large patches*, especially from the hands and feet.
6.—The most common *sequelæ* are diseases of the *lungs*, *eyes*, *ears*, and *skin*.	6.—The most frequent *sequelæ* are *dropsy*, especially after mild cases, and *glandular swellings*.

Symptoms.—Measles passes through its course by stages; there is its period of *incubation*, lasting from ten to fourteen days; its *precursory fever;* its *eruptive* stage; and its *decline.* The peculiarity of the early symptoms is, their resemblance to those of a *common cold*,—sneezing; red, swollen, and watery eyes; discharge from the nose; a hoarse, harsh cough; languor, fever; and sometimes, diarrhœa and vomiting. The symptoms usually increase in intensity until, about the fourth day, the *eruption* appears, first on the face, then on the neck and breast, and soon after on the whole body. It is in the form of slightly raised red spots, which multiply and coalesce into blotches of a more or less crescentic form, particularly on the face, which is often a good deal swollen. An abundant eruption is more favourable than a scanty one. The eruption is two or three days in coming out, and remains at least three days; the fever then abates, and the eruption declines, becoming browner as it fades, and the outer skin is afterwards thrown off in a fine bran-like scurf. As the rash declines, diarrhœa sometimes occurs: this, unless very troublesome, should not be interfered with, as it is often beneficial. The maximum *temperature*, in the usual run of cases, is 103°; if it rises above this, the case must be regarded as severe; if much below it, mild. The highest temperature is generally reached on the fifth day, after which it rapidly declines. The temperature corresponds to that of most other fevers, and should be measured by a thermometer, by which severe and complicated cases may be early distinguished.

Dangers.—Pneumonia, bronchitis, and diphtheritic inflammation of the larynx are the chief causes of danger during the course of the disease. In grave attacks the eruption is of a dark purple colour; this should, therefore, always excite anxiety. Dangers may also follow the attack—Phthisis, diphtheria, disease of the glands and bones, chronic ophthalmia, etc., as described further on. See Sequelæ.

EPITOME OF TREATMENT:—

1. *Primary fever.*—Acon. and warm-bath.

2. *The rash and catarrhal derangement.*—Puls., Gelsem., Euph. *(copious watery discharge from the eyes and nose).*

3. *Slow development of the eruption.*—Bell. *(drowsiness, startings, etc.)*, Puls. *(troublesome gastric symptoms)*, and the warm-bath (see p. 88-9.)

4. *Retrocession of the eruption.*—Gels., Ammon. Carb., Bry.

5. *Troublesome cough.*—Kali Bich., Spong., Bell., Ipec.

6. *Severe and complicated cases.*—Arsen., Mur. Ac., Phos., Bell., Rhus Tox.

7. *Secondary Diseases (sequelæ).* See p. 125.

8. *Prevention of sequelæ.*—Sulph.

SPECIAL INDICATIONS.—*Aconitum.*—Well-marked febrile symptoms at the outset, or during the progress of the disease. A dose every two, three, or four hours. Even after other remedies have been administered, *Acon.* may have to be repeated, to control inflammatory action, which does not always subside on the appearance of the eruption. Dr. V. Grauvogl gives *Acon.* alone in measles, and also to cure the sequelæ, if these arise, as they often do, when the disease has been treated without *Acon.**

Veratrum Vir.—This is a highly useful remedy during the febrile stage, especially if *congestion of the lungs* is feared. If given early it generally prevents convulsions.

Pulsatilla.—Almost a specific in this disease, and may be given when the fever has been subdued by *Aconitum* or in alternation with it, if both catarrhal and fever symptoms are present. *Puls.* is especially valuable for the following symptoms:—Cough, worse towards evening, or during the night, with rattling of mucus in the air passages, or expectoration of thick, yellowish or whitish mucus: thick, greenish or yellowish defluction from the nose; bleeding from the nose;

* See Text-book of Homœopathy, p. 324-6, Part I.

catarrhal derangement of the stomach, and diarrhœa. A dose every three or four hours.

Gelseminum—Is useful in cases in which the eruption is slow in making its appearance, or in which it is imperfect, or too suddenly recedes. It may be given in frequently-repeated doses till improvement sets in. Some prefer it to *Puls.*

Ammon. Carb.—Is also strongly recommended for imperfect or retrocedent eruption.

Belladonna.—Sore throat, with painful and difficult swallowing; dry *spasmodic* cough; inflammation of the eyes; restlessness, and tendency to *delirium.* A few doses, at intervals of two or three hours.

Ipecacuanha.—Retching, much vomiting.

Bryonia.—Imperfectly developed or suppressed eruption, with severe *chest symptoms.* A dose every two or three hours. In addition to this remedy, a sudden recession of the eruption might necessitate a *warm-bath.*

Mercurius.—Glandular swellings in the neck, ulcers in the mouth and throat, bilious diarrhœa, dysenteric stools, etc.

Phosphorus.—Pale, imperfect, or irregular eruption; dry, hollow cough; pain in the chest; nervous or typhoid symptoms. In the latter condition, *Camph.*, *Ars.*, *Rhus.*, *Mur. Ac.*, *Phos. Ac.*, or any other remedy indicated, should be given. If possible, however, such cases should always be under the care of a homœopathic doctor.

Sulphur—Is required during the decline of the disease, as well as after the eruption has completed its natural course and the other medicines are discontinued, to prevent the usual after-effects, especially chest symptoms, and inflammation of the eyes and ears. A dose twice or thrice daily, for three or four days; afterwards once or twice for a like period.

SEQUELÆ.—Acute diseases may be rendered sources of danger *immediately*, by the pressing symptoms they call into play, and *remotely*, by establishing chronic diseases *(Sequelæ).*

Acute maladies may become starting points for defective nutrition by inducing chronic derangement of the digestive functions, or interrupting the nutritive processes by some unexplained influence over the nervous system, or by developing a pre-existing, but dormant, tendency to disease. In our opinion, the latter—a latent diathetic predisposition—is the most frequent cause of sequelæ. The diseases most often followed by troublesome and chronic affections, are measles, scarlet-fever, hooping-cough, diphtheria, small-pox, and enteric-fever. In these, and in other acute affections, it is not therefore enough to endeavour to meet the urgent symptoms of the attack; the patient must be guarded and watched till the health becomes completely restored and confirmed, lest the defective nutrition should be converted into a chronic and even dangerous condition. Measles is one of the diseases especially liable to be succeeded by sequelæ, which are more difficult to treat, and sometimes more dangerous than the complaint itself; but, except in scrofulous or tuberculous children, they are generally the result of irrational treatment; under homœopathic treatment, and good management, patients usually recover rapidly and perfectly. If after the decline of the eruption, the patient retains a temperature above 100°, some complicating disturbance may be suspected. The following are some of the diseases liable to occur after measles, with the leading remedies to be used:—

Inflammatory affections of the eyelids (chronic ophthalmia).—Acon., Bell., Merc. Cor., Sulph.

Purulent discharge from the ear, or deafness.—Puls., Sulph., Silic., Merc., Hep. Sulph.

Swelling of the glands.—Merc. Iod., Calc. Carb., Lyco.

Chronic cough, hoarseness, or other affections of the chest.—Phos., Hep. Sulph., Spong., Ars.

Cutaneous eruptions.—Sulph., Iod.

These diseases are described in other parts of this manual, and may be found by the index. Nearly all of them require professional treatment. A more emphatic reference may be made to

Measles and Consumption.—Tubercular disease of the lungs, or, more often, of the bowels, is by no means an infrequent sequela in patients of a delicate or strumous constitution. Cases of this nature are often under our care, and from long observation we have reason to believe that such a connexion is far from uncommon. Whenever, therefore, a child makes but a slow or imperfect recovery after an attack of measles, more particularly if there is tenderness, pain, or enlargement of the abdomen, diarrhœa or irregular action of the bowels, and a high temperature, a grave constitutional disease may be suspected, and no time should be lost in obtaining professional homœopathic assistance.

Accessory Measures.—*Cold* water, gum-water, etc. No stimulants should be given. As the fever abates, milk-diet, gradually returning to a more nourishing kind of food. In this, as in the other eruptive fevers, the *Wet-pack*, described in Part II., p. 91-2, is of essential service. The patient should be kept in bed, and the room sufficiently darkened to protect the eyes, but the proper and constant circulation of pure air must by no means be interrupted. The temperature of the patient's room should be about 60° Fahr., and should be guarded against rapid changes. Except during the very height of summer, a fire should be kept burning in the room. Tepid sponging, followed by careful drying, is necessary *several times* a day, also a frequent change of linen. After the disease has subsided, the patient should be warmly clad and taken into the open air *frequently*, when the weather is fine. He must not, however, go out of doors too soon, or be in any way exposed to cold. Prevention of exposure to cold and wet is of great importance during convalescence, in

consequence of the excessive susceptibility to inflammatory affections of the chest, bronchitis, pneumonia, etc.

Preventive Treatment.—This is of little consequence, as the danger of measles under homœopathic treatment is trifling. It may, however, be prevented or modified by giving children who have not had the disease a dose of *Pulsatilla* every morning, and one of *Aconitum* every evening, for a week or ten days, during its prevalence in the neighbourhood. *Puls.* has undoubtedly great influence, being to measles just what *Bell.* is to scarlatina.

5.—Scarlet-Fever *(Febris rubra)*—Scarlatina.*

Like measles, scarlet-fever is an infectious and contagious, but much more to be dreaded disease, chiefly affecting children, and usually not occurring more than once in the same person. During the recent epidemic in London (1869–70), however, instances have been comparatively numerous in which the disease has occurred a second time in the same person. The second, third, fourth, and fifth years of life are those in which it is most prevalent; after the tenth year its frequency rapidly declines. The opinion that the disease does not attack children under two years of age is erroneous. For, in 1862, the deaths from this disease in England were 14,834; and out of this number 9,569 were children under five years of age, 903 of these being under twelve months old. Infancy therefore offers no exemption from severe attacks of scarlatina.

The increasing prevalence of scarlatina during the present century leads us to assign to it that pre-eminent rank among

* A popular idea exists that the two terms by which this disease is commonly known, signify different forms of the malady—*Scarlet-fever* being associated with the disease when it is severe, and *Scarlatina* with a mild attack. The terms are, however, strictly synonymous.

the causes of the mortality of childhood which was formerly occupied by small-pox, for it is second only to *Typhus*. In the year 1863, the mortality from scarlatina in London alone was 4,982, a year remarkable for the wide-spread prevalence and fatality of this epidemic, for scarcely a town or parish of England escaped. An excessively high rate of mortality prevailed in London, Manchester, Leeds, and many other large towns during that year, ranging from 100 to 120 deaths a week for many weeks;* and at the present time (October 22, 1870), the rate of mortality from this disease in London alone is now 108 per week, the mortality having steadily progressed for several weeks past.† This high mortality led Professor Huxley, in his address to the British Association for the Advancement of Science (Sept. 1870), to remark:—"Looking back no further than ten years, it is possible to select three (1863, '64, and '69) in which the total number of deaths from scarlet-fever alone amounted to ninety thousand. This is the return of the killed; the maimed and disabled being left out of sight. Without doubt, the nature and causes of this scourge will one day be well understood, and the long-suffered massacre of our innocents comes to an end; and thus mankind will have one more admonition that 'the people perish for lack of knowledge.'"

Varieties.—There are three varieties, or more properly speaking, degrees of intensity. It is important to note this, and to remember that though it be convenient to speak of *Sc. simplex*, *Sc. anginosa*, *Sc. maligna*, they are not different diseases, but one disease occurring with different degrees of severity. The nervous system, the skin, the mucous lining of the throat, stomach, bowels, and kidneys, and the function of the circulation, exhibit disturbance in every case, although the degree of that disturbance may vary widely. Again,

* See *H. World*, vol. iii., p. 244, and vol. iv., p. 213.

† See Registrar-General's quarterly returns, *H. World*, vol. v., p. 272.

exposure to the contagion of *Sc. simplex* may give rise to an attack of *Sc. anginosa* or *maligna;* and the contrary. Finally, in proof of the identity of the different modes of the fever, the same sequelæ are observable after each degree of the disease *(Dr. A. C. Pope)*. It is convenient, however, to describe the fever according to the different degrees of its intensity, viz.:—1. *Scarlatina simplex*,—a scarlet rash, with redness of the throat, but without ulceration. It may be expected to terminate quite favourably under proper treatment. 2. *Scarlatina anginosa*,—a more severe form of the disease, with redness and ulceration of the throat, and a tendency to the formation of abscess in the neck. This has many points of danger, and in several ways may jeopardise the patient's life. 3. *Scarlatina maligna*,—extreme depression of the vital strength, and great cerebral disturbance, are superadded to the affection of the throat and skin, the fever soon assuming a malignant character. The tongue is brown; there is low delirium; the throat is dark, livid, or even sloughy; the eruption comes out imperfectly or irregularly, or alternately appears and disappears, and is dark rather than scarlet. This form of the disease is always one of extreme danger.

Occasionally, however, scarlet-fever occurs without any rash or sore-throat being observed.

General Symptoms.—Scarlatina usually commences suddenly, with the ordinary precursors of fever—chills and shiverings, succeeded by hot skin, nausea, sometimes vomiting, rapid pulse, thirst, frontal headache, and sore-throat. The last-named symptom — sore-throat — is generally the earliest complained of by the patient. In about forty-eight hours after the occurrence of these symptoms, a rash is perceptible, first on the breast, from whence it gradually extends to the neck, face, trunk, over the great joints and limbs, till the whole body is covered with it. The eruption is

of a *bright-scarlet colour*, and consists of innumerable red points or spots, which have been compared to a boiled lobster-shell in appearance. These spots either run together, and diffuse themselves uniformly over the skin, or else appear in large irregular patches in different parts of the body. The colour of the skin disappears on pressure, but returns on its removal. The appearance of the tongue is very characteristic; it is first coated, the tip and edges are red, the papillæ are red and raised; afterwards the tongue becomes clean and raw-looking. A diffused redness, sometimes of a dark claret-colour, covers the mouth, fauces, etc., which disappears as the febrile symptoms and rash subside. On about the fifth day, the *efflorescence* generally begins to decline, and entirely disappears by about the eighth or ninth day, leaving the patient in a weak condition. The subsequent process of desquamation of the cuticle is variable in its duration; it takes place in the form of scurf, from the face and trunk; but from the hands and feet large flakes are separated, sometimes coming away entire like a glove or slipper.

It is not always, however, that the disease pursues this uniform course. Sometimes the eruption is livid and partial, and is attended with prostration so extreme that the patient sinks in a few hours under its virulence. In puerperal and pregnant women, it is always a serious disease.

Distinctive Features of Scarlet-Fever. — (1). The *scarlet rash*, already described.—(2.) *The high temperature of the body.* The thermometer placed in the axilla *(arm-pit)* rises to 105° Fahr., sometimes to 106°; 98° being the normal standard.—(3.) The papillæ of the tongue are *red and prominent*, and may be first seen projecting through a white fur, or, as this fur clears away, on a red ground, and has been termed "the strawberry-tongue."—(4.) A peculiar brilliant glistening stare of the eye, easily distinguished from the liquid, tender eye of measles.—(5.) *The sore throat.* The

throat is congested and swollen round the soft palate and tonsils, and the mucous membrane of the mouth and nostrils are generally affected.

SCARLET-FEVER AND OTHER DISEASES.—For the chief differences between it and measles, see page 121. In *Roseola* the eruption is generally irregular, limited to the chest, and the throat-symptoms and fever are slighter. The early eruption in *small-pox* sometimes resembles that of scarlet-fever; but the subsequent papular form of the former, and the previous pain of the back, sufficiently distinguish them.

CAUSE AND MODES OF PROPAGATION.*—The poison of scarlet-fever is of a subtle nature. Its earliest source is distinctly traceable to Arabia; but has now spread over the whole world. Owing to the insanitary conditions of their dwellings, it spreads extensively, and with great fatality, among the poor. It may be transmitted by *fomites*—in the clothes, bedding, carpets, etc.; this is proved by the fact that medical men have often carried the disease to their own families. The poison may be destroyed by a temperature of 205° Fahr., or by disinfection and ventilation. The infecting power probably commences with the primary fever, attains its maximum degree at the commencement of desquamation, and continues till the old cuticle is completely removed.

PREVENTION.—When scarlet-fever prevails in a family or neighbourhood, the administration of a dose of *Belladonna*, night and morning, to children who have not had the disease, will often entirely ward off an attack; should the disease occur, notwithstanding this treatment, it will, undoubtedly, greatly modify its severity. As a prophylactic we generally administer two drops of the 1st dilution, in half a wineglass of water the first thing in the morning. In a severe epidemic the dose should be given twice daily for a few days. The value of this measure we have repeatedly verified in practice.

* "How Scarlet-Fever Spreads," see *H. World*, vol. v., p. 270.

Treatment.—It should be laid down as a maxim that in scarlet-fever medical advice ought always to be had recourse to; for the worst cases we meet with (as those in which mortification of the nose, cheek, or limbs, sometimes takes place) are those in which the disease has, from its apparently mild character, been left to itself *(Aitken)*.

Epitome of Treatment:—

1. *Scarlatina simplex.*—Bell. during the course of the affection, preceded by a few doses of Acon., to moderate febrile excitement, and Sulph. or Ars. during its decline.

2. *Scarlatina anginosa.*—Acon. and Bell.; Gelsem., Apis *(great swelling of the throat);* Carbonate of Ammonia; Merc. Biniodatus *(ulceration);* Nit. Ac. (internally, or as a gargle, or both).

3. *Scarlatina maligna.*—Ailanthus Glandulosa, Carbolic Ac., Ars., Mur. Ac., Cup. Ac., Nit. Ac., Hydrastis *(as a gargle,* eight drops to half a tumbler of water, *or the strong tincture as a paint to the tonsils).* The spray of Sulphurous Acid, or of Condy's Fluid, diluted—one part of either to about twelve of water is also recommended.

4. *Secondary diseases (sequelæ).*—Mur. Ac., Apis., Merc. Iod., Phos., Sulph., etc. See pages 135-6.

5. *Prophylactic Treatment.*—Bell. See previous page.

Special Indications.—*Belladonna.*—Immediately scarlatina is suspected, and especially when a *bright-red*, clear, and uniformly developed rash appears; also difficult swallowing, inflamed throat and eyes and sleeplessness, with nervous excitement, starts and jerks. This medicine exerts a direct power over scarlet-fever, which in the modified variety, and when the eruption is of a *scarlet* colour, will generally yield to its action without the aid of any other remedy. It should be administered about every three, four, or six hours.

Aconitum.—Febrile symptoms. This medicine may precede *Bell.*, or be alternated with it. If given early, *Acon.* modifies

and abridges the accompanying fever and favours a more rapid recovery.

Mercurius.—Inflamed, swollen, or ulcerated throat; acrid discharge from the nostrils; profuse secretion of saliva, or ulcers in the mouth. This remedy often suitably follows *Bell.*

Apis.—*Rapid swelling* of the throat, and sharp *stinging* pains.

Veratrum Vir.—In scarlatina *simplex* and *anginosa*, this remedy modifies arterial excitement, heat of skin, and concomitant symptoms during the early stage of the disease, probably beyond any other, and should be given for this purpose in two-drop doses of the 1st dec. dilution; for adults, the strong tincture may be used.

Hydrastis.—A powerful remedy in putrid ulcerations of the mucous surfaces; it is therefore invaluable for malignant sore throats.

Coffœa.—Extreme *restlessness*, irritability, and a whining disposition, particularly at night.

Gelseminum.—This remedy we have proved of great value in scarlet-fever; it diminishes cerebral congestion and nervous excitement, moderates the pulse, and has great power in developing the eruption when it is imperfect. It is also recommended when the symptoms are of a *remittent* character.

Ailanthus Gland.—Is recommended in malignant scarlatina, both on theoretical and clinical grounds, and is worthy of a trial in all cases of this variety of the disease. Although we have used it on several occasions with good results, our experience is too limited to enable us to add anything of a positive character on the point. Much importance is attached to the recommendation that the remedy be administered early in the disease, in a strong form, and frequently repeated till amendment sets in.

Carbonate of Ammonia.—Considerable enlargement, and a somewhat livid colour of the tonsils, which are covered with

a rapidly degenerating, sticky, offensive mucous slime; burning pains in the throat; also a tendency to an accumulation of mucus in the mouth; faintly developed eruption; heaviness of the head; drowsiness, and not easily aroused attention *(Pope)*.

Arsenicum.—Great prostration of strength, rapid emaciation, cold clammy sweats, frequent, weak pulse, nightly paroxysms of fever, with burning heat, and threatening *dropsical affections*. *Ars.* is also valuable during desquamation, the process appears to go on more rapidly and more safely with it than without it; repair of the skin proceeds more thoroughly, and the kidneys recover tone more quickly *(Pope)*. See also *Sulph.*

Sulphur.—During the decline of the eruption, as a preventive of the secondary diseases so frequent after scarlet-fever. As just stated, *Ars.* is also valuable during the decline of the fever, and if it and *Sulph.* be both required, they may be administered in alternation every six or eight hours; or *Sulph.* one day and *Ars.* the next, as long as necessary.

Accessory Means.—The patient should invariably remain in bed; the room should be well ventilated, at the same time that the patient is protected from direct currents of air. The clothes of the patient, as well as the air of the room, should be frequently changed. The *blankets* also, as well as the sheets and personal linen, should be often renewed. He must not go out too early, as secondary symptoms are of frequent occurrence from neglect of this precaution. His beverage may consist of cold water, gum-water, barley-water, weak lemonade, etc., in small quantities, as frequently as desired. Drinking cold water exerts a favourable influence on the kidneys, and tends to prevent subsequent disease in those organs. The diet should be simple,—roast apple, toast, gruel, etc.; gradually returning, as the disease declines,

to food of a more substantial kind. The fever being of short duration, wine or brandy may generally be dispensed with; but in malignant cases, stimulants, Liebig's extract of beef, etc., should be given as directed in the section on Enteric fever. The patient should be frequently sponged over with tepid water, and dried as rapidly as possible, to obviate too long exposure. Other measures are often necessary; *poultices*, frequently renewed, or spongio-piline, squeezed out from hot water, if the glands are swollen; the *inhalation of the steam of hot water*, as described on p. 101, as long as the throat is sore and painful; *injections* of tepid water, if the bowels are costive. During convalescence, warm clothing, including flannel, is necessary, and subsequently, a change of air, if possible to the sea-side.

Secondary Diseases *(Sequelæ*)*.—If there are no complications or sequelæ, scarlet-fever may be expected to terminate favourably within a week from the setting in of the disease; but in weakly or scrofulous children the disease is liable to be followed by troublesome or even dangerous maladies.

Secondary diseases are, happily, infrequent after Homœopathic treatment. The most common sequelæ, with the remedies most frequently indicated, are the following:—

(1.) *Glandular swellings, discharges from the ears (Otitis), or deafness.*—Merc. Iod., Mur. Ac., Calc. Carb., Phos., Sulph., Lyc., Silic. *(suppuration from the ear, with deafness);* Alumina, Graph., Calc. Phos. *(obstinate cases);* Permang. Pot. *(very offensive discharge)*, a weak solution for syringing the ear, and a plug of lint saturated with the lotion, frequently changed, and applied within the ear.

(2.) *Pains in the ear.*—Puls., Bell.

(3.) *Croupy cough.*—Hepar Sulph., Iod.

(4.) *Inflammatory affections of the eyes.*—Bell., Acon., Sulph.

* See pp. 124-6.

(5.) *Acute tubular nephritis and dropsy.*—Apis, Canth., Terebinth, Merc. Cor., Ars., Hell.

This affection, also termed post-scarlatinal dropsy, is the most common sequel of scarlet-fever, and it has been observed to result more frequently from mild than from severe attacks. This is probably owing to the disease not having expended all its force, so that some of the poison remains in the system; or it may be due to the neglect of proper caution during the period of recovery; or, again, to the patient having been in a debilitated condition previously to the attack of fever.

Occasionally cases occur in which the kidney is, from the outset, the chief organ affected. Dr. Carroll Dunham, of New York, records several interesting cases in the Publications of the Massachusetts Homœopathic Medical Society, in which the renal affection was the form of the disease, rather than a sequel. He states that the group of remedies in which we are most likely to find the simile for a case of this kind comprises, among others, *Turpentine*, *Cantharis*, *Arsenic*, *Apis*, *China*, *Carbo Veg.*, and *Phosphorus*.

After the subsidence of the fever, usually from the tenth to the twentieth day, *Acute tubular nephritis* is liable to come on. *Symptoms.*—Frequent inclination to pass water, which is scanty, and often high-coloured or smoky from the presence of blood, and of high specific gravity. If examined through a microscope, the tube casts are cellular or transparent, or if tested by heat and nitric acid, the urine deposits *albumen*. The pulse is quick, the skin dry, the patient is thirsty, and the body, face, and limbs, are œdematous. Besides occurring from scarlatina, the disease arises in adults from exposure to wet and cold, and is sometimes complicated with pleurisy, pericarditis, or peritonitis. Recovery is generally indicated by a copious secretion of urine. *Treatment.*—The chief remedies are those already named, and must be selected according to the

circumstances of the patient. *Apis* is generally a prominent remedy, especially when the swelling is considerable, and takes place rapidly, and when it mainly involves the subcutaneous tissues rather than the skin. *Arsenicum* is also a prime agent, especially for scanty urine and general œdema. As important adjuncts to the medicines, warm baths or warm sponging of the body, the wet-pack, and drinking cold water, are of the first importance; they facilitate excretion by the skin, and relieve the congested kidneys. To promote the free action of the skin in the treatment of the disease is the most effectual means for preventing post-scarlatinal dropsy. It is known that albuminuria, and its attendant evils, can be produced in an animal by glazing over half or three-fourths of the surface of its skin. To do so completely would cause speedy death. This shows the importance, in the treatment of scarlatina, of preserving the integrity of the skin. Nothing secures this so thoroughly as the *wet-pack* (see p. 91). A nourishing and digestible diet is also essential to meet the exhaustion which usually exists. Finally, change of air is of great value.

6.—Typhus-Fever *(Febris Typhus)*.

Definition.—Typhus is an acute specific form of fever, highly contagious and infectious, continuing from fourteen to twenty-one days, attended with a lethargic or confused condition of the intellect, and an eruption on the skin of a measly or mulberry appearance, and is the accompaniment of privation, overcrowding, and defective ventilation.

To distinguish Typhus from Enteric-fever is not difficult; the chief differences are tabulated on page 139.

Symptoms.—The precursory stage varies, but is usually short, so that the patient yields to the disease within the

first three days, giving up his employment and taking to his bed; in this respect strongly contrasting with the protracted invasive stage of Enteric. Sensations of uneasiness, soreness, or fatigue, loss of appetite, *frontal headache*, and disturbed sleep, are the early symptoms. The patient is often seized with a rigor, but less marked and severe than in small-pox or internal inflammations, usually succeeded by dry heat of the skin, thirst, quick pulse, white, dry, often tremulous tongue, scanty and high-coloured urine, sometimes vomiting, heavy look or stupor, prostration, and muscular pains; towards evening there is irritability or restlessness, and if sleep occurs, it is disturbed by dreams, or frequent sudden starts, and is in consequence unrefreshing.

The general appearance of a typhus-patient is very marked, and affords to the practised eye a ready means of diagnosis. "In an average attack the patient lies prostrate on his back, with a most weary and dull expression of face, his eyes heavy, and with some dusky flush spread uniformly over his cheeks, In the advanced stage of a severe attack he lies with his eyes shut or half-shut, moaning, and too prostrate to answer questions, to protrude his tongue, or to move himself in bed; or the mouth is clenched, the tongue and hands tremble, and the muscles are twitching and half rigid. The dryness of the mouth, the sordes on the teeth and lips, the hot, dry skin, and the deafness, are other symptoms which strike an observer so immediately as to deserve to be included in the physiognomy of the disease."*

During the first week the patient complains much of head-ache, noises in the ears, and, subsequently, deafness; the conjunctivæ are injected, the pupils contracted, painfully sensitive to light, and therefore often closed. He becomes irritable, and his answers short and fretful. After the lapse of a short period, usually between the fourth and eighth days,

* "Reynolds' System of Medicine," vol. i.

Differences between Typhus and Enteric- (Typhoid-) Fever.

TYPHUS.	ENTERIC.
1.—Comes on *quickly*.	1.—Commences *slowly* and insidiously, the premonitory stage lasting a week or more.
2.—Occurs at *any age*.	2.—Seldom attacks persons after forty, and is most common in *youth*, including childhood.
3.—Is rare among the wealthy classes, excepting doctors, students, and *visiting* clergymen.	3.—Is more common among the *rich than the poor*.
4.—The eruption is of a MULBERRY COLOUR, comes out in a single crop about the fourth or fifth day, and lasts until the termination of the disease.	4.—The eruption of the skin consists of ROSE-COLOURED spots, comes in successive crops, which in their turn fade and disappear.
5.—The *brain* is chiefly affected, and the bowels are often but little so.	5.—The *bowels* are chiefly affected, the evacuations being ochre-coloured and watery, with congestion of the mucous membrane of the intestines, sometimes hæmorrhage, or even ulceration.
6.—There is a *dusky blush* on the face, neck, and shoulders, injected eyes, and contracted pupils.	6.—The expression is *bright*, the hectic blush is limited to the cheeks, and the pupils are dilated.
7.—Runs its course in about a *fortnight*.	7.—Continues at least *three weeks*, and often five or six, or even more.
8.—Relapses are of *rare* occurrence.	8.—*Relapses*, marked by a return of all the former symptoms, frequently occur, especially in certain epidemics.
9.—The tendency to death is by *Coma* (morbid drowsiness), or *congestion* of the *lungs*.	9.—The tendency to death is by *Asthenia* (exhaustion), *pneumonia*, *hæmorrhage*, or *perforation of the intestine*.
10.—*Typhus* arises from *overcrowding*, with *defective ventilation*, and spreads by contagion.	10.—*Enteric* arises from *bad drainage*, foul drinking-water,—as from a drain leaking into a well,—decomposing animal matter, etc., often with *high temperature*, deficient rain-fall, certain electrical conditions, or an insufficient supply of ozone.

the mind passes from a state of excitement to one of delirium. This symptom is usually more severe, and appears earlier, when the disease attacks persons in the upper classes of society, in consequence, no doubt, of the greater activity of their brains. It is at first one of confusion of ideas as to time, place, persons, and even personal identity, with vague rambling talk, of which occasionally he seems conscious, and from which he can be roused. Afterwards the delirium may become active and maniacal, or low and muttering. The patient often fancies that he is two or three persons, and the subject of a series of miseries and violence: confined in a dungeon, pursued by enemies from whom he vainly flies, or with whom he struggles, and he attempts to spring from bed to reach the door or window to fly from his tormentors. Sometimes the delirium passes into a heavy stupor, with tremulousness of the tongue and hands, and twitching of the muscles *(subsultus tendinum);* but in favourable cases it subsides in two or three days, the powers of the mind begin again to dawn, the countenance assumes a more tranquil aspect, sleep becomes natural, and at length convalescence is fully established.

Diarrhœa sometimes occurs, but at other times the bowels are confined; the evacuations are natural or dark, and contrast strongly with the yellow-ochre colour of the stools in *enteric-fever;* finally, the evacuations may be involuntary.

The Pulse.—In typhus the pulse is rarely less than 100, sometimes 120, or 130, or even 140 in the minute. In the last case, however, in adults, it is indicative of great danger. As a rule the pulse pursues a gradually increasing rate of frequency up to the ninth or twelfth day, and afterwards undergoes, in favourable cases, a somewhat sudden decline. Cases so marked almost invariably get well. On the other hand, departures from the gradual rise in the pulse, especially

if considerable, mark the existence of complications or dangerous symptoms. In fatal cases of typhus the pulse becomes more and more rapid, and also weaker and smaller up to the very hour of death. The first glimpse of dawning convalescence is afforded by watching the pulse; the temperature, as measured by the thermometer, is a valuable but less available sign; and whenever the pulse is fairly on the decline, especially if it become stronger and fuller, we may confidently conclude that the patient will recover. The *crisis* of typhus is often indicated by no other symptoms than the fall of temperature indicated by the thermometer, and the decline of the pulse after having gradually reached its maximum degree of rapidity. There may be no marked perspiration, no critical diarrhœa, no striking alteration in the urine, or notable phenomena of any kind besides.

Distinctive Characters.—The *typhus-rash* appears between the fourth and seventh days, and consists of irregular, slightly elevated spots, of a mulberry hue, which disappear on pressure, and may be singly scattered and minute, or numerous and large; in the latter case two or more spots coalesce. They are usually first seen on the abdomen, and afterwards on the chest and extremities. From the first to the third day after the appearance of the rash, no fresh spots appear; but each spot, although it undergoes certain changes, continues visible till the whole rash disappears, and the disease terminates. In fatal cases, the typhus-spots remain after death.

The *odour* of typhus-patients is very characteristic, and is offensive, pungent, and ammoniacal. Nurses, familiar with the disease, are thus alone able to recognise it, and they estimate the amount of danger by the badness of the smell.

Prominence of Nervous Symptoms.—It is from the constancy and prominence of these symptoms that the name of typhus

(τυφος, stupor) was first employed; and it is almost certain that it is through the nervous system that the poison of the disease chiefly operates. Hence extreme restlessness, ringing noises in the ears, and low delirium or stupor, are invariably present to a greater or less extent. In fatal cases, about the ninth or tenth day, delirium merges into profound coma, or the condition described as *coma-vigil* may come on. In this latter condition the patient lies on his back with his eyes wide open, and certainly awake, but indifferent or insensible to everything transpiring around him. His mouth is partially open, his face expressionless, and he is incapable of being roused. At length the breathing becomes nearly imperceptible, the pulse rapid and feeble, or it cannot be felt, and the transition from life to death occurs without any gleam of returning consciousness, and can only be recognised by the eyes losing their little lustre, and the chest no longer performing its slow and feeble movements.

Unfavourable Indications.—Early, furious, and persistent delirium, with complete sleeplessness; *coma-vigil; convulsions;* involuntary twitchings of the muscles of the face and arms; abundant and *dark rash*, nearly unaffected by pressure; great duskiness of the countenance, or lividity of the surface; involuntary, uncontrollable diarrhœa; suppression of urine, or albuminuria; a brown, hard, *tremulous tongue;* a temperature gradually rising to 107° Fahr., or higher; a great sudden elevation of temperature in the third week; a small, weak, irregular, or imperceptible pulse, stationary at above 120°; bed-sores, or inflammatory or erysipelatous swellings; a strong presentiment of death on the part of the patient, etc.

Causes.—*Overcrowding, with defective ventilation, and destitution;* and hence it is the scourge of the poor inhabitants of our large towns. *Overcrowding* includes that of rooms by too many occupants; of dwelling-houses upon too circumscribed

an area, preventing the proper ventilation of streets and houses; and want of personal and domestic cleanliness. A spacious dwelling, with free ventilation, robs the disease of half its power, and the danger of its spread to others is reduced to a minimum. *Privation*—famine through failure of crops, commercial distress, strikes, hardships in war, etc.,—predispose to typhus by deteriorating the constitution. Before the days of Howard, typhus was never absent from our prisons and hospitals; it was the scourge of the armies of the first Napoleon, and it decimated those of the Allies in the Crimea, the disease varying among the troops exactly in proportion to the degree of privation and overcrowding. In 1818, and again in 1847, the failure of the potato crop in Ireland gave rise to an epidemic of this fever, so that it is estimated that one-eighth of the entire population was attacked. There is undoubted evidence that the poison of typhus may be generated *de novo*, and that the circumstances under which this occurs are those above stated. There seems ground for believing that the poison is chiefly transmitted by the exhalations from the lungs and skin; the poison being inhaled or swallowed, so finding ready admission to the blood, upon which it exerts its morbid influence. The effects of bad ventilation in the development of typhus are well expressed in the following words: "If any person will take the trouble to stand in the sun, and look at his own shadow on a white-plastered wall, he will easily perceive that his whole body is a smoking mass of corruption, with a vapour exhaling from every part of it. This vapour is subtle, acrid, and offensive to the smell; if retained in the body it becomes morbid; but if re-absorbed, highly deleterious. If a number of persons, therefore, are long confined in any unventilated place, they inspire and swallow with their spittle the vapours thus generated, and must soon feel their effects. Bad provisions and gloomy thoughts will add to their misery, and

soon breed the *seminium* (germ) of a pestilential fever, dangerous not only to themselves, but also to every person who visits them, or even communicates with them at second hand. Hence it is so frequently bred in gaols, hospitals, ships, camps, and besieged towns. A *seminium* once produced is easily spread by contagion."

Treatment.—It is a question whether typhus can ever be cut short, or the definite course of the disease altered by the administration of remedies; some contend that it may be broken up in the first stage, especially by the combination of hydropathic appliances with the use of homœopathic remedies; others believe that the disease must have its course. However, we have ample experience to prove that in the great majority of cases the violence of the symptoms can be held in check, the patient's comfort greatly promoted, and convalescence hastened, by judicious treatment.

Epitome of Treatment.—

1. *Febrile symptoms.*—Acon., Bry.
2. *Cerebral symptoms.*—Hyos., Bell., Rhus Tox., Verat. Vir.
3. *Sleeplessness.*—Coffæa, Bell.
4. *Stupor.*—Opi., Rhus.
5. *Extreme prostration.*—Mur. Ac., Ars., Phos. Ac.
6. *Pulmonary complications.*—Phos., Bry., Acon. (*congestion*).
7. *Putrescence.*—Carbo Veg., Ars., Rhus Tox.
8. *Convalescence.*—Phos. Ac., Nit. Ac., China, Sulph.

Special Indications.—*Aconitum.*—Thickly-furred tongue, foul taste, thirst; heavy, aching pain in the head; soreness and heaviness in the bowels and other parts of the body; exacerbations towards evening; the urine becomes dark and foul; the patient is restless, depressed in spirits, wakeful or drowsy, and dreams heavily in sleep. *Acon.* will be of great service in the first stage, before the brain is much involved, and when the above symptoms of severe febrile disturbance

are present: but not afterwards probably, except as an intercurrent remedy, and for inflammation or local congestion.

Gelseminum—Is specifically indicated in cases in which the patient, from some great excitement or over-exertion, suddenly sinks into a low typhoid state, with great prostration of all the vital forces, and when he experiences strange sensations in the head, with morbid condition of the motor nerves, manifested by local paralysis, or continued jactitation of certain muscles *(Hale)*.

Baptisia.—Should typhoid symptoms appear, and there be difficulty in determining the exact nature of the disease, this remedy should be at once administered, and repeated several times. If improvement does not follow in a reasonable time, another remedy should be chosen.

Hyoscyamus.—*Severe pains in the head;* dull, distressed, or haggard expression of the face; dry and glazed brown tongue; sordes on the teeth, noises in the ears, deafness, and *aberration of sight*—the patient seeing double or treble; delirium, in which the patient frequently manifests a *desire to escape* from some imaginary enemy or evil. *Hyos.* is probably one of the best remedies in this disease.

Belladonna.—Great *cerebral congestion*,—bright-red, even bloated, face; *throbbing* of the temples and carotids; glistening and staring of the eyes; partial loss of the use of the tongue, so that the patient can scarcely articulate; much *thirst;* confusion of ideas; picking at the bed-clothes; furious *delirium.*

Opium.—*Stertorous breathing;* low muttering delirium; stupor; dark-red face; hot and dry, or clammy, skin; thick brownish-coated tongue; complaint of thirst (if the patient can express his sensations).

Muriatic Ac.—In an advanced stage this acid is sometimes capable of effecting a most beneficial influence; especially when there are,—complete loss of muscular power; extreme

dryness and parched appearance of the skin, which is cold; quick, feeble pulse; low delirium; slavering; foul exhalations from the ulcerated throat; etc.

Rhus Tox.—Blackish-brown mucus on the tongue; thirst; bleeding from the nose; discharge of fœtid urine; involuntary bad-smelling alvine evacuations; small and rapid pulse; stupor.

Arsenicum.—*Sunken countenance* and eyes; *dry*, cracked *tongue; burning thirst; involuntary diarrhœa.*

Nitric. Ac.—This remedy has often a very salutary influence, and may be given occasionally throughout the course of the disease.

Accessory Measures.—The points of greatest importance may be briefly summed up as under: (1.) The patient should be placed in a large, or at least in a well-ventilated, room, so as to secure a continuous and ample supply of fresh air. Cases occurring in close, crowded rooms, in which this prime hygienic condition cannot be secured, should be removed to a suitable place. (2.) Frequent changes of personal and bed-linen, and changes of posture to avoid congestion and bed-sores; if bed-sores form notwithstanding, the patient should be placed on a *water-bed.* The *wet-pack* (see p. 91) is a valuable measure, especially early in the disease, and when the skin is dry and hot. (3.) Food or beverages should be given in small quantities at regular and frequent intervals, including water, milk-and-water, tea, broth, beef-tea; and, if prostration, feeble and irregular circulation, or complications, indicate their use, wine or brandy. In some cases in which patients obstinately refuse all food, or are unable to swallow, life is often saved by nutritious or stimulating enematæ. (4.) Quiet; in noisy streets stuffing the ears with cotton-wool; cleanliness; sponging the whole surface of the body and carefully drying at least once a day; and intelligent and unremitting watching.

The hints on nursing fever-patients in the following section, and the general accessory measures described in Part II., should be studied.

PREVENTIVES.—As disinfectants,—fresh air, efficient ventilation, and cleanliness are of paramount importance. As additional means for avoiding contagion, but by no means as substitutes,—white-washing with quick-lime, washing the wood-work with soap and water, repapering infected rooms, cleansing the linen in water to which chloride-of-lime has been added, and the use of this substance or of *carbolic acid* in the water employed in sponging the patient. Without cleanliness and fresh air, vinegar, camphor, and other so-called preventives, are useless, and only disguise noxious vapours. Persons in attendance on the sick should especially avoid the odour from the breath and the exhalations which arise on turning down the bed-clothes. Nurses should not be overworked, deprived of repose in bed, or of daily out-of-door exercise. If there is any ground to fear an attack of typhus, *Hyos. and Bapt.* are probably the best preventives.

7.—Enteric-Fever—Typhoid-Fever *(Febris typhoides)*—Gastric Fever.

DEFINITION.—*Enteric-fever*, so called from its chief pathological effects being evident in the bowels, is a continued fever, lasting about twenty-three days, often longer, with an eruption on the chest, abdomen, or back, and attended with great *feebleness*, abdominal pains or tenderness, and *diarrhœa*, which increases with the disease, the discharges being copious, liquid, of a *light-ochre colour*, putrid, and often containing altered blood.

The word *typhoid* (from the Greek *typhus*, and *eidos*), signifies similarity, or alliance, to *typhus;* but although the two fevers have many symptoms in common, *Enteric* is an

essentially different disease, and there are several considerations which render it important to be able early to identify the variety we may be called upon to treat. Thus, the *causes* of these fevers are different, and suggest sanitary regulations of an opposite nature: Enteric is less contagious than Typhus; the tendency to a fatal issue varying, the treatment must be regulated accordingly; and, further, if not early recognised, patients may persist in their usual occupations at a time when rest in bed would conserve the strength and moderate the progress of the disease. For the easy recognition of these fevers, consult the chief differences, as tabulated p. 139.

Cause.—According to Drs. Budd, Aitken, and others, the poison of typhoid-fever does not *originate* in decomposing sewage, but is transmitted by the specific poison contained in the discharges from the bowels of the person infected with the fever. The contagious matter may convey the fever by water and air, as follows:—(1) By percolating the soil into the wells which furnish drinking-water; (2) By infecting the air through defective sewers or water-closets. In opposition to this hypothesis, Dr. Murchison makes the following objections:—"(1) There are many facts which show that enteric-fever often arises from bad drainage, independent of any transmission from the sick. The danger ensues when the drain becomes choked up, when the sewage stagnates and ferments, and when the transmission of the poison to any distant locality is impeded, if not completely arrested. (2) There are numerous instances of enteric-fever appearing in houses having no communication by drain with any other dwelling. (3) There is no evidence that the stools of enteric-fever are of such a virulent nature as has been stated. The attendants on the sick are rarely attacked. (4) The fact that the prevalence of the disease is influenced by temperature is opposed to the idea that it depends on a specific poison

derived from the sick; but is readily accounted for on the supposition that the poison is generated by fermentation or decomposition."

We conclude, therefore, *that refuse animal and vegetable matters, if permitted to accumulate and decompose in seasons of drought, generate a poison, which, if not washed away or diluted by sufficient rain, rises into the air, or becomes diffused in the water: and which, when introduced into the body by these media, may produce enteric-fever (Harley).* Hence we find it most prevalent in autumn, and at the commencement of winter, after a long season of heat and drought. *The* BEST PREVENTIVES, *therefore, include an* ABUNDANT SUPPLY OF PURE WATER; *sufficiently-inclined and* WELL-CONSTRUCTED SEWERS, WITH IMPERMEABLE WALLS; A WELL-DRAINED SOIL, *regular* FLUSHING OF THE DRAINS WITH WATER DURING DRY WEATHER, and most especially in SUBJECTING ALL EVACUATIONS (fæces and urine), on their issue, TO THE ACTION OF POWERFUL CHEMICAL AGENTS,—zinc chloride, ferrous sulphate, or carbolic acid, *by which they may be entirely deprived of their specific virus. If these measures are efficiently carried out, typhoid-fever may be expected entirely to disappear.*

THE PREDISPOSING CAUSE. — The *predisposing cause* of enteric-fever is the existence of Peyer's patches, the structures of which are specially susceptible to the influence of the poison, and are brought into a state of abnormal activity by it. Hence at the period of life when these patches naturally degenerate, the susceptibility to this fever diminishes or even ceases altogether.

SYMPTOMS.—These may be divided into (1) those of the *accession*, and (2) those of the *three weekly periods.*

Unless the poison is very concentrated, there is a period of *incubation*, varying from seven to fourteen days, after which the disease sets in slowly and insidiously. The patient becomes languid and indisposed to exertion; is chilly and

unwilling to leave the fire; the back aches, and the legs tremble; the appetite fails, and there are even nausea and sickness; the tongue is white, the breath offensive, and often the throat is sore; the bowels are generally relaxed; the pulse is quickened, and the sleep disturbed. These symptoms gradually increasing, the patient has probably severe rigors, succeeded by heightened temperature, severe headache, and such muscular debility that he takes to his bed. This is the *accession*. The course of the fever may now be divided into three weekly periods *(Watson)*.

1st Week.—The prominent symptoms are,—vascular excitement and nervous oppression, including a bounding pulse, 90 per minute, great heat of skin, thirst, and obscured mental faculties; the patient cannot give a coherent account of himself, complains of little except his head, and is usually delirious at night. The abdomen enlarges, is resonant on percussion, and there is tenderness or even pain on firm pressure, especially in the right *iliac fossa*, near the termination of the small intestine; a peculiar *gurgling* sensation is conveyed to the fingers on pressure, arising from the mixing of the gastric fluids.

2nd Week.—Debility and emaciation become very marked, the muscles wasting as well as the fat; the urine becomes scanty and heavy, being loaded with urea from wasting of the nitrogenized tissues. During the second week there is also frequently *diarrhœa*, which generally increases towards the end of the week: five, six, or even more times in twenty-four hours. The *specific characters* of the evacuations are the following:—*fluidity; pale-ochre* or *drab-colour; sickly, putrid odour; absence of bile;* and *a floculent debris* of disintegrated glands of the ileum. The floculent debris may be discovered by washing the discharges. In reference to the *colour* of the stools, it is worth notice that often before a

patient takes to his bed, or looseness of the bowels sets in, the fæces are of a light-ochre colour, and furnish the most marked early sign of enteric-fever.*

3RD WEEK.—The debility and emaciation become extreme; the patient lies extended on his back, sinking towards the foot of the bed, without making an effort to change or preserve his position. There is a bright and pinkish flush of the cheeks, which strongly contrasts with the surrounding pale skin; *sordes* occur on the mucous membrane of the mouth and lips; the tongue is dry and brown, or red and glazed, and often rough and stiff, like old leather; the urine is frequently retained from inaction of the bladder; the fæces pass without control, the tendons start from irregular, feeble contractions of the muscles; the patient picks vacantly at the bed-clothes, or grasps at black spots, like flies on the wing *(muscæ volitantes)*, which appear before his eyes; he becomes deaf, no longer knows his friends, and on recovery will have little or no remembrance of anything that has at this time occurred, and in all probability his intellectual powers will be impaired for some time after convalescence.

In the majority of fatal cases, death occurs about the end of the third week; and it is a notable fact that there seems to be no relation between the general symptoms and the ultimate issue, rendering the disease one of great uncertainty and perplexity.

THE ERUPTION.—From the seventh to the fourteenth day, the characteristic *eruption* generally begins to show itself,

* As the author was preparing the 4th edition of this volume for the press, he diagnosed a case of enteric-fever in the early stage, in a patient at a distance, whom he had not the opportunity of seeing, chiefly by the *light-ochre colour of the evacuations.* Connected with other details furnished by the parents of the child, the author was thus enabled to prescribe remedies—chiefly *Baptisia*—which modified all the subsequent symptoms, and carried the patient safely through the fever, while many persons died in the locality from the disease. In a house hard by, one family lost three children during the epidemic.

chiefly on the sternum and epigastrium, in the form of rose-coloured dots, which are few in number, round, scarcely elevated, and insensibly fade into the natural hue of the surrounding skin. The quantity of the rash bears no proportion to the severity of the disease. "This successive daily eruption, disappearing on pressure, each spot continuing visible for three or four days only, is peculiar to, and absolutely diagnostic of, typhoid-fever" *(Aitken)*. The first crop of the eruption is rarely fully conclusive, but successive crops, even of not more than two or three spots each, remove all doubt. Although the rose-coloured rash is never met with in any other disease, yet we have treated cases of true typhoid without being able to detect a solitary spot. Occasionally, also, very minute vesicles appear, looking like drops of sweat *(sudamina)*, chiefly on the neck, chest, or abdomen.

Enlargement of the spleen, Dr. Jenner remarks, in doubtful cases enables him to diagnose positively this variety of fever, as this enlargement commonly occurs in enteric-fever.

Temperature.—The information afforded by the clinical thermometer in the diagnosis of enteric-fever is very important. In all the acute specific fevers the temperature is abnormally raised; in this, elevation is *gradual*, while in most others it is *abrupt*. During the first three or four days we have scarcely any symptoms to indicate the *invasion* of so serious a disease except a *gradual* elevation of the temperature; but if, on the fourth or fifth day, the maximum temperature attained during the twenty-four hours be not 104°, the disease is most probably not typhoid-fever. And, further, if on the first or second day the maximum temperature reaches 104°, the disease is some other acute fever, as the temperature only *gradually* attains such a degree in typhoid-fever. At the commencement the diagnosis is difficult, inasmuch as the characteristic rash does not usually appear before the sixth, sometimes not till the twelfth day of

the disease; and, indeed, in children, cannot sometimes be observed at any stage of the disease. Temperature is also an important element in the *prognosis*. Thus we have great *variations* in the temperature in enteric-fever, being low in the morning, and attaining its maximum degree in the evening. The greater these fluctuations at the end of the second week, the more favourable is the attack, and the shorter will be its duration. If the temperature falls considerably in the morning, even though the evening rise is considerable, the prognosis is favourable. On the other hand, should the temperature during the second week remain continuously high, we may predicate a severe and prolonged attack. Again, probably the first indication of improvement in cases of persistent elevation of the temperature, is a decline in the morning temperature. When such a decline occurs, especially if it be repeated on subsequent days, even though the maximum temperature reached in the evening remain the same, we may be certain that the fever has begun to abate. It is true, a sudden fall in the temperature may be consequent on diarrhœa or hæmorrhage—probably the latter when it takes place suddenly; but, usually, other symptoms would indicate such an occurrence.

DANGERS.—(1) *Hæmorrhage.*—This may occur from the ulcerated patches in the *ileum*, during the separation of the gland-sloughs, and may be either capillary or from the opening of a large vessel. The discharge of blood may be so great as to be immediately fatal by swooning, or it may be remotely fatal, by exhausting the patient so that he has no power to bear up against the fever in its subsequent course. Sometimes without any escape of blood from the orifice of the bowel, the patient becomes suddenly blanched and dies in a swoon. In such a case a *post-mortem* examination finds the intestines distended with clotted blood. (2) *Exhaustion* from *profuse and persistent diarrhœa*, in cases in which the affection

of the mucous membrane has been very severe and obstinate. The evacuations weaken the patient rapidly, and hasten the fatal termination. (3) *Perforation.*—The ulceration may extend till the coats of the bowel are perforated, and cause fatal peritonitis; this may happen during the second or third week, or, more frequently, during prolonged and imperfect convalescence. The symptoms of this occurrence are,—a sudden pain and tenderness in the abdomen, with swelling, altered expression of the features, more or less nausea and vomiting, and death in one or two days. (4) *Congestion.*—The lungs may become congested, giving rise to bronchitis, pleurisy with effusion, pneumonia, or latent tubercle may be called into fatal activity; in short, there is a tendency, from the poisoned state of the blood, to congestion in the three great visceral cavities—the head, the chest, and the abdomen.

It will be inferred from the preceding observations that this disease does not run a uniform course. In our practice we have met with the greatest conceivable varieties, so that enteric-fever may be said to present, in the mode of its accession, in the course, gravity, and termination of the symptoms, so many forms, complications, and accidents, as to justify its being considered as an *epitome of the whole practice of medicine.*

Mortality.—The Registrar-General's reports show that about 20,000 persons die annually of enteric-fever in this country, and probably 150,000 persons are laid prostrate by it. It proved fatal to the Prince Consort on the 14th December, 1861, twenty-one days from the commencement of the attack. Several members of the royal family of Portugal came to an untimely end by it; and also Count Cavour; but the death of the latter was accelerated by venesection.

Treatment.—Unless distance absolutely forbids it, the treatment of this disease should only be confided to a medical man. Before the true character of the fever is detected, the

remedies prescribed in the section on "Simple Fever" may be given.

EPITOME OF TREATMENT.

1. *Invasive stage.*—Bapt.
2. *Great prostration.*—Ars., Mur. Ac.
3. *Excessive diarrhœa.*—Ipec., Ars. *(involuntary)*, Carb. V.
4. *Hæmorrhage from the bowels.*—Tereb., Nit. Ac., Ipec.
5. *Complications.*—Phos., Bry., Bell., Hyos., Opi. See also Secondary diseases.
6. *Debility following.*—Phos. Ac., Ign., Ferr., Sulph., China, Nux Vom.

SPECIAL INDICATIONS.—*Baptisia.*—As soon as enteric-fever is suspected, this remedy should be administered,—one or two drops of the 1st dec. dil., or of the strong tincture, every two or three hours. This remedy is of great value, modifying, and even cutting short, the attack by destroying the poison in the blood. Its influence in this disease is comparable to that of *Acon.* in simple fever; but *Acon.* exercises little or no curative power in typhoid-fever, which depends on the presence of a specific blood-poison, and requires the action of an antidote. Should, however, the administration of *Baptisia* have been much delayed, and the specific poisonous effects produced, other remedies must be resorted to.

Arsenicum.—Frequent, copious *diarrhœa*, which may become *involuntary*, of drab or ochre-coloured evacuations; enlargement and sensitiveness of the abdomen; gurgling sounds, before described; excessive *prostration; thirst;* nearly imperceptible, intermittent, pulse. For such symptoms this remedy is of priceless value, and its administration should be persevered with even in the most disheartening cases. Sometimes it may be advantageous to alternate *Arsenicum* with

Carbo Veg., when there are offensive smells from the patient, and very *fœtid* evacuations; and also cold extremities, cold perspirations, and rapidly-sinking powers.

Mercurius.—Greenish or yellowish evacuations, but less serious diarrhœa than described under the previous medicines; thickly-coated tongue; copious perspirations.

Belladonna, etc.—When the brain is much involved, *Bell.*, *Hyos.*, or *Opi.*, as prescribed in the treatment of *Typhus-fever*, (p. 145), will be found of great service.

Terebinthina.—Hæmorrhage from the bowels, and retention of urine.

Phosphoric Acid.—In the milder forms of typhoid, this acid is very useful, especially for nervous prostration; and also after the severity of a bad attack has been moderated by other remedies.

Muriatic Ac.—Great nervous depression; stupor; sinking down in the bed; putrid sore throat; etc. It probably ranks next to *Ars.* in the gravest symptoms of low fever. For the throat it may also be used locally. *Nitric Ac.* may also be of service in similar conditions.

Secondary Diseases *(Sequelæ).*—During convalescence various affections are liable to arise, such as troublesome cough, indigestion, headache, deafness, etc. For these it is only necessary to suggest such remedies as are prescribed for these affections in other parts of this manual. *For chest-symptoms, Phos., Bry., or Iod;* for *indigestion, Nux Vom., Carbo Veg., Ign., or Merc.;* for the *brain, Bell., Hyos., Opi., Rhus Tox. Deafness* usually disappears, with the general nervous prostration, under the use of *Phos. Acid, China, or Chin. Sulph. China* also moderates the *excessive hunger* often experienced during convalescence, and is especially useful if there has been much waste of the fluids of the body. Lastly, *Sulphur* aids the recuperative efforts of nature, and may be administered for some time after the more specific remedies are discontinued.

Accessory Measures.—The following points require special attention in nursing fever patients; the reader is however

requested to study the more detailed hints on nursing the sick, and the various accessory measures that are described in Part II. of this work. Persons having the charge of extreme cases of illness, should be familiar with the several accessories there pointed out, as the efficient carrying out of those directions is second only to the administration of medicine.

1. *The Apartment.* — The patient should, if possible, be placed in a large, well-ventilated apartment, provided with a window, door, and fire-place, so contrived as to allow of an uninterrupted admission of fresh air, and the escape of tainted air. A blazing fire also assists ventilation. The room should be divested of carpets, bed-hangings, and all unnecessary furniture. A second bed or convenient couch should be provided, so that by removing the patient to it for a few hours every day, the fever-atmosphere around his body may be changed. The light from the window may be subdued, and noise and unnecessary talking forbidden.

2. *Rest.*—The patient should be disturbed as little as possible, and enjoy the most complete rest during the whole course of the disease. The importance of this is proved by *post-mortem* examinations, which often show vigorous attempts on the part of neighbouring structures to limit, by union and adhesion, the results of perforation, obviously indicating, in practice, the necessity of absolute rest throughout the disease *(Aitken)*. Any efforts made when the ulcers in the ileum are healing might affect that progress unfavourably, and even re-excite that morbid action which might end in perforation of the bowel.

3. *Cleanliness.*—The body- and bed-linen, including the blankets, should be frequently changed, and all matters discharged from the patient immediately removed. The mouth should be frequently wiped out with a soft wet towel, to remove the *sordes* which gather there in severe forms of

fever. The water may contain a little Condy's fluid. The patient's body should be sponged over as completely as possible at suitable intervals with tepid or cold water, as may be most agreeable to the feelings, and quickly dried with a soft towel. If necessary, the sponging may be done piece by piece, to avoid fatigue. *Vinegar and water* may sometimes be substituted for simple tepid water. Vinegar used in this way is generally grateful to the patient, and hastens recovery. Sponging the whole surface of the body with cold or tepid water should never be omitted in fever, as it reduces the excessive heat, soothes the uneasy sensations, and is indispensable in maintaining that cleanliness which is so desirable in the sick-room. Cold water thus applied acts as a tonic, giving vigour and tone to the relaxed capillaries, in which the morbid action goes on. Frequent washing with soap and water also tends to prevent the occurrence of *bed-sores*, by keeping the skin in a healthy condition. If bed-sores have formed, they should be protected by *Arnica-* or *Calendula-*plaster. In bad cases, the patient should lie on a water or air-bed.

4. *Hydropathic Applications.*—In addition to the sponging and washing just recommended, we have found the *abdominal wet compress* of great utility, see p. 94-5. It tends to diminish excessive diarrhœa, checks the spread of ulceration of the ileum, and obviates perforation. Should lung-complications arise, the compress should be applied to the chest as well as the abdomen.

During the early course of the fever, the *wet-pack*, described in p. 91, is an invaluable application, and tends, as we have found, to give a mild character to the disease.

5. *Beverages.*—At the commencement of the fever, pure water, toast-and-water, gum-water sweetened with a little sugar (one ounce of gum-arabic, half-an-ounce of loaf sugar, one pint of hot water), barley-water, lemonade, or soda-water, is

nearly all that is necessary. Cold water is an agent of supreme importance, and acts favourably by lowering the excessive temperature, and proves a valuable adjunct to the medicinal treatment prescribed.

6. *Diet and Stimulants.*—In a disease which lasts three weeks, sometimes five or six, in which the waste of tissue is great, and when common food cannot be taken, it is a point of high importance to supply the patient with nourishment appropriate to his condition; otherwise he will sink before the disease has completed its course. The following are points requiring attention in the subject of diet.—Typhoid patients are often unable to swallow or relish nourishment in consequence of the dry and shrivelled state of the tongue, when it will be found necessary to soften the mucous lining by putting a little lemon-juice and water into the mouth a few minutes before offering food. All the aliments given should combine both food and drink in a *fluid* or semi-fluid form, until recovery has fully set in. The digestive functions being more or less completely suspended, the nourishment given must be only such as requires the simplest processes for its assimilation. The following are examples of this form of nutriment:—*Milk* (a most important article in the treatment of fever patients), *thin arrowroot with milk; wine whey*, prepared by adding half a pint of good sherry to one pint of boiling milk, and straining after coagulation; *blancmange of isinglass or ground rice* (not gelatine); *yolk-of-egg*, beaten up with a little brandy, wine, tea, cocoa, or milk; *beef tea and animal broths* (a little thickened with well-cooked rice, vermicelli, isinglass, or a few crumbs of bread); and *alcoholic drinks.**

* "The writer has no intention to side in the controversy concerning the food-character of alcohol. He accepts the evidence that much ingested alcohol is got rid of by the excretory organs, or is retained for some time in the tissues after the manner of many medicines. But with food in its widest

A little good wine with an equal quantity of water may be given every hour or two. *Effervescent* wines must be avoided. Dr. Harley advises six to eight ounces of wine or four ounces of brandy every twenty-four hours when the pulse is of moderate force and under 120. When the pulse ranges between 120 and 130, and is small, double these quantities. If the patient enjoy these stimulants, it may be regarded as a sign of their utility. But the effects of the wine or brandy should be carefully watched by the medical attendant, and only given in proportion to the demands of the system, the bulk and force of the pulse being the main guides. Except in small quantities stimulants are not required by children, nor by persons who can take a sufficient quantity of other kinds of nourishment, nor early in the disease. On the other hand, aged persons, and patients greatly prostrated, or with cold extremities, and livid surface, almost invariably require alcoholic stimulants. Under any circumstances, if stimulants aggravate existing symptoms, their employment should be modified or altogether discontinued.

Again, nourishment should be given with strict *regularity;* in extreme and long-continued cases of prostration, every one or two hours, or even oftener, both day and night. Frequently the functions of digestion and assimilation are so greatly impaired, that the largest quantity of nourishment must be given to sustain the patient till the disease has passed through its stages. Dr. Graves was so strongly impressed with the importance of nourishment in fevers, as

sense, viz., that which keeps up the vital functions, the physician will have little hesitation in classing alcohol, who has observed the common case of an habitual tippler maintaining for years a fair standard of bodily health upon a quantity of other nutriment wholly insufficient by itself to maintain such health. And to such a case a fever patient offers some resemblance. He, too, may not be able to take enough of other food to maintain him, but alcoholic drinks will help him not to starve. And thus the writer judges them to have a food-value apart from their medicinal action" *(Buchanan).*

to have said that he desired no other epitaph than that *he fed fevers.*

7. *Watching Patients.*—Fever-patients should be attended and watched day and night. Their urgent and incessant *wants* require this, and their *safety* demands it. Instances have occurred of patients, in the delirium which so frequently attends this disease, getting out of bed, and even out of the window, during the absence of the nurse, and losing their lives from injuries thus sustained.

8. *Moderation in Convalescence.*—Food should only be allowed in great moderation, and never to the capacity of the appetite, till the tongue is quite clean and moist, and the pulse and skin have become natural. In enteric fever, and in other conditions in which the bowels have been inflamed, this caution is especially necessary during convalescence. Solid meat given too early we have known to bring back the most severe features of the disease. If stimulants have been given, they should be gradually withdrawn as the quantity of nutritious food is increased. Even when convalescence has somewhat advanced, moderation should still be exercised, as the appetite is often excessively craving.

9. *Change of Air.*—The salutary influence of change of climate and scene to persons who have suffered from a serious attack of fever can scarcely be over-estimated; and if the place or climate have been intelligently chosen, the happiest results may be anticipated.

10. *Precautionary Measures.*—The following precautions are suggested with the view of checking the contagion:—

(1.) All discharges from fever-patients should be received on their issue from the body into vessels containing a concentrated solution of chloride of zinc.

(2.) All tainted bed or body linen should, immediately on its removal, be placed in water, strongly impregnated with the same agent.

(3.) The water-closet should be flooded several times a day with a strong solution of chloride of zinc; and some chloride of lime should also be placed there, to serve as a source of chlorine in the gaseous form.

(4.) So long as fever lasts, the water-closets only should be used as receptacles for the discharges from the sick.

After recovery from a serious attack of fever, the whole man becomes changed, and there seems to be a renewal of youth. Nothing gives such a beneficial direction to this change, nor renders it so perfect, as a temporary removal to a suitable climate and locality. We fully endorse Dr. Aitken's statement,—*No man can be considered as fit for work for three or four months after an attack of severe typhoid fever.*

8.—Relapsing-fever *(Febris recidiva)*.

This disease—sometimes called *famine-fever*, and in Germany, *hunger-pest*—is not common in England, but has been epidemic in Dublin, Edinburgh, Glasgow, and Liverpool. At the present time (Nov. 1870), relapsing fever is very prevalent and fatal in Liverpool; and since last May, more than four thousand cases have been recorded. At Glasgow, also, this fever is very rife, about two hundred cases occurring weekly. It does not occur in tropical climates, on the continent, except in some of the German territories, and the Crimea, where it attacked our army during the Russian war. It has occurred also in North America.

Cause. — This is unknown; but its victims are almost universally in the lowest social rank—ill-fed, occupy crowded, filthy, ill-ventilated houses, and enjoy but few comforts of life. In the present epidemic in Liverpool, the disease is almost limited to the class in which a single room serves as the abode of a family. In Glasgow, it spreads rapidly now that cold begins to increase the over-crowding (Nov., 1870).

Symptoms.—The seizure is sudden: there are rigors and headache even more severe than that of the invasive stage of typhus, but the prostration is much slighter. There are, also, pains in the muscles and joints resembling those of rheumatism. After a short time violent reaction sets in—great heat of skin; headache, throbbing in the temples, intolerance of light and sound, and sleeplessness; anxious expression of the countenance; rapid pulse—110 to 140; white-furred tongue, and, perhaps, vomiting or even jaundice; thirst, etc. The temperature is from 102° to 107°; and at the height of the fever delirium may occur. Sweating may come on without relief. After continuing from five to eight days, the symptoms suddenly abate—usually about the seventh day from the commencement—and the *crisis* is indicated by *profuse perspiration*. Sometimes a miliary eruption occurs; or bleeding from the nose, diarrhœa, menstrual discharge, or hæmorrhage from the bowels; after a few hours there is an abrupt cessation of all bad symptoms; the patient feels much better in a short time, and appears to improve rapidly for four or five days; when, about the seventh day from the last attack, or the *fourteenth* from the commencement, a *sudden*

Relapse occurs—a repetition of the first attack. Perspiration again comes on, in from two to five days in favourable cases. The sweat has a very sour and peculiar odour. In other instances, however, uncontrollable vomiting, great thirst, very rapid pulse, jaundice, delirium, and death, may terminate the case *(Aitken)*.

The *Sequelæ* of Relapsing-fever consist commonly of excessive rheumatic pains in the limbs; sometimes the kidneys are involved; but the dangers are similar, in some respects, to those attending *Scarlatina*. A species of ophthalmia is a frequent consequence.

Treatment.—*Aconitum* may be given during the first stage, for the rigors and following feverishness.

Bryonia.—Dr. Kidd, who treated an epidemic of the disease in Ireland, relied chiefly on *Bry.*, and had great success. It is certainly homœopathic to the nausea and vomiting, sensitiveness of the abdomen, sallowness and anxiety of the countenance, throbbing and heat of the head, rheumatoid pains, and perspiration. It should follow the administration of a few doses of *Acon.*, or be alternated with that remedy from the commencement.

Gelseminum, *Eupatorium Per.*, and *Podophyllum*, are deserving of notice as being likely to influence the disease favourably. The last-named remedy is recommended to be administered in alternation with *Nux Vom.*

Camphor, and also *Nux Vomica*, may be used as *preventives.*

For *Accessory Treatment* the reader is referred to the measures prescribed pp. 102-5 and 157-62.

9.—Simple Continued Fever and Febricula.

Fever, its nature, forms, etc. The term *Fever* (from *Fervere*, to be hot) includes various forms of disease in which there are,—shivering or chilliness succeeded by preternatural heat, quickened pulse, muscular debility, and general functional disturbance. This morbid condition accompanies many diseases as one of their phenomena, and is then called *symptomatic* fever; as in phthisis, abscesses, etc.; but under certain circumstances we meet with *idiopathic* or *essential* fevers, which are quite independent of any local inflammation, as Enteric and Typhus, which are the result of a specific poison contaminating the blood. Again, fever may be of an *ephemeral* character, dependent on some cause which is merely sufficient to produce febrile disturbance without further mischief, as *simple continued fever* and *febricula.*

Symptoms.—Simple continued fever is usually ushered in by chills, or alternate chills and flushes, followed by burning

heat and dryness of the skin; full, quickened pulse; dryness of the mouth, lips, and tongue, the tongue being red or coated white; thirst; high-coloured, scanty urine: and constipation. To these may be added—pains in the loins, headache, loss of appetite, hurried breathing, delirium, etc., most of the symptoms usually being more severe at night. *Profuse perspiration*, bleeding of the nose, diarrhœa or herpetic eruptions, are generally associated with the decline of the fever, and the patient is left weak, but otherwise well.

Duration.—The period of this fever varies from one to three days, or longer. When the symptoms disappear in twelve or twenty-four hours, it is said to be an *ephemeral* disorder. But severe forms are often precursors of more serious diseases, as *Typhus*, *Pneumonia*, *Acute Rheumatism*, etc.

Causes.—Great, sudden changes of temperature; damp linen or houses; poor, or insufficient diet, or, on the other hand, overfeeding, the action of small or uncertain quantities of specific poisons, as of enteric or typhus poisons; inebriety; injuries; mental or bodily fatigue or excitement, or any circumstances which shock the nervous system. It may also be associated with various local or functional disturbances, as bronchial or gastric catarrhs, milk-fever, etc.

Treatment.—*Camphor.—Sudden seizure of chilliness; shivering*, with lassitude, and general indisposition which has come on rapidly. Two drops of the strong tincture of *Camphor* on a small piece of loaf-sugar, or two or three pilules, repeated three or four times, at intervals of fifteen or twenty minutes. This remedy may precede *Acon.*, or it may be alone sufficient.

Aconitum.—Alternate chills and flushes, hot and dry skin, and other symptoms mentioned above. A dose every two hours, or in urgent cases, every thirty or forty minutes, until the skin becomes moist, and the pulse less frequent. Should the attack be one of *simple* fever merely, this remedy will be

rapidly effectual; if it be the precursor of a more severe disease, it is still the best remedy at this stage. A profuse perspiration following its administration may be regarded as an indication of its beneficial action, and it should then be given less frequently, or discontinued.

Belladonna.—This remedy is required, if, after repeated doses of *Aconitum*, there should remain violent headache, redness of the face; confusion of ideas; a wild, fiery appearance of the eyes; throbbing of the blood-vessels in the temples; wakefulness, or even furious nocturnal delirium, and other well-marked cerebral symptoms. Sometimes it is best to alternate it with *Acon.* A dose every one to four hours.

Bryonia.—A *heavy stupifying headache*, aggravated by movement, with a sensation as if the head would burst; cough and oppressed breathing; oppression at the pit of the stomach, yellow-coated tongue, nausea, constipation, brown or yellow urine; *shooting pains in the limbs;* irritability, etc.

Arsenicum.—Severe or prolonged cases of *Febricula*, with much prostration, or occurring in feeble patients, may require the use of this remedy to facilitate recovery.

If the symptoms do not yield to the remedies prescribed, but increase in severity when they are expected to be declining, the case will probably prove to be one of Enteric-fever, and the previous section should be referred to.

Accessory Treatment.—The patient should be protected from too much light, heat, noise, company, too many or thick bed-coverings, and everything likely to cause excitement or prevent sleep. In the early stage of the fever, the adoption of the *hot foot-bath*, described p. 90, or the *wet-pack*, p. 91, will often at once restore the equilibrium of the system, or, at least, greatly hasten the cure. Water should be the principal beverage, given in small, frequently repeated draughts;

it encourages perspiration, and promotes the favourable action of the baths just prescribed. In acute fever, cold water is like the "Balm of Gilead."

10.—Yellow-fever *(Febris flava)*.

This fever is a *specific* disease, and must not be confounded with fevers of a malarial type, or others in which yellowness of the skin, delirium, etc., also occur. It is described as the *hæmagastric pestilence*, is *malignant* in character, *rapidly fatal*, usually happens but once to the same patient, is *contagious*, and chiefly endemic in low districts on the sea-coast. It has occurred (by importation) in Plymouth, Southampton, Lisbon, and other sea-port towns; but has never been known to propagate beyond 48° north latitude, nor without a temperature of at least 72° Fahr.

Chief Symptoms.—After a period of incubation of uncertain length—during which there may be merely a little depression, loss of appetite, and nausea—violent shivering, pallor of the face, congested lips, and continued delirium, supervene; the urine is suppressed; and a thick fur lies on the tongue, in white heavy flakes, which afterwards peels off, leaving the organ like a piece of raw beef; this condition is generally associated with *exudation of blood*. In an advanced stage *bloody furuncles* occur, or *hæmorrhage from various parts or organs simultaneously;* the urine is albuminous; and there is *vomiting of black fluid*. If the disease be not checked, the life of the patient is terminated by *exhaustion or syncope*.

Epitome of Treatment.—

1. *Chill stage.*—Camphor.
2. *The Fever.*—Acon., Bell, or Cimic.
3. *Second stage.*—Bry., Hyos., Ipec.
4. *Advanced stage.*—Phos., Lach., Ars.; Canth., Cann., Apis *(urinary derangements);* Arg. Nit. or Verat. Vir. *(black-*

vomit); Nit. Ac. *(as a weak gargle);* gum-water, or Calendula lotion, as an application to the raw surfaces.

5. *Preventives.*—Acon., Bell., Cimic.

See also the sections on "Jaundice," and "Enteric-fever." Under the latter disease will be found nearly all that is requisite to add further about curative, preventive, and accessory treatment.

11.—Intermittent Fever *(Febris Intermittens)*—Ague.

Geographical facts, collected by medical writers from Hippocrates downwards, show that every country is unhealthy in proportion to the quantity of marshy or undrained alluvial soil it contains, the inhabitants of such districts dying often in the ratio of 1 in 20 instead of 1 in 38—the average mortality in healthy districts. The connection of a given class of disease—represented by remittent and intermittent fever—with marshy districts is now distinctly established and generally recognised *(Aitken);* also, *per contra*, the disappearance of this class of disease has always been in direct relation to the drainage and cultivation of the soil. Two centuries ago, ague was a very fatal disease in this country. James I. died of it in 1625, Oliver Cromwell in 1658.

Definition.—It consists of severe paroxysms of fever, characterized by a cold, a hot, and a sweating stage, between which there is a period of comparative health, in which the patient is able to follow his usual occupation.

Symptoms.—These may set in suddenly, or they may appear gradually, until a regular paroxysm occur. The *first stage* comes on with a feeling of debility, weariness, chilliness, and rigors; then follow sensations as of cold water trickling down the spine and a shivering of the whole body; the teeth chatter, the nails turn blue, and the whole frame trembles, often with such violence as to shake the bed

on which the patient may be lying. The face becomes pale, the features and skin contracted, and the papillæ of the skin are rendered so prominent as to give it the appearance aptly described as *goose-skin*, such as may at any time be produced by exposure to cold. The countenance acquires an anxious expression, the eyes are dull and sunken, the pulse frequent and small, the breathing hurried and oppressed, the tongue white, and the urine scanty and frequently passed. After a time, varying from half an hour to three or four hours, the *second* or *hot* stage comes on with flushings, until the entire body becomes hot, with extreme thirst, full bounding pulse, throbbing headache, and restlessness, the urine being still scanty, but high-coloured. At length, after two, three, and even six or twelve hours, the *third* or *perspiring stage* succeeds, and the patient feels much relieved. Thirst diminishes, the pulse declines in frequency, and the appetite returns; at the same time there is a red deposit of *urates* in the urine. The perspiration first breaks out on the forehead and chest, and gradually extends over the entire surface of the body; sometimes it is only slight, but at other times it is very copious, saturating the patient's linen and bed-clothes. A paroxysm usually lasts about six hours, allowing two hours for each stage. The period between the paroxysms, as already explained, is called the *intermission;* but by an *interval* is meant the whole period or cycle between the beginning of one paroxysm, and the beginning of the next.

Types.—There are three chief types of ague: 1st.—*The Quotidian*, has a paroxysm daily, an interval of twenty-four hours, and is most common in the spring: 2nd.—*The Tertian*, has a paroxysm every other day, an interval of forty-eight hours, and is most frequent in the spring and autumn: 3rd.—*The Quartan*, has a paroxysm every third day, an interval of seventy-two hours, and is most common in the autumn. The hours of the day during which the paroxysms

occur are by no means uniform. The tertian is perhaps the most frequent, and has the most marked hot stage; but the quartan is the most obstinate. There is still another type in which, though there is an attack every day, those only resemble each other which occur on alternate days.

Laws.—Although at present ignorant of the physical or chemical nature of this *aërial poison*, we know that malaria obeys the following laws, which, from their great practical use, are worth remembering. 1st.—It spreads in the course of *prevailing winds*. It has always been observed that when the wind blows across malarious tracts of land, the disease spreads in the direction of the current; while the inhabitants of the opposite district escape. 2nd.—Its progress is arrested by *water*, especially by *rivers* and large *running streams*. Thus persons on board ship, or at the side of water opposite to a marsh, are unaffected by it, although a favourable wind transmit the poison to a far greater distance by land. Water probably absorbs malaria; and it is a common opinion in India that water so charged produces periodic fevers in those who drink it. In like manner, thick *rows of trees* intercept the progress of the poison. 3rd.—Malaria does not rise above the *low level*. It seems to be of greater specific gravity than atmospheric air, its power diminishing as we rise from the surface of the earth. Persons occupying the upper stories of a house in an infected locality suffer to a far less extent than those living on a ground floor. 4th.—It is most dangerous at *night*. It has been often observed that sailors who go on shore in the day-time, when off a malarious coast, do so without any bad results; but that those who remain on the shore during the night are almost invariably seized with fever.

Effects.—From the recurrence of internal congestions in each cold stage, the functions of the liver, bowels, and sometimes the kidneys, are disordered; the patient becomes

sallow, his limbs waste, the abdomen is distended, and the bowels are constipated. The spleen is especially liable to be enlarged, sometimes to a great extent, when it can be felt externally, attaining a weight of many pounds. An enlarged spleen is popularly called *ague-cake*. "The heat-generating power of all victims to malaria is impaired; hence they suffer from atmospheric changes, of which healthy men take no note" *(Maclean)*. Another result is extreme liability to repeated attacks; for the disease often leaves the body so enfeebled, that ague may be reproduced by agencies which, under other circumstances, would produce no ill effects. Some of the symptoms supposed to be due to malaria are, however, the effects of over-doses of *quinine or arsenic*, and have received the designation of *dumb-ague*.

Dumb-Ague.—Dr. Bayes has clearly shown that what Dr. Golding Bird describes in his work on Urinary Deposits, as *dumb-ague* with its "sallow aspect, depressed health, and visceral engorgement," is now known to be no ague at all, but is, in reality, slow *quinine-* or *arsenical-poisoning*. The over-dosing with *quinine* or *arsenic*, not the ague, is "the poison which remains in the system, and is continuing its work." Indeed, this is proved by Dr. Bird's own experience, for he proposed to cure the so-called "dumb-ague" by eliminating doses of *acetate of potash* and small doses of *mercury*. In short, as Dr. Bayes remarks, the teaching of Dr. Bird may be thus summarised:—*the most successful practice in the treatment of cases originally of ague, where the patient has been slowly saturated with quinine, consists in stimulating the liver by minute doses of mild mercurials, and the kidneys by mild diuretics, to enable them to eliminate and cast out the drug which has caused and is sustaining, an artificial disease in the system.*

Causes.—Ague is called an *endemic* disease, because it is peculiar to a particular locality or country. The *exciting*

cause is an exhalation of invisible particles from the surface of the ground, known by the term *malaria* or *marsh-miasma.*

The *predisposing causes* are fatigue, exhaustion, insufficient or improper diet, intemperance, exposure to night-air, and previous attacks of ague.

Epitome of Treatment.—

1. *Palliatives, during paroxysms.*—Acon., frequently repeated in the cold and hot stages, Ipec., Carbo Veg., or Verat.; also, and chiefly, mitigating the symptoms as they arise, by imparting warmth during the cold stage, removing the patient's coverings and giving cooling drinks during the hot; and supplying him with *warm* and *dry* linen when the perspiring stage has passed by.

2. *Curatives, during the intermission.*—China, Ars., Carbo. Veg., Nat. Mur., Cedron, Nux. Vom., etc.

3. *Consequences of ague.*—Merc. Biniod. (*enlarged spleen*) both internally and as an ointment over the gland; Phos. (*deranged liver*).

4. *Over-dosing by Quinine and Arsenic (Dumb-ague).*—Ipec., Carbo Veg., Cedron.

The *Curative* treatment is of the highest importance, the object being, not directly to arrest the paroxysms, but to bring about such a healthy condition of the system that the disease may gradually decline. It may sometimes be necessary to persevere for several weeks with the appropriate remedy, and not to change it too frequently, or at all, if the paroxysms occur at later periods of the day, and become less severe.

Special Indications.—*China.*—This is a great remedy in recent cases, especially in aguish districts, and when the symptoms are well defined, and take place in the regular order, and with an intermission of comparative health. The symptoms are—*yellowish complexion;* drowsiness after a meal; a sinking or empty sensation, without hunger, or hunger

easily satisfied; soreness or swelling of the liver or spleen; watery, slimy, or bilious diarrhœa; extreme sensibility to currents of air; depression and irritability. If preferred, a trituration of *Chin. Sulph.* 1x may be used in grain doses; or four grains of *Quinine* with one drop of *Sulphuric Acid*, may be put into a four-ounce bottle of water, and a dessert-spoonful taken as a dose, every four or six hours, one being administered an hour before a paroxysm is expected to occur. Should *Quinine* have been administered in excessive quantities, *Ars.*, *Cedron*, *Nat. Mur.*, or *Carbo Veg.*, may be substituted.

Arsenicum.—Chronic ague; irregular forms of ague, when the stages are not clearly marked, as in simultaneous or alternate shivering and heat, or internal shivering with external heat; *burning heat; insatiable thirst; great debility;* tenderness of the liver and spleen; nausea; *violent pains in the stomach;* great anxiety; tendency to *dropsical affections;* also when *Cinchona* has been used in excess. In *chronic* ague, *Ars.* is probably the best remedy; in *brow-ague* occurring in marshy districts, it is also very efficacious. A dose every four hours between the paroxysms if they occur daily, or once in six or eight hours if they occur every second or third day.

Ipecacuanha.—Nausea, vomiting, and other *gastric disturbances*, with a thickly-coated, yellowish, moist fur on the tongue.

Cedron—Is considered as a true anti-periodic, and in simple intermittents is said to be infallible. It is also recommended for neuralgia and other disorders when appearing in regularly recurring paroxysms.

Nat. Mur.—Is in high repute in America for chronic intermittents, and is indicated by "bilious vomiting before and during the chill, with great thirst, and sores on the lips or corners of the mouth" *(Pearson).*

Carbo Veg.—Is recommended by Dr. Bayes in the cold stage of ague, when this stage has greatly predominated. We have found it valuable in chronic cases, and have

witnessed its power in eliminating from the system the morbid products of the disease; we have proved it also curative of the artificial disease induced by over-doses of *Quinine*,—the *dumb ague* before referred to.

A much larger list of remedies is often prescribed, but we have treated most unpromising cases with complete success, by means of a small selection.

Accessory Means.—One of the first and most essential points is, if possible, removal to a healthy locality; this is often immediately attended by a very marked improvement in the health. If compelled to remain in an aguish district, particular caution is necessary against exposure; patients should not remain out of doors in the evening, or go out too early in the morning, at least not without first taking breakfast; they should also select the loftiest part of the house to sleep in. The light and heat of the sun and the air should be freely admitted during the middle of the day, but the night air carefully excluded. Fatigue should be avoided; also sitting or standing in a current of air.

Diet.—On the days in which the fits occur, the food should be light, and taken in small quantities, observing great care until the paroxysms entirely disappear, not to over-tax the digestive system. Gruel, arrowroot, tapioca, sago, or corn-flour; a little mutton or chicken broth, or tender meat, well masticated, may be taken in the intervals between the fits. Cold water may be freely taken.

Preventives.—Persons living in aguish districts should take a dose of *China* morning and night, during the prevalence of the disease. When compelled to be in a malarious atmosphere early in the morning or late in the evening, a good *respirator* should be worn, or, in the case of men, the beard should be cultivated. Immunity from exposure may also be secured by keeping the mouth shut, and breathing only through the nostrils.

12.—Remittent Fever *(Febris remittens).*

Definition.—Febrile phenomena, with exacerbations and remissions, the latter being less distinct in proportion to the intensity of the fever, which is *malarious*, and characterized by *great intensity of headache*, the pain darting with a sense of tension across the forehead. It is accompanied by *functional disturbance of the liver*, and frequently *yellowness of the skin.* The *malignant local fevers* of warm climates *are usually of this class (Aitken).*

Symptoms.—The following details are given, in addition to those contained in the definition:—An attack may come on *suddenly;* or be gradual in its development, and accompanied by the usual precursory chills. The hot stage, or period of *exacerbation*, commences before or about noon and subsides before night, or the reverse; there is much headache, "a painfully acute state of every sense," and great throbbing in the arteries of the neck. There is dry tongue, excessive thirst, tenderness at the epigastrium, and pain in the region of the liver.

Delirium is a frequent accompaniment, being preceded by distressing giddiness; when these symptoms are very marked, or there is lethargy or coma, a severe form of the disease may be expected; there is also sometimes vomiting of colourless, bilious, or bloody matters. The paroxysms may terminate in from six or seven to thirty-six or forty-eight hours. Inability to sleep is most constant. The first exacerbation is the longest; but generally after twelve or sixteen hours the symptoms remit. The duration of the *remission* is as various as that of the hot stage; the second paroxysm is more severe than the first, and is not preceded by chills, etc., but the febrile phenomena are more marked. In bad cases there is jaundice: typhoid symptoms supervene; black vomit may occur, the breath become fœtid, convulsions arise, and death

follow. In favourable cases, the disease shows signs of decline after the fifth exacerbation.

TREATMENT.—Dr. Aitken remarks of this fever—"*The first and most immediate object of treatment is to reduce the force and frequency of arterial action during the paroxysm.*" This, to the homœopath, is equal to prescribing *Aconitum;* and though that remedy has no specific relation to the blood-poison itself, it is capable of effecting "the first and most immediate object of treatment."

EPITOME OF TREATMENT.—

1. *Precursory stage.*—Gels., Camph. *(chills).*
2. *Hot stage.*—Acon. and Bell.
3. *Advanced stage.*—Ipec. *(gastric disturbance);* Baptisia or Ars. *(typhoid condition);* Hyos. or Bell. *(delirium);* Coffæa *(sleeplessness);* Opi. or Rhus Tox *(coma, or stupor);* Phos. *(jaundice);* Ars., Arg. Nit., or Verat. *(excessive vomiting,* or *black vomit,* etc.).
4. *During the Remission.*—Quinine.
5. *Preventive.*—Gels.

See also "Jaundice," and "Enteric-Fever." The "Accessory treatment" prescribed in the last-named disease is in most respects suitable to Remittent Fever. See pp. 156-162.

13.—Simple Cholera *(Cholera Simplex)*—English Cholera—Sporadic Cholera.

DEFINITION.—A disease accompanied by *vomiting and purging,* the discharges being of a *bilious* character (distinguishing it from Malignant Cholera, in which the discharges are not bilious), and which, if unchecked, may be followed by *cramps* in the stomach and bowels and a state of *collapse.* It occurs only from occasional causes and in single or scattered cases, hence it is called *sporadic.*

Summer-diarrhœa, by which is meant the diarrhœa prevalent in autumn and in hot weather generally, is of the same character, and requires similar treatment.

Epitome of Treatment.—Camph. *(Chills)*; Ipec. alt. Coloc. *(severe griping or cramps)*; China *(simple diarrhœtic evacuations with griping)*; Verat. Alb. *(sudden and violent attacks of vomiting and watery diarrhœa, even with cramps and collapse)*; Iris Vers. *(bilious motions with colicky pains)*; Ars. or Acon. *(collapse)*.

For more detailed indications and *Accessory treatment*, the reader is referred to the section on "Diarrhœa."

14.—Malignant Cholera *(Cholera pestifera)*—Asiatic Cholera *(Cholera Asiatica)*—Cholera Morbus—Choleraic Diarrhœa—Cholerine.

In this disease, which resists the efforts of the old system, Homœopathy has won brilliant and undying triumphs. The success of our system in the prevention and cure of Cholera, and other violent diseases, has contributed greatly to its rapid spread in every part of the world. A Parliamentary return, dated May 21st, 1855, entitled Cholera, testified that by the Homœopathic treatment of Asiatic Cholera in hospital, the death-rate was 16·4 per cent., while according to the aggregate statistics of the other (Allopathic) hospitals, it was 59·2 per cent.*

The history of cholera furnishes a beautiful practical illustration of the worth of that fundamental principle of Homœopathy, namely, that we must ascertain the powers of medicines by testing them upon the healthy body, before they can be properly applied to the removal of disease.

* In an article in the *Lancet* of July 28th, 1866, entitled "Cholera in the Metropolitan Hospitals," the writer states, "It is a melancholy fact to record, but at the time of our last visit no case of undoubted cholera had recovered."

Possessed of this knowledge, a medical man can treat a perfectly new disease, or one with which he is totally unacquainted, the symptoms of which correspond with those of any medicine previously so tested. Thus Hahnemann, from a mere description of the symptoms of cholera, and before he had seen a single case, selected from his Materia Medica those very remedies which have been so triumphantly successful in the hands of Homœopathic practitioners.

Definition.—Malignant cholera, a *miasmatic* disease (often epidemic), *propagated* through the air, and *communicable* from one person to another, is usually ushered in by premonitory diarrhœa, and accompanied by *sudden prostration*, tremors, dizziness, *spasm of the bowels*, faintness, *profuse* serous (rice-water) or bloody *alvine discharges*, *vomiting*, burning heat at the stomach, *coldness and dampness of the whole surface of the body*, *cold tongue and breath*, *unquenchable thirst*, feeble rapid pulse, extreme restlessness, oppressed breathing, *suppressed urine*, blueness of the body, sunken and appalling countenance, *peculiar odour* from the body, *collapse*, and finally—unless reaction comes on—death *(Aitken)*.

Cause.—Pathologists are not yet agreed as to the exact character of the *materies morbi;* but are unanimous in regarding the disease as a most serious one.* In India and other Asiatic countries, it is especially sudden and fatal. Instances of death taking place in two, three, four, or more hours, are extremely common. The experience gained during former visitations of Cholera teaches us that it seizes the poor in a far greater proportion than the rich, that the most potent conditions favourable to its spread are poverty, over-crowding, filth, intemperance, and *impure water*, and that as we prevent

* For a fuller discussion of the history, nature, and treatment of Malignant Cholera, including Dr. Rubini's success and the results of his plan as adopted in our own country during the epidemic of 1866–7, see *H. World*, vol. i., pp. 129, 177, and vol. ii. p. 214.

the accumulation of filth, foul air, and other causes of general disease, and supply the people with wholesome food and pure water, so we render inoperative the powerful agencies by which this dreaded disease chiefly spreads.

EPITOME OF TREATMENT.—

1. *Premonitory Diarrhœa.*—Camph. (the strongest dilution—Rubini's).

2. *Invasive stage.*—Camph., Acon. (strong tincture in drop-doses).

3. *Fully developed Cholera.*—If Camph. be insufficient—Ars., Verat., Cuprum.

4. *Collapse.*—Ars., Acon.

5. *Typhoid conditions.*—Phos., Ars., Carbo Veg.

6. *Convalescence.*—China, Phos. Ac.

GENERAL INDICATIONS.—*Camphor* should be administered, at frequent intervals, directly the first symptoms of cholera—diarrhœa, chilliness, and spasmodic pains in the abdomen—are noticed. It is often sufficient to cure the disease *immediately* in that stage. Should the disease have much advanced before the administration of *Camph.*, or not yield to it, administer

Aconitum.—Dr. Hempel has found this remedy "eminently useful, during the first invasion of the disease, in restoring the pulse and rousing the vital re-action generally." It should be given in the 1st dec. dil. or mother-tincture. Our own experience with this agent during the epidemic of 1866-7, when we prescribed it in several cases of diarrhœa with great pain in the bowels, coldness of the body, and cadaverous appearance, fully confirms the foregoing statement.*

* As an illustration of the value of *Acon.* in cholera, we mention the following facts from our own practice. In 1866 we prescribed, for a patient at a little distance, *Acon.* in a low dilution for severe pain in the abdomen. The medicine produced such striking results in his own case, that, having a large portion to spare, he gave doses of it to his friends when they suffered in a similar manner. Finding the remedy so useful in relieving acute pain, he

Arsenicum should be given, every thirty to sixty minutes, when there are cramps, suppressed urine, and *sudden extreme prostration*, the last symptom being more marked than the profuseness of the discharges. But

Veratrum should have the preference if there be *excessive vomiting and diarrhœa*, with cramps.

Cuprum is said to be of service, especially for the cramps and the cyanotic condition.

The remedies most suitable in COLLAPSE and in the TYPHOID CONDITION into which cholera patients often pass, have already been indicated. For detailed symptoms, see the *Materia Medica*, and the section *Enteric-fever*.

ACCESSORY MEANS.—*Absolute rest* in the recumbent posture, from the very commencement of the diarrhœa. A *hopeful and cheerful state of mind* should be fostered: a presentiment of death being unfavourable.

PREVENTIVE TREATMENT. — When cholera is epidemic, *Camphor* (the saturated tincture) should be taken once or twice a day, in doses of two or three drops on sugar. The *simple diarrhœa* which often precedes malignant cholera should be promptly met, as it is a serious symptom. *Camph.*, *Ars.*, or *Acon.* may be prescribed according to the indications.

SANITARY AND HYGIENIC MEASURES.—The following excellent advice has been given, and should be adopted on the earliest indication of cholera:—

The house should be well aired, especially the sleeping apartments, which should be kept dry and clean.

All *effluvia* arising from decayed animal or vegetable substances ought to be got rid of; consequently, *cesspools*

requested a supply to keep at hand. We furnished it; and at this time cholera broke out in the village, and, although he did not know the name of the remedy, he gave it to as many as he found suffering from cholera, taking the pain in the abdomen as the indication for its use. Death from cholera occurred, but in every instance the patients who had the *Aconite* treatment quickly recovered.

and dust-holes should be cleaned out, and water-closets and drains attended to. Disinfectants should be liberally used.

All exposure to cold and wet should be avoided, and *on no account should anyone sit in damp clothes, particularly in damp shoes and stockings. Care should be taken to avoid chills or checking perspiration.*

The clothing worn must be sufficient to keep the body in a comfortable and even temperature.

Habits of personal cleanliness and regular exercise in the open air should be cultivated; also regularity in the periods of repose and refreshment; anxiety of mind and late hours should be avoided.

The diet should be wholesome, and adapted to each individual habit. *Everyone should, however, be more than ordinarily careful to abstain from any article of food (whether animal or vegetable) which may have disordered his digestion upon former occasions, no matter how nutritious and digestible to the generality, and to avoid all manner of excess in eating and drinking.*

Raw vegetables, sour and unripe fruits, cucumber, salads, pickles, etc., should not be allowed.

The more wholesome varieties of ripe fruits, whether in their natural or cooked state, and vegetables plainly cooked, may be partaken of in moderation, by those with whom they agree.

15.—Diphtheria *(Diphtheria).*

Definition.—Diphtheria is a specific epidemic disease, in which some morbid material has been received into the blood, and in which there is exudation of lymph on the mucous membrane of the mouth, fauces, and upper part of the air-passages, or, occasionally, on an abraded portion of the skin, and attended with general prostration, and sometimes remarkable nervous phenomena.

As just described, it is a blood disease, manifesting local distinctive symptoms. It would be incorrect in theory therefore, and might lead to grave errors in treatment, if the constitutional disturbances were regarded as the effects of the physical changes about the throat, and so concentrating the attention on the tangible mischief, rather than attempting to cope with the whole systemic depression.

Symptoms.—Diphtheria is divisible into two classes, simple and malignant. In the *simple* variety, happily the most common, the symptoms are at first so mild as to excite little complaint beyond slight difficulty of swallowing, or pain in the throat, burning skin, pains in the limbs, etc., and is readily cured by one or more remedies selected according to the subsequent indications. In the *malignant* variety the disease is ushered in with severe fever, rigors, vomiting, or purging, sudden, great prostration and restlessness, the patient has an anxious expression of countenance, and it becomes evident that the system is labouring under some overwhelming disease. The skin is hot, the face flushed, the throat sore, and the mucous membrane bright red; the tonsils are swollen, and grey or white patches of deposit appear on them, small at first, but gradually enlarging, so that one patch merges into another, forming a false membrane in the throat; and swallowing and even breathing become difficult. In some cases, the false membrane has been detached, and after extreme efforts ejected, presenting nearly an exact mould of the throat. The exudation of diphtheria may be distinguished from a slough by its easily crumbling, by the facility with which it can often be detached, and by the surface thus exposed being red, but not ulcerated. The false membrane looks like dirty wash-leather; and between it and the true membrane an offensive bloody discharge exudes, imparting to the patient's breath a most repulsive odour. The glands of the neck are always enlarged, sometimes pain is felt

in the ear, and there is generally stiffness of the neck; the inflammation is liable to extend rapidly, in consequence of the continuity of the lining membrane of the throat with the mouth, nose, windpipe, and even the air-tubes of the lungs. If the disease progress, the patient passes into a stupor, and the difficulty of swallowing or breathing increases, till the false membrane is forcibly ejected, or the patient dies from suffocation, the exudation blocking up the air-tubes; or he sinks from exhaustion, similar to that observed in *Enteric Fever*. The latter is the more frequent cause of death.

Dangerous Symptoms. — A quick, feeble, or very slow pulse; persistent vomiting; drowsiness and delirium; bleeding from the nose; extension of the disease to the mucous membrane of the nose; difficult breathing; suppressed, or albuminous urine.

Diagnosis.—Diphtheria resembles *Croup* in the exudation of a false membrane on a mucous surface, but differs from it in several points. 1. The local inflammation begins in the pharynx instead of the trachea, although it may afterwards spread to the fauces, œsophagus, and respiratory track. 2. It attacks adults as well as children. 3. It is attended with extreme depression of strength, and in adults is usually fatal by asthenia, but in children sometimes by asphyxia, by obstruction of the larynx.

Some have thought that Diphtheria was only *Scarlatina* without an eruption; but, although there is some analogy between these diseases, further investigation has shown that they are distinct affections. An attack of Scarlatina confers no exemption from subsequent Diphtheria, and *vice versâ*. The after-effects of Diphtheria are of a severe *nervous* character; those of Scarlatina involve mischief in the kidneys or the chest.

Causes and Mode of Propagation.—Impure air, from *imperfect drainage*, living too near manure deposits, slaughter-

houses, or where animal substances are in a state of decomposition. It commonly occurs as an *epidemic*, and a solitary case may prove a focus for spreading the disease. The severity of the resulting attack seems to depend as much on the health and vigour of the patient as on the character of the infecting source.

Sequelæ.—After a short period of convalescence—a few days to one or two weeks—sequelæ are apt to arise, usually of disordered innervation, varying from defective nervous power in one or more sets of muscles, to a more or less perfectly defined *paralysis*. Nerves about the throat, the seat of the local manifestation of the disease, are especially liable to suffer, causing chronic difficulty of swallowing, hoarseness, etc. The most alarming of sequelæ is loss of nervous power of the heart, with feebleness of action, or, in extreme cases, complete cessation. Recovery, however, from impaired nervous power is not infrequent, though it is generally tedious.

Epitome of Treatment.—

1.—*Mild cases.*—Acon., Bell., or Baptisia, at the commencement; afterwards, if necessary, Merc. Iod., or Nit. Ac.

The treatment recommended in the articles on *Quinsy* and *Croup*, should be consulted, as the remedies there prescribed are often sufficient in Diphtheria.

2.—*Malignant Diphtheria.*—Kali Permang., Mur. Ac., Kali Bich., Ars., Ammon. Carb., etc.

3.—*Sequelæ (after-effects).*—Phos.; Phytolacca *(hoarseness, etc.)*; Coni., Gelsem., Rhus Tox., Sulph.; Dig. *(enfeebled heart)*; Chin. or Quinine *(debility)*.

Special Indications.—*Belladonna.*—Mild cases rapidly recover, and more severe cases often yield under this remedy when perseveringly administered in a low dilution (1st. dec.) Dr. Hughes recommends a freer resort to the aid of *Bell.*, but very properly adds, that if decided improvement have not resulted within forty-eight hours of commencing its use,

there is no advantage in persevering with it; or if the symptoms disappear at first under the influence of the remedy, but soon return, it should not be continued.

Muriatic Ac.—Malignant diphtheria, with foul, greyish ulceration of the throat, fœtid breath, and great general prostration of strength. This remedy should be used in a low dilution, and in frequently-repeated doses; also locally, as a paint to the throat, or as a gargle, when the patient is able to use it in this manner.

Merc. Iod.—This remedy has proved of great value in the disease, and should be administered as soon as any diphtheretic patches are observed in the throat, or swelling of the glands of the neck. Difficult swallowing, pain in and swelling of the salivary glands, and putrid sore throat, indicate this remedy. The first or second dec. trituration is the strength and form on which the greatest reliance may be placed.

Kali Permanganicum.—This appears to be well adapted to malignant diphtheria, with extensive swelling of the throat and cervical glands; pseudo-membranous deposit, partially or completely covering the fauces; obstructed swallowing; a thin, or muco-purulent discharge from the nose, excoriating the parts; thick, obstructed speech, and very offensive breath. "There is no remedy with which I am acquainted that will so rapidly and surely remove the offensive odour of the diphtheretic breath as the *Permanganate*. In this respect, the *Chlorate of Potassa* closely resembles it" *(Dr. H. C. Allen)*.

The *Permanganate*, or *Condy's Fluid*, should be used locally as a gargle or wash to the affected parts, as well as internally. It may also be used by *inhalation* or by the *spray-producer*.

Baptisia and *Phytolacca.*—Both these American remedies are strongly recommended in diphtheria; the former has a more specific relationship with the blood-poison, and the latter with the local effects of the disease. No cases of diphtheria have occurred in our practice since we have been

acquainted with these remedies; and we can, therefore, only recommend them on the authority of others, especially of Dr. Hale.

Arsenicum, in the last stages of the disease, is of immense value, particularly when the prostration of strength is very marked, or is increasing; when there are—œdema, putrid odour of the throat and air passages, and tenacious fœtid discharge from the lining membrane of the nostrils.

Ammon. Carb. is also a valuable remedy in extreme cases, and may be administered alternately with *Ars.* whenever the disease assumes a malignant type.

Local Treatment.—In the commencement, a large, thick hot poultice should be applied round the throat; but in advanced severe cases external applications are inadmissible, as they rather tend to increase the œdema and extend the disease. The inside of the throat may be steamed with the vapour of water and acetic acid (a wine-glassful of strong vinegar to a pint of water).

A very abundant and fœtid false membrane is liable to re-infect the system secondarily, and hence such solvents and deodorizers as *Mur. Ac.*, *Kali Permang.*, *Glycerine*, and especially *Acet. Ac.*, are of the greatest value.

Tracheotomy is sometimes performed, but it can hardly be expected to save life, inasmuch as the disease and false membrane extend down the trachea to the bronchi, beyond the reach of this operation.

Warm Vapour.—The temperature of the room should be maintained at 68° Fahr., and the atmosphere made moist by the steam from a kettle with a long spout constantly boiling on the fire. Such an atmosphere is easily secured by forming a tent with blankets over the bed, and then bringing a pipe conveying the steam under it.

Warm-baths.—These are most valuable accessories in the treatment of diphtheria. The skin is hot and dry, the urine

is often suppressed, the bowels confined, and thus the poison is retained in the system. Warm baths, and the free use of cold water as a beverage, often call into vigorous action the functions of the skin, and the secretions from the bowels and bladder are restored.

Ice.—If vomiting occur, constantly sucking small pieces of ice tends to allay it; it also affords comfort to the patient, and as a diluent it favours the action of the kidneys.

Diet, etc.—The strength of the patient must be well sustained, from the very commencement of the disease, by nourishment, and he must be urged to swallow it in spite of the pain which it occasions. Eggs beaten up in brandy, with hot water and sugar; beef-tea thickened with a little rice or pearl-barley; arrowroot or sago, with port or sherry. Sudden, extreme prostration sometimes requires wine or brandy.

In the case of children who persistently refuse to swallow, recourse must be had at the very outset, in bad cases, to nutritive injections. Dr. Kidd recommends the yolk of an egg beaten up with a table-spoonful of new milk, and two tea-spoonfuls of fresh essence of rennet, or an ounce of extract of beef with a scruple of pepsine. Injections should be commenced immediately the true character of the disease is recognised, repeated every two to four hours, and consist of about one ounce at a time.

Convalescence.—Much caution and patience are required during convalescence, as relapses are prone to occur. Nourishing diet, rest, and change of air, are of great utility. Nothing does so much good as a thorough change of air.

Preventive Measures.—The cesspools should be emptied, and if too small or defective, new ones built. The house and local drainage should be thoroughly examined, and imperfections scrupulously rectified; the water-closets carefully trapped and ventilated, and, if necessary, chloride of zinc or

of lime constantly kept therein, and thrown down the drains. All dust-holes and accumulations of refuse should be cleared away; while a plentiful supply of water should be kept in the house, and every room regularly well cleaned, white-washed, and thoroughly ventilated.

16.—Hooping-Cough *(Pertussis).*

Definition.—This is paroxysmal cough of an epidemic and contagious nature, consisting of a series of short, spasmodic, forcible expirations, followed by a deep, prolonged inspiration, attended with a peculiar sonorous sound called the "hoop," "whoop," or "kink," the paroxysms terminating in expectoration or vomiting.

It chiefly affects infancy and childhood, and in delicate or scrofulous constitutions is a distressing malady.

Symptoms.—Hooping-cough is generally preceded by a common cold, cough, and febrile symptoms. After the catarrhal stage has existed from seven to ten days, the cough becomes louder and more prolonged, until it assumes the characteristic convulsive character. Each paroxysm consists of a number of sudden, violent and short *ex*piratory efforts or coughs, which expel so large an amount of air from the lungs that the patient appears on the point of suffocation: these forcible efforts are followed by a deep-drawn *in*spiration, in which a rush of air through the partially-closed glottis, gives rise to the distinctive crowing or hooping noise. This *hooping* is the signal of the patient's safety, for when suffocation does take place, it is before the crowing inspiration has been made. During the paroxysms, the face becomes deeply red or black, and swells; the eyes protrude, and are suffused with tears; and the expression and appearance of the sufferer are such as apparently indicate imminent suffocation. The paroxysm

terminates by the expectoration or vomiting of a considerable quantity of glairy, ropy mucus, almost immediately after which the child returns to his amusements, and appears quite well. The ropy kind of expectoration which follows the cough enables us to distinguish it from common cough even before the hoop has been heard. The attacks recur three or four times a day, or every three or four hours, or oftener; sometimes blood escapes from the nose, mouth, and even from the ears, during the fits.

Pathology.—A specific blood-poison, producing a peculiar inflammation of the mucous membrane of the bronchi, and as a consequence of this the absorbent glands at the root of the lungs enlarge and then irritate the branches of the *pneumo-gastric nerve*, which are situated there.

Cause.—An unknown *materies morbi* acting in the body, transmitted by the air and by *fomites*.* It spreads by infection, and one attack generally protects the system from its recurrence. As an infectious disease it is most dangerous to the unaffected when at the height of its development. Grauvogl regards hooping-cough as symptomatic of kidney disease, and prescribes *Nux Vom.* (see vol. 2, p. 190.)

Complications.—Hooping-cough may be complicated with small-pox, measles, bronchitis, pneumonia, pericarditis, etc. It is therefore desirable that the chest should be examined occasionally during the disease by *percussion* and *auscultation*, especially in obstinate cases, so that any complications may be early met by appropriate measures. Convulsions are liable to occur if teething be in progress at the time. If there exist a predisposition to consumption, hooping-cough may hasten its development.

* "Hooping-cough was some years ago introduced into St. Helena, where it proved very fatal: the captain of a ship, having some children labouring under the disease on board, allowed their dirty linen to be sent on shore to be washed, and so introduced the disease among the inhabitants" *(Aitken)*.

Treatment.—The ordinary course of hooping-cough—six weeks to three months, or much longer—may be greatly abridged, and its intensity moderated, by medicines Homœopathic to the condition. As it begins in a common cold, medicines for its early treatment may be chosen from the sections "Cold in the Head," and "Cough;" the prompt use of which may prevent the development of the disease.

Epitome of Treatment.—

1. *Premonitory febrile symptoms.*—Acon., Bell.
2. *Developed hooping-cough.*—Dros., Coral. Rub.
3. *With gastric symptoms.*—Ipec., Puls., or Ant. Tart.
4. *With convulsions.*—Cup., Bell., Opi., Hydroc. Ac.
5. *With lung complications.*—Acon., Phos., Bry.

Special Indications.—*Aconitum.*—Dry, hard, or wheezing cough, with burning pains or tickling in the windpipe, most severe at night, dry heat of the skin, scanty, high-coloured urine, and other febrile symptoms.

Belladonna.—Sudden, violent cough, *worse at night*, with *sore throat*, determination of blood to the head, effusion of blood in and around the eyes, bleeding at the nose, etc. In the usual course of hooping-cough, it may advantageously follow *Aconitum.*

Drosera.—Hooping stage, with frequent and excessively severe paroxysms of hoarse loud cough, sometimes with hæmorrhage from the mouth and nose; there may be no fever, or it may be intense, with perspiration, vomiting of food, water, or slimy mucus. *Drosera* is generally efficient in epidemic hooping-cough, except in scrofulous children, who require professional treatment. A dose after every fit of coughing, till improvement takes place.

Ipecacuanha.—*Vomiting* of mucus and other *gastric* symptoms; sneezing; watery or bloody discharges from the eyes and nose; violent cough, which threatens suffocation, the face becoming blue and turgid.

Veratrum.—The mucous rattle begins low down in the chest, with tickling irritation, constriction of the larynx, fever, thirst, extreme *weakness*, *cold perspirations*, bluish face, protruding eyes, anxious expression, involuntary escape of urine or fœces during the height of the cough, and vomiting of large quantities of mucus at the end of the paroxysm.

Cuprum.—Violent forms of hooping-cough, causing *convulsions;* the body becomes rigid, the cough suffocating, and the breath nearly suspended during the paroxysms, which occur frequently, and are followed by vomiting, great prostration, and slow restoration.

Opium.—*Stupor*, irregular breathing, constipation; also in cases in which a remedy, well indicated, does not produce the desired results. After a few doses of *Opium* the remedy indicated may be administered.

Phosphorus.—Hooping-cough complicated with *diseases of the chest*, fever, pain, etc.

Cina.—Hooping-cough with worm symptoms, paleness, picking of the nose, itching of the anus, irregular appetite, etc. (See the section on "Worms.") *Cina* is often useful in alternation with *Bell.*, especially if there be symptoms of water on the brain.

Sulphur.—Hooping-cough on the decline; this may be recognised by the phlegm losing its tenacious character and becoming opaque. (See also *Puls.* and *Carb. V.*)

Diet.—Light, easy of digestion, highly nutritious, and only in moderate quantities; all stimulants should be avoided. Indigestible or too large a quantity of food is almost certain to excite a paroxysm. If fever be present, the use of animal food should be restricted. Toast-and-water, barley-water, gum-water, or linseed tea, varied to meet the patient's taste, are grateful and soothing.

It is necessary to treat children with great consideration during the complaint, and to overlook many of their dere-

lictions; as violent emotions of the mind, or fits of anger, add to the severity and frequency of the paroxysms. Infants must be constantly watched, taken up as soon as a fit comes on, and placed in a favourable posture.

Frictions with olive oil, or simple liniment, over the chest and along the spine, for ten or fifteen minutes, morning and night, in a comfortably warm room without currents of air, are often of great efficacy.

Accessory Treatment.—During fine, warm weather, the patient should remain in the open air as much as possible; but damp, cold, and exposure to draughts should be strictly avoided. In obstinate cases, and in convalescence, *change of air*, if only for a short distance, proves very beneficial. If possible, mountain- or sea-air, or pure country-air should be chosen, as it acts favourably by removing irritation of the nervous system, and completing the restoration to health.

17.—Mumps *(Parotides).*

Definition.—An epidemic and contagious affection of the parotid and salivary glands, more prone to attack children than adults, and seldom occurring more than once to the same person.

Symptoms.—Swelling heat and soreness in one or both parotid regions, at the angle of the lower jaw, preceded by febrile symptoms. Sometimes one side, and sometimes both sides, are affected; there is often considerable deformity, with difficulty and pain in moving the jaws. On or about the fourth day, in favourable cases, the inflammation and swelling have reached their height, and by about the eighth or tenth day all traces of the complaint have disappeared. Mumps never or rarely lead to suppuration.

Metastasis.—A curious but important circumstance connected with this affection is, that in many cases, as the

swelling of the neck and throat subsides, the *testicles* in the male, and the *mammæ* in the female, become tender and swollen. Occasionally the metastasis is from the neck and throat to the brain, and then it becomes a very serious disease.

The transference of the disease from the part first implicated to the testicle, mamma, or brain, is much more likely to supervene when the swelling *suddenly* subsides, as on exposure to cold, or from cold applications.

Causes. — A specific morbid miasm, generated during peculiar conditions of the atmosphere, which spreads by contagion.* Cold and damp are especially favourable to its appearance. It is also liable to occur during the course of severe fevers, in cholera, and from large doses of *iodine* or *mercury*.

Epitome of Treatment.—

1. *Premonitory fever.*—Acon. (two or three doses usually sufficient).

2. *Swelling of the glands and difficult mastication.*—Merc. Sol. or Merc. Iod. (a dose every six hours will usually be sufficient).

3. *Metastasis.*—Bell. *(to the brain)*, Puls. *(to the testicles and mammæ)*.

Accessory Measures.—Exposure to cold or damp during the progress of the disease should be avoided; also cold local applications, as they would favour the tendency to metastasis of this disease to more important organs. Warm fomentations are beneficial, the parts being covered in the intervals with a silk handkerchief or with one or two thicknesses of

* The following fact, from Hooper, illustrates its direct propagation from person to person: "A medical student had *mumps* in London, at a time when his mother was staying with him. They remained in town till the swelling disappeared, and then went—a hundred miles into the country—home. There was no mumps in that neighbourhood; but a fortnight after their arrival one of the children was taken with the disease, and it afterwards successively affected, at regular intervals of a fortnight, each member of a large family."

flannel roller. In mild cases, a flannel roller is the only local application necessary. Complete *rest*, both physical and mental, and liquid food, favour recovery. All excitement should be avoided.

18.—Influenza *(Catarrhus Epidemicus).*

Definition.—An epidemic disease with special and early implication of the mucous membrane of the nose and upper part of the throat, lasting from four to eight days. One attack is not preservative against a subsequent one in another epidemic.

It was first called *Influenza* in the seventeenth century, in Italy, because it was attributed to the "Influence" of the stars, and this term has now passed into medical use *(Parkes)*. It is supposed to travel from east to west, spreads most rapidly and extensively, and rarely remains more than from four to six weeks in one district. It is most severe in low and insalubrious localities, and at the early part of the visitation. In aged persons, and in others whose lungs have been previously diseased, it is a tedious and sometimes fatal complaint. "In the epidemic of 1847 it has been calculated that in London at least 250,000 persons suffered; in Paris between one-fourth and one-half of the population; and in Geneva not less than one-third" *(Peacock)*. The disease is not limited to man, but has been noticed especially in horses and dogs.

Diagnosis.—The symptoms differ from those of common cold chiefly in their sudden appearance and rapid extension among a population, their entire disconnection from either a low or a sudden variation of temperature, the great febrile disturbance which prevails, marked general prostration and nervous depression which accompany and follow the disease, and in their protracted duration.

Symptoms.—Chilliness or coldness down the spine, anxiety, feverishness, frontal headache, pains in the limbs and back, severe paroxysms of cough, nausea, loss of appetite, vitiated taste, aching pain and suffusion of the eyes, great sneezing, thin acrid discharge from the nostrils, and extreme prostration of muscular strength. In short, all the symptoms which characterize *gravedo*, *coryza*, and *bronchitis* respectively, are often present in *influenza*. The mortality is extremely small except in aged persons.

Epitome of Treatment.—

1. *Uncomplicated Influenza.*—Ars.
2. *With troublesome cough.*—Kali Bich.
3. *Tedious or imperfect recovery.*—Sulph., Phos.

Diet and Regimen.—Farinaceous food, and if there be great prostration, beef-tea, with *repose in bed* or on a couch. In many cases, confinement in bed for a day or two is quite necessary for the safety of the patient, and *always hastens recovery*. The room should be warm, well ventilated, and the patient placed so as to avoid draughts or chills. If there be much fever present, with loss of appetite, toast-and-water or barley-water will be suitable. When the cough is very severe, the air of the room should be kept moist by conducting the steam into it from a boiling-kettle by means of a tube, or by putting boiling-water into flat shallow vessels; also *inhalation* of hot vapour is useful (see "Inhalation," Part II., pp. 100-2). When the fever abates, a more generous diet should be allowed. If prostration be the predominant symptom, *Liebig's Extract of Beef* should be resorted to. After a severe attack, change of air, with walking- or horse-exercise, is very desirable. During an epidemic of influenza, night-air is invariably injurious.

Complications.—Should these arise, they must be treated according to their nature, as directed in other portions of this manual.

19.—Erysipelas *(Erysipelas)*—St. Anthony's Fire—Rose.

Definition.—An inflammatory affection of the skin *(simple erysipelas)*, sometimes extending into the tissues beneath, with diffuse inflammation of cellular tissue *(phlegmonous erysipelas)*; and tending to spread indefinitely.

Idiopathic erysipelas arises from constitutional causes, and generally affects the head and neck; *traumatic*, follows a wound or injury, and may occur on any wounded part.

Symptoms.—*Simple erysipelas* is known by a spreading redness of the skin, of an inflammatory character, with considerable puffy swelling, tenderness, burning, and a painful sensation of tingling and tension. The colour of the skin varies from a faint-red to a dark-red or purplish colour, becoming white under pressure, but resuming its former colour on the removal of the pressure. An attack is usually ushered in with shivering, languor, headache, nausea, bilious vomiting, and the ordinary symptoms of inflammatory fever, accompanied or followed by inflammation of the part affected.

Phlegmonous erysipelas is marked by a deeper redness, or it may be redness of a dusky or purple hue, which is scarcely, if at all, removed by pressure; the pain is burning and throbbing; the swelling is greater, and the swollen surface is irregular; and there is often deep-pitting upon pressure. Sometimes the swelling and disfigurement are so great that the features are altogether obliterated, and the parts lose all resemblance to anything appertaining to a human being. Delirium often occurs irrespective of any involvement of the membranes of the brain.

Dangers.—Erysipelas may prove fatal in the following ways:—(1) By *exhaustion:* the constitutional symptoms resemble those of enteric-fever, and the degree of blood-poisoning is great, although the local disease may be limited

in extent. (2) By *obstruction to the air-passages:* the inflammation may lead to infiltration of the sub-mucous tissues about the windpipe, the opening into which may be closed, and the patient die suddenly of *apnœa.* The symptoms indicating this condition are—impaired respiration, slight lividity of the lips or finger nails, altered tone of voice, or cough, etc. (3) By *coma,* from effusion within the cranium: this may arise from extension of the inflammation to the membranes of the brain.

Causes.—Debility and loss of resisting power, from disease; the habitual use of stimulants; exposure to cold; impaired digestive organs; wounds; badly-ventilated and over-crowded apartments; certain conditions of the atmosphere; and a morbid state of the blood. The tendency of this disease to attack different parts simultaneously or by *metastasis*—that is, leaving one part and flying to another—furnishes evidence of its origin in a vitiated condition of the blood. The chief *exciting* cause of erysipelas is undoubtedly a recent wound, and the *predisposing* cause is inattention to those hygienic conditions that should surround a patient, combined no doubt with the existence of a personal or family proclivity to the disease. An incautious use of *Arnica* may occasion an attack.

Prognosis.—The simple or cutaneous variety is attended with much less danger than the phlegmonous: the idiopathic with less than the traumatic. It is also more serious when it occurs in an epidemic or endemic form. Mere extent of inflammation is not of so much importance as a high degree of blood-poisoning, combined with a rapid and weak pulse, a dry brown tongue, low muttering delirium, and great prostration. When the disease attacks the head, unless it is controlled by skilful treatment, the membranes of the brain are in danger of being implicated. The disease in any of its forms is most serious at either of the extremes of life. Lastly, the habits and health of the patient, prior to the attack,

greatly influence the result. It is especially fatal to drunkards and to patients of a broken-down constitution.

EPITOME OF TREATMENT:—

1. *Febrile stage.*—Acon.
2. *Smooth (non-vesicular) variety.*—Bell., Bry., Puls.
3. *Vesicular (with little bladders).*—Rhus Tox., Canth., Verat. Vir.
4. *With much puffy swelling.*—Apis.
5. *Phlegmonous.*—Ars., Carbo Veg., Nit. Ac.
6. *Gangrene.*—Lach., Ars.
7. *Chronic erysipelas.*—Sulph.

SPECIAL INDICATIONS.—*Aconitum.*—General fever, much local inflammation and tenderness. A dose, several times repeated, at intervals of two or three hours. *Acon.* is mostly required before the rash appears, but may be given, if indicated, at any stage of the disease. Hempel recommends the concentrated tincture of the root of *Acon.* as one of the best remedies for either smooth or vesicular erysipelas.

Belladonna.—Cutaneous, bright-red inflammation, swelling, the eruption being *non-vesicular*. If there be *excessive* swelling, *Apis* should be preferred. Violent headache, thirst, constipation, and brown-red thick urine, often attend this variety of the disease. *Bell.* is especially indicated if the inflammation extend towards the brain; if there is delirium, lethargy, or twitching, and may sometimes be alternated with *Acon.* in the early stage of the disease.

Bry. may be substituted for *Bell.* if the joints are specially affected.

Puls. should be given if the disorder flies quickly from one part to another; or in digestive derangement after the decline of the eruption.

Rhus Tox.—*Vesicular* erysipelas, whether on the face or other part of the body, with swelling, shining redness of the part, and great restlessness.

Veratrum Vir.—This remedy is also adapted to the vesicular form of the disease, when accompanied by cerebral disturbance.

Apis.—Erysipelas with *acute œdema*, without the intense cutaneous inflammation indicating *Bell.*, or the disposition to form vesicles like *Rhus (Hughes).*

Cantharis.—Erysipelas from the improper use of *Arnica*, and *vesicular* erysipelas.

Arsenicum.—This remedy is indicated when the erysipelatous inflammation assumes a gangrenous character, if fresh patches appear when others decline, also when there is great general prostration.

Local Measures.—In the local management of erysipelas, the natural functions of the skin are to be promoted, and currents of air, or exposure of the skin to great variations of temperature, guarded against. In mild forms of the disease, no external applications are required; wet compresses, ointments, etc., are not only useless, but favour the spread of the inflammation. But when there is great heat or irritability of the skin, much relief will be experienced by dusting it over with dry flour, finely-powdered starch, or violet powder. Flour is also useful to absorb any fluid that exudes from the skin. When, however, inflammatory swellings are very tense and painful, warm fomentations may be first applied, and afterwards the parts sprinkled over with flour or fine starch, or painted with collodion, if the inflammation is of limited extent, or any other suitable substance, to keep out the air. If there is much œdema, moderate pressure should be maintained by the application of well-adjusted bandages. If matter forms, incisions are generally necessary to afford openings for its discharge; poultices are then to be applied, and afterwards bandages, to prevent the lodgement of matter.

Dr. Wilkinson recommends lotions of *Veratrum Viride;* he remarks, "The triumph of *Veratrum Viride*, locally applied

to pure erysipelas, is as complete as the art of medicine can desire. Diversity of cases of course require corresponding diversity of treatment; yet, from no slight experience, I can declare that *Veratrum Viride* is a cardinal remedy for erysipelas."

Diet. — Pure water, gum-water, or barley-water, with lemon-juice, to allay the thirst. If the attack is severe and protracted, essence of beef, and even wine or brandy may be required. Subsequently, a change of air, regular habits, and nourishing diet, essential in the after-treatment of all acute diseases, are necessary after a severe attack of erysipelas.

20.—Puerperal-Fever *(Febris puerperarum)* and Puerperal Ephemera *(Ephemera puerperarum)*.

Definitions.—*Puerperal-fever* is a continuous fever, communicable by contagion, occurring in connection with childbirth, and often *associated with extensive local lesions*, especially of the uterine system.

Puerperal ephemera (sometimes called *weed*) is a fever, consisting of one or more paroxysms, occurring a few days after delivery, generally attended by diminution of the milk and lochia, and *unaccompanied by local lesions.*

Prompt medical attention is most desirable.

Epitome of Treatment.—

1. *Invasive stage.*—Acon.
2. *Cerebral disturbance.*—Bell.
3. *Complications.*—Bry., Acon., Bell., Merc., Hyos., Stram., Ars., etc.

For *Special Indications* and *Accessory Treatment*, see the "Lady's Homœopathic Manual," where these diseases are more fully considered.

CHAPTER II.

General Diseases *(continued)*:—B. Constitutional Diseases.

21.—Acute Rheumatism *(Rheumatismus acutis)*—Rheumatic Fever.

Definition.—A specific febrile disorder, accompanied by acute inflammation of the white fibrous tissues,—ligaments, tendons, sheaths of tendons, aponeuroses, fasciæ, etc., surrounding the joints, of which several are affected simultaneously or in succession. The local symptoms are very erratic; the skin of the affected part is covered with a copious sour, sticking perspiration, containing lactic acid; and the blood has a large excess of fibrine, probably to the extent of thrice the normal quantity.

Sub-acute Rheumatism is the same affection in a modified form, often following upon the acute disorder.

Symptoms.—Acute rheumatism is usually ushered in with febrile disturbances, followed by the local attack of inflammation of the fibrous structures about one or more of the larger joints—the shoulder, elbow, knee, ankle, the fibro-serous covering of the valves of the heart, the pericardial sac, etc. Exposed joints appear to be more prone to attacks than those that are covered, the larger more frequently than the smaller, and the small joints of the hands more frequently than those of the feet. Sprained or otherwise injured joints are particularly liable to suffer. The general febrile condition often precedes the local inflammation one or two days; sometimes the general and local symptoms occur simultaneously, while in others the inflammation of the joints precedes the

febrile condition. The affected joints are swollen, tense, surrounded by a rose-coloured blush, and acutely painful; pain, however, is a more constant symptom than swelling, and swelling than redness. The pain of rheumatism has many degrees of intensity, is generally intermittent, abates somewhat in the day, but is aggravated at night, and in all cases is increased by pressure, so that even the touch of the medical attendant or nurse, or the weight of the bed-clothes can scarcely be borne. Often the patient remains fixed, as it were, in one posture, from which he dare not move, and declares that he has lost the use of a limb. The skin is hot, but covered with a sour sweat, having an offensive odour, and so highly acid as to redden litmus paper. The perspirations, although unattended by immediate relief, are nature's mode of elimination; for the pains are always aggravated, and the constitutional symptoms intensified, if they become suppressed. It is only when the perspirations lose their peculiar *sour* character that they become useless. The *urine* in acute rheumatism is scanty, often resembling porter in colour, of high specific gravity, and deposits on cooling, deep-coloured sediments of urates. The pulse is round and full, varying from 90° to 120°; the tongue loaded with a yellowish-white mucus, but the head is unaffected, or but slightly so. The usual absence of headache or delirium is a distinguishing point between acute rheumatism and the continued fevers. Intense thirst is a common feature, the appetite is fastidious, and the digestive functions are seriously impaired.

"Such are the general and local expressions of a diseased state of the system in acute rheumatism; and at the height of the disorder it is difficult to conceive a more complete picture of helplessness and suffering than that to which the patient is reduced. A strong and powerful man, generally unused to disease, lies on his back motionless, unable to raise his hand to wipe the drops which flow fast from his brow in the paroxysms of pain, or the mucus which irritates his nostril. Indeed, he is so helpless

that he is not only obliged to be fed, but to be assisted at every operation of nature. The sweat in which he lies drenched seems to bring him no relief; his position admits of no change; if he sleeps, it is short, and he wakes up with an exacerbation of suffering which renders him fretful, impatient, and discontented with all around him" *(Aitken)*.

Rheumatism is usually erratic; it often suddenly quits one joint to appear in another, and then in another, afterwards, perhaps, travelling back to its original seat, the development of inflammation in one joint being often accompanied by its rapid subsidence in another, this alternation occurring many times during an attack. But the most serious metastasis is from the joint-structures to other fibrous tissues, as the pericardium or the valves of the heart. This complication may be expected in very severe attacks, in young persons, in women oftener than in men, in patients who have been weakened by disease or other causes, and in persons troubled with irritability or palpitation of the heart.

Heart-Complications.—When cardiac inflammation arises, the patient's countenance becomes dreadfully anxious, the breathing distressed, and pain is complained of in the heart's region; also there is tenderness between and under the ribs, and there may be palpitation or irregular action of the heart. The physical *signs* of *pericarditis* (inflammation of the membrane or bag that surrounds the heart) may be detected by the stethoscope, and a distinct friction or *to-and-fro* sound heard, like the rubbing of paper, owing to the roughening of the serous surfaces by effusion of fibrine. This sound may soon be lost, either from the opposite surfaces becoming glued together, or separated by serous effusion. If the amount of effusion be large, both the circulation and the respiration become seriously embarrassed, the heart beats tumultuously, the sounds become muffled, and there is increased extent of dulness in the heart's region.

Endocarditis (inflammation of the inside lining of the heart,

especially of the valves) may arise, with pericarditis or separately. The *symptoms* are similar to those of pericarditis, but the physical *sign* is a *bruit* (a modification or an unnatural character of one or both of the natural sounds of the heart). In consequence of the extreme danger of these complications all cases of severe rheumatic fever should be watched daily by a medical man, so that the signs and symptoms of heart-complications, which often come on very insidiously, may be early recognised, and appropriate treatment at once adopted.

Rheumatism and Gout.—For a tabular statement of the differences between these diseases, see the section on "Gout," p. 213.

Causes.—The *predisposing* cause is some morbid product in the blood, a product probably of unhealthy assimilation. "The circulating blood carries with it a poisonous material, which by virtue of some mutual or elective affinity falls upon the fibrous tissues in particular, visiting them and quitting them with a variableness that resembles caprice, but is ruled, no doubt, by definite laws, to us, as yet, unknown" *(Watson)*. These *materies morbi* with which the blood is loaded, constitute that predisposing cause without which it is probable the disease would never occur. Hereditary predisposition exists undoubtedly in many persons. The suppression of an eruption or rash, as measles, or the sudden stoppage of dysentery, may also act as a predisposing cause.

The *exciting* causes are, exposure to cold and wet, especially *evaporation* from wet or damp clothes, causing chill. This is no doubt an explanation why the disease is most common among the poorer classes of society, who cannot protect themselves so effectually as their wealthier brethren. The cold probably excites an attack of acute rheumatism by arresting the secretory functions of the skin, by means of which, in health, morbid substances in the blood are often removed; now, however, the functions of the skin being deranged, un-

healthy principles accumulate in the blood, and rheumatism results. Mere cold, however, is not so much a cause of rheumatism as extreme atmospheric vicissitudes. Hence it is found that it does not prevail most, abstractedly, in the coldest regions of the globe, but rather in those climates and during those seasons remarkable for damp and changeable weather.

EPITOME OF TREATMENT.—

1. *Rheumatic Fever.*—Acon., Bry., Bell.

2. *Complications and secondary disorders.*—Cimic., Cactus Grand., Spig., or Ars. *(for the heart);* Colch., Coloc., Ran. Bulb., Rhodod., Rhus Tox., or Kali Iod. *(for the joints).*

3. *Sub-acute.*—Cimic., Rhus Tox.

4. *Wandering Rheumatism.*—Puls., Cimic. Rac.

5. *Rheumatic Gout.*—Colch., Puls., Coloc. See also under "Chronic Rheumatism."

TREATMENT.—*Aconitum.*—Acute rheumatism, especially at the commencement, *when the fever is high*, and there are violent shooting or tearing pains, worse at night, and aggravated by touch. Also swelling and redness of the affected parts, impaired appetite, high-coloured urine, and other febrile symptoms. *Acon.* may be administered either alone or in alternation with *Bry.*, at intervals of one to three hours; or the latter may be administered in the day time, and the former at night. In numerous instances, *Acon.* is sufficient in the early stage of acute rheumatism to cure it without the aid of any other remedy. It should be given in a low dilution.

Bryonia.—Is most frequently required after the use of *Acon.*, and is chiefly indicated when the pains are lancinating or stitching, and seem to affect the muscles rather than the bones; are worse on *the least movement*, but are relieved by rest; there also exist febrile heat, gastric derangement, profuse perspiration or coldness and shivering, and irritability of

temper. *Cardiac*, *lung*, or *pleuritic complications* are but extensions of the rheumatic disease, and are not, therefore, necessarily indications for any change from *Bry.* or *Acon.* It is sometimes necessary to change the remedy to *Rhus*, if the tendons become implicated.

Bell.—May be advantageously given in hourly doses at night, if the patient cannot sleep.

Sulphur.—This remedy is especially indicated if the constitutional predisposition is strongly marked, and should be given for some time after the acute symptoms have subsided, to complete the cure and prevent obstinate sequelæ; also as an intercurrent remedy. It is especially useful in rheumatism following repelled eruptions, and when the pains are drawing and tearing, *worse when cold*, and *better when warm.*

Diet.—During the fever the diet should be mainly restricted to water, milk, barley-water, gruel, and arrow-root, at least at first: afterwards, beef-tea, mutton-broth, etc. In rheumatic-fever there is a strong argument for restricting the supply of nutriment to a liquid form. If meat be given before the power of fully converting it into living flesh is restored, a semi-conversion into lactic acid takes place, and then a febrile disturbance is produced, which is followed by a return of the rheumatic pains. Or perhaps rheumatic fever is due to an excess of lactic acid in the blood; and if so, the relapse which ensues on the generation of it is readily explicable. Vegetable matter does not expose patients to the same danger, and thus by dint of rice-puddings, porridge, gruel, bread, mashed potatoes, and the like, we may satisfy the hunger of our patients without provoking a relapse of rheumatic fever, which solid meat is likely to do *(Chambers)*. Good claret is a valuable adjunct.

Hydropathic Treatment in the early stages of the disease is highly beneficial. Warm baths, hot-air baths, or hot compresses, are both useful and comforting. *Spongio-*

piline, made into gloves or caps for the hands, feet, elbows, or knees, or shaped to cover any large surface, is an excellent substance for conveying moisture to the parts. The spongy surface should be wetted, and every few hours re-moistened. *Wet-packings*, repeated as often as the fever returns, and enveloping the joints which are chiefly implicated, or even the whole body, with several folds of wet linen, are most useful adjuncts. Except, however, when the skin is *hot and dry*, *cold* applications are contra-indicated, as from the migratory character of the disorder, great risk would be incurred of repelling the poison into the circulating fluid, to settle possibly upon the heart or other internal part. But no danger of this character belongs to warm fomentations, or to hot compresses, which often afford great relief to the patient.

Blankets in Rheumatism.—An invaluable adjunct to the measures already suggested is that of enveloping the patient in blankets and flannel. "Bedding in blankets reduces by a good three-fourths the risk of inflammation of the heart run by patients in rheumatic fever, diminishes the intensity of the inflammation when it does occur, and diminishes still further the danger of death by that or any other lesion; and at the same time it does not protract the convalescence" *(Chambers)*.

22.—Muscular Rheumatism *(Rheumatismus musculorum)*.

Definition.—"Pain in the muscular structures, increased by motion."

The local varieties of this affection are, *Lumbago* and *Stiff-neck*.

a.—Lumbago *(Lumbago)*.

Definition.—Rheumatism of the sheaths of the fleshy mass of the lumbar muscles on one or both sides of the loins,

extending often to the ligaments of the sacrum; the pain is aggravated by movement of the back, and by pressure.

Treatment.—*Rhus Tox.*—Chronic lumbago; lumbago from getting wet: pains increase during repose, at night, and on *first* moving the affected part.

Arnica.—Lumbago implicating muscles that have formerly been injured, as by over-lifting, a sprain, or a blow.

Aconitum.—Recent rheumatism of the lumbar muscles, unassociated with any injury to the affected parts.

Accessory Means.—*Liniments*, medicated with the same remedy as administered internally, rubbed into the affected parts, are very useful. The frictions should be performed in a warm room, and currents of air guarded against. A *wet compress*, simple, or medicated with the same remedy as administered internally, greatly assists the cure. In this and other varieties of muscular rheumatism, rest and warmth are of the greatest importance. In lumbago, nothing is so instantaneously beneficial as strapping the back from the level of the "seat" upwards, in layers that overlap each other, with strips of adhesive-plaster, or warm plaster *(Tufnell)*. A pad of unbleached cotton wool wrapped across the loins, next the skin, is very comforting.

b.—Stiff-neck *(Cervix rigida)*—Crick-in-the-Neck.

Definition.—A rheumatic affection of the muscles of the side of the neck, chiefly the sterno-cleido-mastoideus, which become rigid, hard, and swollen, and the least attempt to turn the neck is attended with acute pain. Sometimes the rheumatism extends to the articulations of the clavicle and intercostal muscles.

Epitome of Treatment.—

1. *From exposure to draughts.*—Acon.
2. *From damp weather.*—Dulc.
3. *With tearing lancinating pains.*—Bell.

Rheumatism and Muscular Weakness.—The diagnosis of muscular rheumatism is apt to be mistaken for painful muscular affections following prolonged or excessive exertion, or soreness or stiffness, which occur during convalescence from any long illness, or accompany general debility from any other cause. These affections are generally better in the morning after the repose of the night, but increase with fatigue; and the pain in the affected part is mitigated by relaxing or supporting it. The diagnosis is important, especially to medical men, because if we fail to prescribe appropriate medicines, nourishing diet, and proper rest and support to the weak muscles until they regain their tone, we shall fail to benefit the patient, who possibly in his contempt for medicine, as Dr. Tanner remarks, will hasten to try the good diet and pure air of some hydropathic establishment, and then circulate reports of his extraordinary cure, "after having been given over by the faculty."

23.—Chronic Rheumatism *(Rheumatismus longus)*.

Definition.—Chronic pain, stiffness and swelling of various joints.

This is sometimes a sequel of the acute form of rheumatism; at other times it is a separate constitutional affection, coming on quite independently of any previous attack. It is generally very obstinate, prone to recur, and is often worse at night. In time, the affected limbs lose their power of motion, and lameness results, the knee-joint being often affected; sometimes there is emaciation of the muscles; sometimes permanent contraction of a limb, or bony stiffness of the joint. There is but little febrile disorder, no perspiration, and less swelling than in acute rheumatism.

Varieties.—Rheumatism is variously described according

to the parts implicated, and the conditions with which it is associated. When the sheaths of the fleshy mass of muscles on one or both sides of the loins are affected, and the pain is increased by movement of the back, or by pressure, it is called LUMBAGO. When the neurilemma of the sciatic nerve, in its course along the thigh to the knee, or even to the foot, SCIATICA. When the sheaths of the muscles of the neck, CRICK IN THE NECK. When the fibrous facia of the intercostal muscles, PLEURODYNIA; etc.

TREATMENT.—In treating chronic rheumatism, the reader must bear in mind that the dyspeptic symptoms often associated with the disease are primary considerations; and that little hope of a cure can be expected till they are remedied. Suitable medicines will be found in the following list and in the section on "Dyspepsia."

SPECIAL INDICATIONS.—*Rhus Tox.*—When the sheaths of tendons, muscles, etc., are chiefly affected; the pains worse during rest, and at night in the warmth of the bed; also pains much increased on first moving, but wear off with continued exercise. Creeping sensations also may be present. In rheumatic lameness generally, with the above symptoms, it is often curative.*

Bryonia.—Chiefly when the lower limbs are affected: severe pains down the calf of the leg; shining red swellings, with heat and dryness of the parts. The pains are aggravated by motion. It should not be lost sight of in the indigestion, constipation, etc., associated with the disease.

Aconitum—Is often of service, is sometimes even curative, in chronic rheumatism. It is more especially adapted to rheumatism of the shoulder, and of the large joints generally, when there is no rigidity. Also in rheumatism of the heart,

* Several interesting cases illustrating the value of *Rhus Tox* in chronic rheumatism, as well as cures by other remedies, may be found in the "Cases from Practice" in *The H. World*, vol. iii., pp. 188, 253.

with congestion and sense of anguish. It should always be administered during febrile disturbance.

Rhododendron—Is a valuable medicine in rheumatism. Three of its most marked indications are—the pains are worse during rest, in the warmth of bed, and with every unfavourable change of the weather. It has cured cases in which there were swelling and redness of both the large and small joints, tension, and rigidity.

Ledum Palustre.—Predominant chilliness, associated with rheumatism of the small joints.

Dulcamara.—Rheumatism from exposure to damp, accompanied by œdematous swellings, and somewhat relieved by rest. Stiff-neck occurring under the same conditions.

Pulsatilla.—When the knee, ankle, or instep is affected; and when there are *fugitive* rheumatic pains in various parts of the body; especially in females with scanty menstruation.

Cimicifuga Rac.—Local manifestations of rheumatism, such as lumbago, pain in the side; also in affections of the heart consequent on rheumatic-fever. Wandering-rheumatism is also within the curative sphere of *Cimic.*

Phytolacca—Bids fair to become very useful in this disease, and has cured cases of many years standing, with stiffness of the joints, and even loss of the use of the affected limb. If the periostial covering is implicated, *Phyto.* is the more indicated. Dr. Hale considers it an analogue of *Kali Iod.*

Arnica.—Stiffness in the large joints; tearing pains in the small joints, with pricking; sensations in the parts as if they were bruised. Also when rheumatism is associated with a previous wound.

Causticum has been useful in "rheumatism of the joints with swelling and stiffness, contraction of tendons, shooting and tearing pains, especially in scrofulous patients."

Mercurius.—Puffy swelling of the affected parts; the pains feel as if seated in the bones or joints, and are increased by

warmth, and at night; there are also chills, and *profuse perspiration*, which do not give relief.

Sulphur.—Either before the above remedies, or after them, to complete the cure; also as an intercurrent remedy. It is especially useful in rheumatism from hereditary taint, and when it follows repelled eruptions; also when the pains are drawing and tearing, *worse when cold*, and *better when warm.*

*Kali Iodidum,** *Kali Bichromicum*, *Bell.*, *Coloc.*, *Ranun. Bulb.*, *Mangan.*, and *Colch.*, are also serviceable remedies. The higher dilutions are generally found most useful.

Accessory Means. Patients who are much afflicted with this complaint, and who are in a position to do so, should reside in a warm, *dry* climate. At any rate such patients should wear flannel and other warm clothing, and protect themselves against atmospheric changes. Shoes and boots should have soles sufficiently thick to protect the feet from cold and damp. Wet compresses, covered with dry flannel, over the joints specially attacked, are always useful. Sometimes warm baths, especially of salt water, or vapour, or hot-air, will be found very serviceable. To these means may be added friction with *Liniments*, especially when medicated with *Arnica*, *Rhus Tox.*, or whatever remedy is taken internally.

One more point necessary to refer to is the *diet*, which should be easy of digestion, as attacks are often occasioned by disorder of the digestive organs.

24.—Acute Gout *(Podadra acuta).*

Definition.—A specific febrile disease, usually occurring in paroxysms at longer or shorter intervals, characterised by non-suppurative inflammation, with considerable redness of certain joints—chiefly of the hands and feet, and, especially in

* For remarkable case cured by this remedy see *The H. World*, vol. iii., p. 253.

the first attack, of the great toe—and accompanied with excess of uric acid in the blood. The disease is largely traceable to hereditary influence, and a "fit of the gout" is always associated with derangement of the digestive and other organs.

Differences between Gout and Rheumatism.

GOUT.	RHEUMATISM.
1.—In the earlier attacks, the *small joints* are affected, the metatarsal joint of the great toe being chiefly implicated.	1.—The *large joints* are chiefly implicated, several being affected at the same time.
2.—Rarely occurs *before* puberty, and generally not till from 35 to 50 years of age.	2.—Generally *occurs in the young*, from 20 to 30 years of age, and often earlier.
3.—Is more frequent in *men* than women, and in the latter rarely till after the cessation of the menstrual function.	3.—Affects *men and women* equally.
4.—Is often the punishment of an *idle*, luxurious, and intemperate life.	4.—Is the lot of the *poor*, the hard-working, the exposed, and the ill-clad.
5.—Is strongly *hereditary*.	5.—Is but *slightly* hereditary.
6.—Is associated with *chalk-stones* (urate of soda) in the external ear, on the tops of the fingers, or other situations.	6.—Is never associated with chalk-stones.
7.—A fit of gout often affords great temporary relief, so much so that patients are often sent to Bath to obtain one.	7.—An attack of Rheumatism has not one redeeming feature in it, and patients are sent to Buxton to get cured if it be possible.
8.—Is confined to the temperate regions of the world.	8.—Rheumatism appears to prevail in all climates, and has been called a ubiquitous disease.

Symptoms.—An acute attack of gout is often preceded by an excessive debauch, or by over-fatigue, impairing the digestive powers, its onset commonly commencing an hour or two after midnight, when indigestion from a supper or late

dinner arrives at its acme. Ordinarily a patient retires to rest in his accustomed health, but awakes early in the morning with severe pain, chiefly in the metatarso-phalangeal joint of the great toe, which on examination is found red, hot, swollen, and so exquisitely tender that the mere weight of the bed-clothes is intolerable, and the vibration of a heavy footfall in the room causes great discomfort. The veins proceeding from the toe become turgid with blood, and surrounded with more or less œdema. On the first accession of the pain there is generally cold shivering, which gradually subsides as the pain increases, and is followed by symptomatic fever. The patient is perpetually shifting his foot from place to place, and from posture to posture, finding no relief. At length, if suitable precautions are taken, and the foot kept in a horizontal posture, the pains subside in the early part of the day; but at evening an exacerbation takes place, which persists during most of the night, and subsides again towards morning, when sleep with gentle perspiration takes place. Sometimes the pains remit so suddenly that the patient attributes the relief to his having at last found an easy posture. The same series of symptoms recur, in a less severe form, for some days and nights, varying considerably in different cases, and greatly influenced by the treatment adopted; and then the attack passes off, not to return for one, two, or after a first attack, perhaps for three years. After the lapse of years, however, the intervals between the attacks are liable to diminish until the patient can scarcely ever calculate upon being free. The joints of the fingers and toes become enlarged and disorganised by deposit within and without the synovial cavity of a white saline matter, commonly called "chalk stones," but really *urate of soda*.

It is not uncommon, even in a first attack of gout, for both great toes to be implicated, generally alternately, the inflammation rapidly subsiding in one joint to appear in the other,

but sometimes simultaneously. In many instances, after first attacks, other joints, the instep, ankle, the heel, or the knee are affected at the same time; in rarer cases, some joints of the upper extremities.

Symptoms preceding an Attack.—Flatulence, heartburn, acidity, relaxed or confined bowels, and other disorders of digestion are usually present. In some patients the function of breathing is implicated, or the liver deranged; in others the nervous system is involved, with palpitation; or there may be alteration of the urinary secretion, or a crampy condition of the muscles. Such symptoms are no doubt consequent on the altered state of the blood, which always exists prior to the development of a regular fit of gout. Should any organ or function be specially implicated, it is then termed *irregular gout.*

Causes.—Gout is generally hereditary, but it may be acquired. The experience of physicians largely engaged in treating the disease, proves that more than half the gouty patients can trace the disease to hereditary influence; and if the wealthy portion of the community were only included, the proportion would be much greater. Large-built men, of a full and luxurious mode of life, particularly if addicted to indulgence in *wine* and *malt liquor*, and too much animal food, combined with too little exercise, are very liable to the disease, whether a predisposition has been transmitted or not. That wine and malt liquor have a greater tendency to the production of gout than distilled spirits is proved by its prevalence in those countries or cities in which these beverages are largely consumed, and its absence where distilled spirits are almost exclusively made use of. Thus gout is more frequent in London, where porter and beer are largely partaken of, than in Edinburgh, where the favorite beverage is whisky. Gout is very common amongst brewers' men; also amongst ballast men employed on the Thames, who often drink from

two to three gallons of porter daily. Gout prevails largely in Germany, and in most countries where beer is the ordinary beverage of the people. *Port-wine* has a marked reputation, and probably justly, for causing gout; and sherry is by no means so harmless a beverage as many suppose. It is chiefly a disease of the *male* sex, although occasionally women of a robust and plethoric habit suffer from it, after the cessation of the catamenial function. That luxurious living and an inactive life are at least exciting causes of gout seems evident from the exemption of working people in rural districts from the disease. Even when the disease does occur in poor people it is chiefly in persons who have previously lived fully and inactively, such as the servants of wealthy families—butlers, coachmen, etc.,—men who often live more luxuriously and idly than their masters.*

The connexion existing between gout and convivial excesses is proved by the much less frequent occurrence of the disease consequent on improved habits as to diet. The heroic appetite of our chivalrous ancestors, the bold barons of feudal times, who used to treat their guests to an ox roasted whole, and the suppers of Lucullus, are past and gone. We are less partial to animal food, our meals are shorter, our potations less deep, and consequent on these changes gout has gradually gone out.

Unless the gouty diathesis be very strong, the actual manifestation of the disease may generally be averted. Moderation in food and drink, physical exertion, and temperate and industrious habits of life will secure exemption.

The influence of *lead* in the production of gout Dr. Garrod believes to be considerable; he has observed that a large per centage of the gouty patients that come under his care

* It has also been observed that in a regiment of soldiers, scarcely a case is found among the oft-drilled privates; whereas after attaining the rank of quarter-master, diminished exercise and stimulating diet induce the disorder.

in hospital practice consisted of painters, plumbers, or other workers in lead, forcing him to the conclusion that the influence of this form of metallic impregnation in inducing gout is considerable.

Among the *exciting causes* of gout may be mentioned *indigestion*, especially that form of it which favours the production of an excessive amount of acidity in the system, causing a less alkaline state of the blood, and so tending to the insolubility and deposition of the urate of soda in the tissues. During an attack of gout, uric acid is said to be absent from the urine, the kidneys not excreting it; hence it collects in the blood, and in the serum may be detected by the microscope in minute crystals upon threads immersed in it, after the addition of a little hydrochloric acid.

The influence of *season and climate* has much to do in exciting a paroxysm of gout. First attacks are much more common in spring; as the disease becomes more confirmed, an autumnal seizure is added; after the lapse of a long time, a fit may occur at any season, and at most irregular intervals.

Epitome of Treatment.—

1. *During an attack of Gout.*—Colch., Acon., Bry., Apocyn.

2. *External applications.*—Acetic Ac. *Formula.*—Acet. Ac. Sp. g. 1.044, ℥j., Spt. Vini. ℥vj., Aq. Dest. ℥vj. mix. Dr. Hastings recommends the inflamed part to be bathed with the lotion, and cloths saturated with it kept constantly applied, and covered with dry flannel. He has adopted this lotion, administering Acon. internally at the same time, with excellent results. For particulars, see *The Homœopathic World*, vol. iv., p. 74.

Lotions of *Acon.* applied locally to the inflamed surface, or of any other drug used internally, are often employed with great success.

3. *Between the paroxysms.*—Puls., Nux. V., Merc. Iod., Bry., Rhododend., Rhus Tox., Arn., Sulph.

Leading Indications.—

Colchicum.—This remedy bears a Homœopathic relationship to gout, and is best administered in comparatively large, and frequently-repeated doses, as follows:—Twenty drops of the strong tincture to be added to a tumblerful of water, and a dessert-spoonful given every twenty, thirty, or sixty minutes, according to the intensity of the pain, and until it subsides. *Colchicum* is a drug used both in the new and in the old school of medicine, with this difference, that all the good effects of the remedy are secured by the small doses of the former, without any of the injury the large doses of the latter entail. The following extracts from a leading physician of each school will be read with interest:

"There is one drug (says Dr. Garrod) which has an undoubted influence in controlling gouty inflammation, and its action in articular gout appears as marked as that of *Cinchona Bark* in the cure of ague: this remedy is *Colchicum*. It signifies not what part of the colchicum plant is taken, whether the corn, the seeds, or the flowers, for the same principle pervades the whole plant; neither does it signify what preparations are made use of, whether the wine, the tincture, or the extract, provided equivalent doses be administered, for the effects of all are the same.

"*Colchicum*, as before stated, has a direct controlling power over the joint disease, and I cannot call to mind a single instance in which its influence was not well marked."

"In adopting *Colch.* as the remedy for the gouty paroxysms, Homœopathy may do something towards removing those inconveniences which beset its administration in the old school. Probably, all the bad effects which result from over-doses may be averted by a reduction of the dose. Should the pain recur in the same, or attack other joints, *Colchicum* should be resumed.

"In the interim, any medicine which seems Homœopathic to the general condition may be given, having especial regard to the digestive organs. *Puls.*, *Nux Vom.*, and *Merc.* are the remedies most frequently indicated: and sometimes the state of the circulation requires *Acon.*

"When the patient has passed through an acute attack, the morbid diathesis has to be corrected; and there seems no doubt but that in gout the fault lies in the primary digestion.

"This part of the treatment is of paramount importance, and here Homœopathy comes to help us with its array of anti-dyspeptic medicines. I cannot enumerate these, or define the place of each: every case must be treated as an individual, and a remedy selected according to the character of the digestive derangement present. In confirmed gout, Dr. Ackworth states that he has seen much benefit from the administration of *Sulphur:* and the frequent determination of the poison to the skin in the form of psoriasis or eczema adds force to his recommendation" *(Hughes).*

Accessory Measures.—During an attack of gout, the affected limb should be raised, so as to favour the free return of blood to the heart; the application of flannels wrung out of hot water, hot bread-and-water poultices, or *spongio-piline*, after immersion in hot water, often do good; or the *acetic acid lotion*, before recommended, may be used. In acute attacks, the patient should be restricted to farinaceous diet—arrowroot, tapioca, sago, bread, etc., and milk; water, or toast-and-water, *ad libitum.* As the febrile symptoms decline, a more generous diet may be gradually allowed; at the same time, the patient should resume daily moderate out-of-door exercise as early as he is able.

Preventive Treatment.—To prevent subsequent attacks of gout, or to diminish their frequency or severity, the following suggestions should be acted upon, and will often prove efficient.

1st. *A well-chosen diet.* This should include both animal and vegetable food, of such quality and quantities as the stomach can easily digest, and as will, at the same time, furnish materials sufficient to nourish the patient, and out of which pure blood can be formed. White fish, soles, whiting, and codfish; mutton, tender beef, fowl, and game may be partaken of with advantage. Salmon, veal, pork, cheese, and highly-seasoned dishes, are unsuitable. The consumption of animal food should be moderate, and the tendency to acidity of the stomach guarded against by avoiding pastry, greasy or twice-cooked meat, raw vegetables, "made dishes," highly-

spiced food, and anything likely to lead the patient to eat more than is strictly moderate. The wines most likely to injure are port, sherry, and madeira. If wine be taken at all, probably good claret, free from sugar, and without acidity, is best. If gout attacks a patient early, entire abstinence from all alcoholic beverages is one of the most likely measures for checking the future progress of the malady. Aged persons, however, and others whose health has been much enfeebled, may be allowed a small quantity of stimulants, such as the particular circumstances of each case seem to justify. For, "although a plan can be sketched out which may apply to the majority of cases of gout, still each case not only exhibits its own peculiarities, and becomes a separate study, but likewise demands, in certain respects, a separate treatment" *(Garrod)*.

2nd. *Healthy action of the skin.*—This should be promoted by bathing, warm clothing, Baden towels, bath brushes, etc., for much excrementitious matter is got rid of in this manner. Friction over the whole surface of the body is extremely useful when exercise cannot be taken. The patient should be well rubbed with a flesh-brush, or with the hands, twice a day.

3rd. *Good habits.*—A life of indolence should be exchanged for one of activity and usefulness. Exercise should be *regularly* taken, but not of a severe or exhausting nature. Walking exercise, so as to secure an abundance of fresh air, must ever be considered the best, but it may be conjoined, if agreeable, with riding on horseback. Without sufficient walking or horseback exercise, probably every other measure will be unavailing. Early and regular hours should be adopted; and too severe or prolonged mental application avoided. In some cases, removal during the winter and spring to a warm and dry climate may ward off subsequent attacks.*

* For the fuller description of this disease, the reader is referred to *Sir Thomas Watson's Lectures, Dr. Aitken's Science and Practice of Medicine*, and Dr. Garrod's article in *Reynolds' System of Medicine*, to which the author is much indebted.

25.—Chronic Gout *(Podagra longa)*.

Definition.—A persistent constitutional affection, characterised by stiffness and swelling of various joints, with deposits of urate of soda.

The deposits in the joints constitute the distinguishing feature; chronic stiffness and swelling of various joints, with pain, are considered as cases of chronic rheumatism.

Chalk-stone Deposits. The original condition of these deposits is that of a liquid, rendered more or less milky or opalescent from the presence of acicular crystals; as the fluid part is absorbed, the consistence becomes creamy, and at last a solid concretion is produced. When the effusion is confined to the cartilages, unless very excessive, the injury to the mobility of the joint is comparatively slight; but when the ligaments are infiltrated, they are made rigid, and the play of the parts is consequently seriously interfered with. If a bursa has been infiltrated, the resulting chalk-stone is free and of uniform composition, but the distortion is considerable. The visible occurrence of chalk-stones is not constant, but when external deposits do occur in any patient, no possible doubt can exist as to the nature of the case, for, as the deposition of urate of soda in the tissues occurs only in gout, its presence constitutes a pathognomonic sign *(Garrod)*.

Epitome of Treatment.—

Sub-acute Gout.—Colch.

For the gastric symptoms.—Ant. Crud., Puls., Merc., Nux V.

Colchicum.—The virtues of this drug are not restricted to the acute form of the disease, for it exerts a powerful influence in diminishing the sub-acute inflammations in old-standing cases of gout.

Pulsatilla.—*Wandering pains*, especially when those dyspeptic symptoms and characteristics exist for which this remedy is suited.

Antimonium Crud.—Gastric derangements, white-coated

tongue, nausea, and increase of the pains after eating; gouty nodes.

Nux Vomica.—Sub-acute attacks brought on or aggravated by indulgence in wine, heavy suppers, or late dinners. Constipation, piles, spasms, etc., are additional indications.

Treatment of Gouty Deposits.—The following simple method Dr. Broadbent has found effectual:—Wrap the hands in linen or flannel dripping with water, warm or cold, and enclose them in a waterproof bag all night. This very speedily removes inflammatory stiffness, and little by little the concretions of urate of soda soften, frequently disappearing entirely. Dr. Broadbent has, in other cases, applied alkaline solutions, and water acidulated with nitric acid, to one hand, while water alone has been applied to the other, and has come to the conclusion that water is the agent in the process of removal. Urate of soda is soluble in a sufficient quantity of water. When once deposited round the joints it is extra-vascular, and not readily acted on through the blood, but water being absorbed by the skin effects its solution, and when dissolved it is carried away.

26.—Syphilis *(Syphilis)*.

Definition.—A specific disease arising from venereal causes, produced by a peculiar poison, which is contagious, and which cannot be otherwise produced.

Primary Syphilis is the name given to the disease while limited to the part inoculated and the lymphatic glands connected with it.

Secondary Syphilis describes the disease when it affects parts not directly inoculated.

Tertiary Syphilis is a term sometimes used to express symptoms which arise later in the disease, after an interval of apparent freedom.

The primary stage of this disease is more prolonged than that of any other specific fevers. "As is the case in the other Zymotic diseases, the poison of syphilis is one which possesses the power of breeding in the patient's body, and the smallest possible quantity of virus suffices in due time to inoculate all the solids and fluids of the system. The time required, however, is much longer, and the *stages* are much more protracted. Instead of counting by days, we have to count by weeks and even months. It follows that because the disease extends over years, its subject is often not incapacitated by it for social life; many, whilst still infected, become parents, and transmit their own taints to their offspring" *(Hutchinson).*

Symptoms.—In *Primary Syphilis* an ulcer forms on the infected part, having a hard base, and discharges. The lymphatic glands in the locality of the ulcer become hard, without much inflammatiom or tendency to suppurate. A febrile condition, which is never severe, accompanies these changes, while there is generally an enlargement of the lymphatic glands in all parts. *Secondary* symptoms include ulcers in the tonsils; eruptions on the skin of a warty character; inflammation of some of the membranes of the eye; pains in the bones and joints; febrile disturbance; alopecia; etc. In the *Tertiary* form there are ulcerations of the mouth and throat, tending to spread; ulcerations on the skin; diseases of the periosteum, cellular tissue, muscles, tendons, etc.

Epitome of Treatment.—

1. *Primary Syphilis.*—Merc., Acon. *(febrile symptoms).*

2. *Secondary and Tertiary.*—Merc., Nit. Ac., Merc. Bin., Kali Bich., Kali Iod., Plat., Aur., Bell., Ars.

The disease requires prompt professional treatment at the outset, when it may, by Homœopathic remedies, generally be quickly brought under; and in the later stages it is equally important to resort to professional skill.

27.—Cancer *(Carcinoma)*—Malignant Disease—*(Morbus malignus.)*

Definition.—A deposit or growth that tends to spread indefinitely into the surrounding structures, and in the course of the lymphatics of the part affected, and to reproduce itself in remote parts of the body.

Constitutional.—Cancer is in the strictest sense a constitutional disease. By this we intend to express the idea that a special constitutional condition precedes the formation of a local cancerous growth. In by far the largest proportion of patients so afflicted it will be found that grand-parents, parents, uncles or aunts, have died of the same disease. This applies equally to private and hospital patients.

Cancer not always Fatal.—Cancer of the breast *(scirrhus)* is not uniformly fatal; for if the ulcer can be prevented from spreading, and the general health be maintained, how can it destroy life? Even the breast may be destroyed or removed, but that is not necessarily a vital organ; and if the pain which wears out the strongest constitutions can be relieved by remedies which do not otherwise damage, and if the tendency to spread can be arrested, cancer can scarcely terminate fatally. Purgatives, leeches, etc., only increase the general depression, and heighten that extreme nervous sensibility which is so extremely unfavourable. It is weakly and emaciated persons who are injuriously sensitive to pain, and if the general health is maintained in vigour, a patient may live as many years with a cancer of the breast as though she had never had such a disease.

There are several varieties of cancer, but the two principal are, the *scirrhus* or hard cancer, and the *encephaloma* or soft cancer. Malignant or cancerous tumours differ from non-malignant in several important respects, chiefly in the following:—

Distinctions between Malignant and Non-Malignant Tumours.

MALIGNANT TUMOURS.	NON-MALIGNANT TUMOURS.
1.—Are of *constitutional* origin.	1.—Originate in some *local error* of growth.
2.—Are not surrounded by any cyst, but *invade the surrounding tissues* and convert them into a structure like their own.	2.—Are limited by a cyst, and although they may *compress* they cannot *invade* the neighbouring tissues.
3.—*Increase constantly* and often rapidly.	3.—Have an *uncertain period of increase*, after which they may remain stationary.
4.—Are attended with severe *pain*, which gradually increases in severity.	4.—Are usually unattended with pain.
5.—Extend to *remote parts* of the body, and re-appear there chiefly in the course of the absorbents and veins.	5.—Are local, and have *no disposition to spread* to distant parts of the body.
6.—Are associated with an *impaired* state of the *general health* called the cancerous cachexia.	6.—May impair or obstruct the functions of parts upon which they press, but such *inconveniences cease* when the tumours are removed.
7.—*Return*, in the same or other parts, if extirpated, and prove fatal in the end.	7.—If effectually removed do *not return* either in the same or in any other part.

Treatment.—The cure of cancer involves the destruction or elimination of the morbid tendency. Whether or not there is any remedy known which is capable of this, is a disputed point. Many vaunted remedies have disappointed those who trusted in them: while others have failed in some cases though they were useful in others. We can assert, however, from our own experience in numerous cases, that the sufferings attendant on this malady may be greatly alleviated, and life prolonged, by the use of our remedies, even when it is impossible to effect a cure.

Arsenicum.—In many cases in our own practice we have witnessed the priceless value of this remedy, in different degrees of strength, perseveringly administered, by its causing arrest of the growth, and the gradual dispersion of cancerous enlargements; these cases having been marked by the severe pain and the general cachexia of true cancer. The utility of this potent drug is also often strikingly expressed by the restoration and maintenance of the general health in the patient.

Hydrastis Canadensis is a remedy which has been much extolled, and is undoubtedly useful when the seat of the disease is in the *glands*, or the *uterus*. We use it both internally and externally.

Conium seems to be chiefly beneficial in cancer of the *breast*.

Carbo Animalis has effected much improvement in the discharges of cancer, and has also revived the dormant energies of the system.

Thuja may be chiefly depended on in the simpler varieties of disease, as in epithelial cancer.

Acetic. Ac.—In a pamphlet recently published by Dr. Hastings, this remedy is said to have cured the disease in several cases which are narrated. The author states that the acid is capable of dissolving the cancer-cells. He does not profess it to be a panacea, but maintains that it is equal to any other known remedy.

Aconitum Radix.—The writer, in a recent case of cancer of very virulent character, found the strong tincture of *Acon.* of more service than any other remedy. Its power in relieving the agonising sufferings of the patient was striking; even when *Opium*, *Morphia*, etc., by hypodermic injection, could not be borne, *Acon.* lulled the pain, calmed the nervous excitement, and procured that much-needed blessing—sleep. It was given at first in half-drop doses, and gradually increased till two or three drops could be taken.

Aurum is the best remedy when the disease affects the *bones.*

Phos., *Bell.*, *Sulph.*, *Kreas.*, *Sepia*, *Secale*, *Iod.*, *Carbolic Ac.*, *Plat.*, and *Calcarea** have each reputed virtues, but we have have had little experience with them in the disease.

Operative Measures.—Connected with cancer, the consideration of extirpation by the knife, or by caustics, is important, and an opinion as to its desirableness can only be arrived at by the nature and circumstances of individual cases. Life is undoubtedly sometimes prolonged by removal of a cancerous tumour, and although it return afterwards, the operation is now quite painless, and the addition thus made to life, may be one of comfort and usefulness. There is also the chance that the tumour may not be cancer, but a non-malignant growth which excision might cure. On the other hand, it must be remembered that extirpation of the tumour cannot remove the true cancerous cachexia, that a patient may sink under the operation, and that patients have sunk from operations for tumours that afterwards proved to be non-malignant.

Accessory Measures.—In ulcerated cancerous tumours, the fœtor may be greatly diminished, and the patient's and attendant's comfort promoted, by solutions of *Carbolic Acid*, *Condy's Disinfecting Fluid*, and the internal and external use of *Carbo Vegetabilis.*

28.—Lupus *(Lupus).*

Definition.—A spreading tuberculous inflammation of the skin, usually of the nose or face, tending to destructive ulceration, chiefly affecting women of a strumous constitution.

* The treatment of cancerous tumours by Lime *(Calcarea)* is discussed in a paper in the *H. World*, vol. ii., pp. 238, 283. For treatment by Carbolic Acid, see vol. v., p. 227.

The above definition applies to *Lupus non-exedens;* there is also a variety described as *Lupus exedens*, marked by the rapidity, depth, and extent of the ulceration, and by occasionally appearing on other parts than the face.

Symptoms. — Lupus "begins either as a shining, soft, circumscribed swelling of the skin, usually on one ala of the nose, which ulcerates; or else as a mere crack or small excoriation, covered with a thin scab, under which it slowly spreads. When the scab is removed, the discharge, which is scanty and viscid, soon dries and forms another large one. The ulcer is constantly spreading in one direction, and healing in another; it may last for years, and wander over the whole face, completely destroying perhaps the alæ of the nose, or the eyelids, but in other parts not penetrating the entire thickness of the true skin. The cicatrix is excessively irregular and shining, of a dense whiteness, causing perhaps eversion of the eyelids and distortion of the features; in some parts it feels soft and pulpy. The cause and pathology of this affection are unknown."

Treatment.—*Arsenicum.*—This is the chief remedy, indeed the only one we have found of any use in the disease. By its persevering use, both internally (in various dilutions) and externally, we have witnessed most unpromising cases completely cured.

Iodine is also recommended as a local application.

29.—Scrofula *(Struma).*

Definition.—A constitutional disease, resulting either in the deposit of tubercle, or in specific forms of inflammation or ulceration. It may be associated with tuberculosis or it may occur without.

a. Scrofula with Tubercle *(Tuberculosis).*—It is at present uncertain whether scrofula and tuberculosis are dif-

ferent diseases or not; but it is highly probable that the disease of the blood which leads to the growth of tubercle, and that which gives the specific character to scrofulous affections, are identical.

Tubercles, so called because they are *small protuberances*, are about as large as millet-seeds, and are of two varieties—the *grey* and the *yellow*: the former is semi-transparent and somewhat firm; the latter of a dull yellow colour, and of a cheesy consistence. The yellow has in it far greater elements of danger: softening takes place earlier, and it has a greater tendency to aggregate in masses. Frequently the two varieties are mixed, but as cases advance towards a fatal termination, the yellow appears to gain the ascendancy. Many pathologists are of opinion that the grey is a previous form of the yellow, and that it passes into it after the lapse of an uncertain time.

Tubercles are usually produced slowly and painlessly, during some period of defective health, and after remaining latent for an indefinite time, they waste, if the general health improves; or soften and cause abscesses and other destructive changes, if the health deteriorates. Unlike cancer, tubercle has no elements of reproduction.

The practical conclusions of Lænec, Clark, Bennett, Pollock, and other scientific observers are, that if the further growth of tubercle can be arrested, those already existing may diminish in size, become absorbed, and the part cicatrize; or they may remain dormant, without exciting any symptoms, after undergoing a process called *cretification*, in which the animal portion is absorbed, the earthly only remaining. Frequently, however, from indigestion, defective hygienic conditions, or other cause, tubercles undergo a succession of changes; they become soft, first in the centre, that part being the oldest and most removed from living influences; then, like foreign bodies, they excite inflammation, suppuration,

and ulceration in the neighbouring tissue. The groups often continue to enlarge till several groups communicate and form an abscess, or, in medical language, a *vomica;* this bursts, and if the lungs be the organs involved, its contents are discharged into an adjacent bronchial tube, and the matter is conveyed into the windpipe, and thence to the mouth, to be evacuated. Unless the disease be arrested by remedial measure, other abscesses form and unite, till the lung-substance is so diminished in volume, and its continuity so completely destroyed, as to be incompatible with life, and the patient dies of exhaustion. In other cases, as the result of proper treatment, the tubercular matter, with the inflammatory products it excited, are removed by expectoration or absorption, the tissues around the cavity contract and obliterate it, and so the disease is cured.

The parts most commonly affected by tubercle are—the *lungs*, the *brain and its membranes*, the *intestines*, the *liver*, the *pericardium*, and the *peritoneum*.

b. Scrofula without Tubercle is usually manifested by various local lesions, the most common of which is induration and enlargement of the sub-cutaneous glands—on the neck below the jaws, on the nape of the neck, then in the *axillæ* (armpits), groins, and afterwards in any part of the body. These swellings are at first soft, painless, movable; afterwards, they may enlarge, become painful, inflame, and eventually suppurate, forming scrofulous, ulcers. They occur very frequently during childhood, and are excited into activity by cold, measles, scarlatina, hooping-cough, etc., and either remain for a long time inoperative, or proceed to inflammation and suppuration. Not that all enlargements of the lymphatic vessels and glands are due to scrofula; they may arise from temporary causes, and their character as such is readily determined by the history and symptoms of the case.

Other evidences of scrofulous taint are seen in the eyes—as scrofulous ophthalmia; in various cutaneous diseases; otorrhœa; a large and tumid abdomen; swellings and caries of bones, white-swellings, and the hip-joint disease; ozœna; diseases of the testicle and mammary gland; and convulsions and acute hydrocephalus during infancy.

The following common scrofulous diseases—*Tubercular Meningitis*, *Scrofulous Ophthalmia*, *Scrofulous disease of the glands*, *Phthisis Pulmonalis*, and *Tabes Mesenterica*, are considered in subsequent sections.

Causes.—The most important cause is *hereditary predisposition:* by this is meant the transmission, from parents to children, of a liability to the disease. The subject is fully dwelt upon in the author's work on "Consumption: its Causes, and Preventive and General Treatment," to which the reader is referred. The following are the chief causes:

The *want of pure air* consequent on the imperfect ventilation of sitting- and sleeping-rooms is a frequent and potent cause of tubercular disease, as indeed might be inferred from the physiological evidence of the extreme importance of a due aëration of the blood. Persons breathing, for a considerable period, air which has been rendered impure by respiration, soon become pale, partially lose their appetite, and gradually decline in strength and spirits. Defective aëration leads to imperfect nutrition of the blood; the general tone of the system sinks, and it can offer but a feeble resistance to morbific agencies. Of special diseases, consumption is now known to be frequently induced by the constant breathing of air vitiated by the organic vapours and particles arising from the person. Evidences of this are very numerous. In a school at Norwood, containing 600 boys, scrofula was extremely prevalent, and great mortality occurred, which was supposed to be due to deficient or unwholesome food. The diet was, however, investigated, and found to be good, but

the ventilation of the rooms and dormitories was very imperfect. This was corrected, and the disease rapidly disappeared. Even the cow, imprisoned in the town shed, the penned sheep, the confined monkey, the hutched rabbit, the caged lion, tiger, or elephant, almost invariably suffer from tubercular disease, the cause being defective ventilation and want of healthy exercise in a free atmosphere.

In the *working-rooms*, and especially in the *sleeping-apartments*, a large majority of the industrious classes of this country are deprived of an adequate supply of fresh air to support physiological changes in their integrity. Even where proper changes are secured in the day-rooms, ventilation is often neglected in the night, and eight or nine hours are spent in a space so limited, that the impure products of respiration, and the exhalations from the relaxed skin, induce much of the scrofula and consumption prevalent among the working population. The breathing of impure air in work-rooms, dwelling-houses, schools, and in places of public worship or amusement, directly lowers the vital powers, enfeebles the nervous system, diminishes the appetite, deranges the secretions, and favours the retention of worn-out particles in the blood, which may act both as a predisposing and exciting cause of consumption.

Unhealthy occupations rank among the predisposing causes of scrofulous diseases. But occupations are only injurious to health incidentally, and the chief circumstances which render them so are mostly preventible, and are briefly the following:—deficiency of sunlight and pure air, the inhalation of mechanical or poisonous substances, too great prolongation of the hours of work, a bad posture of the body during labour, and the intemperance, and consequent poverty, of those engaged in them. Out-door occupations are much less likely to produce scrofulous or tuberculous diseases than those practised in-doors.

A deficient supply, or an improper quality of food, may serve as an exciting cause of struma and tubercle, although probably to a less extent than causes already pointed out. Even the hand-feeding of infants, as too generally practised, may have a considerable share in the production of the cachexia.

Two other potent causes of scrofula have been pointed out by Dr. Piddock; they are, *tobacco-smoking* on the part of the father, and the existence of *leucorrhœal discharge* on that of the mother. To both of these we would draw special attention.

Indulgence in tobacco-smoking, more especially when the habit becomes frequent and inveterate, or where it has been acquired early in life, is, it is believed, a fruitful cause of struma. The pale, sallow complexion, the frequently disordered digestive functions, and the debilitated or consumptive frames of many young fathers in the present day, attest the pernicious tendency of the habit in question.

Leucorrhœal, hæmorrhagic, or other uterine and vaginal discharges, often generate scrofula in the fœtus during utero-gestation, which declares itself during infancy in convulsions, hydrocephalus, mesenteric disease, or at or after puberty, by tubercular consumption. No observant medical man can doubt the influence of these causes as tending largely to the production of disease.

The scrofulous habit, therefore, even if not congenital, may probably be produced by any cause capable, directly or indirectly, of lowering the vital energies, such as poverty and wretchedness; meagre or insufficient food; neglect of healthy exercise; insufficient clothing; want of cleanliness; frequent exposure to cold and damp; and, especially, want of pure air and sunlight.

Treatment.—The perfection of the treatment of scrofula and tubercle, as, indeed, of disease in general, lies in its adaptation to individual cases. The stock whence the patient

has sprung, the circumstances of his birth and early life, his education and general habits, the influences of soil and climate, the diseases he may have passed through, the tendency to disease of the body generally, and of organs and tissues in particular,—these are but illustrations of the points that have to be brought under serious consideration before a course of treatment can be prudently decided upon. We need, therefore, scarcely add, that the knowledge and experience of a physician are pre-eminently necessary.

The treatment is generally tedious, often requiring to be continued for months, and in some cases for years.

a. The Tubercular Disorder.—A dose of one of the following medicines may be given once or twice daily as a modifier of the cachexia. As it is often desirable to persevere with one remedy for a long period, it is necessary occasionally to suspend its use for a few days, then to administer a dose or two of an intercurrent medicine, such as *Sulphur;* and again, after waiting a few days, to resume the former remedy. The most useful remedies are—*Calc.*, *Sulph.*, *Iod.*, *Ferr.*, *Phos.*, *Ars.*, and *Merc.*

Calcarea.—Is well adapted to those constitutions in which the digestion and assimilation of food does not lead to the formation of good blood and healthy tissues; there is an impoverished appearance, notwithstanding that a sufficient supply of good food is taken. Other indications for this remedy are,—a want of firmness of the bones, slow or difficult dentition, scrofulous swellings, extreme sensitiveness to cold and damp, and, in females, too frequent and profuse period. It is specially adapted to children and females.

Sulphur.—An unhealthy condition of the skin; scrofulous ophthalmia of children; humid eruptions behind the ears; purulent discharge from the ears; swelling of the axillary glands, tonsils, nose, or upper lip; swelling of the knee, hip, or other joints; defective nutrition; colicky pains, mucous

discharges, etc. Very important also as an intercurrent remedy.

Phosphorus.—When the lungs are frequently and easily affected, as from a slight cold, with a short, dry cough, pain or soreness of the chest, shortness of breath, tendency to diarrhœa or perspiration, and general feebleness of constitution.

Arsenicum.—This is one of the most important remedial agents in scrofula, when debility is very marked, and the patient has frequent and exhausting discharge from the bowels, sallow complexion, and *emaciation.*

Iodium.—Is adapted to that condition of the system in which swelling or atrophy of the glands, and general emaciation, are prominent symptoms. A chronic diarrhœa, premonitory of consumption of the bowels, is well met by *Iodium.*

Merc. Iod. and *Silicea* are suitable adjuncts in many cases.

Fer. Iod.—Is of great value in the anæmic, impoverished, and cachectic conditions so common in scrofula and tuberculosis, arising from imperfect assimilation of food.

Aurum.—Often of great service in cases improperly treated with large doses of *Mercury.* It is chiefly indicated in *affections of the bones.* *Ferrum* and *China* are deserving of attention in like cases.

Belladonna.—Useful when sensitive organs are affected, such as the eye, the ear, and the throat: there exist heat, redness, and pain in the eye, with great intolerance of light; neuralgic pains; soreness of the throat, rendering swallowing difficult; painful swelling of the parotid and other glands; etc.

Silicea.—Scrofulous ulcers with callous edges, fistulous ulcers, scaldhead, discharge from the ears, and in scrofulous affections of the bones. It may advantageously follow *Calcarea,* especially in disease of the bones.

Mercurius.—Glandular inflammations characterised by a diffused redness, much swelling, and pains worse at night in bed; it is particularly indicated when the glands of the neck are swollen and painful, and there are excessive discharges of saliva, disagreeable taste, frequent and unhealthy-looking stools, and strumous affections of the eyes.

Sepia.—Often required in scrofulous females, who are troubled with menstrual irregularities, corrosive leucorrhœa, indurations of the uterus, etc.

Iodine.—This is an excellent remedy in enlargement of the glands, scrofulous inflammation of the knee, rough, dry skin, enlarged mesenteric glands, enlarged and tender abdomen, and emaciated appearance, with hectic fever.

Phyto., *Kali Iod.*, *Baryta Carb.*, *Hep. S.*, *Staph.*, and many other remedies are frequently required.

b. The Indigestion.—In order to correct the derangements of the digestive tract—which have an important bearing on the development of the tubercular predisposition—choice may be made from the following short list of remedies:—

Nux Vomica.—A prime remedy for indigestion with the following symptoms—flatulence, heartburn, acid eructations, and constipation or irregular action of the bowels. It is specially indicated in patients of dark complexion, sallow skin, of sedentary habits, or who suffer from much mental fatigue or anxiety.

Pulsatilla.—Adapted to that form of indigestion in which fat, an important constituent of a mixed diet, is distasteful, and is not taken without more or less derangement of the mucous membranes. Except that *Puls.* is generally more suitable to light-complexioned persons, and where there is a tendency to *diarrhœa* rather than to *constipation* from gastric disturbance, the indications are much the same as for *Nux V.*

Calcarea Carb.—In addition to the indications before pointed out, this remedy is very efficient in obstinate acid

eructations not cured by *Nux V.* or *Puls.*, and when a debilitating relaxation of the bowels is present.

Mercurius.—Faulty action of the liver, shown in yellowish appearance of the skin and whites of the eyes, mental depression, loss of appetite, etc.

Kali Bich., *Bry.*, *Ant. Crud.*, or *Carbo Veg.*, may likewise be of service in some cases. See the section "Dyspepsia."

Accessory Means.—These are of the *greatest* importance, for medicines will be of little use unless hygienic rules are strictly adhered to.

Food.—The food of scrofulous patients should always be of the most nutritious character, light, and digestible. Beef, mutton, venison, and fowls, are the best kind of animal food; to these should be added preparations of eggs and milk, a due quantity of bread, mealy potatoes, rice, and other farinaceous principles, as more suited to this class of patients than very watery and succulent vegetables.

Cod-liver-oil, as a supplemental article of diet, is an agent possessing such remarkable properties of arresting general or local emaciation, so well known as not to require further recommendation here. It may be taken in almost any scrofulous disease, and in any case in which the patient is losing flesh; it may be given in teaspoonful-doses, two or three times a day, commencing even with half-a-teaspoonful if it is found at first to disagree with the patient.

Exercise.—Moderate exercise in the open air is most essential; and in carrying out this suggestion the patient should endeavour to take exercise with the mind agreeably occupied, rather than following it as an irksome task. A bracing mountain- or sea-air, if it can be borne, is the best. The patient's room should also be uninterruptedly supplied with pure air. *Bathing*, both in fresh and salt water, is invaluable, as a means of promoting a healthy action of the skin, and of imparting tone to the whole system. The

clothing should be adapted to the season, and should be warm without being uncomfortable. The extremities especially should be kept warm. As a general rule, flannel (see p. 48) should be worn, but only during the day; in winter it affords direct warmth, and in summer it tends to neutralize the effects of sudden changes of temperature. The linen should be frequently changed, always observing that it is put on perfectly *dry*.

Prevention.—The prevention of strumous diseases consists not alone in the hygienic or medical treatment of the patients, but primarily in the correction of the habits and improving the health of the parents, more particularly in respect to the points referred to under "Causes."

30.—Tubercular Meningitis *(Meningitis tuberculosa)*—Acute Hydrocephalus.

This is a disease which is frequently fatal to scrofulous children, though all ages are liable to it. Its essential morbid character consists in the growth of tubercle on the arachnoid membrane of the brain.

Symptoms.—When occurring in children, the usual manifestations of the disease are,—febrile disturbance, quick, irregular pulse; vomiting; constipation, the motions having the appearance of clay; red tongue; and continuous high temperature. The child is irritable; has disturbed sleep; grinds its teeth; manifests pain in the head, intolerance of light and noise; is unable to stand from *vertigo;* and becomes generally feeble. He also desires to be quiet; has occasional delirium; looks old and distressed; suddenly cries out; and is very drowsy. Twitching and squinting may also occur. In unfavourable cases, coldness of the extremities, clammy perspiration, an exceedingly rapid and feeble pulse, and death supervene.

Treatment.—*Aconitum* at first for the febrile symptoms.

Belladonna is of most importance for the brain-symptoms as above described, except when there is much drowsiness and stupor, when *Hyos.* should be selected in preference.

Bryonia.—If effusion *(water on the brain)* be probable, this remedy should be given.

Helleborus if there be much effusion.

Sulphur, as an occasional remedy, should be administered between the doses of other medicines.

Dig., *Verat. Vir.*, *Ars.*, or *Apocynum* may also be required.

Accessory Treatment.—This should include applications of cold water to the head, liquid diet, sponging the body with cold or tepid water, followed by perfect drying, and *strict quietude.*

31.—Scrofulous Ophthalmia *(Ophthalmia strumosa).*

Definition.—Inflammation of the conjunctiva, or mucous membrane which lines the inner surface of the eyelids and the front part of the globe of the eye, occurring in young persons advancing towards puberty, and in children of scrofulous constitution, living chiefly in low, badly-drained situations.

Symptoms.—The three prominent symptoms are,—extreme *intolerance of light*, so that the child obstinately holds its head down and can only open its eyes with the greatest difficulty; *spasmodic contraction of the obicularis palpibrarum muscle*, the lids being everted by the spasmodic action; *profuse flowing of tears*, so that the skin of the cheeks is often excoriated or covered with an itching eruption. And when, at length, the eyes are opened, there is nothing to be seen at all commensurate with that dread of light which the patient manifests, for it is more a nervous than a vascular disease. These symptoms are generally accompanied by others which

mark the scrofulous constitution—enlargement of the absorbent glands about the neck, sore ears, a large hard abdomen, grinding of the teeth, and general debility.

Causes.—As above stated, the *predisposing* cause is a strumous habit; the *exciting* causes are, undue exposure to cold, to bright light, irritating vapours, neglect of cleanliness, etc.

Epitome of Treatment.—

1. *For the inflammatory symptoms.* — Merc. Cor., Bell., Euphr., Phos. Ac., Hep. Sulph., Ars., Kali Bich.

2. *For the constitutional condition.* — Calc. Carb., Sulph., (See also treatment of "Scrofula," pp. 233-7).

Leading Indications.—

Mercurius Cor.—Severe acute attacks, with extreme intolerance of light. This is a most valuable remedy, and if administered early, in 2nd dec. dil., will generally cut the disease short.

Belladonna.—In less severe forms of the disease than that for which *Merc. Cor.* is prescribed.

Euphrasia.—Profuse discharge of tears. It is most useful at the commencement of the disease, but requires to be followed by some deeper-acting constitutional remedy, such as *Sulphur.*

Arsenicum.—Extremely obstinate cases, in which other remedies have been unsuccessful.

Sulphur.—Useful in every kind of inflammation affecting the various tissues of the eye; it is chiefly valuable in ophthalmia in unhealthy, strumous patients.

Calcarea Carb.—Indicated when inflammation of the eyes is accompanied by other marks of the scrofulous constitution, as swelling of the glands.

Accessory Means.—As a lotion, warm water should frequently be applied during the acute stage, or tepid milk and water. Much comfort may also be derived from holding the

eyes over the vapour from hot water. The eyes should be protected by a shade. Wholesome nourishing food, including cod-liver-oil, and pure country or sea air, are essential.

32.—Scrofulous Disease of Glands *(Morbus Strumosus Glandularum)*.

Definition.—In this term are included all those affections of the lymphatic glands—enlargement, induration, and suppuration—which arise as manifestations of the scrofulous cachexia.

The glands most commonly affected are those in the neck and under the jaw, the axillary, and the inguinal glands. The disease is usually confined to children and young persons.

Symptoms.—The gland slowly enlarges, becomes hard, and is painless up to a certain point; afterwards there are inflammation, pain, and suppuration, the pus being curdy and ill-conditioned, probably from the growth of tubercular matter; and when the wound is healed, a marked and, frequently, protuberant cicatrix remains. In other cases, however, the gland remains enlarged, without proceeding to suppuration.

Epitome of Treatment.—

1. *Acute inflammatory symptoms.*—Bell., Hep. Sulph., Silic. Also wet compress, poultice, fomentation, etc., according to the requirements of the case.

2. *Chronic enlargement.*—Iod., Merc. Iod., Kali Iod., Ammon. Mur. *(indurated)*, Phyto., Calc. Carb., Sulph. Also, nourishing diet, including cod-liver-oil, pure air, abundance of sun-light, and the general treatment recommended for "Scrofula."

33.—Phthisis Pulmonalis *(Phthisis Pulmonalis)*—Pulmonary Consumption.*

Definition.—The growth in the lungs of tubercle, which undergoes various changes, and is associated with the constitutional phenomena of scrofula.

Pathology.—The nature of *tubercle* is stated in the section on "Scrofula," pp. 228-30, to which the reader is referred. The frequent manifestations of this scrofulous or tuberculous cachexia in the lungs is probably owing to the great vascularity of these organs, their loose and spongy texture, and their ceaseless movements.

Symptoms.—The early symptoms are often obscure, and may appear at any age, but most frequently from the eighteenth to the twenty-second year. The chief symptoms are, *impaired digestion*—loss of appetite, red or furred tongue, thirst, nausea, vomiting, and in rare cases, gastralgia; more or less *cough*, chiefly in the morning; irregular *pains in the chest; dyspnœa* on slight exertion; *debility*, languor, and palpitation; persistently *accelerated pulse; heightened temperature; night sweats;* and *progressive emaciation.*

In doubtful cases, the gums should be examined to detect a red line next the teeth, and the nails to observe if they are curved downwards at their ends (filbert nails);† for both these are common in phthisis. Inquiry should also be made if any other members of the patient's family have died from this disease.

* This disease is more fully considered in all its bearings in the author's treatise "On Consumption: its Symptoms, Signs, Causes, and Preventive and General Treatment." London: Jarrold & Sons, 12, Paternoster Row.

† "Long and graceful fingers, coupled with thickness and breadth of the sentient pulp at their ends, and too great arching of the nails, have been regarded, ever since the days of Hippocrates, as indications of a tendency to pulmonary disease" *(Holden).*

Cough is a prominent symptom. In the early stage it is dry, short, and irritative, and most troublesome in the morning, or after exertion; the expectoration is usually small in quantity, and consists of ropy or glairy mucus; the cough may continue for months without aggravation or the supervention of any other symptom. In a more advanced stage, cough recurs during the day, and especially after slight exertion, being caused by the necessity for getting rid of secretions, and then may be regarded as a conservative effort to clear the tubes of the morbid deposit, the inflammatory products and disintegrated lung tissue, which then begin to accumulate. The recognition of this different variety of cough is necessary in order to prescribe for its cure and relief, as remedies suited to one condition are inadmissible in the other. The mere existence of a cough *per se*, by no means proves that consumption is present, as it may arise from diseases of other organs than the lungs; neither does the absence of cough prove the non-existence of the disease.

Hæmoptysis frequently, but not invariably, occurs; it is the most suspicious symptom, and gives the patient the first intimation of the real nature of the malady; its occurrence either before or soon after the commencement of a cough always renders consumption probable, especially if the patient has received no injury of the chest, has no disease of the heart, or of the uterine system. The amount of blood discharged is sometimes very small in the early stage, merely streaking the sputa, or there may be a few teaspoonsful, and it proceeds only from the small vessels that are congested in the neighbourhood of the tubercles; but in the latter stages there is sometimes a copious and even fatal hæmoptysis, arising from some large vessel being opened by ulceration and rupture of an artery in a *vomica* (p. 230); but this is comparatively rare, because the vessels become plugged with coagula before the ulceration opens them.

A *persistent rapidity of the pulse*, ranging from 90 to 120, or higher, is an invariable symptom of active phthisis. It is especially liable to become accelerated towards evening, and, as the disease advances, becomes more rapid and also feebler. "The nervous system has the heart for its gnomon or dial of the clock; and extreme rapidity of the heart's action, while it has a most grave import in acute disease, is also an accurate measure of the failure of nervous power in chronic affections. It is rarely under 100, and may run up from this to 140, or till it is impossible to be reckoned; and there is no more disastrous symptom" *(Pollock)*.

Shortness of breath or *difficult breathing*, although not an invariable early symptom, is a common one. In phthisis the capacity of the lungs is diminished, and enough air is not inspired to aërate the blood, sent there by the quickened action of the heart. An extensive growth of tubercle in the lungs gives rise to very great distress in breathing; this symptom becomes, therefore, a sign of the extent of the deposit. This is confirmed by the use of the Spirometer. The number of respirations in healthy, tranquil breathing, is from 14 to 18 per minute, and bears a remarkable proportion to the pulsations of the heart, that is, one complete respiration to about every five beats of the heart. In phthisis, the number of respirations is from 24 to 28, the number increasing as the disease progresses. Inspiration is generally short, limited, and speedily checked, causing, uneasiness, or inducing coughing, and is quickly succeeded by expiration. The patient complains of want of breath; exercise, especially going up-hill or up-stairs, or walking fast, exhausts him, and he often requires to rest. Such lowered respiratory power tends of itself to induce accumulations of mucus in the air-cells, and to excite inflammatory action.

Emaciation, one of the earliest symptoms, extends to nearly every tissue of the body, the adipose, the muscular, and the

bony; even the intestines and the skin become thinner; it often proceeds uniformly from the commencement to the termination, and appears to bear a closer connection with the constitutional, than with the local, affection. Though liable to be increased by extensive disease of the lungs, intestines, and mesenteric glands, and by hectic fever, still, in the absence of these conditions in their ordinary intense form, *wasting* goes on to the fatal termination, the patient sustaining a total loss of from one-third to half his entire weight. *Slow and gradual emaciation*—"the grain-by-grain decay"—is far more indicative of phthisis, than a rapid or irregular diminution of weight; and emaciation is more marked, and also more dangerous, in individuals who have been previously stout. To detect the continuously progressive emaciation it is necessary to have patients accurately weighed from time to time. By this means a physician is also able to judge of the proportion of the weight of a patient to his height, age, breathing, and other functions.

Hectic fever, at length, makes its appearance, and its coincidence with the symptoms already mentioned clenches our diagnosis of consumption. The patient is feverish and flushed in the evening, and in the morning is found drenched with perspiration. The pulse is small and weak, uniformly too high, but greatly accelerated towards evening, reaching 120 beats in the minute, or more; "the beat being performed with a jerk, as if the result of irritation upon a weakened heart." The bowels are relaxed, especially in advanced stages of the disease, the diarrhœa aggravating the effects of the sweating, and consequently the exhaustion is greater; the tongue is furred white or brown in the centre, but unnaturally red around the tip and edges, and immediately preceding the final break-up, is covered with the eruption of thrush. The urine deposits red brick-dust or pink sediment, consisting of the urates of soda and ammonia; the skin is

clammy, except during the evening exacerbation, when it is burning hot; the complexion is clear, the eyes are bright and sparkling, and there is most marked emaciation, especially as death approaches.

Finally, all the symptoms are gradually intensified: the dyspnœa becomes *very distressing*, so that the patient is unable to make any active exertion, or even to read a short paragraph without pausing; the sputa is more purulent; the pus is often expectorated pure, in roundish masses, that remain distinct in the vessel into which it is spat; the disease often spreads to other organs, as the lymphatic system and the intestinal canal, in which a deposit of tubercle takes place, similar to that in the lungs, which afterwards bursts into the intestines, leaving an ulcer; and thus the entire alimentary canal is affected, and diarrhœa produced. The respiratory mucous membrane may also be ulcerated, producing huskiness, and even loss of voice, but more frequently the former, from the thickening and increase in vascularity which it undergoes. *Aphthæ* of the mouth, pharynx, etc., or œdema of the lower extremities, ensue. It is therefore but seldom that the local affection of the lungs alone causes death.

The mind usually remains bright, often vigorous, and so hopeful that, even amidst this general wreck of the material frame, the patient dreads not the future, and thinks he "would be well but for his cough;" towards the end, however, slight delirium sometimes occurs, from circulation of venous blood in the brain, or a deposit of tubercles in its membranes.

The most characteristic symptoms are:—*undue shortness of breath* after exercise; *cough;* excessive *sensitiveness to cold air; spitting of blood; progressive emaciation; heightened temperature; rapid pulse; hectic fever;* and, lastly, *diarrhœa* and *aphthæ.*

Physical Signs and their Methods of Detection.—Notwithstanding the comparative conclusiveness of symptoms,

a physician does not rely on them alone, but calls in the aid of other evidence. In consequence of the frequent obscurity that surrounds symptoms, or of the possibility that they admit of explanation by causes distinct from phthisis, a physical examination is necessary to remove all uncertainty; and if conducted with care, and aided by the study of natural science, the diagnosis of this disease may be rendered almost as clear as if the morbid processes beneath the chest-walls were exposed to view.

A physical examination of the chest is conducted by the following means—*Inspection*, or ocular observance of the form, size, and movements of the chest; *Mensuration*, by which the comparative volume of the two sides of the chest, and also the degree of expansion and retraction during respiration, are determined by measurement; *Percussion*, or tapping the chest to ascertain the relative degree of dulness or resonance; *Auscultation*, listening over the chest to discover the condition of the respiratory murmurs, either with or without a stethescope; *Thermometry*, which indicates the temperature of the patient apart from his own sensations; and *Spirometry*, which tests the capacity of the lungs by means of an instrument for the purpose. The *weight* and *height* of the patient are also considered in connection with with his age and the revelations of the spirometer.

Diagnosis.—The importance of the aid of the thermometer in the diagnosis of phthisis will be recognised by the fact that during the deposit of tubercle in the lungs, or in any organ of the body, the temperature of the patient is always raised from 98° Fahr., the normal temperature, to 102° or 103°, or even 104°, the temperature increasing in proportion to the rapidity of tubercular growth. This sign may be detected several weeks before reduced weight or other signs indicate the undoubted existence of tubercle; and, in the

absence of other signs peculiar to the disease, will determine the diagnosis of consumption from *chlorosis* or *heart-disease*.

Causes.—These are the same as those of Scrofula (see that section). The most potent causes are—*hereditary taint*, and "the *impoverished nutrition* resulting from *impure air*, and an improper *quantity*, *quality*, or *assimilation of food*; and so long as misery and poverty exist on the one hand, or dissipation and enervating luxuries on the other, so long will the causes be in operation which induce this terrible disease" *(Bennett)*.

Duration.—The average may be said to be from nine months to two years; but in acute cases, the tubercles grow rapidly through the entire substance of both lungs, and it may prove fatal in two or three months, or even in as many weeks. The influence of the digestive organs is very considerable. An irritable mucous membrane—indicated by loss of appetite, furred tongue, diarrhœa, etc.—will hurry the tubercular deposit through its stages; while a healthy digestive apparatus may prolong the stages indefinitely. Other circumstances must also be considered—age, amount of hereditary influence, hæmoptysis, fever, etc. Lastly, the type of disease transmitted greatly influences the duration.

Treatment.—Phthisis being a disease in which the assistance of a medical man is so necessarily required, we only give a few general indications for the sake of those to whom professional homœopathic skill is not accessible. Each case must be treated according to the individual nature and extent of the local and constitutional disease. Useful remedies may be found among those recommended for "Dyspepsia;" also "Bronchitis," "Pneumonia," and other diseases of the respiratory system, to which the reader is referred. *Preventive* treatment is of the highest importance: the section on "Scrofula," pp. 228-38, contains ample hints on this part of the subject. The *general measures* detailed pp. 251-4 are also of paramount importance.

EPITOME OF TREATMENT.—

1. *Tuberculous Cachexia.*—Sulph., Calc., Iod., Ars., Phos., Merc., Ferr.

2. *The Indigestion.*—Puls., Nux Vom., Calc., Lyco., Merc., Kali Bich., Ant. Crud., Carbo Veg.

3. *Cough*, etc.—Phos., Bell., Hyos. *(nightly dry cough)*, Bry. *(stitching pains in the side)*, Stannum *(profuse expectoration* and *night sweats).*

4. *Hæmoptysis.*—Ham. V., Ipec., Dros., Arn.

5. *Dyspnœa.*—Ars., Ant. Tart.

6. *Hectic-fever, Night-sweats, Diarrhœa, etc.*—Phos. Ac., China, Hep. S., Samb.

7. *Various Symptoms.*—Kreas. *(sympathetic vomiting);* Phyto., Kali Iod., Kali Bich., Kali Carb., Calc., Spig., Sulph. Ac., Merc. Cor.; etc.

LEADING INDICATIONS.—

Calc. Carb.—Is well adapted to those constitutions in which the digestion and assimilation of food does not lead to the formation of good blood and healthy tissues; there are obstinate acid eructations, relaxed bowels; sensitiveness to cold and damp; fatigue after slight exertion; cough; gradual emaciation; and, in females, too frequent and profuse menstruation.

Phosphorus.—Having an affinity for the lungs, this remedy is of great utility in confirmed, as well as in incipient consumption, and especially in young girls of a delicate constitution; there are,—frequent, dry, short cough, so constant as to lead to exhaustion of strength; or moist cough with greenish fœtid expectoration from an abscess in the lungs; shortness of breath; tendency to diarrhœa or perspiration; emaciation; pain and soreness of the chest; loss of appetite; dry or hot skin; small and quick pulse; etc.*

Iodium.—Consumption associated with glandular affec-

* See *H. World*, vol. v., p. 29.

tions—enlargement or atrophy—and diarrhœa from mesenteric disease.*

Ferrum.—Anæmia, diarrhœa, œdema of the lower extremities, emaciation. *Ferr.* is required in most cases, for the constitutional condition.

Pulsatilla.—This drug is adapted to that form of indigestion in which *fat*, an important constituent of a mixed diet, is distasteful; and is not taken without more or less derangement of the mucous membranes.

Lycopodium.—Useful if the chest-symptoms are associated with chronic indigestion—intestinal flatulence, constipation, etc.

Hyoscyamus.—Night-cough, especially when the cough commences or is aggravated on lying down.

Bryonia.—Tearing dry cough, as if the chest or the head would burst by the effort; stitching pains in the sides, catching the breath.

Drosera.—Severe fits of coughing, causing frequent discharges of blood.

Arsenicum.—Tightness of the chest; oppressed breathing, aggravated by lying down; chilliness in the chest; or soreness and burning from coughing; exhausting diarrhœa; rapid emaciation; depression of spirits. *Ars.* is a valuable medicine in all stages of the disease, and especially in the last.

Hepar Sulph.—For scrofulous young persons, in the early stages of the disease. The chief symptoms are, hoarse, rough, or weak voice, hollow cough, accompanied by expectoration of mucus, sometimes of blood; dyspnœa, especially on lying down; night-sweats; pain after eating the smallest quantity of food; clay-coloured or greenish stools.

Sulphur.—Very valuable for the constitutional condition, and also as an intercurrent remedy throughout the disease.

* See *H. World*, vol. v., p. 30.

Aconitum—Is a prominent remedy in consumption, and its occasional administration during the whole course of the disease is attended with the best results. It is especially valuable in removing congestion, and modifying inflammatory and febrile action. Physicians of the old school were formerly accustomed, and in many cases are so still, to use depletory measures—leeches, cupping-glasses, etc.—to diminish local congestion; but, thanks to Homœopathy, in *Aconite* we have a remedy which answers this purpose better than the lancet or the leech, without the consequent loss of strength.

Inhalation (see pp. 100-2) often proves extremely useful for administering such remedies as *Iodine*, *Kreasote*, *Aconite*, *Bryonia*, *Hyoscyamus*, *Belladonna*, *Ipecacuanha*, etc., especially when the throat and large bronchial tubes are involved. Apart from remedies, the simple vapour of hot water is of great utility; it soothes the inflamed mucous membrane and assists in detaching mucus from the air-passages.

General Measures.—To describe in detail the general treatment of consumptive patients, were to write a treatise on hygiene; we shall therefore only throw out several hints on the most important points; and refer the reader to the section on "Scrofula."

1. *Nutritious Food.*—The diet should be nourishing, digestible, and sufficiently abundant to meet the particular requirements of each case. As a general rule, it should include animal food once or twice a day; fish, especially oysters; good home-made bread, not less than one day old; puddings of arrowroot, rice, sago, or tapioca: various kinds of green vegetables and mealy potatoes; *good milk*, eggs raw or beaten up with a little milk; and, if the patient is benefited by its use, a moderate allowance of beer or wine. Pork should be avoided; also veal; fish not having scales; pastry; and all articles that give rise to irritability of the stomach, nausea, eructations, or any other symptoms of indigestion.

Cod-liver-oil must be considered as an item of food, and a very important one; and if administered according to the suggestions in the section, pp. 77–9, may be expected to be productive of the happiest results. We recommend Möller's oil as the best for this purpose, it being of high nutritive value, agreeable, and easily assimilated. If, as is occasionally the case, cod-liver-oil disagree with the stomach, the author has found *Cream* of great value as a substitute, though it is inferior. To favour its digestion a teaspoonful of French brandy, or a tablespoonful of cold, strong, black tea, may be mixed with it.

2. *Clothing.*—This should be sufficiently warm to maintain a vigorous cutaneous circulation; the extremities especially should be kept warm, to obviate congestion in the chest or abdomen. Flannel should be worn both in summer and winter; in the former, it neutralizes any variation of temperature, and prevents sudden cooling by evaporation of the perspiration; in the latter, it prevents loss of the vital warmth of the body. In winter, the addition of a chamois leather vest may be advantageously worn over the flannel. The notion that delicate children may be hardened by habitually exposing them to atmospheric changes, when but imperfectly clad, is erroneous in all cases; and in the instance of children of tuberculous predisposition, often leads to the worst results.

3. *Bathing and friction of the skin.*—Except in confirmed cases, bathing is generally beneficial; even sea-bathing may be often recommended. But on no account should the patient bathe when exhausted by fatigue, or when the body is cooling after perspiration. When sea-bathing is not admissible, sponging the chest both in front and behind, with water to which sea-salt has been added, can generally be borne and enjoyed, and when it is followed by a general glow, it is a most valuable aid in promoting the capillary circulation. Under all circumstances, vigorous friction should immediately

follow the bath, as reaction is thus rendered more complete. In cases in which patients are prevented from taking exercise, friction by means of a towel or flesh-glove is the more indispensable. Bathing must be regarded as injurious if a brief immersion renders the surface cold, numb, and pale. In such cases, warm salt-baths are recommended.

4th. *Exercise.*—Next to diet, the unrestrained exercise of the muscles and lungs in the pure open air is of the greatest importance. "The more fully the lungs are judiciously used, the more is their capacity nursed; and conversely, the less they are used and expanded, the more useless are they likely to become, if not absolutely diseased. Under a judicious system of training, an undeveloped man, even although he may be feeble, narrow-chested, and sickly, may yet become active, full-chested, and healthy. It is therefore within the power of the medical officer to direct the physical training of young persons, so that the apparently sickly and the short-winded may in time be developed into the wiry and active young man, long in wind, sound in body, and lithe of limb; a result which, however, can only be attained by judicious feeding, careful exercise throughout the development of the body, and by the gradual nursing of the breathing powers" *(Aitken)*.

If possible, exercise should be so taken as to bring all the muscles into moderate and agreeable action, and with the body in an erect posture. Walking-exercise secures these conditions to a certain extent; riding on horseback has the advantage of permitting the patient to breathe a large amount of fresh air, while it does not occasion great difficulty of breathing. Rowing, gymnastic exercises, and especially the *cross-bar swing* (described in the work on "Consumption" before referred to) are valuable aids when practised according to the patient's strength. Excessive exertion, however, either of the mind or body, should be avoided, and an interest

fostered in the objects and operations of nature, such as the garden, the farm, and the hill-side.

5th. *Healthy Residence.*—The climate should be moderately warm, *dry*, and uniform, to suit the consumptive. A *voyage* sometimes wonderfully renews the constitution. The climate of, and voyage to, Victoria (Australia) is strongly recommended. Moreton Bay or Adelaide are said to be the most suitable places for patients with tubercular disease or chronic bronchitis. It is, however, only in the early stages of consumption that such a course is advisable. When removal to a foreign country is impracticable, Torquay, Undercliffe in the Isle of Wight, Hastings, Bournemouth, and Queenstown (Ireland), are places in our own isles to which consumptive patients may resort with great benefit.*

In conclusion, all excesses must be avoided, whether in the pleasures of the table, wine and liquors, exercise, or in the gratification of any passion, which over-stimulates the mind or the body. Business and intellectual pursuits should not be followed to the extent of inducing mental or bodily fatigue, but should be laid aside as early in the day as possible, and while there is sufficient strength remaining to permit the patient to engage in healthy exercise.

34.—Tabes Mesenterica *(Tabes Mesenterica)*—Consumption of the Bowels.

Definition.—A growth of tubercle in the mesenteric glands, which undergoes changes similar to those in the lungs, and is also associated with the phenomena of scrofula. Unless arrested, the disease results in the destruction of the

* For a description of the various health-resorts in the British Empire, and their adaptation to different classes of patients, see the papers on "Watering-Places" in *The H. World.* vol. i.

glands, and, consequently, in the death of the patient, from inability to repair the wear of the tissues of the body.

Symptoms.—Swollen and tense abdomen; irregular action, or, more generally, relaxation of the bowels, with unhealthy, fœtid stools; passage of undigested food; pain in the bowels, so that the patient draws his legs up towards the abdomen; at the same time he is feverish and indisposed to activity. There is also pale and flabby skin; anxious and aged expression; inordinate or fitful appetite. The process of absorption becomes suspended, so that the quantity of nutriment added to the blood is inadequate to the requirements of the system; hectic fever sets in, with obstinate diarrhœa, extreme thirst, restlessness, and sleeplessness; the body wastes, until the degree of emaciation becomes extreme, hence the term *tabes* (to melt away); and the patient dies, in most cases, from actual starvation. If, however, treatment is resorted to before the glands are irreparably disorganized, the patient slowly recovers.

Treatment.—The remedies required in this affection are the same as those recommended in the section on *Scrofula*, a selection from which should be made according to the existing symptoms. The most important are—*Iod.*, *Ars.*, *Sulph.*, and *Calc.*

The best hope of cure is in *early* and judicious treatment; the disease, however, is so serious, that it should only be confided to a Homœopathic practitioner.

Accessory Means.—The food should be *nourishing* and simple,—goats' milk, beef-tea, *soda-water with milk*, and cod-liver oil. Warm clothing, including a flannel bandage round the abdomen, so as to guard against the vicissitudes of the weather, is a necessary adjunct. See also the accessory treatment of "Scrofula."

35.—Rickets *(Rachitis)*.

Definition.—A constitutional disease of early childhood, from mal-nutrition, consisting essentially of a lack of earthy phosphates in the bones, and manifested by curvature of the shafts of the long bones, and enlargement of their cancellous extremities, so that they yield to pressure, and are liable to harden afterwards in unnatural forms; there is also arrest of the growth of the bones.

Symptoms.—*Profuse perspiration on the head, neck, and upper part of the chest*, with dryness and heat of the abdomen and lower limbs. The upper portion of the body has always increased moisture, which the slightest exertion or heat aggravates, and on the patient falling asleep the perspiration is at once so increased as to make the pillow wet. The child also desires to *lie cool at night*, and in the coldest weather kicks off or gets outside the bed clothes. These symptoms precede the deformities of the bones. A later symptom, especially marked in severe cases, is *dread of movement* from *extreme tenderness* of the surface. He wants to be let alone, and manifests signs of uneasiness on being touched or danced in the arms, preferring to sit quietly or to lie down. As the disease advances, he lies motionless in bed, and cries at the approach of persons accustomed to play with him. The appetite is generally voracious, the patient often desires food soon after a meal, and the peristaltic action of the intestines is so rapid that the food is hurried, and passes almost unchanged along the alimentary canal. The bowels are irregular, confined for a day or two, and then relaxed for an equal period; there is generally a good deal of straining, and the motions are extremely offensive and mixed with mucus. The child becomes dull, neglects his playthings, and usually gets thin: sometimes he looks plump while his flesh feels soft. In the day time he is drowsy, but restless and uneasy at night *(Dr. Eustace Smith)*.

The changes in *the bones* generally commence when the tenderness and dread of movement are first complained of. In slight cases, the affection of the bones may be very limited—the ankles a little sunk, the shins bent, the spine curved, the fontanelles remain abnormally open—and dentition be retarded or arrested; but, in aggravated cases, the physiognomy and general appearance are very peculiar.

The skull undergoes remarkable changes; it is *larger*, at least relatively, and often absolutely; but the change in shape is most marked; it loses its natural arched form, and becomes flat, both at the top and around; the frontal and parietal protuberances are increased; the frontal, coronal, sagittal, and sometimes even the lambdoid sutures are depressed *(Gee)*, and slow in closing. The face is small and triangular, with a narrow, sharp-peaked chin, and projecting teeth which tend to decay, or to drop out undecayed; and dentition, both the first and second, is often delayed.* A rickety head may be distinguished from a hydrocephalic, by the fontanelles, which are *depressed* in the former, and *elevated* in the latter. The chest is narrow and prominent in front, hence the popular term, pigeon-breast; the abdomen is often large, and, contrasted with the narrow and distorted chest, appears much distended; the spine is variously curved; the pelvis deficient, the promontory of the sacrum and acetabula being pressed together, the cavity is rendered perilously small for child-bearing; and the whole structure is stunted. The most characteristic alteration in the bones of a rickety child is *beading of the ribs.* This important element in the diagnosis of the disease can usually be detected earlier than any other sign.

Rickets generally becomes evident in children during the

* If the ninth month passes without the appearance of a tooth, the cause should be carefully inquired into, and will almost always be found in rickets *(Sir W. Jenner)*.

first year of their age; and it is probable that a child who is not idiotic or weakened by some recent acute disease, and who cannot walk at eighteen months of age, is either rickety or paralysed.

Causes.—Rickets is not a diathetic disease, in the sense in which tuberculosis and syphilis are; it is the result of certain known causes, without which the disease cannot be produced, but under the influence of which children become rickety. It, however, often arises in children of parents who, though naturally healthy, live in disregard of hygienic laws. As it is strictly a disease of the nutritive processes, it will readily be perceived how such conditions as the following should tend to produce it: ill health or weak constitution of the mother, affecting the nutrition of the child before birth, and after birth by deteriorating the quality of the breast-milk; improper feeding generally, badly-ventilated rooms, damp, cold, dirt, too little sunlight, and neglect of exercise. The continued influence of these causes will produce that unhealthy condition of the body of which rickets is the direct consequence. In the following passage, Dr. Jenner strikingly shows the influence of improper *feeding and physicking* of children in the production of rickets:—

"For the first two or three days after birth, their tender stomachs are deranged by brown sugar and butter, castor-oil and dill-water, gruel and starch-water; as soon as the mother's milk flows, they are, when awake, kept constantly at the breast. And well for them if they are not again and again castor-oiled, and dill-watered, and even treated with mercurials —for the poor have learned the omnipotent virtues of *grey-powder*.

"After the first month, bread and water sweetened with brown sugar is given several times a day, and during the night the child is, when not too soundly asleep, constantly at the breast. As soon as the little ill-used creature can sit erect on its mother's arm, it has at parents' meal-times 'a little of what we have'—meat, potatoes, red herring, fried liver, bacon, pork, and even cheese and beer daily, and cakes, raw fruits, and trash of the most unwholesome quality, as special treats, or provocatives to eat,

when its stomach rejects its ordinary diet. Then, instead of being weaned when from ten to twelve months old, the child is kept at the breast when the milk is worse than useless, to the injury of the mother's health, and to the damage of its after brothers and sisters, in the hopes that thus keeping it at the breast may retard the next pregnancy. The children are sacrificed that the passions of the parents may not be restrained" (*Medical Times and Gazette, May* 12*th*, 1860).

Consequences of Rickets.—Softening and curvature of the bones often deprive a child of the use of its limbs; the deformity of the thorax produces difficult breathing; and the abdominal organs, especially the liver, are constantly compressed in consequence of sedentary habits. Sometimes the enlarged bones inflame, leading to local swelling, suppuration, and caries; and derangement of the digestive organs, wasting, hectic fever, etc., make their appearance, if they did not exist before. Under favourable treatment, however, and with proper care, the bones become very firm in adult life, and are remarkably strengthened by strong ridges developed on their concave sides.

Treatment.—This must be radical, and if commenced early the best results may be expected, for although one of the most common of children's diseases, it is yet one most easily arrested.

Phosphoric Acid.—This is an excellent remedy in rickety affections of the bones, with pains in the limbs, diarrhœa, and other symptoms of hectic.

Silicea—Is often indispensable in rachitis; it corrects the perspirations about the head and upper portion of the chest, and the sensitiveness of the body before described; it also controls the tendency to the increased growth of cartilage.

Calc. Phos.—In many cases of rickets this salt is of great utility, and if the child is fed by the breast, both the mother and child will be benefited by the medicine. Phosphate of lime has the power not merely to correct deficient consolidation

of bone, but equally to correct the consentaneous unnatural growth and mal-nutrition of the soft tissues of the body.*

Assafœt., *Phos.* and *Sulph.* are also recommended.

Accessory Means.—The child should, if possible, reside in the country, where the air is dry and bracing, and enjoy abundance of sunlight, and take out-of-door exercises suitable to the case. These will wonderfully aid the cure, by imparting tone to the digestive organs, energy to the nervous system, and, in short, invigorating the whole constitution. Patients not able to walk should sit or recline in the open air, warmly clad, during suitable portions of the day. This will be found far more helpful to recovery than passing the chief part of the day in the confined air of a sick-room. Further, tepid and cold bathing, especially in sea-water, followed by frictions continued especially down the back for five or ten minutes. In the evening, again, the frictions should be repeated. Well-ventilated rooms, strict cleanliness, and nourishing food, which should be well masticated, or if the teeth be inefficient, pounded in a mortar, are also necessary. The food should include milk, meat, good animal broths, and cod-liver-oil.

This latter is an important remedy, but should only be given in small doses, ten to twenty drops at first, and the quantity gradually increased to a teaspoonful. During its administration the evacuations should be examined, for the appearance and odour of the oil in them are signs that the quantity should be reduced. (See article on Cod-liver-oil, pp. 77-9.)

Mechanical Support.—On the subject of mechanical support, Mr. J. C. Forster remarks: "I am quite sure none

* The Professor of University College Hospital points out the uselessness of administering this or other lime salts in large doses, and states that a grain or two grains, several times a day, is a sufficient dose.

yet invented is of any service. Splints on the outside and inside of the leg, boots, irons, etc., only add to the weight which already overburdens the feeble limb." Notwithstanding this excellent authority, we have often used splints with perfect success. The best for curvatures of the lower limbs are simple straight wooden splints, kept in place by a strong elastic bandage, or even an ordinary cotton roller. Very delicate children should first be treated by such remedies as we have already named, especially cod-liver-oil; and the splints applied as the patient gains strength.

Cure of Pigeon-Breast.—In most instances this deformity can not only be improved but radically cured, if the following simple method be adopted sufficiently early, that is, before the cartilages of the ribs have become partly ossified. The object is to develop the muscles of the chest concerned in breathing. Pressure is to be applied by the hands of an assistant placed one on the projecting part of the breast-bone, the other between the shoulder-blades, the pressure being gentle but firm, and carefully increased as the patient takes five or six deep inspirations. The tendency of this pressure, if skilfully applied, combined with the inspiratory efforts, is to enlarge the sides of the chest in some measure at the expense of the projecting portion of the breast-bone. If this easy plan be followed twice a day for a few weeks an astonishing change may be effected, the unnatural form of chest giving place to one of symmetry and beauty. At the same time, the muscles of the chest are to be brought into action in a special manner by varied movements of the arms and trunk. The *cross-bar swing* is also a valuable measure for increasing the capacity of the chest, and is fully described in the author's work "On Consumption," pages 59-60. The so-called chest-expanders are unnecessary and useless. The whole chest of the child should be sponged with

cold water every morning and thoroughly dried by means of a towel.* In cold weather the sponging should be rapidly performed.

36.—Diabetes *(Diabetes)*—Diabetes Mellitus.

Definition.—A cachectic, constitutional disease, characterised by an excessive discharge of pale, sweet, and heavy urine, containing grape-sugar.

Symptoms.—Excessive debility and progressive emaciation; rough, dry skin; red and fissured tongue, and intense thirst; the bowels are costive, and the evacuations from them dry and hard. The insatiable thirst, uninterruptedly torturing the patient, is a highly characteristic symptom. The quantity of urine is generally in great excess, amounting to ten, twenty, or even thirty pints in the twenty-four hours, inducing frequent calls to micturate day and night, and producing soreness and inflammation of the urethra. Thirty pints of urine of the specific gravity of 1·040, which is about the heaviest, contains nearly four pounds of sugar. In a few months patients will pass a quantity of sugar equal in weight to that of their own bodies.

Discharges of excessive quantities of urine, especially if associated with the above symptoms, should excite suspicion, and suggest an examination of the urine. There are various tests for diabetic sugar, but the one most readily practised is *Trommer's*, which is as follows:—Half fill a test-tube with the urine to be examined, and add about two drops of a solution of *sulphate of copper* to make it slightly blue, and then excess of *liquor potassæ* enough to clear it, by re-dissolving the precipitate which it at first produces. Let it boil up once over a flame, and if there be sugar there will appear

* See "Notes on Pigeon-Breast," *H. World*, vol. ii., p. 118.

a reddish-brown precipitate of the sub-oxide of copper; but if there be no sugar, a precipitate of black oxide of copper.

The most certain information, however, may be obtained from the specific gravity of diabetic urine, which varies from 1·025 to 1·040 or upwards, according to the quantity of sugar it contains. Whenever the urinometer stands above 1·030, we may conclude that sugar is present.

Cause.—A defect in the function of digestion, so that sugar, which ought to be available for the maintenance of the body, enters the blood, and leaves it again unchanged, and is discharged in the urine. And here we refer not merely to sugar which is taken as such into the mouth, but to that which is formed out of the starch contained in food by the action of the saliva.

Treatment.—The Allopathic treatment of this disease by drugs is most striking for its inexactness and nearly uniform abortiveness. Almost every agent in the materia medica, and bleeding, have been fruitlessly employed to arrest the formation of the excessive quantity of sugar. Homœopathic medication, however, exerts a direct and often complete and permanent influence on the defective function.

Uranium Nit.—Dr. Cornell, of N. America, has given us interesting details of several bad cases cured by this remedy. Our journals, too, relate cases, some of which were cured, and all benefited, by *Uranium*. We recommend it as the first remedy to be administered after diabetes is suspected.

Phosphoric Acid.—This remedy formerly stood in the front rank as a curative agent in diabetes, and is probably only inferior to *Uranium*. Two- or three-drop doses of the 1st dec. dilution may be given several times a day.

Arsen., *Nux V.*, *Canth.*, or *Merc.* may be required to meet special symptoms.

Accessory Treatment.—Amylaceous food, and every substance containing sugar, or readily convertible into it, must

be avoided. Fat meat, fish, oysters, eggs, milk,* good soups thickened with finely-powdered bran, cocoa prepared from the nibs, lettuces with oil, vinegar, etc., may be taken, if they agree, and be varied to suit the patient. The action of all articles must be watched, and anything that occasions indigestion avoided. As a substitute for ordinary bread, which is inadmissible, *bran bread* or *bran cakes*, or *ground almond powder* made into bread or biscuits, with eggs, are recommended. The excessive thirst of diabetic patients may be gratified, as fluids aid in the elimination of the sugar in the blood, and patients become greatly depressed if they are not allowed to drink as much water as they desire. Warm baths, wearing flannel next the skin, and a warm climate, are useful accessories in the cure of diabetes. The influence of cold winds, sudden draughts or changes, are highly injurious.

37.—Purpura *(Purpura)*—Land-Scurvy.

Definition.—"A disease not usually attended by fever, characterised by purple spots of effused blood, which are not effaced by pressure, and are of small size, except where they run together in patches." This is the *Simple* form *(purpura simplex)*. When the disease is accompanied by hæmorrhage from a mucous surface, it is called *Hæmorrhagic (purpura hæmorrhagica)*.

Symptoms.—Languor, faintness, and gnawing pains in the stomach usually precede, for some weeks, the appearance of

* Dr. Balfour reports a case in the medical journals of diabetes in which the quantity of urine was steadily and greatly diminished, and the specific gravity correspondingly reduced, by restricting the patient to six pints of skimmed milk per day. This treatment is cheap, and patients can adopt it without interfering with their usual occupations. Mr. H. May (Birmingham) gave five pints of milk a day to a diabetic patient, and in six weeks the specific gravity fell from 1·040 to 1·017, the patient at the same time became stout and stronger than she had been for years.

spots. The appetite is variable, the tongue yellowish, the countenance is sallow, dingy, or bloated and pale, with swelling beneath the eyelids. The spots first appear on the legs, and afterwards, without any certain order, on the thighs, arms, and trunk of the body; their presence being attended with great weakness and depression of spirits. They are first bright red, but are distinguished from flea-bites by the absence of a central puncture; in a day or two they become purple, afterwards brown, and when about to disappear they assume a yellowish tint, and frequently have the appearance of *bruises*.

The pulse is feeble; there are deep-seated pains in the stomach, chest, loins, or abdomen. Constipation, palpitation, and irregular action of the heart, with a tendency to frequent syncope, are the most distressing and dangerous symptoms. A peculiar danger attends this disease in the occurrence of extravasation of blood into internal organs—the lungs, the brain, the liver, or the alimentary canal *(Aitken)*.

Epitome of Treatment.—

1. *Febrile symptoms.*—Acon.

2. *Purpura Simplex.*—Acon. (sometimes alone sufficient), Bell., Arn., Merc., Sulph. Ac., Rhus Tox.

3. *Purpura Hæmorrhagica.*—Merc., Ars., Phos.

Accessory Measures.—The general health must be improved by simple, good food, plenty of exercise in the open air and sunlight, healthy dwelling, and other hygienic conditions.

38.—Scurvy *(Scorbutus)*.

Definition.—"A chronic disease, characterised by sponginess of the gums, and the occurrence of livid patches under the skin of considerable extent, which are usually harder to the touch than the surrounding tissue."

Causes.—The disease arises from a peculiar state of malnutrition, supervening gradually upon the continued use of a dietary deficient in fresh vegetables, and tending to death after a longer or shorter interval, if the conditions under which it arose remain unaltered.

Symptoms.—"The condition is essentially marked by a dull leaden pallor of complexion; excessive bodily and mental lethargy; dyspnœa upon slight exertions, unaccounted for by the auscultatory signs; spontaneous effusions of blood-coloured fluid into the various tissues of the body, causing petechiæ and bruise-like patches to appear on its surface; together with (commonly) a livid, swollen, and spongy state of the gums, and a disposition for them to bleed upon the slightest irritation" *(Buzzard)*.

"There is no more interesting fact in the history of medicine," says the writer just quoted, "than that this condition, which has been looked upon at various times as a plague, as a mysterious infliction of Divine justice against which man could only strive in vain, or as a disease inseparable from long voyages, should have been proved, by evidence of the most satisfactory character, to arise from causes in the power of man to prevent, and to be curable by means which every habitable country affords."

Treatment.—All that is required to cure a scorbutic patient is the supply of those articles of food—*fresh vegetables*, *milk*, and good dietary generally—which contain elements, the absence of which has led to the diseased condition. *Vinegar*, good *lemon-juice*, and other vegetable acids are also recommended. An ample supply of these acids, as well as of *preserved vegetables*, should be provided for ships which are engaged in war, or have to make prolonged sojourn where fresh vegetables cannot be obtained.

39.—Anæmia *(Anæmia).*

Definition.—A condition in which the *red blood-corpuscles are deficient*, the *liquor sanguinis* watery, and the albumen poor.

Symptoms.—The skin, the lips, and the mucous membrane generally, are pallid and have a bloodless appearance, and the face looks like wax; the lining of the gums and mouth is white, and the tongue is large, flabby, and pale; the pulse is feeble, thready, beats about eighty times in a minute, and is easily excited. The patient becomes very *weak* and languid, is easily fatigued and loses breath; there is indigestion, loss of appetite, flatulence, and irregular action of the bowels; in women, scanty menstruation; palpitation; the temperature of the extremities and surface is deficient, and there is, generally, œdema of the ankles or even of the feet. There are also dejection of spirits, and morbidly heightened nervous sensibilities.

Causes.—Seclusion from air and sun-light, and a poor quality of food. On these points, Dr. Pollock says, "The sufferers are the victims of our subterraneous kitchens and back shops, and of that atrocious domestic system which deprives young women in service of open-air exercise and enjoyments peculiar to their age. Secondarily, a depraved appetite arises, and tea with bread-and-butter come to form their sole diet, as all healthy desire for meat soon vanishes. These devitalised plants, which never see the sun, languish in nervous power, and furnish our worst cases of hysteria."

Other causes are, copious or frequent small discharges of blood, as in hæmorrhoids, too profuse menstruation, venesection, etc.; profuse or prolonged evacuation of fluids which contain much of the organic constituents of the blood also gives rise to this condition, as in diarrhœa, dysentery, ague, etc.

Anæmia and Consumption.—The diagnosis between these two diseases is easy to the physician, as the physical signs of consumption are absent in anæmia. In the latter the blood is only *impoverished;* in the former it is *contaminated* also; in the latter the pulse is about normal; in the former it is accelerated; and, again, in anæmia the temperature is below the normal standard; whereas in consumption it is considerably higher.

Epitome of Treatment.—

1. *From loss of animal fluids.*—China, Phos. Ac.

2. *Associated with scanty or suppressed menstruation.*—Puls., Ferr.

3. *From deficient open-air exercise and sun-light.*—Ferr., and Puls. or Nux Vom.

These remedies are prescribed only as auxiliaries to the hygienic treatment.

Accessory Means.—Medicinal treatment alone will be of little use in most cases. *Nourishing, digestible diet*, is needful in quantities as large as can be assimilated—milk, eggs, animal broths, and afterwards, fish, poultry, game, mutton, etc. Combined with suitable food, *moderate daily out-of-door exercise in a pure air* is indispensable; bathing, especially sea-bathing, aids the restoration of the patient.

40.—Chlorosis *(Chlorosis).*

Definition.—"A condition of general debility affecting young persons at about the age of puberty. There is anæmia or deficiency of the red corpuscles *(hæmatine)* of the blood, which gives the skin a pale, yellowish, often greenish, hue. The temperature of the body is diminished, and morbidly sensitive to cold. In females there is generally delayed, suppressed, or imperfectly-performed menstrual function. Respiration, circulation, and digestion are also disturbed;

and the whole organism, physical and mental, is feeble and enervated." (*From the* "Lady's Manual of Homœopathic Treatment.")

Symptoms, *Causes*, and *Treatment* are fully pointed out in the work just referred to. The best remedies are—*Ferr.*, *Calc.*, *Phos. Ac.*, *Puls.*, *Sulph.*

41.—General Dropsy* *(Anasarca).*

Definition.—A serous or watery accumulation in the areolar tissue, more or less general throughout the body, with or without effusion into the serous cavities.

Dropsy is of two distinct varieties, for besides its occurrence in the meshes of the loose tissue beneath the skin, it may take place as a *local* dropsy in any of the natural cavities or sacs of the body, and is named according to the parts involved. If the watery accumulation occur in the ventricles of the brain, it is called *hydrocephalus;* if in the membrane that lines the surface of the lungs, *hydrothorax;* if in the membrane of the heart, *hydropericardium;* if in the membrane of the intestines, *ascites;* if in the serous sacs of the joints, *hydrops articulorum;* if in that of the testicles, *hydrocele.*

Dropsy is also sometimes designated according to the *cause* from which it arises, as, (1.) *Cardiac dropsy*, from valvular disease of the heart; and (2.) *Hepatic dropsy*, from cirrhosis of the liver. Both these are mechanical forms of dropsy, resulting from impediment to the return of venous blood, which occasions the exudation of the watery part from the capillaries. (3.) *Dropsy from debility.* This is functional, arising from no organic disease, but from feebleness of the circulation and tenuity of the blood. This variety occurs chiefly in delicate females who are anæmic or menorrhagic,

* In this section are included most of the *local* forms of dropsy, both for convenience of reference, and to present a more connected view of the whole subject.

or in persons advancing in life: it shows itself in the areolar tissue under the skin of the dependent parts, chiefly the ankles at night and the eyelids in the morning, and is often called *œdema*. (4.) *Acute renal dropsy*, sometimes called post-scarlatinal dropsy. See page 136. (5.) *Chronic renal dropsy*, from Bright's disease of the kidneys.

Pathology.—In health, there is a gentle and uninterrupted oozing forth of fluid, just sufficient to allow of the free motion of the membranes and their contained organs; if this fluid be arrested (as in inflammation), pain or adhesion may result; but if it take place in excess, or if exhalation take place more rapidly than absorption, then dropsy results. Indeed, dropsy is altogether due to the latter cause. Absorption is arrested or diminished, and the natural transudation still continuing, a collection of its products remains distending the small sacs of the areolar tissue, as well as the large serous sacs of the body. So that it is more correct to speak of dropsy as a *collection* than as an *effusion*.

Character of the Swellings.—Dropsical swellings are soft, *inelastic*, diffused, and leave for some time the indentation made by the pressure of a finger. In old cases, and when the œdema is very great, the skin becomes smooth, glassy, and of a dull-red or purple colour, and where the skin is less elastic, as over the tibia, it becomes livid or blackish, and troublesome, or even gangrenous, sloughs may form.

Epitome of Treatment.—

1. *General Dropsy.*—Dig., Apis., Ars., Bry., Senega.
2. *Dropsy of the abdomen.*—Apocy., Apis., Ars., Chin.
3. *Dropsy of the ankles.*—Ferr., Chin., Ars.
4. *Dropsy of the brain.*—Hell., Merc., Bell., Apis.
5. *Dropsy of the chest.*—Bry., Dig., Ars.
6. *Dropsy of the heart.*—Dig., Spig., Ars.
7. *Dropsy of the testicle.*—Iod., Rhod., Puls.
8. *Dropsy of the joints (knee, etc.).*—Acon., Puls., Iod.

LEADING INDICATIONS.—

Arsenicum—Is a prime remedy in œdema of the face, hands, and feet, and anasarca from disease of the heart; also in ascites from enlargement of the liver or spleen. It is especially indicated when there is much general debility, rapid emaciation, and anxious depression; constriction and oppression of the chest, and a sensation of suffocation on attempting to lie down; the skin is dry and pale, or burning and itching, and sometimes peels off in large flakes; the tongue is red and parched, sometimes with excessive burning thirst; the pulse feeble and irregular, and the extremities cold.

Apis.—The action of this remedy on the kidneys is sufficient to make it most useful in acute febrile dropsy from a chill, in post-scarlatinal dropsy, in that of incipient Bright's disease, and in that which sometimes appears in the later months of pregnancy, laying the foundation of future puerperal convulsions; sometimes, also, for a time, it removes the œdema of the lower extremities symptomatic of disease of the thoracic organs *(Hughes)*. *Apis* is particularly valuable in dropsy complicated with strangury, suppression, or other urinary difficulties.

Digitalis.—This drug is useful in several varieties of dropsy —ascites, hydrothorax, anasarca, etc.; and is especially indicated by a small, feeble, and irregular pulse, pale face, livid lips, distressing dyspnœa, inability to lie on the back. It benefits dropsical affections from heart or kidney disease by improving the action of these organs.

Apocynum Can.—The value of this remedy is due to its power of restoring the urinary secretion, which it often does rapidly, even after other remedies have proved ineffectual.

Bryonia.—Œdematous swellings of joints; hydrothorax; dropsy or œdema from the retrocession of perspiration or an eruption, or associated with chest symptoms—cough, dyspnœa —or with liver-complaint, constipation, etc.

Helleborus.—Dropsical effusion in the ventricles of the brain *(hydrocephalus)*, in which it often proves most valuable.

Ferrum. — Functional œdema, especially in anæmic or chlorotic females, with pale and cadaverous skin, feebleness, nausea after eating, constipation, etc.

Sulphur.—Œdematous swellings following skin-affections or suppressed eruptions.

Aconitum.—Chiefly useful in the commencement of dropsy, and in dropsy supervening upon the sudden retrocession of a rash or perspiration, or associated with palpitation or organic disease of the heart. In the latter case, in alternation with *Digitalis.*

Accessory Treatment.—A *dry*, soft, and moderately warm atmosphere is generally most suitable; and if the dropsy be at all owing to climatic influences, or to any disease that is endemic to the place, a change of residence is necessary. A damp climate or soil is particularly unfavourable. In acute dropsy, the diet should be similar to that in acute fever; in chronic dropsy, patients require very nourishing diet, but on account of extreme feebleness commonly present, all but easily digestible food must be avoided. To allay the burning thirst often experienced, cold water is the best beverage; but any other that the patient desires, if not positively injurious, may be taken. Water may be said to be a real restorative, for it increases the amount of fluids excreted to an extent greater than its own bulk; it also tends to improve the appetite and strengthen the pulse, while it diminishes the dropsical collections. It will thus be seen that the common notion that drinking water increases dropsy is quite erroneous.

Warm baths for promoting perspiration, drinking Hollands, tapping, and other palliative measures may sometimes be necessary, but the propriety of such means can only be decided by the circumstances of each individual case.

CHAPTER III.

Diseases of the Nervous System.

42.—Encephalitis *(Encephalitis)*, Meningitis *(Meningitis)*, and Inflammation of the Brain *(Inflammatio Cerebri)*.

Definitions.—By "Encephalitis" is meant inflammation of the *brain or of its membranes;* the term being used only when it is impracticable to diagnose the *precise* seat of the inflammation. "Meningitis" signifies inflammation of the *membranes* of the brain ("*Tubercular* Meningitis" has been already discussed, pp. 238-9). By "Inflammation of the *Brain*" is meant inflammation of the *brain-substance*, with or without implication of the membranes, usually partial, and in many cases dependent on local injury, or foreign deposit."

As these diseases require professional treatment, we only state here the ordinary symptoms which are more or less common to the various inflammations of the brain and its membranes, giving general indications for treatment, which may be of service under circumstances in which a physician's aid is inaccessible.

Symptoms.—In Encephalitis there may be premonitory pains in the head, irritability, sleeplessness, and general indisposition. But usually the disease manifests itself at once—there is high fever, much headache, vomiting, constipation, general sensitiveness both of the skin and the senses—sight, hearing, etc.—and violent delirium; after a few days the delirium is less; the patient clutches at the bed-clothes or the

air, the pupils dilate and contract, and become insensible to light; there is grinding of the teeth, rolling of the head, and somnolence. The respiration is irregular; urine is retained; the bowels are still constipated; and the abdomen may become retracted. Muscular twitchings, anæsthesia, spasm or paralysis supervene, with thready pulse, and collapse and coma set in. "The pupils are widely dilated, and are insensible to light, the eyes half-open, the face sunk and ghastly, and the skin cold and clammy; the sphincters relax, the urine and fæces pass involuntarily, and the pulse becomes more frequent than before, but small, thready, and uncountable; the breathing is stertorous, and the patient at last dies in a state of complete coma" *(Ranskill)*.

In inflammation of the brain-substance only *(inflammatio cerebri)* the excitement and delirium are not so marked, neither does the pulse rise above its normal standard: indeed it frequently falls below it, and is very irregular. There is also tonic rigidity of one or more limbs, which is succeeded by permanent paralysis.

Causes.—Amongst the *predisposing* causes are, *age*, sex, *the abuse of alcoholic liquors*, *excessive grief*, and *mental work*.

The *exciting* causes are—*blows* on the head, *falls*, etc.; and in hot countries, *exposure to the sun*. The sudden retrocession of an eruption on the scalp has been known to be followed by acute meningitis.

Simple meningitis may occur before birth, and is common in new-born infants, but is more rare after two years of age; the ages between sixteen to forty-five are next most liable; the disease also occurs in the proportion of three males to one female.

Diagnosis.—From *Tubercular meningitis* the diagnosis may be made by comparing the two diseases as described; from *Delirium Tremens* it may be recognised by the absence of headache in the latter affection, and the previous history

of the patient, which "usually tells a long story of inebriations." In Enteric-fever there is less headache, but a more frequent pulse, diarrhœa, abdominal tenderness, and after the fifth day the peculiar eruption of that disease.

Treatment.—On this point, Dr. Ranskill, a high authority on brain diseases, writes :—"The treatment of Acute Meningitis is only successful when employed very early in the disease, and carried out with energy. It resolves itself into three great remedial measures: first, blood-letting; second, hard purging; third, application of cold water." Homœopathic treatment is simpler, safer, and more successful than that prescribed above. The principal remedies are—*Acon.*, *Bell.*, and *Bry.*; or *Arn.* alternately with *Acon.*, if the disease arises from an injury to the head. *Hyos.*, *Opi.*, and other remedies may sometimes be required: for their indications see "Typhus-fever."

Accessory Measures.—Cold applied to the head by means of a bladder containing small pieces of ice, "or a mixture of common salt and ice is an excellent mode of applying cold, because of the facility with which it adapts itself to the shape of the head." The hair should be shaven or cut close; and the extremities kept warm. Quietude is important, and, when there is *photophobia*, the room should be darkened. Beef-tea, strong broths, but no solid food, should be given. Cold water or other simple liquids may be freely given. The patient's apartment should be well ventilated; and great caution exercised during recovery.

43.—Apoplexy *(Apoplexia)*.

Definition.—A condition characterised by the abrupt loss, more or less complete, of consciousness, from extravasation of blood (hæmorrhage) within the cranium.

Varieties.—(1) *Congestive* apoplexy is an overloaded con-

dition of the vessels of the brain. (2) *Hæmorrhagic* or sanguineous apoplexy is the most frequent, and consists in the rupture of a vessel, and extravasation of blood in the substance of the brain or outside the nervous masses. The symptoms are usually sudden, and its development most rapid.

Modes of Attack, and Warnings.—Apoplexy may come on *suddenly* or *gradually*. The patient may be suddenly struck—falling, at once bereft of motion and consciousness. Such a case is termed *primary apoplexy*. More frequently, however, apoplexy is indicated by well-marked premonitions, which are, chiefly—headache; giddiness, particularly on stooping; fulness and pulsation of the blood-vessels of the head; epistaxis; retinal hæmorrhage; sleepiness, with heavy or snoring breathing; transient blindness, considerable difference in the sizes of the pupils; deafness, or noises in the ears; momentary loss of consciousness, with or without indistinctness of speech or incoherent talking; flashes, motes, etc., before the eyes; vomiting; numbness or tingling in the hands or feet; unsteady gait; partial paralysis, sometimes involving the muscles of the face, sometimes those of a limb; the patient becomes comatose, and drowsiness gradually increases to perfect *coma*. This is called *ingravescent* apoplexy, because the symptoms become worse *gradually*, and is far more serious than a primary case, because we have evidence that the cause of the symptoms is still in operation, and because such a case is always hæmorrhagic, and the brain has undergone organic and permanent changes. On the other hand, a primary case may be a congestive variety, and the condition may pass off without any permanently injurious result.

Symptoms.—These vary according to the seat and amount of the hæmorrhage, and are sometimes so vague that cerebral hæmorrhage can only be suspected. Pain in the head, giddiness, faintness, sickness, labouring pulse, succeeded by

some re-action, may only be present. In the early stage of an ingravescent case, before the patient becomes comatose, there is great depression in the circulation from the shock to the nervous system; the surface is cold, pale, and clammy, and the pulse frequent, small, and weak. As coma comes on, the pulse becomes full, slow, and laboured (passes slowly under the fingers); the surface warm, sometimes preternaturally so, and perspiring; the countenance has a peculiar bloated appearance, and is often congested; the pupils are insensible to light, and usually dilated, although one or both may be contracted; the breathing is stertorous from paralysis of the soft palate; the urine is retained from inaction of the bladder; and the bowels are sluggish.

One or several of the above symptoms may, however, occur as the consequence of indigestion. Vomiting and headache are more important as indications when they come on suddenly without any obvious cause, and not on first rising in the morning; and the vomiting, or efforts at vomiting, are continued beyond the emptying of the stomach; if these symptoms are associated with degeneration of the arteries, and albuminuria, we may suspect the existence of clots of blood in the brain.

Predispositions.—(1) *Age.* After fifty, apoplexy is one of the most frequent causes of death. This arises not so much from the years of a man's life, as from a bad constitution and tissue-depravation, not often present in early life. After the middle period of life, the capilliaries become impaired, and, as a consequence, the veins congested. "The cerebral arteries also are often diseased; the heart has often acquired an abnormal power, driving the blood with great violence, and with an increased momentum, towards the brain, while the lungs have their functions so impaired that the blood is only imperfectly oxygenated; and all these are causes of congestion, and of tendency to rupture of the

vessels of the brain" *(Aitken)*. (2) *Habits* of life, such as intemperance, excessive eating, uncontrolled passion, pressure about the neck, and too close mental labour, or any habit favouring congestion to the head. (3) *Disease* affecting the heart, kidneys, or blood-vessels of the brain; suppressed hæmorrhoids or menses.

APOPLEXY NOT OFTEN SUDDENLY FATAL.—A popular opinion is current, and is to some extent shared in by the profession, that an effusion of blood in the brain is a frequent cause of sudden death. In stories and theatrical representations the characters are made to die suddenly of apoplexy; and, in newspapers, accounts are often given of sudden deaths attributed to it. This error has also been fostered by another equally common, namely, that persons with a short thick neck and red face are most liable to apoplexy. It is true that such persons often die suddenly, but the suddenness of the death is generally due to heart-disease. A man with a red face has no more blood in his head than another without a red face; and if blood is poured out into the brain it is because the diseased blood-vessel could no longer avert the fatal mischief. It is, then, a person with diseased arteries in whom apoplexy is likely to occur, and this may exist in those who are pale and thin and have long necks. Dr. Wilks states that he once knew a gentleman who had such an extraordinary red face that some young friends disliked to walk the streets with him, lest he should die of apoplexy. This gentleman, whose face was of a deeply purple hue, died of heart-disease. "Although cerebral hæmorrhage sometimes kills *rapidly*, it does not kill *instantly*, as rupture of the aorta, or heart-disease, sometimes does" *(Jackson)*.

CAUSES.—The main cause of apoplexy is disease of blood-vessels, hence the increasing liability to it with advancing age. The gradual degeneration or ossification of arteries common to old age, renders them inelastic, and as the blood

is forced on them by the action of the heart, they give way.* Hæmorrhage within the cranium is sometimes caused by the bursting of *aneurisms* involving the arteries of the brain. The idea that increased pressure on the blood-vessels of the brain, as during exertion or rapid movement of the body, is an *originating* cause of apoplexy is incorrect; there must be actual degeneration of the arteries, the process probably of years, before they can give way. The *predisposing* cause of apoplexy is general bodily unsoundness, which may be especially due to granular disease of the kidney, or hypertrophy of the left ventricle of the heart. Apoplexy is almost always the local expression of a general constitutional failure: hence it is classed as a constitutional disease.

Diagnosis.—*Apoplexy* is distinguishable from *Epilepsy*, because the latter begins with a scream, is always attended by convulsions, and much frothing at the mouth; symptoms which do not occur in apoplexy. In distinguishing it from *intoxication* or *poisoning with opium*, the history and circumstances of the patient must be considered. Is he likely to have been drinking; is there an odour of spirits in the breath? Has he been low-spirited or in any difficulties likely to have led him to swallow poison? It is from such circumstances, considered in connection with the entire history of the case, that we must make our diagnosis; the condition of the brain, especially in the advanced stages, being nearly the same in all these cases. The importance of promptly recognising apoplexy from alcoholic or narcotic poisons arises from the difference in the immediate measures that would be taken in the one or the other case. An emetic, or the stomach-pump, might remove in the one case what, if suffered to remain, might lead to serious or even fatal results; while in the other case wholly different measures would be necessary. It is

* For a fuller account of these vital changes, see the section on *Old Age and Senile Decay*.

obviously far better to mistake drunkenness for apoplexy than apoplexy for drunkenness, and when anyone is found deeply insensible he should be carefully attended under the direction of a medical man. Even if death could not possibly be averted, it is sad that a human being should die of cerebral hæmorrhage in a police-cell. Under any circumstances, then, an unconscious person needs our care, for he may be so from a combination of causes; a drunken man may have had a blow on his head and ruptured his blood-vessels; or a drunken debauch may coincide with the breaking up of his cerebral arteries.

Epitome of Treatment.—

1. *For the premonitory symptoms.*—Nux. V., Acon.

2. *Cerebral hæmorrhage.*—Acon. *(strong tinct.)*, Bell., Opi.

3. *After-consequences (paralysis, etc.).*—Acon., Bell., Phos., Cocc., Rhus Tox.

Leading Indications.—

Aconitum.—Full, rapid, and strong pulse; dry, hot skin. This remedy is suitable for the premonitory symptoms, and for an actual attack, and both immediately and remotely is infinitely superior to the abstraction of ten, sixteen, or twenty ounces of blood; which has been proved by statistics to increase the mortality.

Belladonna.—Red, swollen face, throbbing of the blood-vessels, convulsive movements of the face or limbs, dilatation of the pupils, loss of speech, suppression or involuntary discharge of urine, etc.

Opium.—Drowsiness, heaviness, stupor, or profound coma; irregular breathing; bloated face, stupid and besotted expression, eyes half open, pupils contracted; coldness of the extremities; etc.

Nux Vomica.—Congestive conditions of the brain favouring apoplexy. Even when effusion has taken place it is often the best remedy unless active febrile symptoms call for *Aconite.*

Nux V. is particularly valuable for apoplexy in patients who have spent a sedentary life, and indulged in rich diet and alcoholic beverages.

Phosphorus.—This remedy is an extremely valuable one for retarding or correcting the *calcareous degeneration* of the arterial blood-vessels, which we have stated to be the great cause of the disease. It may be given when such a change in the arterial system is suspected, and also during recovery from a fit of apoplexy from that cause.

Administration.—During a paroxysm, one or two drops of the tincture in a teaspoonful of water, or on a small piece of sugar, every fifteen or thirty minutes; in *threatened* apoplexy, a dose every hour; as the symptoms are subsiding, every three to six hours.

Accessories during a Fit.—1. If possible, convey the patient immediately to a large apartment where the cold air can freely circulate around him. 2. Loosen the neckerchief, stays, and bandages of every kind, and place the patient in a warm bed, with the head moderately raised. 3. Apply warmth to the extremities and axillæ *(armpits)*, and a cold wet towel, or ice, crushed, in a bladder, to the head; also a sinapism to the epigastrium. 4. At the same time, one of the aforementioned medicines should be given, especially *Aconite* or *Belladonna.*

After a Fit.—Should the patient recover from the fit, great and unremitting care must be observed to prevent another attack. The diet should be light, but nourishing; milk, light puddings, cooked vegetables, fish, etc., are extremely valuable; a full animal-diet should not be allowed till all fear of a relapse is passed; and stimulants should almost invariably be avoided. Moderate exercise of the muscles is a remedial agent of high value; it tends to promote a more active circulation through the entire system, and, consequently, to diminish the pressure on blood-vessels

which a little extra force might cause to give way. If active exercise cannot be taken, frictions performed by a second person by means of towels or flesh-brushes over the surface of the body and the extremities are necessary. The causes of the disease should as far as possible be avoided or modified.

PREVENTIVE MEASURES.—Undeviating temperance in eating and drinking. Physical and mental exertion and excesses of every nature; fits of passion or excitement; sudden changes of temperature, over-heated rooms, warm baths, wet feet, etc., must be uniformly avoided. Errors in diet, exposure to a too hot sun, violent emotions, etc., may excite the gravest symptoms in persons predisposed to apoplexy.

44.—Sun-stroke *(Solis Ictus)*—Insolation—Sun-fever—Coup de Soleil.

DEFINITION.—A disease of the nervous system, excited by heat, sometimes following exposure to the direct rays of the sun, particularly when to heat is added the pressure of tight and unsuitable clothing.

SYMPTOMS.—The affection is generally preceded by premonitory symptoms, such as thirst, heat, and dryness of skin; vertigo; congestion of the eyes; frequent desire to micturate; syncope follows, and is often instantly fatal; or insensibility and stertorous breathing occur, with or without convulsions. In both varieties the mortality is high, and unexampled congestion of the lungs is the most common morbid appearance observed after death.

CAUSES.—Besides the direct effects of heat, the fatigue consequent on continued physical exertion in a heated atmosphere, combined with breathing vitiated air in crowded apartments, predispose to an attack. Hence its frequency amongst our soldiers who in eastern countries are exposed to great heat, have to carry heavy accoutrements, and often

sleep in crowded barracks, etc. "Two points are remarkable in the history of sun-stroke, viz., its extreme rarity in mid-ocean, and at great elevations. In both cases the effect of the sun's rays, *per se*, is not less, is even greater, than on land and at sea-level; yet in both sun-stroke is uncommon; the temperature of the air, however, is never excessive in either case" *(Dr. Parkes).*

Treatment.—*Glonoine.*—Very severe heavy and throbbing pain in the head, particularly at the back; or, sudden loss of consciousness.

Belladonna.—Violent dizziness, or sudden falling down as if from apoplexy; redness of the face.

Camphor.—Great depression of the pulse, and pale face, with violent distress in the head; followed immediately by a reaction—flushed face, accelerated pulse, etc.

The *after-effects* of sunstroke may usually be met by *Bell.* or *Glon.*

Accessory Means.—It is now generally agreed that sun-stroke results, (as indeed will be seen from the foregoing remarks,) from a depressed, and not, as was formerly taught, from a stimulated condition of nervous centres. The treatment, therefore, by the lancet, which a few years since was the orthodox method, and supposed to be strongly "indicated," has been generally abolished, and that by cold douche, or cold compresses constantly applied over the head, neck, and chest, is almost universally adopted.

Prevention.—Clothes should be light and loose, especially avoiding undue pressure on the veins of the neck. *Flannel* tends to prevent chills. Spirit-drinking, particularly in India and other hot climates, should be discontinued, as it undoubtedly predisposes to attacks.

45.—Chronic Hydrocephalus *(Hydrocephalus longus)*—Dropsy of the Brain—Water in the Head.

Definition.—A local dropsy, consisting of a collection of watery fluid within the cranium, which may be congenital or acquired.

It generally occurs in infancy within the first year, before the sutures and fontanelles are closed, so that the bones yield to pressure from within. Infants are sometimes born with the disease, when it is an occasional cause of difficult labour. Instances of the disease attacking children in the seventh or eighth year have been reported, and in some extremely rare instances the disease has first appeared at a more advanced period of life.

Dr. Watson mentions the case of a distinguished young lawyer, who had one or two attacks of loss of consciousness while engaged in the Court of Chancery: by degrees he became dull, stupid, forgetful, insensible, and shortly died from watery fluid within the skull. The celebrated Dean Swift died of this complaint at the age of seventy-eight, three years after the commencement of the disease. In these instances, after the sutures are closed, when the bones cannot yield to pressure, and the size of the head is natural, the collected fluid distends the cavities within the head, and causes an anæmic and wasted condition of the brain-substance. In children the bones of the skull are separate, sometimes to an enormous extent, so that the head has been known to measure twenty-four, thirty-six, and even thirty-nine inches in circumference, the quantity of fluid varying accordingly. The shape of the head is generally round, and somewhat flat on the top; rarely, it assumes a sugar-loaf shape.

Symptoms.—The premonitory indications of this disease are not very distinctive: there may be squinting or rolling of the eyes if the disease be congenital, followed by convulsions and enlargement of the head.

The most marked features are—a disproportion between the size of the skull and that of the face, the fontanelles are wider than usual, and the bones feel thin under pressure of the fingers. Emaciation is generally present through non-nutrition: in some cases there is an unnatural fat condition. If an infant, he sucks well, even voraciously, and yet he does not grow; his bowels are constipated, and his motions unhealthy. The gradually-increasing head soon attracts notice: the anterior fontanelle pulsates, there is heat of the head, and the child becomes very restless. Fluctuation may be felt by applying the hand to the top of the head; the hair ceases to grow as usual; the face appears small and triangular; the countenance is dull, having an aged appearance; and the patient is continually wishing to lie down. In unfavourable cases (and recoveries are rare) the senses become impaired; paralysis sets in; and the patient dies either from exhaustion, convulsions, or spasmodic croup, to which such children are liable.

The duration of the disease varies from one to eight, or even ten years. Should effusion be arrested, the accumulation of serum already present is never absorbed, but remains.

Causes.—Chronic Hydrocephalus is usually associated with the scrofulous cachexia; sometimes it follows scarlatina, hooping-cough, or measles. The most common exciting causes are—undue exposure to heat or cold, injuries of the head, suppressed eruptions, or extended inflammation of the ear. "One warning may be learned from this disease, namely, that it is said to be most common in the children of parents addicted to drunkenness, and from this cause it often runs in families" *(Aitken)*.

Treatment.—The best remedies for this disease are those adapted to the constitutional cachexia: these are—*Calc.*, *Sulph.*, *Ferr. Iod.*, *Silic.*, etc., the indications for which will be found in the section on "Scrofula."

Helleb., *Dig.*, or *Merc.*, may be required as adjuncts.

The *Accessory Treatment* is the same as that recommended for Scrofula. Tapping the skull is admissible in some cases.

PREVENTION.—Dr. Von Grauvogl states that in families where hydrocephalic children have been born, he has succeeded in preventing recurrence of cases by single alternate daily doses of *Sulph.* 6, and *Calc. Phos.* 6, given to the mother during the term of pregnancy.

46.—Paralysis *(Paralysis)*—Paralytic Stroke.

DEFINITION.—Paralysis, or Palsy, is a condition in which there is loss of motion, to a variable extent, associated with disease of the brain or spinal cord, from injury to, or pressure upon, a nerve-trunk, or from the action of a poison.

There are many different forms of paralysis, some of which, with their chief causes, are as follows:—

HEMIPLEGIA is that form of paralysis in which one lateral half of the body is affected from disease of the opposite half of the brain, the parts generally involved being the upper and lower extremities, the muscles of mastication, and the muscles of one side of the tongue, and the patient is said to have had a "paralytic stroke."

Hemiplegia may be very partial, as when it affects the third nerve only, causing dropping of the upper eyelid, to which that nerve sends branches, so that it cannot be raised except by the hand. This condition is termed *Ptosis*. The eye is also sometimes turned outwards or inwards *(squinting)* from a similar affection.

The chief *causes* are—cerebral hæmorrhage *(apoplexy)*, obstruction of the blood-vessels of the brain, and cerebral softening. The general pathology and treatment are the same as pointed out in the section on Apoplexy.

FACIAL PARALYSIS is a local paralysis of the *portio dura*

nerve, from cold, and must be distinguished from Hemiplegia, being quite independent of disease of the brain, and is probably due to swelling of the investing membrane of the bones through which the nerve emerges.

The features are drawn up to the opposite side; but there is still sensibility of the skin of the cheek, and the muscles of mastication act.

PARAPLEGIA is a form of paralysis, more or less complete, of the *lower half* of the body, in which the legs, and perhaps also the muscles of the rectum and bladder are implicated. It is caused by disease of the spinal marrow, or of its membranes, or of the vertebræ, so that the marrow is either pressed upon or disorganized. It may also arise as one of the symptoms of chronic cerebral disease.

Other forms of paralysis may be named: *General Paralysis*, or paralysis of the insane; *Wasting Palsy; Locomotor Ataxy; Infantile Paralysis;* Palsy from *Lead* or other poisons; or from specific disease, as *Diphtheritic Paralysis.*

EPITOME OF TREATMENT.—

1. *Facial Paralysis.*—Baryta C., Caust., Bell., Acon.

2. *General Paralysis.*—Phos. *(from degeneration)*, Baryta C. *(of old persons)*, Merc. Cor., Cocc., Coni., Plumb. *(with wasting).*

3. *Hemiplegia.*—Nux V., Arn. *(especially of the left side)*, Phos. *(Tabes Dorsalis).*

4. *Paralysis of the upper eyelid (Ptosis).*—Gelsem., Spig., Bell. *(and of the face)*, Stram.

5. *Rheumatic Paralysis.*—Rhus Tox., Arn., Acon., Sulph.

6. *Diphtheritic Paralysis.*—Gelsem., Coni.

7. *Paralysis of Painters.*—Opi., Iod., Cup., Ars.

ACCESSORY MEANS.—1. *Electricity*, or *galvanism*, judiciously employed, after the acute inflammatory symptoms have subsided, is an agent of great value. 2. The cold *douche*, bathing with salt water, or, if the patient be capable of the effort, sea-bathing, tends to promote the nutrition of the

spinal marrow. 3. *Regulated exercise* — active when the patient is capable of it, passive when he is not—is of great utility in overcoming muscular rigidity, and restoring the functions of paralyzed limbs. 4. *Well-directed frictions** and *shampooing* tend to obviate the injurious results of continued pressure from lying on the paralyzed parts.

47.—Tetanus *(Tetanus)*—Lockjaw.

Definition.—A disease characterized by a contraction of voluntary muscles, general or partial, alternating with relaxation more or less complete, arising from an excited state of the spinal cord and medulla oblongata.

Causes.—Tetanus may be *idiopathic*—from some disorder of the blood or nervous system; or *traumatic*—from a wound which produces local nervous irritation. It may occur at all ages, but is probably most common in the young, and males are more subject to it than females. Sudden atmospheric changes from heat to cold seem to have considerable influence in producing the disease.

Symptoms.—There may be premonitory indications of an attack, such as fear, or sense of impending danger, or a disturbed state of the digestive organs. But the unmistakable symptoms soon appear, namely,—inability to open the mouth fully *(lockjaw)*; painful expression of the countenance, convulsed or fixed features, the corners of the mouth being drawn up *(risus sardonicus)*. When fairly set in, the spasms of the voluntary muscles are of the most violent character, with much pain, and partial remissions. The pain is of that kind which attends ordinary cramp in the muscles, as of the legs, and is usually very severe. The breathing becomes loud and sobbing; if the muscles of the trunk are affected, the body is jerked forwards *(emprosthotonus)*, or backwards

* See "The Anatriptic Art," reviewed in *The H. World*, vol. i., p. 191.

(opisthotonus), or is perfectly rigid *(tonic spasm)*, like a piece of wood. The mind continues clear; and, if death ensue, as is most frequently the case, it is from exhaustion consequent on the frequency of the tetanic spasms *(Erichsen)*.

Epitome of Treatment.—

1. *Idiopathic Tetanus.*—Acon. *(from exposure)*, Cham. or Cina *(from worms)*.

2. *Traumatic Tetanus.*—Nux Vom. (or Strychnia), Acon., Bell., Hydroc. Ac.

The remedy should be given in low dilution, and administered every few minutes as soon as the first indications are noticed. Surgical measures are sometimes necessary.

48.—Hydrophobia *(Hydrophobia)*—Rabies.

Definition.—A disease resulting from the bite of a rabid dog, or from its licking an abraded portion of the skin, the chief characteristics of which are, severe constriction about the throat; spasmodic action of the diaphragm; a peculiar difficulty of swallowing, and, consequently, dread of fluids; anxiety and restlessness; followed by exhaustion, delirium, and death.

Symptoms of Rabies in the Dog.—According to Youatt, the earliest are,—sullenness, and frequent shifting of posture; loss of appetite; lapping his own urine; disposition to lick cold surfaces, to eat straws, *excrementitious* matter, and other rubbish; and fighting with his paws at the corners of his mouth. A very early and constant symptom is *change of voice*, every sound uttered being more or less changed.

The amount of *ferocity* varies; some show extreme fondness; whilst others bark, and rush to the end of their chain to meet an imaginary foe; or, if loose, rush out, biting every one they meet. There is *no dread of water*, as in human beings, but on the contrary, great thirst; and the saliva

becomes viscid, and adheres to the mouth. In the last stages of the disease, the eyes become dull; the hind legs, and afterwards the muscles of the jaw, are paralyzed; and the poor dog dies exhausted, in from four to six days. Next to the dog, probably the wolf, the fox, the jackal, and the cat, are most liable to hydrophobia.

Symptoms in Man.—These are not manifested till a period after receiving the infection, varying from a few weeks to one or two years; the wound having probably healed, and the scar presenting no remarkable appearance. Twitching and itching sensations are sometimes felt in the vicinity of the wound prior to an attack. Sometimes there is stiffness, or numbness, or partial palsy; or the wound may be red and swollen; there is an indistinct feeling of uneasiness and anxiety, with giddiness, chills, heats, and a general feeling of being unwell. The special symptoms are arranged by Mr. Erichsen under three heads; consisting (1) of a *spasmodic affection of the muscles of the throat and chest:* the act of swallowing commonly exciting convulsions, makes the patient afraid to repeat the attempt; hence the horror of all liquids which is so remarkable a feature of the disease. (2) *An extreme degree of sensibility of the surface of the body.* (3) *Mental agitation and terror* frequently mark the disease throughout. To these symptoms we may add, extreme thirst; the secretion of a remarkable viscid saliva, the effort to swallow which brings on the convulsive fits; the convulsions increase in frequency and violence; the lips and cheeks become livid, and perpetually quiver; till, at length, one fit lasts long enough to exhaust the remaining strength.

Cause.—A bite from an animal already affected with hydrophobia.* It is asserted and generally believed in India,

* "The susceptibility of the human subject to this poison is by no means universal, for only ninety-four persons are known to have died out of one hundred and fifty-three bitten, making the chances of escape nearly as three to two" (*Aitken*).

that rabies never originates in dogs, but can always be traced to a mad jackall or wolf entering a village or town, and biting the dogs. Close confinement, want of fresh water, unwholesome food, etc., may have some influence in developing the malady.

TREATMENT.—*Immediately* after a person has been bitten by a suspected animal, the wound should be sucked with all the force the patient can command; and if he is too much alarmed or otherwise unable to do it himself, a friend should do it for him.* As soon after this as possible, a surgeon should excise† the wounded part, care being taken to remove every portion touched by the animal, and to obtain a clean raw surface. The wound must then be washed by a stream of warm water, and, afterwards, the nitrate of silver freely applied.

The chief Homœopathic remedies are:—*Belladonna*, *Stramonium*, and *Scutellaria Lateriflora*. These medicines are on no account to supersede the local means just pointed out, but are to be used as additional preventives, or as palliatives.

Belladonna, according to Hahnemann, is the most sure preventive; and certainly no other drug has the power of simulating hydrophobia to the same extent. Several very interesting cases of genuine rabies, said to have been cured by this drug, are quoted in Hempel's "Materia Medica."

Scutellaria.—In the "New Remedies," Dr. Hale proves that this drug has caused nervous derangements similar to

* No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any abraded or otherwise imperfect surface of the mouth or other part of the body.

† Youatt objected to *excision* because he said the point or blade of the instrument used was apt to be touched by the virus and thus infect the sound parts. He recommended the free use of caustic, which decomposed the virus, and formed a sort of cake enveloping it. He had himself been bitten many hundred times by rabid dogs without infection, having always used caustic; nor did he think it scarcely ever too late to take this precaution.

those of hydrophobia, and cites cases of cure of the disease by this remedy.

Dr. Aitken shows that after experimenting with nearly two hundred different drugs, in massive doses, *scientific medicine* has signally and totally failed, and adds: "All that remains is to mention the most leading experiments, with the hope that, as they have not been successful, they may not be wantonly repeated. . . . . In all probability no prophylactic medicine exists in nature, and the administration of any potent substance by way of prevention is worse than useless."

It is refreshing to contrast the above with Dr. Hughes' remarks in his manual of Homœopathic "Therapeutics." After referring to the cases cured by *Belladonna*, he says: "I think you will feel inclined, if any one whose life you value has been bitten by a suspected dog, to keep such an one under the influence of *Belladonna* until the utmost limit of incubation has been reached. . . . . And if *Belladonna* has cured a single case, it has done more than all the resources of traditional medicine have been able to accomplish."

Precaution.—After a person has been bitten by a *suspected* dog, the animal should on no account be killed, for after all it may turn out that it was not really mad; by shutting it up and allowing it to live, the non-malignant character of the affection may be ascertained, and the patient's mind relieved of a most harassing fear, that might otherwise have tormented him for months or years.

49.—Infantile Convulsions *(Membrorum distentio infantilis)*—Fits of Infants.

Infantile convulsions are the most frequent of the cerebral affections of children, and usually arise from some eccentric cause, as teething, but sometimes are forerunners of hydrocephalus.

Symptoms.—In slight cases, the child suffers from twitchings of the muscles of the face, some difficulty of breathing, rolling of the eyes, etc. In severe cases, he suddenly becomes insensible, and the muscles of the head, neck, and extremities, are convulsed; the eyes are insensible to light, and turned rigidly up and to one side; the face is usually congested, but sometimes pale; the lips are livid, and there is frothing at the mouth; the hands are generally firmly clenched, and the thumbs turned inward, with the fingers on them; the feet are turned together, with the great toe bent into the sole, from the greater irritability of the flexor muscles. After one or two minutes the convulsions cease, either altogether, or recur in a short period.

Causes.—Irritation of the brain from pressure of a tooth upon an inflamed gum, or anything which over-excites the nervous system; disease of the brain; an insufficient supply of blood to the brain, as in badly-fed children; an impure supply of blood, as in the eruptive fevers; the irritation of worms; fright; powerful emotions of the mother; suppressed eruptions; indigestion. The remote causes are, hereditary constitutional taint, too early or too late marriage of the parents, etc.

Treatment.—*Belladonna.*—Convulsions with determination of blood to, or inflammation of, the brain, *hot, flushed face*, especially in stout children, who start suddenly in sleep, and stare wildly. It should be given early, and repeated every fifteen minutes for several times. A drop of the tincture in a teaspoonful of water, or one or two pilules on the tongue.

Chamomilla.—Spasmodic twitching of the eyelids and muscles of the face, one cheek red and the other pale. It is especially suitable for irritable children, and in fits from indigestion. True brain symptoms require *Bell.*

Opium.—Convulsions from *fright*, followed by *stupor*, laboured breathing, and confined bowels.

Cuprum.—Red, bloated face; shrieking before an attack; *convulsive* movements, the paroxysm resembling an epileptic seizure.

Cina or *Ignatia.*—Convulsions from thread-worms.

Aconitum.—Fever—restlessness, flushed face—and for *threatened* convulsions (in turns with *Bell.*).

Accessory Treatment.—Loosen all clothing about the neck, chest, and body; raise the head, sprinkle the face with water, and admit plenty of fresh air. A warm bath, however, at a temperature of 98° Fahr., is generally advisable, as it tends to withdraw the blood from the brain to the general surface of the body. See "Warm Bath," p. 88-9.

50.—Epilepsy (*Epilepsia*)—Falling-Sickness—Fits.

Definition.—Sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, lasting from two to twenty minutes, recurring without any typical regularity, and followed by exhaustion and deep sleep.

"This disease has been known from the earliest antiquity, and is remarkable as being that malady which, even beyond insanity, was made the foundation of the doctrine of possession by evil spirits, alike in the Jewish, Grecian, and Roman philosophy" *(Aitken)*.

Symptoms before a Fit.—In the majority of cases, the premonitory symptoms are too brief to allow the patient to remove to a convenient place, or even to give an intimation of what is about to happen. In other instances, an approaching seizure is clearly indicated for many minutes, or even hours, before its actual occurrence. The kind of warning is variable in different cases, often consisting of such symptoms as headache, giddiness, indistinctness of vision, irritability, gloomy

mood, spectral illusions, etc. But the most striking premonition is that called the *aura epileptica*, a sensation compared to a stream of warm or cold air, to the trickling of water, or to the creeping of an insect, which commences at the extremity of a limb, and gradually runs along the skin towards the head; or, occasionally, it gets no further than the pit of the stomach; and, as soon as it stops, the fit occurs. A knowledge of these circumstances is important, as, in some instances, time is afforded to interpose remedies that may avert the paroxysm, or to secure the patient's safety during a fit.

An Epileptic Fit.—The patient utters a loud shriek or scream, and falls suddenly to the earth, convulsed and insensible. The cry is peculiar and often terrifying. The convulsive movements, especially of the head and neck, are often very extreme, one side being frequently more affected than the other; there is violent closure of the jaws; the tongue is liable to be bitten; a foam issues from the mouth, often coloured by blood; the eyes quiver and roll about, or are fixed and staring; the hands are firmly clenched, and the thumbs bent inwards upon the palms; urine, etc., sometimes escape involuntarily; the breathing is impeded by spasm of the larynx, and performed with a hissing sound; the cheeks and lips become purplish and livid, the veins of the neck and forehead are greatly distended, the heart acts tumultuously, and death seems inevitable. Gradually, however, the symptoms remit, and the patient is left insensible and apparently in a sound sleep.

Symptoms following a Fit.—Some few patients recover perfectly in a few minutes; some regain consciousness and then sink into profound sleep; but more frequently consciousness is not immediately recovered, the slumber succeeding the struggles without any lucid interval. On emerging from the slumber, the patient may merely feel languid and inert, or

like a person stunned, or in a state bordering upon idiocy, unconscious of what has passed.

Consequences of Epilepsy.—"Every successive attack strengthens the *habit*, and renders the individual more obnoxious to future seizures" *(Sieveking)*. Repeated attacks of a severe kind are liable to enfeeble the memory, impair the intellectual faculties, and, in some instances, terminate in irremediable imbecility. It is the liability of such a termination as this that invests the disease with such painful interest.

Causes.—These are very varied, but the most common is hereditary tendency. That epilepsy is often hereditary is proved by the fact, observed in medical practice, that two or more cases of epilepsy occur in the same family far more frequently than they would as mere coincidences. Injuries of the skull; local irritation, as a splinter or shot under the skin, or the local cause may be in some internal organ; tumours; inflammations; parasites in the brain; malformations of the skull, as one half being unlike the other; osseous deposits within the cranium, especially spiculæ of bone formed on the inside of the *dura mater*. In *post-mortem* examinations, the bones of the head are sometimes found thickened or otherwise diseased. It is well known that epilepsy is most frequent in confirmed lunatics and idiots, as the result of some malformation of the brain. The most frequent *exciting causes* are—derangement of the nervous or sexual systems; immoderate sexual indulgence; self-abuse; and prostration of nervous power from any cause.

"The most powerful predisposing cause of any, not congenital, is masturbation—a vice which it is painful and difficult to allude to in this manner, but still more difficult to make the subject of inquiry with a patient. But there is too much reason to be certain that *many* cases of epilepsy owe their origin to this wretched and degrading habit; and patients have voluntarily confessed to me their convictions that they had thus brought upon themselves the epileptic paroxysms for which they sought my advice" *(Sir Thomas Watson)*.

Fright, fits of rage, gastric disorders, the irritation of worms, menstrual difficulties, repelled eruptions, especially those about the head, and the sight of other epileptics, are also exciting causes.

Treatment during a Fit.—The patient's tongue should be put back into his mouth, and a cork or linen pad fixed between his molar teeth; he should be laid on a couch or rug, fresh air freely admitted around him, his head slightly raised, and all ligatures relaxed that interfere with circulation and respiration. Throwing cold water on the face appears to do no good; and restraint should not be exercised beyond what is necessary to prevent exposure or to guard against injury. In epilepsy preceded by the *aura*, a firm ligature applied above the part where the sensation is felt, is said to prevent the attack. After the fit, the patient should be allowed to pass the period of sleep which usually follows without disturbance.

Treatment between the Fits.—In addition to the administration of any remedy indicated, an endeavour should be made to discover, and then if possible to remove, the cause of the malady. But a cure is not always possible; and the obscurity which often surrounds the etiology of epilepsy should tone down our prognosis of cure. Still, in reference to cure, Homœopathy contrasts most favourably with Allopathy; even when cure is out of the question, the striking relief afforded is worth all the pains taken to obtain it.

Epitome of Treatment.—

1. *Recent Epilepsy.*—Ign., Hydroc. Ac., Kali Iod.
2. *Chronic.*—Bell., Cup. Acet., Calc., Sulph.
3. *From worms.*—Cina.
4. *From onanism, sexual excesses, etc.*—Phos., Phos. Ac., Chin., Ferr., Sulph. Ac.
5. *From fright, and for fits in sleep.*—Opi.
6. *Additional remedies sometimes required.*—Stram., Agar. Mus., Plumb., Ars., Hyos., Cicuta, Zinc., Zizia.

Leading Indications.—

Belladonna.—Cerebral congestion, evidenced by sparkling of the eyes, dilated pupils, intolerance of light, flushes of heat in the head, and redness of the face; startings at the least noise; tumours, etc.; also when the disease occurs during teething (see *Chamomilla*, below, and the section on "Infantile Convulsions"). If administered as soon as the indications of an attack are noticed, it may ward it off, or mitigate its severity. Dr. Hughes suggests *Glon.* for this purpose.

Cuprum.—This remedy is indicated in preference to *Bell.* by *paleness* of the face, and by the extreme severity of the convulsions.

Cina.—If the affection be associated with the irritation of worms.*

Nux Vom. (3x).—A striking case of cure of sixteen years standing is recorded in the *Medical Investigator* for 1870, p. 530. An attack was always preceded by constipation, and directly induced by anger, and marked by spasmodic rigidity of all the muscles, throwing back of the head, vertigo and dull pain in the occiput, buzzing in the ears, bloated appearance of the eyes, dryness of the mouth, flatulence, and numbness of the arms and legs. This remedy—twenty drops in half a glass of water, a dessert-spoonful every three hours—was administered in October, 1866, continued for eight days, and although the patient has been angry many times since, there has been no recurrence of the disease up to the present time (August, 1870).

Chamomilla.—Epilepsy in irritable children; the attacks are often preceded by colicky pains, sour vomitings, and paleness of one cheek and redness of the other.

Kali Iod.—Dr. T. K. Chambers recommends this drug as curative in recent cases of epilepsy, and ameliorative in

* See *H. World*, vol. i., p. 51.

chronic, and gives in his lectures interesting illustrative examples.

Sulphur.—Epilepsy connected with a suppressed eruption or discharge; or in scrofulous persons, and when the disease is chronic. When the last two conditions exist, *Calcarea* is also a valuable remedy.

Accessory Means.—Hygienic treatment, especially such as the causes of the disease suggest, is of great importance. Regular healthy exercise is beneficial, but it should never be carried too far, as fatigue often excites an attack. Epileptic patients require much rest. Should fright, disappointment, anxiety, or other mental influences tend to keep up the disease, a thorough change is necessary, including change of residence, companions, and habits. All ambitious intellectual exertion, especially rapid and discursive reading and writing against time, should be absolutely prohibited. But moderate employment of the thoughts, especially on familiar and interesting hobbies, is useful in preventing that stagnation or concentration of the mind upon itself, which is so hurtful in all chronic complaints *(Chambers)*. The food should be plain, nourishing, and taken regularly and in moderate quantities. All violent emotions, excesses of every kind, more especially sexual, must be strictly avoided. The treatment of epilepsy occurring in children during teething, is precisely similar to that recommended in the section on "Infantile Convulsions," and is almost uniformly successful.

51.—Chorea *(Chorea)*—St. Vitus's Dance.

Definition.—A disease characterised by convulsive movements of the limbs, occasioning ludicrous gesticulations, arising from incomplete subserviency of the muscles to the will. It has been wittily termed *insanity of the muscles.*

Causes.—Fright, irritation from dentition or worms,

onanism, deranged uterine functions, hysteria, and descent from nervous, hysterical women. A frequent cause is "contagion of the eye," that is, patients seeing others suffering from the disease are liable to contract it.

Stammering and stuttering are local manifestations of chorea, and are frequently the result of seeing or imitating others having the same defect.

Epitome of Treatment.—

1. *From fright.*—Acon., Ign.

2. *From worms.*—Cina, Ign., Spig.

3. *From scrofula or other cachexia.*—Iod., Ferr., Ars., Sulph. See also the accessory treatment under "Scrofula."

4. *From causes not traceable.*—Cup., Bell., Agaricus, Stram., Hyos., Zinc.

General Measures.—The most important part of the treatment of chorea consists in the use of moral influences, especially when the disease does not occur from any appreciable cause. (1) There must be removal from too sympathising friends; the patient being placed under the care of a kind but firm guardian. (2) He must be encouraged to exercise his will in the control of the muscles: if the hands be affected, he should be required to carry crockery or other fragile articles; or if the lower limbs, to walk on short stilts, etc.; if the muscles of speech be implicated, inducing stammering or stuttering,* "the best way is for the person

* This form of imperfect speech must not be confounded with the stammering which arises from a habit of excited speaking, in which the patient's words splutter out of his mouth in hurried confusion, with an occasional hesitating interruption, leaving the hearer to arrange them as best he may. This may have been primarily induced by a nervous excitability, and may be overcome by the patient exercising control, and speaking each word *slowly and deliberately.* Some persons, after uttering a few words, suddenly stop, and the hearer must patiently wait for the next moiety of the speech; for if impatience be manifested, the interruption is only prolonged. This impediment may be controlled by learning anew the use of language in the manner above indicated.

to humble himself to the infant state, and be taught anew the use of language from those ingenious instructors who teach the deaf and dumb, and systematically learn to shape slowly and deliberately his mouth into the form requisite for definite enunciation. By practising thus at leisure, and before a looking-glass, he may gain great control over the articulating muscles" *(Chambers)*. (3) The patient must not be allowed to associate with others similarly affected; nor should his disease be enlarged upon in his presence; but his attention must be diverted from it as much as possible. (4) Where the constitution is feeble, hygienic measures must be adopted.

Forcible control of the muscles only increases the disease.

52.—Hysteria *(Hysteria)*.

Definition.—A functional disorder of the nervous system, not exclusively confined to women, and, therefore, not of necessity uterine, but occurring in persons of excessive impressionability of the nervous centres, and in whom there is not that equilibrium between the nervous and other parts of the organisation which usually exists.

An opinion was formerly current that hysteria was directly due to disorders of the womb; but this we know to be incorrect, for it exists in women in whom all the functions of the womb are healthily performed, and even in women born without a womb; again, it is also occasionally met with in the *male* sex; men of exalted impressionability, under the influence of some powerful emotion, coupled perhaps with excessive bodily fatigue, break down under their feelings and play the part of women. We "look to see what organ is diseased, but find none; the machinery is good, but it is working irregularly; it is the engine with the fly-wheel gone."

Symptoms.—Hysteria is remarkable for the wide range and indistinctive character of symptoms, and the multitudinous diseases it may mimic; we may mention especially,—loss of voice, stricture of the œsophagus, laryngitis, a barking cough (more annoying to the hearer than to the patient), pleurisy, heart-disease, difficulty in urinating, neuralgia, disease of the spine or joints, and many inflammatory diseases. In these cases the patient deceives herself, and by extreme statements of her sufferings misleads others. In some cases there is indigestion, a more or less definite affection of the head, chest, or abdomen, or other condition of impaired health or constitutional delicacy.

In the *hysteric fit*, the patient screams or makes an incoherent noise, appears to lose all voluntary power and consciousness, and falls to the ground. On closely watching a case, however, it will be noticed that there is not absolute loss of consciousness; the patient contrives to fall so as not to injure herself or dress; an attack does not occur when she is asleep or alone; the countenance is not distorted as in epilepsy; the eyelids may quiver and the eyes be turned up, but the eyes are not wide open, nor the pupils dilated, as in epilepsy, and the patient may be observed to see and to look; the breathing is noisy and irregular, but there is no such absolute arrest of breathing as to cause asphyxia; the fit continues for an indefinite period, followed by apparent great exhaustion, but not by real stupor.

Epitome of Treatment.—

1. *The hysteric fit.*—Camph., Mosch.

2. *Between the fits.*—Ign., Plat., Cimic., Aurum.

3. *Undefined cases.*—Asaf., Bell., Puls., Staph., Valer., Cocc., Hyos., Nux Vom., Nux Mosch.

4. *Accessories.*—(1) Occupation and recreation. (2) Removal from injudiciously-kind friends. (3) The shower-bath.

The above is abridged from the author's "Lady's Manual of Homœopathic Treatment," where the disease is more fully described, together with its causes and treatment.

53.—Neuralgia *(Neuralgia)*.

Definition.—Severe darting, stabbing, or burning pain in the trunk or branches of a nerve, recurring in paroxysms at regular or irregular intervals, the periods of intermission being, in recent cases, free from any suffering, but in chronic cases with traces of persistent local mischief, from some morbid condition of the nerves of sensation, the consequence of a local, or more frequently of a general, affection.

Varieties.—The chief *superficial* neuralgias are the following: (1) *Facial neuralgia*—the branches of the fifth pair of nerves are the seat of the pain; any one, or in rare cases, all three, of its divisions may be involved; it is commonly recognised as *Tic-douloureux*. (2) *Hemicrania* or *brow-ague*—the seat of pain being just above the eye-brow. (3) *Intercostal* (between the ribs) *neuralgia*—often associated with an eruption of clustered vesicles *(herpes zoster)*. (4) *Sciatica*—neuralgia affecting the sciatic nerve from the *nates* (buttocks) to the knee, and sometimes to the ankle.

Of the *visceral neuralgias* we may mention *Gastrodynia*—the disease being located in the nerves of the stomach; *Angina pectoris*—the cardiac nerves being involved; *Hepatic*—the nerves of the liver; *Ovarian*—those of the ovary; *Testicular*—those of the testicle.

Of all the varieties of neuralgia, those described as *Tic-douloureux* or trifacial neuralgia, and *Sciatica*, are most frequent.

Symptoms.—Darting or shooting pain in the course of a nerve, of different degrees of intensity, at times almost unendurable; the severe form generally comes on suddenly, and is of a sharp, darting, or tearing character, coursing

along the trunk or ramifications of the affected nerve. Sometimes there is spasm in the muscles that are supplied by the nerve thus affected; in others, heat and redness of the surface, with augmented secretion from the neighbouring organs, as a flow of saliva or tears when the nerves of the jaw or eyes are implicated; in some cases, and this is very common, especially in chronic cases, there are "*tender spots* at various points where the affected nerves pass from a deeper to a more superficial level, and particularly where they emerge from bony canals, or pierce fibrous fasciæ" *(Anstie)*. In many cases a paroxysm of neuralgia is preceded by *anæsthesia* or diminished sensibility of the nerves of feeling. A frequent, if not an invariable, concomitant symptom is general or local *debility*. It is true, neuralgia is sometimes supposed to be associated with muscular vigour or robustness, but a close examination will almost uniformly reveal evidences of deterioration in the nervous system. This is confirmed by the very common observation, that depressing agents—as bodily fatigue, or mental anxiety—act as exciting causes of neuralgia, or aggravate an existing attack.

The duration of neuralgia is very uncertain; an attack may pass off after a few paroxysms, or it may persist for many days or months, with a well-marked, or irregular, intermittent, or remittent character.

Causes.—These are various, and may be of an *hereditary*, *constitutional*, or *local* nature. Neuralgia is distinctly hereditary, occurring in particular families, and appearing in successive generations. It is well known, also, that such neuralgic families are liable to severer derangements of the nervous system included in this chapter—paralysis, epilepsy, hypochondriasis, and even softening of the brain and insanity—suggesting some congenital imperfections in the formation of the nerve-cells and fibres. This seems to be proved by the fact that, though a precisely similar accident occur to a

hundred persons, not more than two or three will experience any neuralgia; and these will probably be found to belong to a neuralgic family.

Constitutional causes are—Impairment of the constitutional health; *depressing influences*, whether mental or physical, as night-watching, sleeplessness, anxiety, insufficient nourishment, or violent exertion; hæmorrhage and consequent debility; affections of the alimentary, or urinary organs; exposures to wet and cold; a gouty, rheumatic, or syphilitic taint; decay or loss of teeth; malaria; and, lastly, organic degeneration at the decline of life, the most severe and intractable form presented to the physician. The great majority of patients is found among the hard-working, the poor, and the badly-nourished classes.

Local causes may be—wounds; lodgement of a foreign body in the substance of a nerve-trunk; gun-shot wounds, or other injuries; tumours, especially cancer; spiculæ of bone pressing on the nerve (an occasional cause of facial neuralgia); carious teeth or stumps. Even neuralgia from injury is aggravated by any impairment of the constitutional vigour.

Treatment.—In many cases, this must be both local and general. The first includes the detection, and if possible the removal, of any source of local irritation of the nerve, either at its source or in any part of its course. The second includes the medicinal and general measures afterwards pointed out. A clue to the treatment may be gathered from the causes, for as these are various, it cannot be expected that any single drug, or any one plan of treatment, will be effective in every case.

Epitome of Treatment.—

1. *Facial neuralgia.*—Bell., Ars., Acon., Coloc., Spig.
2. *Hemicrania or brow-ague.*—Chin., Nux V., Bell., K. Bich.
3. *Gastrodynia and Enteralgia.*—Nux V., Ars., Coloc., Kali Bich.
4. *Neuralgia of the heart.*—Bell., Cact. Grand., Spig.

5. *Sciatica.*—Ars., Coloc., Acon., Rhus Tox.

6. *Pleurodynia (pain in the walls of the chest).*—Ranun. Bulb., Arn., Acon., Ars.

7. *From loss of animal fluids.*—Chin., Phos. Ac.

8. *From mechanical injuries.*—Arn., Acon.

9. *From malaria.*—Chin. or Quinine.

Leading Indications.—

Arsenicum.—Burning or tearing pains, of an intermittent character, having a tendency to periodicity; the pains are aggravated by the continuous application of cold; increased at night or during rest, but lessened during exercise, and generally first occur on the left side, it may be of the face, involving the same side of the head, the eye, and the ear. There are generally associated with this form of neuralgia, excessive restlessness and anguish, a general exhausted or debilitated condition, small pulse, cold extremities, etc. Influenza, malaria, overwork, or, more generally, some constitutional cachexia, may have caused the disease.

The judicious employment of this potent mineral is often attended with the most marked success in neuralgic affections. The homœopathic law, indeed, leads us to expect that it would be so, for immoderate doses of *arsenic* cause true neuralgia. Persons who have attempted to poison themselves with it are said to suffer excruciating pains along the course of the nerves.

Belladonna.—Acute, throbbing, and intermittent pains, accompanied by *redness of the affected part*, and unusual sensitiveness to light, noise, and movement. Neuralgia of the fifth pair of nerves, and Hemicrania, are the varieties chiefly curable by *Bell.* In most cases the appearance of the patient strongly contrasts with that described under *Ars.*, the habit being plethoric.

Aconitum.—Facial neuralgia from cold, anxiety, or night-watching; the pains are severe, recur in paroxysms, are

worse at night; and are accompanied by congestion in the head, lungs, or heart. Recent acute sciatica.

Colocynthis.—Severe paroxysms of *cutting* pains, chiefly on the left side of the body; the lancinations are sudden, violent, and often extend from the point of origin to a distance. Facial neuralgia, enteralgia *(colic)*, and sciatica, having these symptoms, are curable by this remedy.

China or *Quinine.*—Neuralgia from malaria, or from loss of blood or other animal fluids. Brow ague from these causes comes within the range of this remedy.

Spigelia.—Neuralgic headache and faceache, especially when the eye is affected; the pains are jerking and tearing, and are aggravated by movement and stooping.

Rhus Tox.—Chronic sciatica, especially if associated with rheumatism, stiffness, and lameness; the pains are worst on first moving the affected part, and at night.

Rhododendron Chrys.—Neuralgia of the extremities.

External Applications.—When the pain is excessively severe, and does not yield promptly to internal remedies, an *Aconite lotion* may be tried, and is often quickly successful. It is prepared by adding about a dozen drops of the strong tincture of *Aconitum* to four tablepoonfuls of water. It may be applied hot or cold, as is most agreeable to the patient, by means of two or three folds of linen. Or *Bell.* may be used in the same way.

Chloroform liniment is also recommended as a local remedy.

Accessory Means.—The *Diet* is an important part of the treatment, and should be as nutritive and abundant as the condition of the digestive organs will permit. It is especially necessary that animal fats should enter largely into the diet, and any aversion to them on the part of the patient, or inability to digest them, should be overcome; well-directed efforts of this nature are nearly always successful. The particular form of fat is not important, and that variety may

be adopted which can be best tolerated. *Cod-liver-oil*, butter, cream, or even vegetable olive-oil, should be used in quantities as large as the digestive organs can bear. "In some way or other, fat must undoubtedly be applied to the nutrition of the nervous system if this is to be maintained in its organic integrity; since fat is one of the most important, if not the most important, of its organic ingredients. . . . To Dr. Radcliffe belongs the merit of having been chiefly instrumental in bringing forward this therapeutical fact in this country, and it is one which I have had repeated occasions to verify. It is a very singular circumstance, also pointed out by Dr. Radcliffe, that neuralgic patients have, with rare exceptions, a dislike to fatty food of all kinds, and systematically neglect its use. And it has several times occurred to me to see patients entirely lose neuralgic pains, which had troubled them for a considerable time, after the adoption of a simple alteration in their diet, by which the proportion of fatty ingredients in it was considerably increased" *(Dr. F. E. Anstie)*.

Protection from cold is another important element in the treatment. Exposure to a cold, damp atmosphere, with insufficient clothing, often acts as an exciting cause of neuralgia, and should be avoided, as every recurrence of the disease tends to develop the constitutional cachexia and to strengthen its hold on the system. Warm clothing, including flannel, is a great protection from atmospheric changes, and should be adopted by all neuralgic patients. *Bathing*, including salt-water baths, sponging followed by friction, or the manipulations of a clever *shampooer;* moderate and regular out-of-door exercise, sufficient to favour nutrition without causing fatigue. A change of air, and sometimes entire change of habits are necessary to ensure a cure. Lastly, *Rest* is an important item in the cure of neuralgia, especially in the case of hard-working and over-taxed patients.

Division of the affected nerve, as a means of curing neuralgia, is alike unscientific and useless. The *subcutaneous injection of morphia* is often a most valuable palliative, but is generally rendered unnecessary by the administration of homœopathic remedies.

54.—Hypochondriasis *(Hypochondriasis).*

Definition.—Disturbance of the bodily health, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect.

Symptoms.—The patient imagines himself, without sufficient ground, the subject of some serious disease, and is often haunted with the dread of insanity or of death. Frequently, at first, the patient considers himself dyspeptic from the fact that he is troubled with flatulence, has a furred tongue, foul breath, irregular appetite, and generally obstinate constipation. After a time he complains of a gnawing or burning pain, of uneasiness at the pit of the stomach, or of some more serious disease. He has great hope of getting rid of his malady, and strong faith, notwithstanding repeated failures, in treatment. Afterwards, from attention being directed to particular organs, functional disturbances arise,—flushes, palpitation, suppression of bile, or bilious diarrhœa; symptoms which tend to confirm the belief that organic disease exists.

Causes.—Hereditary influences are potent and common: a taint of insanity, or other grave nervous disease, may be generally traced in near or remote ancestors. The development of the disease is usually in connection with the conditions of middle life, especially indolence and luxury; or, on the other hand, with anxiety and conscious failure in efforts to provide for relations and dependents. Severe shocks of a moral or emotional nature may give rise to the malady.

The patient's complaints may, however, be not merely *fanciful*, but due to actual disease. Organic diseases of the liver or stomach are especially likely to evoke the symptoms of hypochondriasis, or they may arise, or be excited into new action, by a concurrent morbid process. The statements and symptoms of a hypochondriac should therefore be carefully examined. It is often said that *reading medical books* frighten persons into the disease. This cause must, however, be very limited and trifling compared with the more potent and general operation of such influences as grief, fatigue, the failure of efforts, or the miserable and heart-wearying habits of an idle life.

Treatment.—*Nux Vom.*—Hypochondriasis associated with affections of the liver, irritability, and fractious disposition.

Aurum.—Hypochondriasis with melancholy, which nothing seems to affect; loathing of life, or a suicidal tendency; religious melancholy; uneasiness, apprehensiveness, sullenness, and indisposition to conversation.

Arsenicum.—Melancholy, with debility; also for the *burning pains* sometimes complained of.

Ignatia.—Dejection caused by the death of friends, pecuniary losses, disappointments, or other depressing circumstances.

Pulsatilla.—Patients inclined to weep, and of a quiet and gentle disposition, the reverse of the *Nux Vom.* temperament.

Accessory Means.—The weary mind should be relieved, and vigour of body and cheerfulness of spirits secured by a course of out-door exercises, physical training, bathing, and suitable dietetic arrangements. Horse-exercise is particularly advantageous. Exercise should be employed in such a manner as shall be amusing to the patient, and to the extent of the healthy action of the muscles, but never to an extent sufficient to produce severe fatigue. If indigestion exist, the article on that subject should be consulted. Hypochondriasis from sexual vices requires the aid of a physician.

CHAPTER IV.

Diseases of the Eye.

55.—Simple Ophthalmia.

Ophthalmia is a general term for inflammation of the conjunctiva—the mucous membrane which lines the eyelids and the front part of the eyeball. Formerly, when the eye and its diseases were less understood than they are at present, nearly all inflammatory affections of the organ were included under this term. There are several varieties of ophthalmia, the most frequent being those described in this and the following sections. First, *Simple Ophthalmia.*

Simple Ophthalmia differs in degree, rather than in form, from the variety next described. There is generally some itching, and a sensation of heat, or a feeling as of sand under the lids. We have introduced this form of conjunctivitis to suggest the necessity of an ocular inspection of the eye whenever a simple ophthalmia does not quickly yield to treatment. The sensation of a foreign body in the eye in such cases sometimes turns out to be correct.

Causes.—Exposure of the eyes to dust, smoke, impure air, cold winds, glare of light, exertion in using the eyes on too near objects, or some other local cause.

Treatment.—*Arn.*, *Acon.*, *Bell.* See "Leading Indications for Ophthalmic Medicines," pp. 317-19. See also under "Foreign Bodies in the Eye," which may be found by the Index.

56.—Catarrhal Ophthalmia *(Ophthalmia cum catarrho).*

Symptoms.—A pricking pain, especially on moving the eye, as if there were sand or a little fly under the lid; sensitiveness of the membrane to cold air; watering of the eyes, and a secretion of mucus, gluing the lids together in the morning; bright redness of the conjunctiva, owing to its superficial vessels being enlarged and tortuous *(blood-shot)*. The discharge is sometimes abundant, but less so than in the purulent form; it is also slightly contagious, more or less so according to the admixture of pus globules in the discharge. The most marked symptoms are—*redness*, an *increased discharge*, and *pricking pain:* the last is no doubt due to the irregular distension of the vessels, which disturbs the part mechanically, just as dust or a fly might.

Causes.—Vicissitudes of temperature, easterly and north-easterly winds, cold and damp, and especially draughts of cold air.

Treatment.—*Acon.*, *Bell.*, *Euphr.*, *Mercurius.* For the symptoms pointing to these remedies, see "Leading Indications for some Ophthalmic Medicines," pp. 317-19.

Accessory Means.—Exposure to currents of cold and damp air should be avoided, and if the weather is inclement during an attack, the patient should remain in a room of uniform temperature. A piece of lint, wetted in tepid or cold water, as may be most agreeable to the patient, should be laid over the eye, and covered with oiled-silk on retiring to bed. If the lids be agglutinated in the morning, they should on no account be opened without being first moistened with tepid water; but any gumming together may be prevented by smearing the lids at night with a little cold-cream or olive-oil, or by covering them with moist lint and oiled-silk as just recommended. As long as the eyes remain sensitive, they may be protected by plain blue or smoke-coloured

glasses. They should be used with extreme moderation; crowded rooms, or air poisoned by tobacco-smoke or other impurities, should be avoided. The food should be simple, nourishing, and digestible.

PREVENTIVE MEANS.—Persons predisposed to ophthalmia should guard against all needless exposures during the prevalence of *easterly* and *north-easterly* winds. In reading, writing, or when using the eyes on fine work, the morning hours should be chosen when the light is growing brighter. The habits should, therefore, be early and regular; the beneficial influence of out-of-door air should be regularly taken advantage of; and bathing practised as directed in the article on that subject, pp. 50-5.

57.—Purulent Ophthalmia *(Ophthalmia purulenta).*

DEFINITION.—By this term is meant the purulent ophthalmia occurring in adults.

SYMPTOMS.—These are more violent and destructive than those of either *catarrhal* or *strumous* ophthalmia. The tingling sensations first experienced are soon followed by acute pains, which extend through the eyes to the temples and brain itself; the flow of tears is changed into a profuse secretion of pus, the lids are swollen, and there is almost total loss of vision. There are also constitutional symptoms, such as headache, nausea, quick pulse, hot skin, etc.

CAUSES.—Sudden extreme alternations from heat to cold; the irritation of sand in the eyes; *metastasis* of measles, scarlatina, small-pox, etc.; also endemic and epidemic influences, as crowding together of persons in ill-drained, dirty, badly-ventilated, and insufficiently-lighted dwellings.

Egyptian or *contagious ophthalmia* arises when people are crowded together in filthy habitations, and was first brought into this country from Egypt by our troops, early in the

present century; hence its name. It spread so destructively that after the Napoleonic wars England alone had more than five thousand blind invalided soldiers to provide for. There are, however, many local influences which render the disease endemic in places besides Egypt. Over-crowded, defective ventilation, and want of cleanliness, are potent causes. It is very common among the Irish poor.

Treatment.—*Zinc.*, *Arg. Nit.*, *Hep. Sulph.*, *Merc.*, *Nit. Ac.*, *Phos.*, *Sulph.*, and, during the inflammatory stage, *Acon.* The two first may be used locally as well as internally.

Accessory Measures.—Iced-water compresses, and *Acon.*, render the use of leeches wholly unnecessary. If but one eye is affected, the other should be bandaged as a precautionary measure. The strictest cleanliness is also necessary.

Prevention of the spread of Purulent Ophthalmia.—As the matter from an affected eye applied to a healthy one will produce a similar disease—by the use in common of towels, basins, etc., and even by infinitesimal particles in the air—the healthy should be separated from the diseased, and each person use his own towel, sponge, etc. Discharged soldiers affected with purulent ophthalmia have often been the means of propagating the disease among civilians.

58.—Purulent Ophthalmia of Infants *(Ophthalmia infantium purulenta)*—Ophthalmia Neonatorum.

Symptoms.—The eyelids become red and swollen at their edges, and are gummed together during sleep; the discharge being removed, the conjunctiva is seen to be swollen, and so vascular as to resemble crimson velvet; the cornea looks smaller than natural, and as if sunk in the bottom of a pit. The infant is very restless and feverish. The symptoms usually occur within three days after birth, although occasionally not for two or three weeks.

CAUSES.—The most common is contact, in the vaginal passage during birth, with leucorrhœal or gonorrhœal discharge. Possibly there may be irritation of the eyes from neglect of cleanliness, or exposure of the eyes to a too bright light or a strong fire.

TREATMENT.—(1) *Mild Cases.*—*Acon.*, and later, *Puls.*, *Merc.*, or *Hepar.*, with cold compresses, and a frequent careful removal of the secretion with a soft sponge and tepid water. (2) *Severe Cases.*—The treatment is thus directed by Dr. Angell in his treatise on *Diseases of the Eye:*

A *collyrium* (eye-water) of nitrate of silver, one grain to the ounce of water, is indicated when the discharge is copious and wholly purulent. This should be dropped into the eye, after it has been carefully cleansed from the discharge, twice a day. In a few days, if the profuse discharge still continues, and especially if the slightest haze upon the surface of the cornea indicates a complication in this direction, a solution of three to five grains of the nitrate of silver to the ounce, should be painted with a brush upon the everted lids and immediately washed off with tepid water or neutralized by the application of a solution of common salt and water. No evil consequences whatever can result from this proceeding, and not unfrequently the beneficial results of it are seen after a single application. It need not be often repeated. I have unbounded faith in the homœopathicity, so to speak, of a solution of nitrate of silver for that diseased state of the conjunctiva in which it secretes *a profuse purulent matter*. It should be employed judiciously, and the word judiciously means a great deal in this connection; for, probably, of all the remedies ever devised for the eyes, this nitrate of silver has, by its injudicious employment during the last twenty-five years, done the greatest injury. Cold compresses should be employed to lessen the irritation immediately afterwards, and I prefer as internal remedies after *Aconite* in the com-

mencement, *Mercurius* when the discharge is profuse, and the alternation of *Arsen.* with this remedy if the cornea is ulcerated. It is advisable in this as well as all other forms of conjunctivitis, *when there is ulceration of the cornea*, to bandage the eye closely so as to prevent all friction between the lids and the ulcerated corneal surface *(Abridged from Homœopathic World*, vol. v., p. 161).

The best results may be expected from the treatment above pointed out. If, however, proper treatment be not commenced early, the eyes are often materially injured, if not destroyed; in other cases, the eyes may be left in a weak condition, and susceptible of disease for a long time.

Prevention.—The disease is *contagious*, and care should be taken to prevent the matter from the infant's eyes accidentally coming in contact with the eyes of other children, or even of grown-up persons. It also spreads by *infection*, and may be propagated through the air of a badly-ventilated apartment from one infant to another. At the same time, a suitable temperature should be combined with good ventilation, and pure air not confounded with cold air or a draught.

59.—Gonorrhœal Ophthalmia *(Ophthalmia Gonorrhoïca.)*

This arises from the accidental contact of gonorrhœal matter with the eye, and not, as some have supposed, from a metastasis of the disease from the organs of generation to the eyes. In this way the matter may be accidentally applied to the eye of a healthy person through the medium of clothes, towels, etc. Even children are sometimes thus contaminated. The disease presents similar symptoms to purulent ophthalmia, and to that affecting infants.

In this form, as also in the purulent or contagious variety, there is great danger that the conjunctiva should swell extremely and overlap the margin of the cornea, and lead to

its sloughing, apparently by strangulation of the vessels by which it is nourished. When this condition occurs, it is called *Chemosis*. Gonorrhœal ophthalmia is a most dangerous affection of the eye, and often rapidly fatal to the sight.

Treatment.—*Arg. Nit.*, *Merc.*, *Bell.*, *Sulph.*

Accessory Means.—Assiduous bathing, fomentations, iced-water compresses, etc.; astringent *collyria*, and, sometimes, surgical measures. See also "Prevention" in the previous section.

Leading Indications for some Ophthalmic Medicines.*

Belladonna.—Pain, redness, and swelling; throbbing pains in the temples; flushed cheeks, glistening eyes, and great intolerance of light. Half-a-dozen drops of the tincture may be mixed with as many table-spoonfuls of water, and a spoonful given during the acute stage every hour, and afterwards every three to six hours. This medicine is often required in alternation with *Aconitum* if there be much heat and dryness of the skin, thirst, etc.; or one or two doses of *Acon.* may precede *Bell.*

Aconitum.—Ophthalmia with febrile symptoms—quick pulse, dry skin, and thirst; and when arising from cold. The early administration of this remedy, with the local use of cold compresses, will generally promptly relieve and cure catarrhal ophthalmia.

Mercurius Sol.—Ophthalmia marked at first by a copious discharge of watery fluid, which afterwards changes to mucus and pus; agglutination of the lids; smarting heat and pressure, with aggravation of the pains when moving or touching the eyes. There is not much fever present, but considerable itching and irritation.

* See also *H. World*, vol. i., p. 73, 114; vol. iv., p. 30.

Euphrasia.—This is a valuable remedy in catarrhal ophthalmia, with *profuse secretion of tears*, sensitiveness to light, and catarrhal inflammation of the frontal sinuses and of the lining of the nose. In simple catarrhal inflammation, profuse lachrymation being the chief symptoms, it is often sufficient to cure without the aid of any other remedy.*

Mercurius Cor.—In the most violent forms of acute ophthalmia with extreme dread of light, or in *chemosis*, the 1st or 2nd dilution of this remedy will often cut short the attack.

Argentum Nit.—This remedy is especially valuable in the *purulent ophthalmia of children*, which it cures rapidly and completely, without the local use of the nitrate. It is also valuable in chronic ophthalmia.

Phytolacca Decandra.—Itching in the eyes, aggravated by gaslight; chronic conjunctivitis, and rheumatic pains; reddish-blue swelling of the lids.

Gelseminum.—Desire for light; squinting; orbital neuralgia.

Pulsatilla Nuttalliana.—Eyelids agglutinated; increased secretion of tears; neuralgic pains in the eyeballs.

Arsenicum.—Obstinate ophthalmia in weak and nervous patients, particularly if the secretion be of an acrid, corroding character, with burning, tearing, or stinging pains in the globe and lids, aggravated by exposure to light.

Phosphorus.—Chronic and obstinate cases of ophthalmia which have resisted the usual remedies. There are—sensitiveness to light, heat and itching of the eyes, sudden attacks of blindness, black spots floating before the eyes, and secretion of viscid mucus.

Nit. Acid.—Purulent ophthalmia; swelling and redness of the mucous membrane and lids; secretion of viscid mucus or pus; burning and smarting in the eyes; photophobia; nightly agglutination; and pains in the bones and parts

* For the specific uses of Common Eyebright, with cases illustrating its value, see *H. World*, vol. iv., pp. 30–2.

around the eyes. *Nit. Acid.* is indicated in cases originating in syphilis, or aggravated by mercurial preparations.

Hepar Sulph.—This is an excellent remedy in similar cases, and may follow or be alternated with *Nit. Acid.*

Arnica.—All inflammations affecting either the mucous membrane, or the deeper structures of the eye, from *mechanical injuries.* In addition to its internal administration, the eye should be bathed with a lotion made by adding twelve drops of *Arnica* ϕ to four table-spoonfuls of water. After being well bathed, a piece of lint or linen should be saturated with the lotion, applied to the eye, covered with oiled-silk, and secured by a handkerchief.

Other remedies may be required,—*Sulph.*, *Gels.*, *Sil.*, *Puls.*, *Lyc.*, *Aur.*, *Rhus Tox.*, *Spig.*, etc.

Accessory Measures.—In the treatment of the various forms of ophthalmia, and weak and imperfect vision generally, the causes of the disease should, if possible, be correctly ascertained, so that they may, as far as possible, be removed and guarded against. Patients in crowded and unhealthy towns should remove to the country, at least for a time, where they may take daily out-door exercise, and enjoy a pure and bracing air. Frequent careful tepid washing of the eyes to prevent accumulations of matter; a spacious well-ventilated apartment; and avoidance of all causes likely to keep up the inflammatory process. The food should be plain and nourishing, avoiding coffee and fermented drinks; the habits early and regular, and frequent bathing should be practised. A small *wet compress*, covered with oiled-silk or india-rubber, worn over the nape of the neck, is a valuable counter-irritant when the more violent inflammatory symptoms have been subdued; it is also useful in obstinate cases which resist the usual treatment. See also "Accessory Measures," previously pointed out, especially under Sections 56 and 58.

60.—Iritis *(Iritis).*

Definition.—Inflammation of the *iris.* The *iris* is a movable curtain, having a circular aperture nearly in its centre, and occupies the space between the *cornea* and *crystalline lens.* Its use is to regulate the amount of light admitted into the eyes; for this purpose its inner circumference is capable of dilating and contracting, in obedience to certain influences, whilst its outer circumference is immovable.

Varieties.—*Traumatic iritis* generally occurs in artisans, such as engineers, blacksmiths, etc., from injury, as a stab, cut, or blow. It has been called *common iritis*, because it is a cause of *common inflammation*, without any specific or constitutional taint.

Rheumatic iritis arises from cold, or is the consequence of rheumatism, and is the most frequent form of the disease; it is very painful, because the *sclerotic*, which is an unyielding membrane, is so much implicated. Unless skilfully treated, it has a great tendency to recur at intervals, so that a person may have an attack once or twice a year during the remainder of his life.

Arthritic iritis is associated with the gouty diathesis.

Syphilitic iritis generally occurs about the middle period of secondary syphilis, after the patient has suffered from sore throat, etc., but before the periosteum and bones become affected. It chiefly differs from the traumatic variety in the comparative absence of pain, except during the night, and in its being a more subacute or chronic disease.

Scrofulous iritis is connected with scrofula.

Symptoms.—The iris changes its colour and becomes dull; the pupil becomes contracted and irregular in shape, and, if the disease be neglected or mistreated, closed or obstructed; and the rays of light being intercepted on their way to the retina, sight is prevented; a radiating zone of vascular redness surrounds the cornea; matter forms; there are burning

pains of a neuralgic character in the eye, and severe aching in the supra-orbital region, which come on in paroxysms, and are aggravated at night.

EPITOME OF TREATMENT.—

1. *Traumatic Iritis.*—Arn. *(both internally and externally)*, Acon. *(febrile symptoms)*, Bell.

2. *Rheumatic.*—Merc., Bell., Acon.

3. *Arthritic.*—Cocc., Coloc., Spig., Sulph.

4. *Syphilitic.*—Merc. Sol., Cinnabar, Clematis, Merc. Iod., Bell., Aur.

5. *Scrofulous.*—See treatment of "Scrofulous Ophthalmia," Section 31.

For *Leading Indications*, see Sections 55-59 and 62.

61.—Amblyopia* *(Amblyopia)*—Impairment of Vision.

DEFINITION.—Indistinct vision from any cause other than anomalies of refractive power, as when no glasses improve the acuteness of vision.

DIAGNOSIS.—A simple and reliable method of distinguishing amblyopia, and other affections involving loss of vision, from anomalies of refraction which only require proper glasses for their cure, is by requesting the patient to look through a large pinhole in a black card. *If vision is not improved*, the defect must be referred to some of the inner structures of the eye, and an ophthalmoscopic examination must be made to detect its nature. *If vision is improved*, the refractive power is at fault, and will be corrected by suitable glasses.

CAUSES.—Excessive use of the eyes on too bright or too

* Amblyopia (gr. *amblus*, obscured, and *ōps*, visage). Incomplete or incipient amaurosis. In previous editions of this manual, this condition has been described as incipient or partial amaurosis.

minute objects; too much sleep; the use of tobacco* or stimulants; suppressed exhalations from the skin from exposure to cold and wet; suppressed period; etc. These and similar causes may lead to temporary congestion of the brain, and over-stimulate and exhaust the retina, causing dimness or entire suspension of vision, without primarily damaging the nervous apparatus of the eye. On the other hand, an anæmic condition of the system may diminish the supply of healthy blood to the brain and retina, and produce amblyopia by exhaustion. Excessive drains on the system, as from flooding in child-bed or at the monthly period, prolonged nursing, sexual excesses, or severe illness. A similar condition may be induced by chronic dyspepsia from functional or organic disease of the stomach or liver. These affections may cause impairment of vision, through the medium of the sympathetic nerve, by diminishing the nervous and vascular supplies required for the healthy functions of the eye. Dental causes may be in operation, rendering the extraction of a tooth necessary.

Epitome of Treatment.—

1. *From Congestion.*—Bell. or Macrot. *(congestion of the nervous tunic of the eye);* Puls. *(from suppressed period);* Glon. or Cactus *(complication of heart troubles);* Sang. *(severe throbbing headache);* Phos. *(congestion to the head and epistaxis);* Bry. *(with rheumatism);* Cactus *(hyperæmia of the retina).*

The Turkish bath, judiciously taken, is often of great service, and has been found, Dr. Angell states, to diminish congestion to the brain, as proved by ophthalmoscopic examination made before and after the bath. All habits

* From the poisoned state of the blood caused by *Tobacco,* inflammatory affections of the eye, from occasional causes, generally take on a troublesome form and often lead to the destruction of sight. If the habit of smoking must be indulged in, it should be in the open air, or at least in a well-ventilated room, with a long pipe, and when resting from work. But from a healthy point of view, *it is far better not to smoke at all.*

likely to produce congestion should be avoided. See under "Causes."

2. *From blood impoverishment.* — Ferr., Phos. Ac., Ars., Chin., Euph.

At the same time, hæmorrhage or other drains on the system must be arrested before improvement can be expected; even after the cause is removed, correctly chosen remedies must be aided by a nourishing diet, and sufficient rest and sleep. Pure air, if possible in the country or on the coast, tepid or cold bathing, and other favourable hygienic conditions are also necessary.

3. *From dyspepsia, etc.*—Nux V., Merc., Puls., Chin., Bell., etc. See the Section on "Dyspepsia," for indication for the choice of suitable remedies.

Leading Indications.—

Belladonna.—Excessive photophobia; redness of the eyes and face, threatened amaurosis, with headache, bright flashes before the eyes, and a sense of weight and pressure in those organs. It is particularly suited to stout, plethoric persons; also if the disease has been caused by inflammation or congestion of the optic nerve, retina, or some part of the brain.

China.—Indistinct vision, sudden obscuration of sight, great general debility, and in all cases in which the disease is due to profuse discharges of blood or pus, or prolonged nursing. In some cases *China* may require the aid of *Bell.* or some other remedy.

Phosphorus.—The pupils and eyes are of a natural appearance, and distant objects are seen as if enveloped in mist; black spots appear before the eyes, and there is diminished vision. It is especially indicated when imperfect vision occurs in aged or enfeebled persons; or when self-abuse, etc., has led to it.

Phos. Ac.—Useful in the condition last mentioned.

Nux Vomica.—Intermittent obscuration of vision; stupe-

fying headache; or temporary loss of sight which occasionally accompanies intermittent diseases. This remedy is further indicated in amblyopia traceable to too close confinement within doors, excessive mental labour, indigestion, or indulgence in stimulants.

Merc. Cor.—Contraction of the pupil, mistiness of sight, dread of light, *muscæ volitantes*, sensitiveness of the eyes to the glare of the fire, etc. This remedy is especially indicated when imperfect vision arises from organic changes in the tissues of the eye; also when there is a scrofulous or syphilitic taint.

Gelseminum.—A prominent indication for the use of this remedy is—*desire for* light, thus contrasting with *Bell.;* diplopia, confusion of sight, pain in the orbits; affections of the sight from over-exertion of the eyes are much relieved by *Gels.*, as are also those arising from over-doses of *Quinine.*

Euphrasia.—Excessive discharge of tears; also when the complaint is traceable to catarrh.

Arnica.—Aching of the eyeballs when reading; amblyopia from external injuries; and from gastric irritation, with contraction of the pupil.

Suggestions on the Preservation of the Sight.—In addition to the measures already pointed out, the following remarks on conditions favourable and unfavourable for the exercise of the eyes, may be found useful.

1. *Conditions of light favourable to the eyes.*—Daylight, owing to its mildness, uniformity, and steadiness, furnishes the kind and degree of illumination best suited to the function of vision. With all our scientific improvements, artificial light is but an imperfect substitute for the clear light of day; being often too powerful or too feeble, or flickering or wavering; at the same time the air is often injuriously heated, and deteriorated by the combustion of its oxygen. To enjoy daylight to its fullest extent, involves an observance

of the excellent and healthy habit of *early rising;* which, therefore, on this account, as well as on other considerations, we heartily recommend. Morning light is also specially adapted to persons having a tendency to weakness of vision, as the light is then increasing.

If it be necessary that work should be done by artificial light, that kind should be selected which requires least exertion, as writing rather than reading for the student, and sewing lighter and coarser work instead of fine and dark-coloured for the seamstress.

2. *Unfavourable conditions for exerting the eyes.*—The eyes should not be exercised directly after a full meal; when the body is fatigued; late at night, when sleepy; when in a recumbent or stooping posture; when travelling; when dressed in tight clothing—tight cravats, stays, or even tight garters or boots; in badly-ventilated rooms lighted by gas; during recovery from severe or exhausting disease.

Light must not be too strong or it is apt to dazzle the eyes, cause a rush of blood to the head, and excite a discharge of tears: on the other hand, a weak light is equally injurious; and if the eyes are used when the light is declining, so that it becomes necessary to hold the book or work nearer in order to see, the sight is sure to suffer. An unsteady light, as from imperfect gas; or using the eyes when the waves of light are moving about, as under a tree, or when riding, is highly detrimental, as the eyes are severely exercised in continually re-adjusting themselves. These are some of the conditions in which, if reading or other close exercise of the eyes be persisted in, the sight will suffer, and amblyopia or amaurosis ensue. The danger to the sight is very great during *convalescence* from prolonged exhausting disease, when patients are apt to read a great deal; to the weakness of vision is then often added that of a bad posture, as recumbency, or even artificial light, rendering such a use of the eyes extremely prejudicial.

Convalescents should be read to, and the matter should be interesting and amusing, rather than requiring close application of the mind.

It should be remembered that the reading of a novel is more hurtful to the sight than that of a scientific book, because it is read faster, and the eyes are more severely exercised. A broad page is also obviously more fatiguing to the eyes than a narrow one. On the eyes becoming dim after too long exertion they should *rest*, and on no account should an attempt be made to persist in reading by increasing the light.

Eye-shade.—An eye-shade or eye-protector, of brown or slate-coloured paper, covered with green or gray silk, and secured by a tape or piece of elastic, answers the purpose well for protecting the eyes from gas, etc., in-doors. For protection from the rays of the sun out-of-doors, a wide-brimmed hat answers admirably. An eye-shade should be worn when there is unnatural sensibility to light.

Spectacles.—Spectacles of plain blue glass are useful for morbid sensibility of the eyes to light, and may be darker or lighter in shade, according to the amount of protection required; or brown or smoke-coloured glasses may be used if preferred. The latter cut off the rays of light, and consequently render vision somewhat less distinct, while blue glasses, excluding the orange rays only, interfere less with the clear definition of objects. Green glasses protect the eyes from the red rays above; but it is the orange rays which are most intolerable to a sensitive retina. Strong plate-glass spectacles should be worn by persons finding it necessary to protect the eyes against chips and particles of stone or steel *(Angell)*.

In all measures adopted for the general protection of the eye, good ventilation and a healthy temperature must not be forgotten.

Eye-Douche.—Much benefit often results from a cold

douche-bath, a stream of water being directed on the closed eye and adjacent parts. Surgical instrument-makers sell instruments specially adapted for this purpose. In the absence of one of these, water may be thrown by the hand against the closed eyes when holding the face over a basin of water.

62.—Amaurosis *(Amaurosis)*.

Definition.—Impaired or lost vision from primary disease of the optic nerve.

The word *amaurosis*, from the Greek, means obscure or dark; and may be of various degrees, from the slightest defect of vision to complete blindness. In this section we restrict the term to degenerative changes in the optic nerve. This form of amaurosis is sometimes incurable, and the patient is liable to die of disease of the brain.

"The transparent parts of the eye, the several media, so skilfully and exquisitely adjusted for the due refraction and collection of the rays of light into an image of the object from which they flow, may all be perfect and in order; but the beautiful apparatus is useless, for the patient cannot see with it. The fault is in the *nervous* matter, that should receive and transmit the impression, and render it an object of perception to the mind" *(Watson)*.

The diagnosis of amaurosis is now greatly assisted by the use of the *ophthalmoscope*.

Causes.—The cause is sometimes obscure. Disease of the retina, optic nerve, or brain, or of some neighbouring structure interfering with the nervous supplies of the eye; meningitis of the base of the brain is a frequent cause in its chronic form; so is also periostitis at the base of the brain. Fractured bone, tumours of the brain, may cause progressive atrophy of the optic nerve through pressure, or otherwise

interfering with its nourishment. The absorption of lead into the system has been known to produce atrophy of the optic nerve. The excessive use of alcohol, tobacco smoking, and other degenerative habits may also be causes. In elderly persons amaurosis is a symptom of senile decay, and generally comes on gradually.

Symptoms.—These are very various and inconstant. Approaching amaurosis is indicated by pain in the forehead and temples, diminishing as the disease advances, and ceasing when it becomes complete. The patient sees best in a bright light, and objects usually appear perverted, being only partially seen, or of an unnatural colour, or double; or dark bands cross the field of vision, or floating dark spots *(muscæ volitantes)*, or flashes of light. If there be complete loss of vision, the pupil is dilated, fixed, insensible to light, but beautifully black and clear; hence the disease has been called *Gutta serena*. The most marked symptom is the dilated and sluggish pupil, and, generally, when the eye is quite blind, its complete immobility.

Amaurosis is not peculiar to any age, and may come on either rapidly or gradually.

Treatment.—The treatment by medicines must vary according to the nature of the different cases; and the prospect of benefit will be greater or less in each, according as the degenerative changes in the optic nerve are progressive or stationary. The chief remedies are the following:—*Merc. C.*, *Ars.*, *Zinc*, *Phos.*, *Kali Iod.*, and *Aur.* The following may be occasionally required to meet special symptoms:—*Bell.*, *Gels.*, *Spig.*, *Croc.*, and *Macrot.* The *accessory and preventive measures* are the same as those pointed out in the last section.

63.—Muscæ Volitantes *(Muscæ Volitantes)*— Spots before the Eyes.

Definition.—An appearance before the vision as of black motes; or of thin gray films, like the wings of a fly; or half transparent gray threads, like spiders' webs; or if viewed against a clear and near object, as a white wall, they appear as one or a number of small circles with a central aperture.

Causes.—The exciting causes of these ocular spectres are chiefly the following,—excessive use of the eyes, especially in artificial light, or in badly ventilated rooms; insufficient sleep; certain fevers, as typhus and enteric; deranged digestion; hypochondriasis; morbid sensibility of the general system from business or family cares, or mental distress. A hypochondriacal person having once detected muscæ, takes such frequent notice of them that they become a subject of great anxiety.

Muscæ volitantes may, however, arise from organic causes, and are frequent precursors of amaurosis or of cataract. They are more serious, as indicating organic changes in the organs of vision, when associated with real impairment of vision, and when the motes are not *floating* but *fixed*. The latter are generally associated with amaurosis (see Section 62).

Treatment.—*Hyos.*, *Bell.*, *Cocc.*, *Coni.*, *Merc.*

Accessory Means.—As floating muscæ are due to morbid sensibility of the retina, the treatment must be mainly directed to detecting and removing the exciting cause. If the eyes have been overstrained, *rest* is essential (see Section 60); entire or partial relief from ordinary daily duties; daily moderate out-of-door exercise in country- or sea-air; a regulated, nourishing diet; and bathing of the eyes, closed, with cold water, for two or three minutes, several times daily. If muscæ are very troublesome, blue glasses should be worn to render them less apparent.

64.—Cataract *(Suffusio).*

Definition.—Opacity of the crystalline lens *(lenticular)*, or its capsule *(capsular)*, or both *(capsulo lenticular)*, causing obscuration or total loss of vision.

Varieties.—The chief are the *hard* and the *soft*. The hard cataract *(suffusio dura)*, is of a gray or yellowish gray colour, and is almost peculiar to the aged; soft cataract *(suffusio mollis)*, is of a lighter or more bluish tint, and has a wider circle. There are also *congenital cataract*, dating from birth, *traumatic*, from injury, and *fluid (suffusio liquida)*; the last is rare, has a milky-white appearance, and may be recognised by being seen to move with different positions of the head. The hard is the most frequent, for it is one of the changes incident to old age.

Symptoms.—The opacity comes on in a gradual manner, first affecting one eye, but afterwards both, and is often discovered by accident only. The lens becomes of an amber or grayish colour and somewhat less, and the central part first becomes opaque. Objects appear to the patient as if seen through a mist or gauze, and a flame is observed surrounded by a halo. Vision is less affected in a weak light, such as twilight, or when the patient has his back to the window; for, under such circumstances, the pupil dilates widely, and the light enters at the circumference of the lens, which is less opaque than the centre. For the same reason, atropine improves vision. The patient also sees better in an oblique than in a straight direction, because the lens, being shrunk, does not completely cover the vitreous humour. From the gradual way in which the disease comes on, the patient has a natural, easy manner, and very different from the fixed, vacant stare which marks complete *amaurosis*. Indeed, the patient never becomes so blind but that he can distinguish day from night, the position of the window, the shadow of

passing objects, and is able to find his way about his own house with little difficulty. Pain, dread of light, spectra, etc., indicate unfavourable complications.

Causes.—The most common one is *defective nutrition* of the lens, as from old age, disease of the kidney, or it is attributable to changes in the deeper structures of the eye. The soft infantile cataract, if not congenital, seems to be associated with *infantile convulsions*.

Hereditary predisposition exercises an important influence, cataract not infrequently being found to occur in several children of the same family, evidently pointing to some peculiarity in the constitution of the parents. The children of parents of first cousins not unfrequently suffer from cataract and other congenital defects. Traumatic cataract arises from an injury or from mechanical or chemical irritants; exercise of the eyes in the hot sun, or before too hot and bright fires; long-continued use of the eyes on too minute objects, etc.

Medical Treatment.—It does not seem improbable that in the course of time we may find some reliable remedy, the administration of which before the lens-fibre has become degenerated, may restore its transparency. Cataract is known to be the result of ergotism. It has also been produced in frogs by administering sugar in large quantities, or by injecting it under the skin. Chloride of sodium and alcohol have produced similar results *(Angell)*.

Epitome of Treatment.—Cures, or, at least, beneficial effects, have often resulted from the following remedies:—Bell. *(after inflammation of eyes)*, Cann. *(specks on the cornea)*, Calc. *(in strumous persons)*, Sulph. *(after cutaneous eruptions)*, Silic., Coni., Euphr., Phos., etc.

Operations.—Sometimes cataracts are amenable to medical treatment, but some varieties require such surgical measures as *couching* or *extraction*. Any operation, however, should be

deferred so long as the patient has useful vision with one eye, lest an operation should produce inflammation, which might extend to the other, and thus both eyes be lost.

64.—Inflammation of the Eyelids *(Inflammatio Palpebrarum).*

Symptoms.—Redness, soreness, and swelling along the margin of the eyelid, whence it spreads over the whole lid.

Treatment.—*Aconitum.*—Febrile symptoms, and when the affection has arisen from exposure to cold.

Belladonna.—Bright redness of the part, with dread of light.

Apis.—Much swelling *(œdema).*

Rhus Tox.—When the lids have an erysipelatous appearance, and small vesicles form.

Hepar Sulph.—Neglected cases, with suppuration.

Accessory Treatment.—Bathing the eyelids with warm milk-and-water, or the early use of the cold compress. Exposure to cold draughts of air should be avoided.

65.—Hordeolum *(Hordeolus)*—Stye on the Eyelid.

Definition.—A stye is a small, painful boil, with slight inflammatory symptoms, projecting from the margin of the eyelids.

Cause.—Scrofula or debility.

Treatment.—*Pulsatilla.*—This is the principal remedy, and should be the first administered, alone, or in alternation, with *Acon.* If given very early, *Puls.* often disperses the stye.

Aconitum.—Inflammation, pain, and restlessness.

Sulphur.—A dose night and morning, for a few days, for preventing a recurrence of the disease.

Calcarea and *Sulphur*—Are chiefly valuable in frequently-recurring styes, and especially in patients of a scrofulous constitution. They should be administered for a week, each in succession, as follows:—*Calc.*, morning and night, for a week; then wait two or three days, and afterwards administer *Sulph.* in the same manner, repeating the course as often as necessary.

Auxiliary Treatment.—Fomentations with hot water, and if there is much inflammation, a bread-and-water poultice applied over it at night. If the stye is tedious in breaking, it may be opened with a lancet, or punctured with a needle, and the matter gently pressed out. If dependent on general debility, measures are necessary to restore the constitutional vigour. Cod-liver-oil is often required.

66.—Entropium *(Entropion)*—Inversion of the Eyelid; and Ectropium *(Ectropion)*—Eversion of the Eyelid.

Definition.—*Entropium* is a growing inwards of the eyelid and lashes, so as to occasion great disfigurement, and constant irritation of the globe of the eye, often leading to chronic ophthalmia. It is generally caused by old purulent or granular ophthalmia, and the employment of caustics, and chiefly occurs amongst the lowest ranks of society, especially the Irish.

Ectropium is an *eversion* of the eyelid. It may result from burns on the face, or from thickening of the conjunctiva from tarsal ophthalmia (see Section 67).

Treatment.—This is similar to that recommended for Strumous Ophthalmia (Section 31, pp. 239-41). *Sulph.*, *Merc.*, or *Euph.* is generally required. Also cod-liver-oil (see pp. 77-9). Both conditions generally require surgical treatment, especially the skilful application of bandages to

protect the exposed mucous surfaces, and to strengthen the tension of the obicularis.

Accessory Means.—Great benefit will result from frequent cold or tepid baths, and the occasional local use of *Calendula* lotion (ten drops of *Calendula* ϕ to two table-spoonfuls of water). If the deformity result from a cicatrix on the cheek, such as from a burn or abscess, and surgical measures have to be adopted for its removal, this will be an excellent topical application. Also the Accessory Treatment recommended under Tarsal Ophthalmia.

67.—Tarsal Ophthalmia *(Ophthalmia tarsi)*—Granular Eyelid.

Definition.—A thickened condition of the conjunctiva, and enlargement of its *villi* (little elevations or processes), with disordered secretion of the meibomian glands, causing irritation similar to that from foreign bodies. It is a chronic inflammation, and is sometimes called *granular ophthalmia.*

Symptoms.—The granulations are rough and uneven, and may sometimes be detected by the touch; there is an abundance of pus secreted, so that the eyelids stick together, and become encrusted with dried mucus during sleep. The tarsal border becomes thickened and rounded, the lids are crusted, the puncta lachrymalia no longer catch the tears, and the excoriation and irritation of the edge of the lids are kept up by their constant overflow. It is chiefly confined to the upper lids, but sometimes extends to the lower.

Causes.—A strumous constitution, or debility arising from disorders of the digestive and other organs, or a sequence of the eruptive fevers. Over-use of the eyes in an unhealthy atmosphere is also a frequent cause. It occurs chiefly in the young, and is popularly called *blear-eyes*, but is much less seen now than formerly.

TREATMENT.—This must be both local and constitutional. The chief internal remedies are—*Merc.*, *Hep. Sulph.*, *Sulph.*, *Clematis erect.*

Clematis erecta.—Chronic inflammatory state of the borders of the eyelids, with soreness and swelling of the meibomian glands, such as often occur in scrofulous patients. See also Sections 31 and 55.

ACCESSORY TREATMENT.—This should include frequent bathings with lukewarm milk-and-water, rest of the eyes, and avoidance of impure atmosphere, cold winds, indigestion, etc. The application of a simple cerate to the edge of the tarsi at night does good. If there is much agglutination in the morning, with scurf at the root of the eyelashes in the day-time, and a general unhealthy condition of the eyelids, a weak *Sulphur* cintment (*Sulph.* grs. v., adipis ʒij.) applied with a camel's-hair brush, every night at bed-time, is curative.

68.—Strabismus *(Strabismus)*—Squinting.

DEFINITION.—A condition in which the axis of one eye is not parallel with that of the other; there is not loss of movement, but only of *harmonious* movement of the eyes, and if the unaffected eye be closed, the squinting one looks straight.

VARIETIES.—If the squint is directed towards the mesial line, it is called *convergent;* if outwards, *divergent;* if confined to one eye, *monocular;* if the squint alternates between the two eyes, *binocular.* There is also a practical division into the periodic and the confirmed, although the pathology of the two is identical, and the former is but the precursor of the latter. The inward or convergent is the most common.

CAUSES.—These are sometimes obscure. Sometimes it arises from an unequal use of the eyes, as from imitating others who squint, looking at spots on the nose or face, or

forming the habit of turning the eye inward; sometimes as a consequence of scarlatina or measles; from irritation, as of worms, teething, indigestible food; from passion; from disease of the brain (see Section 30); and from general ill-health. When it occurs in the course of any disease of the brain it must be regarded as an unfavourable symptom. Sometimes it is congenital. In aged persons, the condition is due to partial paralysis of the internal rectus,—the inner muscle of the eye.

Epitome of Treatment.—

1. *Squinting from cerebral irritation.*—Bell., Stram., Hyos., Sulph., Gels. These remedies are adapted to cases following the eruptive fevers, teething, etc.

2. *From the irritation of worms.*—Cina., Spig., Sulph. See the Section on "Worms."

3. *From causes not traceable.*—Phos., Spig.

Corrective Treatment.—The careless or irregular use of the eye should be guarded against. An attempt may also be made to correct the deformity by closing the unaffected eye for a short time every day, when the other will look straight. This, however, must be done intelligently, or while curing the one, the affection may be set up in the other. In recent cases, from dentition, worms, hooping-cough, gastric or other disturbances, the removal of the primary disease is often sufficient to restore the normal position of the eyes.

69.—Myopia *(Visus brevior)*—Near-sightedness.

Causes.—The optical defect of the myopic eye is sometimes congenital, often hereditary, but still oftener acquired. In any case it must be regarded as a diseased condition, and by the ophthalmoscope, inflammation of the fundus of the globe may often be detected. The degree of myopia is often increased by over-exertion of the eyes, and by increased amount

of disease. Occasionally, indeed, the degree of myopia may be diminished by senile changes, but as a rule, short-sighted eyes get rather worse in advanced life.

It is satisfactorily established that long-continued use of the eyes at near objects, the application of the eyes in early childhood, perhaps by insufficient light, and faulty distances or angles of the desks or tables, produce or increase myopia. Short-sightedness is far more common among the educated than the illiterate,—poets, artists, critics, etc., proving that over-use of the eyes leads to the affection. At one of the colleges at Oxford, 32 in 127 students were myopic. Dr. H. Cohn found that of 132 compositors, 51·5 per cent. were myopic; of these 68 myopes, so large a number as 51 had in earlier life had unimpaired distal vision. Dr. Cohn's investigations also show that the percentage of myopes increase from the elementary school upwards, according to the increased demand for study. For example, in five village schools the myopia was about $\frac{1}{2\frac{1}{4}}$: that is, the concave glasses required to render vision acute for distance were on the average of about 24-inch focus.

In 22 Elementary Schools the myopia averaged about			$\frac{1}{2\frac{1}{2}}$
In 2 Gymnasiums	,,	,,	$\frac{1}{18}$
In 2 Prima (highest school)	,,	,,	$\frac{1}{17}$
In the University (Breslau)	,,	,,	$\frac{1}{14}$

These statistics show plainly the progressive nature of the disease, while another fact is also made clear, namely, that the affection is but infrequently due to hereditary causes.

City or town residence, again, by the constant self-adaptation of the eyes to short distances, is a powerful predisposing cause. It cannot but make a vast difference in the conditions of the interior of the eye in the course of years, much more in successive generations, whether it is daily employed in looking at walls a few feet distant, or, as in the country, at

mountains and forests which often are in view miles distant. In the old cities of Europe, that have been occupied, perhaps, for forty or fifty generations, the majority of the inhabitants are near-sighted.

Treatment.—Irritability, tension, and heaviness in the eye, with pain around or in the eye, require *Spig.*, *Bell.*, or *Macrot.*, and if inflammatory symptoms are strongly pronounced, *Acon.* may be first given to allay them. If there is much venous congestion, *Ham. Virg.* is indicated; this remedy may also be used in the form of a *lotion* (20 drops to half a tumbler of water). If the general health be much impaired, suitable remedies must be selected to meet the constitutional condition.

Accessory Measures.—The eyes should be rested till congestion or irritability is removed. The gentle use of the eye-douche, a weak collyrium, or a wash of simple tepid milk-and-water.

Spectacles.—In the majority of cases, no medical treatment is required, but only the choice of suitable glasses. These should not be purchased at random of opticians or vendors, but under the guidance of an oculist or physician who gives sufficient attention to the subject.

"After prescribing with the greatest care the proper glasses, it is necessary in progressive myopia to enforce the strictest hygienic measures. Our patient should not work continuously at near objects, but should rest a short time at intervals of a quarter or half hour, and always whenever the eyes feel in the least fatigued. He should never work or read with the head bent forward, as this promotes intraocular congestion, choroiditis, and increase of staphyloma posticum. The light should fall upon his work from behind, so that the eye may be protected from glare. Children's school desks should, therefore, be made sufficiently high and sufficiently sloping, and be placed, as regards light, to fulfil these conditions" *(Angell)*.

CHAPTER V.

Diseases of the Ear.

70.—Inflammation of the Ear *(Inflammatio auris)*—Ear-ache.

Definition.—Acute or chronic inflammation of the external meatus *(outer canal)*, or of the tympanitic membrane *(in the middle portion of the ear)*. When the latter is the seat of inflammation, the pain is much more intense.

Symptoms.—Pain in the ear, with feverishness; the meatus swells and becomes red, and a thin discharge follows. Or, if the membrana tympani is affected, the pain is sudden, severe, even excruciating, and worse at night; there is tenderness and a sense of fulness; unnatural noises are heard by the patient; there is either deafness or unusual sensitiveness to noise; and considerable fever. When the disease is neglected, suppuration occurs; and in very bad cases, the inflammation extends to the brain, and may prove fatal.

Causes.—Exposure to *cold;* irritation from gastric disorder or teething; scrofula; improper syringing, or the introduction of probes into the ear; fevers; rheumatism; etc.

Treatment. — *Aconitum.* — Excessive pain and soreness, with throbbing in the ear; sensitiveness to noise; red, shining swelling of the meatus; and fever. Two drops in a little water every half-hour till relieved.

Belladonna.—In alternation with *Acon.* when the head is much involved, and the patient shows signs of delirium. When the meatus only is affected, *Bell.* may be given alone.

Pulsatilla.—In less acute forms of the disease than those which indicate *Acon.*, and are slow to disappear. The remedy should be continued several days after the pain has ceased.

Sulphur.—Chronic inflammation, and when the disease is very apt to recur. In these cases, and in scrofulous patients, *Sulph.* should be alternated with *Bell.* twice a day and continued for some time. *Mercurius* is also frequently required.

Chamomilla is sometimes of great service to children, and *Bryonia* to rheumatic persons.

Accessory Treatment.—Fomentations with moderately hot water, the application of a bran poultice, or the *Aconite* lotion, hot, in the early stage, will be found very soothing. If there be any discharge, the ear should be washed clean with warm water, and thoroughly dried afterwards.

71.—Disease of the Mucous Membrane of the Ear (*Morbi membranæ mucosæ auris*)—Otorrhœa—Running from the Ears.

Definition.—A chronic inflammation of the mucous membrane of the ear, accompanied by a milky, purulent, or bloody discharge.

Causes.—It is commonly met with in scrofulous children, and, in such constitutions, is likely to follow the eruptive fevers, or any exhausting illness.

Treatment.—*Mercurius.*—*Thick*, bloody, and fœtid discharge, accompanied by tearing pains in the affected side of the head and face, and swelling and tenderness of the glands about the ear. Also when the disease has followed *small-pox.*

Hepar Sulph.—Discharge of pus and blood; and when the patient has been dosed with *mercury.*

Pulsatilla.—Discharge of a thin, watery character, and when it follows *measles.*

Mur. Ac. is said to be a good remedy in affections of the ear consequent on *scarlatina*.

Arsenicum.—Excoriating discharge, in *feeble* constitutions.

Calcarea and *Sulphur*.—Tedious cases; and in scrofulous patients; the former may be administered morning and night for a week, to be followed, after a couple of days' interval, by the latter.

Nit. Ac., *Iod.*, *Aurum*, *Merc. Iod.*, or *Kali Iod.*, may also be required in some cases.

For the treatment of acute attacks the previous Section should be consulted.

General Measures.—The intractable character of this affection is often, in great measure, due to the neglect of that strict cleanliness which is so necessary to be observed. The irritating discharge, if allowed to accumulate within the meatus, undergoes decomposition, and gives rise to changes in the deeper structures of the ear, the nature of which may be inferred from the irritation and excoriation so often existing in the external orifice. A little fine wool, frequently changed, may be put into the ear when the discharge is declining, to protect it in cold weather; but even this should be done with great caution, particularly when the discharge smells offensively, for nothing can be more prejudicial than stopping the ear with cotton-wool to prevent its escape.

The *use of the syringe* by non-professional hands, is probably productive of more harm than good, and had therefore better be discarded; at least, it should only be used with great *caution and gentleness* once or twice a day, to cleanse the ear, which should be carefully dried immediately afterwards. To correct the *fœtor* of the discharge, which is often very great, a lotion of *Condy's Fluid* should be then injected, in the proportion of thirty drops to eight ounces of warm water.

Carbolic Acid lotion is also of great value in otorrhœa. The

following are the proportions in which it may be safely prescribed:—

℞. Carbolic acid ʒj.
Glycerine ℥j.
Distilled water ℥v.

Mr. Pennefather records in the *Lancet*, of December, 1870, the following cases, as examples of the almost uniform good results attending the use of carbolic acid according to the above formula. They are taken, he says, at hazard from some hundreds which he has treated at the Royal Dispensary for Diseases of the Ear. In the few instances in which its application failed to cure entirely, it not only lessened the secretion considerably, but deprived it of the disgusting fœtor by which it is usually characterised—a boon of no small moment both to the sufferer and the surrounding friends.

"Case 1.—Wm. W—— fell from a ladder four years ago. Had suffered from profuse, highly offensive discharge from his right ear ever since. On Nov. 13th was ordered to syringe with carbolic acid lotion three times daily. Discharged, completely cured, on Nov. 26th.

"Case 2.—Mary Ann W—— has suffered from highly offensive discharge from right ear for three years, after scarlatina. On Nov. 12th was ordered to syringe with carbolic acid lotion. Discharged, well, on Nov. 26.

"Case 3.—John W. W——. Discharge from right ear for twelve years; attributes it to a severe cold. On June 17th was ordered to syringe with carbolic acid lotion three times daily. Discharged, well, on July 1st.

"Case 4.—Henry B——, aged three years. Discharge from both ears for twelve months, after hooping-cough. On Oct. 28th was ordered to syringe thrice daily with carbolic acid lotion. Discharged, well, on Nov. 18.

"Case 5.—Jane W——. Discharge from left ear for ten years, after scarlatina, highly offensive. On July 6th was ordered to syringe with carbolic acid lotion three times daily. Discharged, well, on Nov. 25th.

"Case 6.—Mary S——. Discharge from left ear for fifteen years, after scarlatina. Complains much of its offensive character. On June 8th was ordered to syringe with carbolic acid lotion four times daily. Discharged, well, on Nov. 18th."

The *improvement of the general health* of the patient is a

point of great importance; for this purpose, change of air, and, in the autumnal months, sea-air, is often attended with marked beneficial results. In the absence of sea-air, country-air, in a bracing district, is of great advantage. See the *Accessory* and *Medicinal Treatment* in Section 29.

72.—Deafness *(Surditas).*

Varieties and Causes.—

a. Functional or nervous deafness.—This variety depends on constitutional debility; the same conditions which weaken and relax the general muscular and nervous systems act injuriously upon the ear, of which it is a part. Functional deafness is painless; it is better when the digestive organs are unimpaired, the spirits exuberant, and the weather fine.

b. From disease.—Under this head we may mention,—organic changes in the brain; obstruction of the internal ear; ulceration and perforation of the tympanum; paralysis of the acoustic nerve; various acute or chronic inflammatory affections, and disease of the throat *(throat-deafness).*

c. Deaf-dumbness.—This is due to congenital malformation of the ear, and is irremediable.

Other causes not mentioned above are,—sudden loud noises; blows on the head, as boxing a child's ears, or fracture, which lead either to concussion or rupture of the auditory nerve; swelling of the lining membrane; accumulation of ear-wax, exfoliated scarf-skin, or other substances lodged in the ear-passage, may cause deafness by obstruction. The deafness that results from catarrh is often but an aggravation of pre-existing deafness—all the share the cold has in the production of the disease being that of reducing the hearing power a little further, and so rendering the defect more obvious.

Prognosis.—In forming an opinion as to the chances of recovery, or of amelioration, the following circumstances

should be duly taken into account:—age of the patient; hereditary tendency to deafness, or the association of the malady with any constitutional disease, or with cerebral symptoms, or with the nervous temperament. If a patient come to us with deafness who has suffered from scrofulous enlargement of the tonsils, chronic catarrh, rheumatism, gout, or secondary syphilis, our hope of a favourable result will be greatly diminished. Deaf persons sometimes state that they can hear well under exceptional circumstances, as in the noise of a railway carriage, a crowded thoroughfare, or amidst the whirl of busy machinery; these and similar sounds, which suspend the hearing of healthy persons, furnish such a degree of abnormal stimulation as to excite the dull nerve to unwonted quickness of hearing. The inference from this unhealthy condition of hearing must be regarded as unfavourable for the prospect of recovery.

Treatment.—The cure of deafness of course depends on the removal of the cause; in many cases this is practicable; in some it is not. In most cases, however, skilful treatment is successful, and it is very rare indeed after a course of homœopathic remedies for a patient not to find his hearing-power decidedly and permanently stronger.* *Recent* cases are of course most hopeful. But long-standing cases, even when both ears are affected, are generally benefited to a greater or less extent.

Epitome of Treatment.†—

1. *From debility of constitution, struma, etc.*—Phos., *(nervous)*, Chin. Sulph. *(nervous and periodic)*, Iod., Phos. Ac., Cactus *(with palpitation)*, Petrol. 3x, Spong., Ars.

2.—*From cold.*—Acon. or Puls. *(recent)*; Merc. or Kali Iod. *(chronic)*; Dulc. *(from damp)*; Bry. *(with rheumatism)*.

3. *After fevers, etc.*—Bell. *(with giddiness)*, Puls., Chin. Sulph., Phos. Ac.

* See *H. World.*, vol. iii., p. 282. † See *H. World*, vol. v., pp. 97–8.

4. *From suppressed eruption about, or discharge from, the ear.* —Sulph., Hep. S., Aur. Fol.

5. *From enlarged tonsils, throat-deafness, etc.*—Merc. Iod., Kali Iod., Merc. Cor., Iod.

6. *From concussion.*—Arn. *(also when deafness is accompanied with a crawling sensation in the ear).*

7. *Noises in the ears (tinnitus aurium).*—Bell., Chin. Sulph. *(with deafness);* Nux V. or Ign. *(with unnatural sensitiveness to sound);* Bapt. (*roaring, confusion of mind, dulness of hearing);* Gels.

Accessory Means.—If the deafness be found to arise from an accumulation of hardened ear-wax, this should be skilfully extracted as early as possible. Before attempting its removal it is generally necessary to syringe the ear with tepid water. All reputed remedies which have to be dropped into the ear should be eschewed, however much they are recommended. See also "General Hints," following.

General Hints on Affections of the Ear.

(1.) *Wet or damp ears.*—A frequent cause of disease of the ear is the reprehensible practice of leaving the head and ears of children imperfectly dry after bathing or washing. This danger is the more necessary to be guarded against if there already exist any discharge from the ear. After bathing, or the ordinary morning or evening wash, the greatest care should be taken to dry the hair and ears *thoroughly.* As a further precaution, a piece of fine linen or blotting-paper should be twisted into a coil, and introduced into the cavity of the ear, to absorb any remaining moisture.

(2.) *Boxing the ears.*—Parents, governesses, and others, who have the care of children, should be aware of an accident very liable to occur from blows on the head or boxing the ears, namely, laceration of the *membrani tympani*, a membrane

which closes the bottom of the meatus, and is stretched something like the parchment of a drum. The accident may be recognised by a sense of shock in the ear, deafness, and a slight discharge of blood from the orifice: and if examined by an ear-speculum, the rent may be seen. There should be *complete rest* for several days, and a weak *Arnica lotion* used.

(3.) *Deafness not stupidity.*—Another point of considerable importance, is the case in which a child, from being slightly deaf, has been thought to be stupid or obstinate. "Very sad is it to think how often a child is thus punished for his misfortune, and, it may be, irremediable injuries inflicted on the mind or temper of this poor victim of unintentional injustice. It is hardly necessary to insist upon the care which is requisite in examining the state of the hearing-power in a child, or to refer to the fact that children will often say, and doubtless think, that they hear a watch when they do not" *(J. C. Foster).*

(4.) *Wet compress.*—A small wet compress, covered with oiled-silk or tissue, worn over the nape of the neck, as recommended for ophthalmia, is equally applicable in affections of the ear, especially when of an obstinate nature; and if persevered in steadily for some time will frequently relieve deafness.

(5.) *Dilutions of the medicines.*—Lastly, a remark may here be appropriately made, bearing on the treatment of the diseases of the ear. In all *chronic* affections of this organ, the higher dilutions (6 to 12) of the different medicines are generally more efficacious than the lower (1 to 3).

CHAPTER VI.

Diseases of the Nose.

73.—Ozœna *(Ozæna)*.

Definition.—Ozœna (from a Greek word signifying a *stench*) is a disease in which there is ulceration of the mucous membrane of the nose, from which fœtid, purulent, or sanious matter is discharged. There is often lachrymation from obstruction of the ducts leading from the lachrymal glands to the nose.

Causes.—Uncured catarrh; fevers; syphilis; or it may arise from an unknown cause. A strumous constitution no doubt predisposes to the disease.

Treatment.—The disease, especially if chronic, is not easily cured; but in most cases will be benefited by one or more of the following remedies.

Aurum.—Pain above the nose; heat and soreness of the nostrils; discharge of yellowish-green, fœtid pus.

Kali Bich.—*Thick*, tenacious, sometimes bloody, discharge, in the form of "elastic plugs."

Iodium.—Great fœtor; the Schneiderian membrane undergoing putrid ulceration.

Mercurius Biniod.—Sanious discharge; destruction of the septum and bony structure of the nose.

Nitric Acid.—Syphilitic ozœna; and when the patient has been drugged by large doses of *mercury*.

Arsenicum.—Ichorous, fœtid, and malignant discharge, particularly if the constitution is much shattered.

Sanguinaria Canadensis is said to be a good remedy.

Zinc. Met.—The nose swells, and is sore; loss of smell, dryness, and lachrymation.

Cyclamen *(frequent sneezing)*; Gels. *(watery flow)*; Phyt. *(mucous flow)*; Sticta *(dryness)*.

Accessory Measures.—Perfect cleanliness of the nasal passages is imperative; the nose may be syringed with a lotion of *Condy's Disinfecting Fluid* (chloride of zinc). Thirty drops may be added to eight ounces of warm water; or tincture of *Iodine*, four drops to eight ounces of water, injecting with a *large* syringe. This may be done daily.

74.—Epistaxis *(Epistaxis)*—Bleeding from the Nose.

Causes.—A blow on the nose or some part of the head; the hæmorrhagic diathesis; congestion of the head, from passion, over-exertion, stooping, apoplexy, etc. In women it sometimes occurs as vicarious of the menstrual function (See *The Lady's Manual of Homœopathic Treatment*).

In simple cases no treatment is necessary; that suggested below is for cases in which the bleeding is excessive, long-continued, oft-recurring, or in which it arises from a debilitated state of the constitution.

Epitome of Treatment.—Arn. *(from a blow or physical exertion)*; Acon. *(from passion, and whenever there is arterial excitement)*; Hamam. *(from a hæmorrhagic diathesis)*; Bell. or Nux V. *(from cerebral congestion)*; Secale *(during fevers, etc.)*; Podoph. *(for females)*; China *(afterwards, when the bleeding has been excessive)*.

Accessory Means.—The upright posture; application of cold water or ice to the forehead, neck, or back; frequently, raising the arms above the head, and holding them so for a short time, promptly arrests hæmorrhage.

If, in spite of these means, the bleeding continue so long

as to appear to endanger life, the nostrils should be plugged by means of linen rags rolled together so as to form two plugs. Sufficient length of the linen should be left outside by which to withdraw them when the hæmorrhage has ceased.

Plethoric persons predisposed to epistaxis or to congestions, should lead a temperate life, avoid stimulants, use frequent ablutions of cold water, and take moderate exercise daily in the open air. Immoderate exertion and much stooping are injurious. On the other hand, delicate persons, of spare habit, are benefited by nourishing food.

75.—Polypus Nasi *(Polypus Nasi)*—Polypus of the Nose.

Varieties.—Polypi are of two kinds, and are generally located either in the nose, ear, throat, womb, or rectum.

a. Gelatinous polypi are composed of the elements of the mucous membrane; they are pear-shaped, of yellowish colour, and consist of several soft, pedunculated, pendulous tumours, streaked with a few blood-vessels. Their texture is so spongy as to imbibe atmospheric air, which renders them larger in damp weather than in dry. Polypi of the nose are usually numerous and of various sizes; and sometimes extend to the fauces, causing great obstruction in breathing. After removal they are apt to return.

b. Fibrous polypi are much less common; they are often of a malignant character, and the cause of much suffering.

Symptoms.—A nasal sound in the voice; the patient acquires the habit of keeping his mouth open to facilitate breathing; difficulty of swallowing liquids; the nose is enlarged externally on the affected side; and on looking up the nostril the polypus may be seen. In consequence of the stuffy symptoms which a polypus occasions, it may at first

be mistaken for a cold in the head. But on the nose being violently blown, the polypus descends and appears near the orifice, causing the obstruction to return, contrary to the usual result of such an operation.

TREATMENT.—*Calc.*, *Merc. Iod.*, *Kali Bich.*, *Phos.*, *Teucrium*, *Thuja*, *Sang. Can.* (internally and powder of it externally), and *Opium* have proved the most successful remedies.*

In the choice of one of the above remedies, reference should be made to the general constitution of the patient, and it should be used locally in a more concentrated form, as well as internally.

In most cases it is necessary to remove these growths by surgical means. After their removal, dilute *Nit. Ac.* by a long camel's hair pencil, and sniffed up.

76.—Loss or Perversion of the Sense of Smell—

(Odoratus perditus vel perversum).

This condition is generally consequent on some other affection, especially chronic catarrh.

TREATMENT.—When *recent*, and dependent on a catarrhal cold, or rheumatism, *Aconite* in a low dilution will be readily curative. We have cured *chronic* cases, from similar causes, with *Puls.* or *Merc.*, according to the condition present. *Sulph.* is also valuable in *perverted* smell.

Gels., *Sang. Can.*, *Sepia*, and *Calc.* have been recommended.

* Mr. Bryant, in the *Lancet*, recommends *tannin* to be blown up the nostril as a snuff through a quill daily, and cites six cases in which this treatment has been completely successful in the gelatinous kind.

CHAPTER VII.

Diseases of the Circulatory System.

77.—Diseases of the Heart and its Membranes

(Morbi cordis et membranarum ejus).

Diseases of the heart command much attention in the present day, not only on account of the frequency of their occurrence, and the serious consequences they often involve, but also as the result of our more perfect acquaintance with the organ both in its healthy and morbid conditions.

Causes.—The most common causes of heart-disease are—rheumatic fever in the young (see Section 21); over-work of mind and body, anxiety, and too little rest in middle life; and kidney-disease in older persons. The potency and frequency of the second class of causes are obvious. Life is too frequently one round of perpetual excitement, business-haste or competition, and railway-speed pursuit, both of pleasure and gain. The demands thus made on the ever-active organ lessen its nutrition, impair its structure, and imperil its action.

Speaking of diseases of the heart, we may at once state that all affections so characterized are not *organic*, but merely due to temporary causes, as palpitation from debility, indigestion, etc. On the other hand, cases of sudden death have frequently occurred, supposed to be due to apoplexy, which were consequent on heart-disease.

Treatment. — Organic affections of the heart may be greatly relieved and life considerably prolonged by judicious

treatment. Professional judgment and experience are, however, specially necessary. Remedies are suggested for heart affections from rheumatic fever, page 205. For affections of the heart consequent on over-exertion and insufficient rest, *Arnica* is an excellent remedy. Other remedies, for affections from other causes, are pointed out in the following sections.

78.—Angina Pectoris *(Angina Pectoris)*—Breast-Pang.

Definition.—Sudden, severe paroxysms of pain, or spasm of an enfeebled or diseased heart, with a constricted, burning sensation, and intense anxiety, chiefly occurring in elderly persons, or past the middle period of life.

Symptoms.—The patient is seized with a sudden dreadful pain, which centres in the heart, and extends over more or less of the anterior portion of the chest, up the shoulder and down the arm. There is an agonizing sense of anxiety, faintness, fear of instant death, palpitation and dyspnœa, so that if walking he is compelled to stop and to fix on the first object that offers support, and so remains, pale and covered with a clammy perspiration. The paroxysms may terminate in a few minutes, or last for hours, and are liable to recur with increased severity, till at length one proves fatal.

Causes.—*Disease of the heart*, or obstruction of the coronary arteries, in consequence of which the muscular fibres of the heart become impaired. Under such conditions a paroxysm may be brought on by over-exertion, flatulent distension of the stomach, mental excitement, or even a frightful dream.

Epitome of Treatment.—

1. *For the diseased condition.*—Naja, Ars., Dig.

2. *For the paroxysm.*—Hydroc. Ac., Acon., Cactus, Spig., Samb., Chloric Æther.

LEADING INDICATIONS.—

Aconitum.—Recent cases, and for plethoric patients; there is great sense of suffocation, anxiety, and throbbing.

Digitalis.—Cases in an advanced stage, the paroxysms recurring frequently and suddenly.

Veratrum.—Slow, intermittent pulse, cold extremities, cold perspirations.

Arsenicum.—Extreme dyspnœa, increased by the slightest movement, marked debility, pale and haggard face, feeble and irregular pulse, and dread of immediate death. *Ars.* is also valuable as an agent for warding off the paroxysms of this painful disease.

Cactus Grand.—When there is "a feeling as if the heart were grasped and compressed as with an iron hand" (i.e., spasm); rheumatism.

Sambucus.—Violent dyspnœa, awaking from sleep with a suffocative sensation, and dreadful anguish about the heart.

Cuprum Acet.—Drs. Bays and Holland have both reported cases of angina cured by this remedy. Although we have had no personal experience with the remedy in angina, it is doubtless of great value in this terrible affection.

Nux Vomica.—Indigestion, the attacks being attended or followed by flatulence.

ACCESSORY TREATMENT.—Brandy or some other diffusible stimulant,* in frequent small doses; a large hot bran poultice over the region of the heart; and warmth to the extremities.

* Dr. Anstie, in *Reynolds's System of Medicine,* recommends *Sulphuric Ether* in the purely nervous form of angina pectoris, and mentions a case under his care, which he is sure would have long since ended fatally in one of the agonizing attacks of spasmodic heart-pain, but for the discovery that by taking a spoonful of æther immediately on its commencement, the patient can greatly mitigate the attack, and has continued to do so with undiminished effect for the last three years (1868). Vol. ii., p. 749.

79.—Syncope *(Defectio animæ)*—Fainting-Fit—Syncope.

Definition.—A loss of volition and muscular power, with partial or complete loss of consciousness, due to defective nervous power.

Causes.—*Debility* from constitutional causes, or from loss of blood or other animal fluids; emotional disturbances—fright, sudden joy, grief, etc.; hysteria, etc. Many persons faint on seeing blood or a wound, or from the sight of operations, etc.

Treatment.—Reference must be had to the constitutional state which causes fainting from trifling circumstances, in order to correct the tendency.

Epitome of Treatment.—

1. *For the fit.*—Camph., Mosch., Ammon. Carb., or Acon. If the patient be unable to swallow, any of the above remedies in strong tincture, especially the first two: they may be administered by olfaction. At the same time all tight clothing should be loosened, the patient exposed to cool air, and cold water dashed on the face. The invariable tendency to the horizontal posture is a conservative one, and should not, therefore, be interfered with.

2. *For the debility.*—China, Ars., Iod., Verat.

3. *Fainting from affections of the heart.*—Mosch., Dig., Ver. Vir.

4. *Hysteric fainting.*—See Section 52.

80.—Palpitation and Irregularity of the Action of the Heart *(Palpitatio et tumultus cordis.)*.

In a healthy condition, we are scarcely sensible of the heart's action; the perfection of action, therefore, is indicated by entire unconsciousness that such action exists at all. Palpitation is evidence of a want of balance between the blood

to be driven and the power of the heart to drive it. It is not, then, evidence of excessive power, but that the muscular power has been taxed and found unequal to the demand. "It is laboriousness, not excessive power, that is indicated by palpitation" *(Fothergill)*. When, however, the pulsations of the heart become much increased in force or frequency, or both, the unpleasant sensation known as "palpitation" is experienced.

INTERMITTENT PULSE.—This variety of irregularity of the heart's action requires a distinctive notice. By the term intermittency is meant an absolute loss of the normal beats of the pulse, covering the time of a natural stroke, or in extreme instances, of two, three, or even more pulsations; probably from temporary failure of the left ventricle of the heart. The pulsation following the intermission is heavier and fuller, showing that the ventricle is contracting on an extra volume of blood after the momentary pause, like a smith who, striking at the forge a number of strokes in regular succession, until tired of the action, changes it for a moment to give a more deliberate blow, and then rings on again in regular time.

As to its *cause*, it is not supposed to be due to indigestion, or to any affection of the lungs, liver, kidneys, or other secreting or excreting organ, but to *deficient nervous force*. "I have never met with a case," says Dr. B. W. Richardson, "in which it has not been traceable to some form of cerebral excitement, with succeeding depression. Grief from the deaths of friends; shock from failures of business; disappointments; violent outbursts of passion; remorse; degradation; and, most fruitful cause of all in this madly striving age, over-work of brain—these are the outside influences leading to the changes on which the phenomenon of intermittency of the pulse most frequently depends."

In the *treatment* of this affection, we fully concur in Dr. Richardson's recommendations of change, sufficient rest and

sleep, and the avoidance of excitement and stimulants; but our *Materia Medica* supplies us with remedies—such as *Dig.*, *Phos. Ac.*, *Acon.*, *Bell.*, *Spig.*—which are greatly superior to his depletive measures, purgatives, and opiates.—(See *The H. World*, Vol. iii., p. 39).

Palpitation and Disease of the Heart.—We infer palpitation to be the consequence of functional disorder, as of indigestion, when it occurs only occasionally, and when the action of the heart is uniform during the intervals. In medical practice the fact is often observed, that patients with serious organic disease of the heart rarely suspect anything radically wrong until the disease has made considerable advances; while *patients with mere functional disorder* of that organ frequently *entertain the gravest apprehensions.* Most cases of palpitation are from functional disorder and not from structural disease, and are consequently quite curable. Sometimes, from nervous irritability, some of the great arteries, particularly the abdominal aorta, takes on an inordinate action, which might be mistaken for aneurism.

Causes.—The *predisposing* are—a nervous temperament; hysteria; a full habit; and disease of the heart. The *exciting* causes are—excessive joy, grief, fear, and other mental emotions; severe or prolonged exertions; profuse discharges; menstrual derangements; a disordered—especially an overloaded—stomach; flatulence; etc. Whenever the heart is acting under disadvantageous circumstances, palpitation is never long absent. Thus any cause which, by pressure on the diaphragm, diminishes the space for the heart and impedes its beat, places the heart at a disadvantage, and palpitation takes the place of the normal quiet contraction. *The excessive use of tea* has been known to give rise to various irregularities of the heart's action; in weak or nervous persons, and in some others, palpitation follows *tobacco-smoking*, as it may also result from the administration of other delete-

rious agents. In such cases, of course, a cure can only be expected after the discontinuance of the noxious beverage.

In the following Table, abridged from Aitken, the chief characteristics of palpitation from structural disease of the heart are placed in contrast with those from functional disorder.

TABLE OF THE CHIEF DIFFERENCES BETWEEN ORGANIC AND FUNCTIONAL DISEASE OF THE HEART.

ORGANIC.	FUNCTIONAL.
1. Palpitation usually comes on slowly and insidiously.	1. Palpitation generally sets in *suddenly*.
2. Palpitation, or distressed action, though more marked at one time than another, is *constant*.	2. Palpitation is *not constant*, having perfect intermissions.
3. Percussion elicits *increased extent* and degree of *dulness* in the region of the heart.	3. Dulness in the region of the heart is *not extended* beyond the natural limits.
4. *Lividity* of the lips and cheeks, congested countenance, and anasarca of the lower extremities, are often present.	4. There is *no lividity* of the lips and cheeks, countenance often chlorotic, and, except in extreme cases, there is no anasarca.
5. The action of the heart is not necessarily quickened.	5. The action of the heart is generally quickened.
6. Palpitation often *not much complained of* by the patient, but occasionally attended with *severe pain extending to the left shoulder and arm.* (See "Angina Pectoris.")	6. Palpitation *much complained of* by the patient, often with *pain in the left side.*
7. Palpitation is *increased by exercise*, stimulants and tonics, but is relieved by rest.	7. Palpitation is increased by sedentary occupations, but *relieved by* moderate *exercise.*
8. Is more common in the *male* than the female.	8. Is more common in the *female* than the male.

TREATMENT.—The subjoined has reference to simple palpitation, unconnected with any organic disease.

EPITOME OF TREATMENT.—

1. *Palpitation from emotional causes.*—Acon. *(from excitement);* Ign. *(from grief);* Coff. *(from joy, with wakefulness);* Cham. *(from passion);* Opium or Verat. *(from fright or fear).*

2. *From over-exertion.*—Arn.

3. *From congestion.*—Acon., Bell.

4. *From indigestion.*—Nux Vom., Puls.

5. *Nervous palpitation.*—Mosch., Spig., Bell., Acon., Cac. G., Ars.

LEADING INDICATIONS.—

Aconitum.—Palpitation from the least excitement, with anxiety, chilliness, numbness of the extremities, or a sensation as if the heart ceased to beat; short and hurried breathing; *hot and flushed face.* It is specially adapted to patients of a *plethoric habit.*

Belladonna.—Oppression, tremor, pain about the heart; *throbbing in the neck and head; redness of the face.*

Digitalis.—For great irregularity, without any assignable cause, producing inability to walk or lie down, great distress. One to three drops of the strong tincture every two or three hours.

Pulsatilla.—Hysterical symptoms; and in females suffering from deranged period.

Administration.—During a sudden attack, a dose should be administered immediately, and repeated every thirty to sixty minutes; afterwards thrice daily for a few days.

ACCESSORY MEASURES.—Gentle exercise in the open air, and agreeable society, will usually moderate an attack, however severe. The patient must avoid mental excitement, stimulants, coffee, sleeping-draughts, indigestible food, etc. Pure air; cold water, used internally and externally; regular exercise in the open air, short of inducing fatigue; a contented and tranquil disposition, with light and nourishing diet, are excellent auxiliaries in the treatment of this affection.

81.—Aneurism *(Aneurysma).*

Definition.—A tumour formed by the dilatation of an artery, or communicating with an artery, and containing blood. In its first stage, the tumour contains fluid blood, and pulsates; in its second stage, it contains coagulated blood, deposited in numerous thin layers, like the leaves of a book.

Aneurism may be *idiopathic*, or *traumatic:* the latter is caused by an injury to the artery. The disease is more common in men than women, and, in England, annually, causes 300 to 400 deaths.

Varieties.—The *fusiform* (spindle-shaped), sometimes called *true* aneurism, consists of an unnatural dilatation of an artery; *sacculated* aneurism is a partial dilatation of all the *coats* of an artery; and *diffused*, implies a sac formed by the surrounding tissues. The last variety has been mistaken for a purulent sac, and opened accordingly, to the imminent peril of the patient.

Treatment.—An aneurism usually requires surgical measures. Cases beyond the province of surgery are generally much benefited by *Aconite.* It prevents arterial excitement, and removes all excuse for abstraction of blood.

Arnica.—This remedy may be alternated with *Acon.* in *traumatic* aneurism.

Phosphorus.—Is useful in *idiopathic* cases to prevent further degenerative change of the arteries.

Accessory Means.—Rest, a favourable posture, and a light unstimulating diet, are favourable adjuncts to the treatment. When an aneurism has appeared near the surface, and a recurrence of the disease is dreaded in deeper and more vital parts, Dr. J. K. Chambers recommends a change to the climate of Italy, where degenerative disease is the exception, and acute disease the rule, the *opposite* conditions to those common in this country.

82.—Phlebitis *(Phlebitis)*—Inflammation of the Veins.

Two varieties exist of this not very common disease:—

a. Adhesive, generally arising from exposure to wet and cold, and affecting one of the large veins of the lower extremities.

b. Suppurative, which is a more serious form, frequently an aggravation of the adhesive variety, and sometimes caused by wounds.

Phlegmasia dolens (milk-leg or white-leg) is an inflammation of the veins, peculiar to nursing women, presenting symptoms and requiring treatment similar to phlebitis.

Symptoms.—If the affected vein is near the surface, it appears reddish-purple; it is hard, swollen, and knobbed; severe pains may dart through the limb, especially on movement, and there is stiffness, with more or less œdema of the part. If suppuration occur, it may be by means of an abscess; or it may remain under the surface, producing purulent infection. Professional treatment is absolutely necessary for this form of the disease.

Epitome of Treatment.—Acon. *(febrile disturbance)*, Ham. *(with varices)*, Puls. *(with disordered menstruation)*, Phos., Lach.

Accessory Measures.—*Rest;* fomentations of warm water; *Aconite lotion* if there be much pain; *Hamamelis lotion* (see next Section) if the veins are varicose.

83.—Varicose Veins *(Varices)*.

Nature.—In this condition the veins are dilated so that their valves, which cannot undergo a corresponding enlargement, cease to be efficient.

The disease occurs most frequently in the superficial veins of the lower extremities, and not usually in the deep-seated

ones, because they are supported by the muscles and *fasciæ*. When in the veins of the spermatic cord, it is called *Varicocele;* when in those of the anus, it constitutes a form of *Piles*.

Symptoms. — The affected veins are dilated, tortuous, knotted, of a dull-leaden or purplish-blue colour, with much discoloration of the parts, and some œdema of the limb. If a great many small cutaneous veins are alone affected, they present the appearance of a close network. The enlarged veins and local swelling diminish after taking the horizontal posture.

Causes.—Generally, conditions which induce more or less permanent distension of the veins. Strains, or over-exertion of a part, may cause an afflux of blood into them and lead to their distension; standing occupations favour the gravitation of blood to the lower extremities; and, further, the length of a vein, such as the *internal saphenous*, may lead to its undue distension in consequence of the long column of blood it contains. Obstacles to the return of venous blood, such as tight garters or stays, a tumour, the pregnant uterus, or even impacted fæces, by pressing upon one of the large venous trunks, may occasion its permanent distension as well as that of its branches. In other instances, varices seems to be due to an hereditary predisposition, altered condition of the blood, or deficiency of tone in the active organs of circulation, leading to an enfeebled and relaxed condition of the walls of the veins.

Consequences.—(1) Severe aching pain, with a sense of weight and fatigue, especially after long walking, or remaining for some time standing in one position. (2) The vein may burst by injury, and occasion severe and dangerous hæmorrhage. (3) Ulcers may arise from the imperfect circulation and nutrition of the skin, usually on the lower part of the outside of the leg. (4) They incapacitate for hard or

long-continued work, being associated with constitutional debility.

Epitome of Treatment.—

1. *Simple varices.*—Ham., Puls., Silic., Fluor. Ac.

2. *Associated with other disorders.*—Nux Vom. and Sulph., in alternation *(constipation, piles, etc.)*; Ars. *(debility, burning pains, varicose ulcers of the legs, etc.)*; Nit. Ac. *(weakly and scrofulous patients)*; Acon. or Bell. *(painful inflammatory symptoms)*.

Hamamelis Virg., administered internally, and applied as a lotion externally—by means of a compress covered with oiled-silk, and a well-applied bandage—is often specific. The lotion may be made by adding one part of the strong tincture to six parts of water.

Accessory Means.—Moderate compression by accurately-fitting bandages or laced-stockings, so as to afford that support to the blood which the valves can no longer give, and to prevent an increased distension. The pressure should be very gentle and uniform, and be applied in the morning, before the patient puts his feet to the ground, and maintained until he retires to bed. Should only a small portion of a vein be enlarged, a piece of strapping-plaster may afford the requisite support. Prolonged exercise or standing should be abstained from, and, after taking moderate exercise, the limb should be raised, and maintained in a horizontal posture. Standing is more unfavourable than walking. The leg should be well washed, and rubbed quite dry, every morning.

Varicose Ulcers.—Their treatment is the same as that of ulcers generally, with the exception of the following directions: Should a varix burst, excessive hæmorrhage may suddenly take place, inducing fainting, or even death. The patient should be immediately placed flat on the floor, and the leg raised, when the hæmorrhage generally ceases. A compress and bandage should then be applied to prevent

subsequent bleeding. Excoriations or tender spots about varicose veins should have early attention, to obviate the formation of ulcers.

84.—Goitre *(Bronchocele)*—Derbyshire-Neck.

Definition.—Enlargement of the thyroid gland, endemic in certain mountainous districts, but not limited to them.

The swelling is unattended with pain or danger, until it acquire a size sufficient to produce deformity, and, by its pressure upon the trachea and œsophagus, interferes with respiration and swallowing. Women are more subject to it than men, the proportion being about twelve to one; and the right lobe is more often enlarged than the left. It is most commonly met with in chalky districts and mountainous countries, and in the latter is often associated with cretinism.*

Causes. — The habitual use of water which percolates through magnesian limestone rocks or strata, and which holds in suspension the soluble salts of lime.

In some parts of England—Yorkshire, Derbyshire, Nottinghamshire, Hants, and Sussex—where the disease prevails, there is a ridge of magnesian limestone running from north to south through the centre of the district. All along that line goitre prevails to its greatest extent; and, diverging to

* "Cretinism is a strange disease, a sort of idiocy, accompanied by deformity of the bodily organs, which has a close but ill-understood connection with goitre. Most cretins are goitrous; but the latter may exist without the former. The cretin is found principally in the valleys of the Alps, the Pyrenees, and the Himalaya mountains. Idiotism of the lowest grade is often his lot; sometimes he is deaf and dumb, or blind; and, in short, if neglected, he more resembles an animal than a human being. I say, if neglected, for the humane Dr. Guggenbühl has proved, that by pure mountain air, exercise, a nourishing diet into which milk largely enters, and moral and mental training, much may be done for these apparently hopelessly-wretched beings" *(Tanner)*. Alas! the Doctor has died and the children are dispersed to their homes.

either side, the disease is found to diminish *(Inglis)*. In a goitrous district in Switzerland, there are some waters issuing from certain rocks and trickling along crevices in the mountains, the drinking of which will produce *goitre*, or increase goitrous swellings, in eight or ten days; while the inhabitants who avoid these waters are free from the disease.*

Most persons who have goitre find it enlarge during any derangement of the health, especially uterine; difficult labours, strains, twists of the neck, etc., are also apt to increase the swelling.

TREATMENT.—*Spongia.*—This remedy is recommended by Hahnemann for goitrous persons living in valleys; it is also suitable for children, and girls approaching puberty, who do not require *Iod.*

Iodine.—Inveterate, hard goitre, affecting dark patients, and when there is an absence of other symptoms.

Mercurius Iodatus.—In cases of long standing, and when the previous remedies have failed to prevent the tumour from enlarging, we have used this remedy with excellent results.

* The opinion that impure drinking water is the cause of goitre is as old as Hippocrates and Aristotle, and has been held by the majority of physicians. The opinion may be said actually to have been put to the test of experiment, since both in France and Italy, the drinking of certain waters has been resorted to, and apparently with success, for the purpose of producing goitre, and thereby gaining exemption from military conscription. Investigations into this subject now include the Alps, Pyrenees, Darphinè, some of Russia, Brazil, and districts in Oude in North-west India. A table from Dr. M'Clellan's work is very striking :—

GOITRE AND CRETINISM IN KUMAON (OUDE).

WATER DERIVED FROM	PERCENTAGE OF POPULATION AFFECTED	
	WITH GOITRE.	WITH CRETINISM.
Granite and gneiss	0·2	0
Mica, slate, and hornblende	0	0
Clay slate	0·54	0
Green sandstone	0	0
Limestone rocks	33	3·1

Calcarea.—Goitre associated with struma.

Kali Iod., *Bromine*, *Nat. Carb.*, and *Sulph.* have also been suggested.

The external application of the same drug as that given internally has, in our practice, frequently facilitated the cure.

An entire removal of the swelling is not always possible; still, much is gained if the tumour be lessened, or its further enlargement prevented. Any impairment of the digestive or uterine functions should, if possible, be corrected, for under such disorders a bronchocele is much more likely to attain inconvenient and even alarming proportions.

Auxiliary Measures.—The most essential point in the treatment is the *removal of the patient from the district where the infection occurs.* The necessity for this may be inferred from the fact that persons taking up their residence in affected localities soon acquire goitre, while others affected with goitre, soon lose it on leaving such localities. A dwelling on the coast, and sea-bathing, are advantageous, and under such circumstances the remedies prescribed may be employed with much greater hope of success.

Water used for domestic purposes should be boiled or distilled. Next to removal from a goitrous locality, this is the most essential point in the treatment.

Exophthalmic Bronchocele is an "enlargement, with vascular turgescence, of the thyroid gland, accompanied by protrusion of the eyeballs, anæmia, and palpitation."

Its *cause* is *nervous exhaustion.* This may be induced in females by leucorrhœa, menorrhagia, etc., or by hæmorrhoids in males.

Its *treatment* is simple, depending much on hygienic means, which may be assisted by such remedies as *China* (loss of animal fluids), *Ferrum* (anæmia), *Puls.* or *Nux Vom.* (gastric irritability), etc. The "Accessory Means" suggested for "Anæmia" (p. 268) are absolutely necessary here.

CHAPTER VIII.

Diseases of the Respiratory System.

85.—Hay-Asthma *(Asthma ex fœnisicio)*—Hay-Fever—Summer Catarrh.

Definition.—A specific disease, affecting predisposed persons only, arising from the emanations from certain grasses or plants, and existing only in the summer season.

Symptoms.—They are those of an ordinary cold, to which those of *asthma* are superadded. There are—itching of the forehead, nose, eyes, and ears; much general irritability, and lassitude; sneezing; profuse discharge from the nose; tightness of the chest, dyspnœa, and cough; pricking sensations in the throat, etc. Exposure to the powder of *Ipecacuanha* gives rise to similar symptoms in many persons.

Epitome of Treatment.—

1. *When the chest is chiefly affected.*—Ipec., Hydroc. Ac., Kali. Bich.

2. *When the nose and eyes.*—Ars. *(much debility, with acrid discharge)*; Euph. *(profuse lachrymation)*; Kali Iod., Sabadilla.*

3. *Prophylactics.*—Ars., Iod., Kali Bich.

Sabadilla.—Dr. Bayes recommends the olfaction of the 3rd dec. tincture several times a day, and the taking of one drop two or three times a day in water; and adds, "by this means I have cured many severe cases, and made numerous converts to our system."

Liq. Potassæ Arsenitis.—This is recommended as a *specific* remedy.

* See *H. World*, vol. iv., p. 176.

ACCESSORY MEANS.—Removal to the sea-coast, or to any part where grass does not grow, or hay is not stored, offers the *surest* protection. The remedy used internally should also be administered by inhalation (see p. 100-2), either by simple olfaction, or, still better, in the form of vapour: this is produced by means of an ordinary perfume- or spray-producer. Inhalation should always be employed during an attack. The cold shower-bath, the Turkish-bath, and the use of a respirator, are also recommended under different conditions.

86.—Croup *(Angina Trachealis)*—Inflammatory Croup—Laryngismus Stridulus* *(Laryngismus Stridulus)*—Asthma of Millar—Spasmodic Croup—Child-Crowing.

DEFINITION OF CROUP.—A peculiar inflammation of the mucous membrane of the *larynx* and *trachea*, the vessels of which exude a fibrinous or albuminous material, which concretes and forms a white false membrane.

SYMPTOMS.—The disease usually begins as a catarrh, the first indication being *hoarseness* in the voice or cry of the patient, with a peculiar barking cough, or sore throat; after one or two days, or even without any premonitory indisposition, *usually at night*, the symptoms become aggravated, the sleep being interrupted by paroxysms of *hoarse* coughing, the child throwing its head back to put the windpipe on the stretch. A metallic ringing sound is heard in the inspiration and in the cough, which has been compared to the crowing of a young cock, or to the barking of a puppy; and although the respiratory efforts are great, it is evident, from the turgescence of the face and neck, and the carrying of the child's hands to its throat, that an insufficient quantity of air enters

* This disease is classified as a "Functional Disease of the Nervous System" in the New Nomenclature; but it is more convenient to treat of it here.

the lungs. After the fit has continued for a time, varying from a few minutes to an hour or more, there is an interval of relief usually of several hours duration. The pulse is frequent and wiry; and there is loss of appetite, thirst, and great distress.

When a case is about to prove fatal, the breathing becomes so greatly impeded that the blood is but slightly oxygenated; the lips and cheeks become livid, cold, and covered with clammy sweats; the eyes red and sunken; the entire organism prostrated; and, unless speedily relieved, the child expires in a state of suffocation; or coma and convulsions ensue, and end the struggle.

Dangers.—An attack may prove fatal in two to four days, from exhaustion, suffocation, convulsions, or the formation of a coagulum in the heart. If the local symptoms are very severe, and the paroxysms recur frequently, the prognosis is unfavourable. The tendency to death is by *apnœa* (privation of air), the false membrane contracting the naturally narrow passage at this part. One attack, if recovered from, acts as a strong prediposing cause to subsequent ones.

Causes.—The *predisposing* cause of croup may undoubtedly be explained by the anatomical fact that the trachea is very small in infants, and does not enlarge in the same proportion as other parts of the body till after the third year; after this period, the calibre of the trachea enlarges rapidly, and the liability to croup diminishes accordingly.

The *exciting* causes are—cold; dark, damp, and unhealthy localities; sudden changes of temperature; wet feet; poor or scanty food, especially the adoption of improper diet when a child is weaned; insufficient clothing, or previous illness.

Like most diseases of the respiratory organs, croup is most fatal in the winter and spring. *Low* and *moist* districts are its most favourite localities. Towns situated near the banks of rivers have an extra share of it; and it has been noticed

to prevail in such places, especially among the children of washerwomen, clearly showing the relationship of cause and effect. Dr. Alison observed it often occasioned by children sitting or sleeping in a room *newly washed*, and noticed its frequent occurrence on a Saturday night—the only day in the week it was customary for the lower classes in Edinburgh to wash their houses.

LARYNGISMUS STRIDULUS or SPASMODIC CROUP is a far more common disease, and occurs only in children before the end of the first dentition.

It is usually due to nervous irritation, especially from teething; and, except when premonitory of disease of the brain, is easily cured.

Symptoms.—It comes on *suddenly*, usually in the night, with spasm of the muscles of the throat, so that the child struggles to get its breath, making a choking, cooing, or *crowing* noise, the lips become livid, and the countenance anxious.

EPITOME OF TREATMENT.—

1. *At the commencement.*—Acon., in alternation with Spong. or Ant. T.

2. *Fully developed croup.*—Iod., Spong., Kali Bich., Brom., Hep. S., Eryngium.

3. *Spasmodic croup.*—Very prompt administration of Acon., alternated with Samb. *(fear of suffocation and dry cough);* Gels. *(spasm of the glottis);* Bell. *(convulsions);* Ipec. *(accumulation of mucus);* Spong., Cupr.

4. *During convalescence.*—Phos. *(cough, with soreness of the chest);* Spong. *(dry, hard cough);* Carbo Veg. or Hep. S. *(hoarseness, with wheezing cough);* Sulph.

LEADING INDICATIONS.—*Aconitum.*—*Spasm of the larynx*, inducing *difficult breathing;* febrile symptoms. In urgent cases, a dose every ten, fifteen, or thirty minutes. *Acon.* is of priceless value in spasmodic croup, and often cures without the aid of any other remedy. If there be doubt as to the

true character of the malady, it is advisable to alternate it with *Spong.* Even in true croup, the remedy chosen should be alternated with *Acon.*, as spasm frequently occurs during the course of the disease.*

Gelseminum.—This remedy often succeeds if the above do not promptly and fully meet the case.

Spongia or *Iodine.*—One of these may be chosen if there be a hard, barking, or whistling cough, and the breathing is very laboured. *Iod.* should have the preference in scrofulous patients.

Kali Bich.—Cough, with tough expectoration; and when the formation of a false membrane is feared or has taken place.

Bromium.—Is probably best suited to the asthenic form of the disease, such as occurs in unhealthy neighbourhoods *(Hughes).*

Hepar Sulphur.—Loose cough, with a ringing or brassy sound, and constant rattling in the respiratory organs, during which the patient tries in vain to get relief by expectoration.

Phosphorus or *Arsenicum*, according to the symptoms, may be required if debility be very great and the disease take on an enteric character. One of these remedies may be alternated with some other having more affinity to the local lesion.

Administration.—In very severe cases, every fifteen or thirty minutes; in less severe cases, or as improvement ensues, every one, two, or four hours; during recovery, thrice or twice daily.

Accessory Measures.—During the treatment everything should be avoided that would be likely to excite or irritate the patient. A partial or complete warm bath; sponges or hot cloths squeezed out of hot water and applied to the throat; the feet and general surface of the body should be kept warm, and the air of the apartment raised to about 65° Fahr., and this temperature uniformly maintained by day and night;

* See *H. World*, vol. iii., p. 46; vol. v., p. 23.

watery vapour should be thoroughly diffused therein by keeping a kettle of water constantly boiling on the fire, or over the flame of a spirit-lamp, and fixing a tin or paper tube to the spout to convey the vapour near to the patient. In very severe cases, a tent should be formed over the patient's bed, and steam conducted under it by a tube from boiling water, to which a few drops of *Iodine* have been added; or, should a membrane have formed, *Kali Bich.* should be used in preference. This method of administering medicines by inhalation is a most valuable one in croup.

Tracheotomy is exclusively a professional operation, so that any further reference to it here would be out of place.

During cold weather, or in very susceptible patients, it is sometimes desirable to keep the child in a large apartment, the air of which is made artificially warm and moist, for ten or fourteen days.

Diet and Regimen.—During the attack, water is almost the only article admissible, and may be given in small quantities. During recovery, milk-and-water, arrowroot, gruel, etc. In the case of delicate children, or if great weakness suddenly occur during the course of the disease, it may be necessary to support the patient by essence-of-beef and wine-and-water, which should be administered in small quantities, at regular and frequent intervals. In the case of an infant at the breast, the mother should adopt the dietetic suggestions contained in the section on "Dyspepsia."

Prophylaxis.—It may scarcely be necessary to remark, that when cold and cough are noticed in a young child, especially with *hoarseness and loss of voice*, he should be sedulously watched, and guarded against influences likely to excite or aggravate inflammation, including protection from cold and *damp*, and a carefully-selected, light diet. If any feverish symptoms exist, *Aconitum* should be administered; in the absence of fever, *Hepar Sulph.*

87.—Coryza *(Gravedo)*—Catarrh *(Catarrhus)*—Cold in the Head; and Bronchial Catarrh *(Catarrhus bronchiorum)*.*

The condition expressed under the above different terms is of very common occurrence, and often the precursor of very serious affections. It consists of inflammation of the mucous membrane of some portion of the air-passages. If the mucous membrane of the nose is affected, it is called *Coryza;* if the *trachea* (windpipe) and large bronchial tubes,—*bronchial catarrh.*

Symptoms.—Coryza usually commences with lassitude, slight shiverings, a feeling of weight in the head, sneezing, watery eyes, and obstruction of one or both nostrils, with a discharge of thin, colourless fluid. If it be a severe cold, the foregoing symptoms are soon followed by a dry cough, hoarseness, sore throat, dryness, tenderness and swelling of the nostrils, pains and soreness of the limbs, general weakness, more or less fever, quick pulse, thirst, loss of appetite, etc. Under a vigorous condition of the constitution, or as the result of judicious treatment, the symptoms soon subside. In other cases, the complaint may assume the form of Bronchitis, Pneumonia, Quinsy, Erysipelas, Toothache, Neuralgia, or even excite Consumption in a predisposed person.

Causes.—Exposure to draughts of cold air; wet boots or clothing; deficient warmth or insufficient clothing when the body is *cooling after having been heated.* It is not when the body is *hot*, but when it is *cooling*, that it is most susceptible. When the body has been heated or exhausted by exercise, the frame is not able to *re-act*, and then the application of cold increases the depression. *Partial exposure* to a cold atmosphere, as in a close carriage with the windows open, is more injurious than a general exposure; probably because the

* See *H. World*, vol. iii., p. 45.

balance of the circulation is less disturbed, and the lungs are better supplied with oxygen. Wet feet or wet clothes do not ordinarily result in a cold if the individual changes his clothes for *warm, dry ones*, immediately after ceasing from active exercise, and avoids any further exposure. But if a person perspires after he has been exerting himself, and then gets chilled, he will be very likely to take cold, and to exhibit some of its internal morbid effects.

TREATMENT.—*Camphor.*—This remedy is only suited to the *chill* or cold stage, when its prompt administration, in two-drop doses, repeated several times, every ten or twenty minutes, will often terminate the disease in the first stage. It should be chosen in preference to *Acon.*, when the patient has still to be exposed to atmospheric changes. It is of little or no use except in the *incipient* stage.

Aconitum.—Commencement of a cold, or in the precursory stages of diseases resulting from a cold, with *feverish* symptoms. If promptly administered it often removes all the consequent morbid symptoms, and obviates the necessity for any other medicine. A dose every second or third hour. If the cold have advanced or run into any other disease, *Acon.* may be alternated with, or substituted by, some other remedy.

Gelseminum.—Incipient, confirmed, and declining catarrh, with watery discharge from the nose, soreness in the throat and chest, cough, and hoarseness; early stage of acute bronchitis, without the excitement calling for *Aconite;* catarrhal ophthalmia. We have had considerable experience with this remedy in catarrhal affections, and in many instances have recommended it to be kept in reserve by patients at a distance, so that, in the event of a cold, the course of the remedies we were giving might be suspended for a day or two, and *Gels.* substituted. This plan has been highly successful, and our patients uniformly testify to its utility.

Arsenicum.—Abundant discharge from the nostrils of *thin*,

hot, excoriating mucus; burning sensations in the nostrils; flow of tears; lassitude and *prostration.*

Pulsatilla.—Impairment of taste and smell; thick fœtid discharge from the nose; heaviness and confusion in the head; aggravation of the symptoms in the evening or in a warm room; sharp pains in the ears and sides of the head, frequently changing from one place to another.

Mercurius.—Constant *sneezing*, with soreness of the nose; thick discharge of mucus; alternate heat and shivering; *profuse perspiration; sore throat;* aggravation of the symptoms towards evening. It is often useful in alternation with *Nux Vomica.*

Hepar S.—Advantageous if *Merc.* fails.

Nux V.—Valuable for a "stuffy cold."

Dulcamara.—Cold from *getting wet*, or from checked perspiration. It is also recommended as a preventive when, after exposure to *wet*, it is feared a cold may result.

Euphrasia.—Acrid fluent coryza, with involvement of the lining membrane of the eyes, and *profuse lachrymation.*

Kali Bichromicum.—*Chronic catarrh*, and chronic affections of the respiratory mucous membranes generally, with hoarseness, *tough, stringy sputa*, chronically inflamed or ulcerated throat, cough, etc. An additional indication is a concurrent affection of the digestive mucous membrane—yellow-coated tongue, etc.

Chamomilla—Is most useful for infants and young children.

Bapt. (with feverish cough). *Ipec.* or *Cact. Grand.* (rattling of mucus). *Cimic.* (chronic). *Rumex Crispus* (sensitiveness to cold air.)

Accessory Means. — The *hot-foot-bath*, as described pp. 90-1, at bed time, and warm gruel when in bed. If the directions are promptly and efficiently carried out, cold may generally be arrested in its incipient stage. If the catarrh be established, the most essential measure to ensure a rapid

recovery is to avoid exposure to atmospheric vicissitudes, until the attack has passed away. In serious cases the patient should remain in bed for two or three days. As a rule, light food, and a very sparing use of meat should be adopted at the commencement of a cold.

To Diminish Excessive Sensibility to Cold.—Extremely sensitive persons should consult a homœopathic physician, who will be able to prescribe both hygienic and medicinal measures suitable to individual cases. The two following measures are, however, recommended for general adoption. 1st.—*Free exposure to the open-air, daily.* Familiarity with the atmosphere has a wonderful influence in diminishing the sensibility of the skin, and enabling the body to resist the invasion of cold. A striking contrast, in this respect, is presented by farmers, shepherds, coachmen, sailors, and others who live much in the open air, to tailors, shopmen, lawyers, women, and others whose occupations are pursued within doors! The sensibility of the former is blunted by habitual exposure, while the latter are liable to cold from every vicissitude of the weather. The pure air breathed by the out-door labourer, together with his active life, lead to a most vigorous condition of health, contrasting most favourably with the condition of one occupied indoors. 2nd.—*The morning cold bath.* Cold-sponging over the entire surface of the body, the plunge-bath, or the shower-bath, is an invaluable method of protecting the body against injury from exposure to changes of temperature. Taken regularly in the morning, the cold bath inures the surface of the body to a greater degree of cold than it will probably encounter during the remainder of the day; at the same time promotes a vigorous capillary circulation, which is essential to the harmonious and healthy working of the system. For hints on the use of the bath, see pages 50-5.

87.—Aphonia *(Aphonia)* Loss of Voice—Hoarseness.

Aphonia is a temporary or permanent paralysis of the muscles which approximate the vocal cords in the production of sounds, and is generally the result of an acute or sub-acute inflammatory condition of the mucous membrane lining the larynx and the wind-pipe, a frequent accompaniment of a common cold. Hysteria or debility is a cause of simple aphonia. Aphonia from the pressure of an aneurism or glandular tumour, is also accompanied by marked dyspnœa. It is rather a symptom than a disease *per se.*

Symptoms.—The voice is hoarse and husky; at times almost or entirely inaudible; there is tickling, dryness, or irritation, and perhaps soreness in the throat, with a short dry cough.

Epitome of Treatment.—

1. *Simple Hoarseness.*—Phyto. *(also complete or chronic loss of voice);** Hep. S. *(wheezing);* Phos. *(paralysis of the vocal cords);* Carbo Veg. *(chronic).*

2. *With cold in the head or chest.*—Acon., Caust., Merc., Spong., Phos., Dulc.

3. *From over-exertion of the voice—clergymen, singers, etc.* Caust., Arn., Baryta C., Kali Bich., Bell.

In some cases the *Sulphurous Acid* spray may be effectually employed.† Wash the throat and neck frequently with cold water.

Leading Indications and *accessory means* are pointed out in the preceding Section; also in that on "Sore Throat," pp. 356-7.

88.—Bronchitis *(Bronchitis).*

a. Acute Bronchitis is acute inflammation of the mucous membrane of the *bronchi*, the air-tubes of the lungs. It

* See *H. World*, vol. ii., p. 89. † See *H. World*, vol. iv., p. 73.

is a diffused disease, extending more or less through both lungs *(capillary bronchitis)*, and accompanied by hoarseness, cough, heat, and soreness of the chest, the mucous secretion being at first arrested, but afterwards increased in quantity. The disease is most common in elderly persons, although it is not infrequent in children.

Symptoms.—At first there is fever, with headache, lassitude, anxiety, and other symptoms of a common cold. There is also a sensation of tightness or constriction in the chest, especially of the upper front part; oppressed, hurried, anxious, laboured breathing, with wheezing, severe cough, which is at first dry, but is afterwards accompanied with viscid and frothy expectoration, sometimes streaked with blood; the breath-sounds are accompanied by dry or moist râles; subsequently the sputa becomes thick, yellowish, and purulent, but never rusty-coloured as in pneumonia, although it may be streaked with blood. The pulse is frequent and often weak; the urine scanty and high-coloured; the tongue foul; there is throbbing in the forehead and aching in the eyes, aggravated on coughing, with other febrile symptoms. In favourable cases, the disease begins to decline between the fourth and eighth day, when the breathing becomes easier, and the expectoration thicker, less frothy and stringy; and the complaint soon entirely disappears, or assumes the chronic form.

In cases about to terminate fatally, the skin becomes covered with *cold* perspiration; the cheeks and lips pale and livid; the extremities cold; there is rattling and a sense of suffocation in the throat, the breathing being nearly suspended by the morbid secretion which chokes up the bronchial tubes and their ramifications, and which the patient has no longer power to cough up; at length, extreme prostration and complete insensibility end in death.

Morbid Anatomy.—On examination of the body after death, we find the trachea, the bronchi, and their divisions

and subdivisions, completely blocked up by a frothy, adhesive mucus, resembling that which had been expectorated during life.

b. Chronic Bronchitis is a somewhat different disease, and is very common in advanced life. In mild cases there is only habitual cough, shortness of breath, and copious expectoration. Many cases of winter cough in old persons are examples of chronic bronchitis. It is often insidious in its approach, although it sometimes succeeds to acute bronchitis, when that disease has been neglected or badly treated.

Causes.—Similar to those of common cold:—exposure to cold draughts of air, to keen and cutting winds, sudden changes of temperature, scanty clothing, or undue exposure of the throat and neck after public speaking and singing.

Mortality.—The mortality from bronchitis has increased from 135 per million of population in 1838, to 1968 per million in 1866! This enormous increase of figures is *partly* due to a practice which has been adopted for obvious reasons of late years, of returning deaths from consumption under the name of bronchitis. But, altogether apart from this, bronchitis has become alarmingly common and fatal. Besides hereditary influence, certain "social indiscretions" are fertile causes. Among these are classed the habits of our businessmen, "who after a hurried early breakfast, hasten to catch the train or 'bus to the city, where they work all day on little or no food, and start on the homeward journey in the evening with the vital powers depressed, and in a condition most favourable to the inroad of disease. The ladies are also shown to be 'indiscreet' in the exposure of themselves to draughts of cold air, in the thinnest and scantiest clothing, in halls or passages, or even in the open street on the way between their carriage and the place of public gathering. Thin boots and too late resort to winter habiliments, are also well-recognised sources of danger; as is, also, inattention to the fact, that

those advanced in years require warmer clothing than the middle-aged."*

Winter cough, often regarded with indifference, is, in many cases, but a precursor or symptom of this common disease. "When an epidemic of cholera sweeps away its *hundreds*, public attention is attracted, and fear induces attention to precautions hitherto despised. Bronchitis sweeps away its *thousands annually*, and is surely deserving of more general attention than is ordinarily given to a mere 'winter cough.'"

EPITOME OF TREATMENT.—

1. *Acute Bronchitis.*—Acon., Kali Bich., Bry., Ipec.

2. *Chronic.*—Ant. Tart. *(much loose mucus);* Kali Bich. *(tough, stringy phlegm);* Carbo Veg. or Ars. *(great debility);* Ammon. Carb. *(incessant cough, with sensation as if there were wool in the larynx);* Merc. *(purulent expectorations);* Silic., Phos., Sulph., Cactus.

3. *In children.*—Acon., Phos., Bry., Puls. *(loose cough);* Ipec. *(spasmodic cough);* Ant. Tart. *(accumulation of mucus).*

4.—*Remedies sometimes required.*—Bell., Coni., Senega, Nit. Ac., Spong., Iod., Opi.

LEADING INDICATIONS.—

Aconitum.—Should commence the treatment of all cases of bronchitis with the usual febrile symptoms. If administered early and frequently it will materially shorten the attack, and perhaps be alone curative. *Acon.* is also indicated by a short, hard cough, excited by tickling sensations in the windpipe and chest, inducing frontal headache, and burning and sore pain in the chest.

Bryonia.—Violent cough, chiefly affecting the upper part of the chest, under the breast-bone, with copious expectoration of thick yellow mucus, sometimes streaked with blood. In advanced stages of bronchitis, this remedy will often be found valuable in alternation with *Phosphorus*. *Bryonia* is

* See the *H. World*, vol. iv., p. 109.

also useful in the acute attacks of children with suffocative cough, great agitation and anxiety.

Kali Bich.—Is one of the best remedies in bronchitis, with irritation in the larynx and chest, inducing paroxysms of cough which are severe and long-continued, owing to the difficulty of detaching the phlegm, which is *tenacious and stringy*. A yellow-coated tongue, and loss of appetite, are also indications for this remedy. It is very serviceable when catarrh runs on into bronchitis, and in chronic bronchitis, with the above symptoms.

Antimonium Tart.—Paroxysms of *suffocative* cough with loose expectoration, wheezing respiration; the whole chest seems to be involved; frequently also there is palpitation, pain in the loins and back, headache, thirst, etc. In chronic bronchitis it is sometimes very useful in promoting expectoration.

Ipecacuanha.—Spasmodic cough, with or without expectoration of blood, often with sickness and vomiting, and great difficulty of breathing. As an expectorant, it is often of great service.

Phosphorus.—Useful in chronic cases, and whenever the lungs are involved.

Arsenicum.—Chilliness in the chest; a suffocative sensation on lying down; anxious, painful, laboured breathing; or when the lungs no longer permit the free entrance of oxygen into the air-tubes, and thus are incapable of expelling the morbid secretions. *Ars.* is well indicated in aged or feeble persons.

Ars. Iod.—Frequent coughs, with mucous, purulent, or stringy expectoration, often aggravated on exertion, and at night; dyspnœa on exertion; asthmatic sensations, compelling the patient to sit up in bed to breathe; slight night-sweats. Dr. Nankivell reports great success from the use of this remedy in a case of pseudo-phthisis with incipient

tubercular softening, consequent on bronchitis, with a family tendency to bronchitis, asthma, and emphysema. He first gave *Ars. Iod.* 3x trit., one grain thrice daily, but after a relapse from an imprudent exposure, found the 2nd dec. dil. necessary, and suggests that even a lower dil. may be sometimes necessary.*

Carbo Veg.—Chronic bronchitis in aged persons, with profuse expectoration, or profuse mucous accumulation, which the patient is unable to remove; and there is blueness of the nails, coldness of the extremities, etc.

China.—Useful in sustaining the constitution under the heavy discharge of mucus, and may be administered occasionally alone or in alternation with another remedy.

Administration.—In acute cases the remedy should be given every two to four hours; in chronic, thrice daily for a week or two.

Kreasote Inhalations.—In chronic bronchitis, with excessive expectoration, the inhalation of the vapour of *Kreasote*—three or four drops in a pint of boiling water—checks the secretion. It also corrects fœtid sputa.

Accessory Means.—In acute bronchitis the diet should be light and liquid, including gum-water, barley-water, gruel, jelly, beef-tea, etc. The air of the patient's apartment should be maintained at a temperature of about 65° to 70° Fahr., and be kept *moist* by the evaporation of hot water from shallow dishes near the bed, as directed in the section on *Quinsy*. Congestion of the lungs may be relieved by covering the chest with large hot linseed-meal poultices. If there is great prostration, nutritious liquid diet and stimulants are necessary; if they cannot be taken by the mouth, they should be administered in the form of enemata.

Preventive Means.—The first and most important is, cold bathing in the morning, that particular form of bath being

* See *Hom. Review*, vol. xv., p. 29.

adopted which is found most useful or convenient. (See Bathing, pages 50-5). Susceptible patients may wear a good respirator whenever exposed to night air, or during inclement weather; but *such exposure should be avoided* as much as possible. *Keeping the mouth shut* and breathing through the nose only on exposure to cold air, often answers as well or better than a respirator.

Another preventive in the case of males is the *Beard*, which protects the respiratory passages against the effects of sudden changes of temperature. We may regard the beard as a kind of *natural respirator*, the shaving off of which is a frequent cause of acute and chronic bronchitis. Can we doubt the wisdom and beneficence of the Creator in giving this ornament to the *male* sex, so frequently exposed to atmospheric vicissitudes, and withholding it from the *female*, who, as the *keeper at home*, requires no such appendage? Hair is an imperfect conductor of both heat and cold, and placed round the entrance to the lungs, acts like a blanket, which is used for warmth in cold weather, or to prevent the dissolving of ice in hot weather. In many instances, the beard would protect lawyers, clergymen, and other public speakers, as well as singers from the injurious effects of sudden variations of the atmosphere, from which professional men often suffer. It has been observed that the Jews, and other people who wear the beard, rarely suffer from bronchitis or analogous disorders; and so may be considered as examples of the utility of the beard.

For other preventive measures, see under "Causes."

90.—Asthma *(Asthma)*.

Definition.—Asthma is a spasmodic disease, characterized by paroxysms of difficult breathing, with great wheezing, and a dreadful sense of constriction across the chest; each

paroxysm terminates by the expectoration of a more or less abundant quantity of mucus.

Symptoms.—A fit of asthma generally occurs in the night, particularly from midnight to early morning—the patient wakes suddenly with a sense of suffocation, springs up in bed, and assumes various postures; or he even rushes to the opened window, where he leans forward on his arms, employing the assisting muscles of inspiration; and, wheezing loudly, from the great obstruction to the entrance and exit of air, labours for breath like one struggling for life. The countenance bears evidence of great distress; the eyes protrude; the skin is cold and clammy; the pulse small and feeble; the perspiration stands in large drops on the forehead, or runs down the face; and he often looks imploringly, sometimes impatiently, at his medical attendant for relief from his misery. At length, after an uncertain time, one to three hours or longer, there comes a remission; cough ensues, and with it expectoration of mucus, and the paroxysm ceases, permitting the sufferer to fall into the long-desired slumber.

The attacks are unattended with fever, but are generally preceded by some disturbance of the digestive organs; they are often periodic and sudden, and attended with distressing anxiety.

Physical Signs.—On *percussion* during a fit, the chest is resonant, showing that the lungs are distended with air; but on applying the stethescope little or no respiratory sound is heard, as if the air were imprisoned or in a state of stagnation in the air-cells; and it is probable there is a spasmodic contraction of the muscular fibres at the base of the trachea which stops the respiratory murmur.

Diagnosis.—The physical conditions of the chest just pointed out, the abruptness and violence of the symptoms, and the comparative good health enjoyed between the attacks, are sufficient to distinguish the disease.

Causes.—Irritation of the nerves of respiration resulting in most cases from *deranged digestion*, from the intimate nervous connection existing between the digestive and the respiratory organs; it may also be produced by hygrometric changes of the atmosphere; or, again, by the introduction of some poisonous but subtle material floating in the atmosphere, and brought by inspiration into contact with the respiratory surface, such as the minute particles, or the mere odour, which passes off from powdered ipecacuanha or hay (see Section 85); or the vapour of sulphur. Asthma is often associated with the gouty or rheumatic diathesis. Excessive exertion and mental emotion frequently bring on a paroxysm. After it has once occurred, asthma is easily reproduced by indigestion, especially after *late dinners* or *suppers*. A frequent repetition of the fits leads to a dilated state of the air-passages and air-cells of the lungs *(Emphysema)*, dilation of the right cavities of the heart, and the general displacement of that organ which uniformly exists in persons who have *long* suffered from this disease. The disease may also be hereditary.

Epitome of Treatment.—

1. *For the attack.*—Acon., Ipec., Cup., Lob. In., Hydroc. Ac.
2. *Asthma of children.*—Samb., Ipec.
3. *From suppressed eruptions.*—Graph., Sulph., Zinc.
4. *Chronic asthma.*—Ars., Nux. Vom., Sulph., Arg. Nit., Cocc., Plumb.

Leading Indications.—

Ipecacuanha.—A tight sensation in the chest, panting and rattling in the windpipe, which feels as if full of phlegm; coldness, paleness, anxiety, and sickness; troublesome cough. A dose every ten or fifteen minutes during an attack: afterwards every three or four hours.

Aconitum.—The striking power of this great remedy in affections of the pneumogastric nerve, characterized by

imperfect and laboured breathing, has suggested its use in spasmodic asthma, during the paroxysms of which we have often administered it with marked and speedy relief.* It is especially indicated by oppressive anxiety, dyspnœa, and laboured action of the heart.

Lobelia Inflata.—Pure nervous asthma, with a constrictive, suffocative sensation; spasmodic cough; vomiting; giddiness, etc. *Baptisia;* for the same symptoms.

Cuprum.—Also useful in attacks of nervous asthma.

Nux Vomica.—Probably the best anti-asthma remedy. It is homœopathic to that condition of the digestive system which is the most common cause of the irritation which results in bronchial spasm. Again, "after the paroxysm subsides, it leaves a condition of the digestive organs for which *Nux Vomica* is the great remedy. The tongue is coated with a thick, yellow fur; there is often slight nausea, flatulence, and constipation. Besides, the breathing is seldom quite right; generally there remains a sort of physical memory of the struggle. The patient feels that no liberties must be taken, either of diet or exercise. Out of this secondary state of bondage nothing will liberate so effectually as *Nux Vomica*" *(Russell).*

* Two years ago, a lady, on a visit to Reading, was seized with a severe attack of asthma: the tightness of the chest and dyspnœa were extreme, and the patient could not lie down. We prescribed *Acon.* ϕ (rad.) in the evening. On visiting the patient early next morning we found her in the breakfast room, and so changed that we did not know her. She was quite well. She had suffered from repeated attacks before, and recoveries were tedious. Just as we were preparing the fourth edition of this work for the press, this lady again visited Reading, and after having been free since the above attack, was again seized with asthma. We were sent for in great haste, as death seemed imminent. We were not at home, and the messenger—the patient's brother—said another medical man must be called in at once, as the symptoms were urgent. The previous treatment of the case was referred to in our case-book, and *Acon.* sent. In less than ten minutes after taking a dose of the *Acon.* mixture, the spasm relaxed, and when we saw the patient on our return she was quite restored, and needed no further treatment by medicine.

Arsenicum.—Short, anxious, and wheezing breathing; aggravation of the sufferings at night on lying down, and upon the least movement; periodic, suffocative attacks, with pale or bluish face. It is especially useful in chronic asthma, and when the disease occurs in old persons, or in feeble constitutions, and is attended with burning heat of the chest, cold sweats, general debility, etc.; also in asthma complicated with heart-disease, or following bronchitis or catarrh.

Veratrum.—Violent paroxysms of spasmodic asthma, with great prostration, coldness of the nose, ears, and feet, and cold perspirations.

Sulphur.—Chronic asthma apparently connected with gout, eruptions on the skin, or some other constitutional taint; also after other medicines have but partially succeeded.

Eupatorium Perf., *Rumex*, *Caust.*, *Bell.*, should be noted.

Accessory Means.—During a fit, striking relief may often be obtained by putting the feet and hands into hot water. Smoking *Stramonium* at the commencement of a fit, is said to remove it like a charm in some; in others, however, it fails altogether; the inhalation (see pp. 100-2) of *Aconite-vapour* is much more certain and efficacious; also of *Sulphur*, *Turpentine*, *common salt*, in hot water, or by spray-producer. Coffee, as strong as it can be made, and as hot as it can be taken, without milk or sugar. Tobacco-smoking, and other such measures, are of no ultimate utility, and are, moreover, rendered unnecessary by homœopathic treatment. Relief is often obtained by the fumes of burning nitre on a plate, which is effected by placing some pieces of blotting-paper, about the size of the hand, previously saturated in a solution of the nitrate of potash; one of these pieces being ignited, the fumes are diffused throughout the room, and their influence is soon made evident. At the same time, ventilation must not be neglected; the windows should be regularly thrown wide open to renew the air of the apartment.

PROPHYLACTIC MEASURES.—Persons who are predisposed to asthma should strictly avoid all its exciting causes, more especially indigestible food and heavy suppers; wet feet, damp clothes, and sudden changes of temperature. The "plan of dietary" we have sketched in the first chapter of this volume, (pp. 25-8), should be adhered to; for, as may be inferred from what has already been stated, the slightest disorder of the stomach may occasion an attack. Pastry, highly-seasoned dishes, too great a variety or too great a quantity at one meal, coffee, and heating beverages, should be avoided. "More is to be done for asthmatic patients on the side of the stomach than in any other direction." In some cases the diet should be weighed, the hours of meals fixed, and rigidly adhered to. An important point is to take the last solid meal at such an hour as shall allow time for its complete digestion before retiring to bed.

A most valuable and potent agent to fortify the body against asthma is the *shower-bath;* the sudden application of water improves the tone of the whole system, and renders the body less sensitive to atmospheric changes. Out-of-door exercise is also useful, either walking or riding; but it should never be taken within one or two hours after a meal, or to such an extent as to occasion fatigue.

91.—Pneumonia *(Peripneumonia)*—Inflammation of the Lungs.*

DEFINITION.—Acute inflammation of the true lung-tissue, in contra-distinction to that which affects the air-tubes of the lungs *(Bronchitis)*, and that of the investing membrane of the lungs *(Pleurisy);* the febrile symptoms are severe, appear very rapidly, and, in favourable cases, as rapidly disappear between the fifth and tenth days, while the products of the inflammation still remain.

* See *H. World*, vol. iv., p. 50, 73.

If one lung only be involved, it is termed single pneumonia; if both, double. The latter form occurs in about one out of every eight cases; and in the single variety two cases out of every three are pneumonia of the right lung. The portions of the lung chiefly involved are the lower posterior and the base.

The disease frequently co-exists with pleurisy, when, if pneumonia forms the chief disease, the double affection is called *pleuro-pneumonia*. If, however, pleurisy predominates, it has been termed *pneumo-pleuritis*.

Symptoms.—Pneumonia generally comes on insidiously, with restlessness and febrile disturbance, and sometimes has made great progress before the true character of the disease has been discovered. There is deep-seated, dull pain, referred to the scapulæ, or felt as an oppression under the sternum; a great feeling of illness; frequent, short cough, with expectoration of viscid matter of a green, yellow, or pale colour, sometimes tinged with blood, which forms such tenacious masses that inversion of the vessel containing them will not detach them. The breathing is hurried and difficult; the skin hot, especially in the regions of the ribs and armpits; there is no moisture in the nostrils, and the eyes are tearless; there exists great thirst; interrupted, hesitating speech; the pulse is variable, being sometimes rapid and full, at other times hard and wiry, or quick and weak; the urine is scanty, red, and sometimes scalding; and the patient lies either on the affected side or on his back. If the disease is unchecked, the face often exhibits patches of redness and lividity; the blood-vessels of the neck become swollen and turgid; the pulse weak, irregular, or thready; and the patient may sink, either from exhaustion, or from obstruction of the lungs.

Physical Signs.—On percussing the chest of a person in health, a hollow resonant sound is returned, proving the

presence of air. If we also apply a stethescope to the chest, we may hear, as the patient breathes, certain sounds produced by the air entering the air-cells, which are described as the "*vesicular murmur*," and have been compared to the breeze among the leaves, or the cooing of doves. In pneumonia these sounds become changed; instead of resonance there is dulness on percussion; and, in the first stage, by auscultation, *minute crepitation* may be heard, which has been compared to the sound produced by the rubbing a lock of hair between the finger and thumb close to the ear. In the next stage, the sound just described cannot be heard, for as the inflammation proceeds, the soft and spongy character of the lung is lost, as it becomes consolidated by organization of the effused fibrine in the air-cells, and resembles the cut surface of the liver; this condition is called *Hepatization*. *Percussion* elicits great dulness over the whole of the affected part. During convalescence, as the air-cells open, *minute crepitation* may be again heard, and afterwards the natural vesicular murmur.

In the next, or third stage, purulent infiltration occurs, which consists of diffused suppuration of the lung-tissue. In rare cases, a circumscribed abscess forms, and on applying the ear to that part of the chest, a gurgling sound may be heard; this condition is usually preceded by rigors; and a hollow or cavernous sound follows when the abscess has been emptied by coughing and expectoration. The occurrence of copious expectoration of whitish or yellowish mucus, general perspiration, a sudden abundant discharge of urine, with copious sediment, diarrhœa, or even bleeding of the nose, may be regarded as forming a crisis, encouraging the hope of a favourable termination.

Occasionally, in old or enfeebled constitutions, *gangrene* of a portion *of the lung* may occur. This condition is easily recognised by a most intolerable odour of the patient's breath, resembling that proceeding from mortification of the

external parts. Unless the gangrenous portion is extremely limited, the case is almost certain to terminate fatally.

EPITOME OF TREATMENT.—

1. *At the onset.*—Acon. in alternation with Phos. In healthy patients and in uncomplicated cases, these two medicines are sufficient.

2. *Pleuritic complication (pleuro-pneumonia).*—Bry. in alternation with Phos.

3. *Bronchial complication (broncho-pneumonia).*—Ant. Tart., in alternation with Phos.

4. *Other conditions.*—Cheled. Maj. *(liver complications);* Ars. or Nit. Ac. *(aged persons or feeble constitutions);* Iod. *(scrofulous patients);* Sulph. *(tedious, or sub-acute);* Rhus Tox., Ars., or Bapt. *(enteric symptoms);* Carbo Veg., Ars., or Lach. *(foul breath, gangrene, etc.);* Cactus *(congestion in the chest);* Ver. Vir.* *(also cerebro-spinal irritation).*

ACCESSORY MEANS.—A large, thick linseed-meal poultice, or *spongio-piline*, to fit the chest in front and back. A continuous poultice is one of the best methods of providing for the local loss of vitality in pneumonia and similar diseases. The patient must be kept very quiet, have mucilaginous drinks and farinaceous diet, and be treated generally as directed under *Enteric Fever*, pages 147-162. See also Pulmonary Consumption, Section 33.

92.—Pleurisy *(Pleuritis).*

DEFINITION.—Acute inflammation of the *pleura* (the serous membrane which invests the lungs and lines the thoracic cavity).

In health, the pleura has a smooth, lubricated surface, to permit the free motion of the viscera it encloses; inflammation destroys this polished surface, so that movement of

* See *H. World*, vol. iv., p. 262.

the membranes, or of the lungs, is rendered difficult and painful.

Pleurodynia (false pleurisy) is pain in the chest *walls*, and does not belong to the pleura, or lungs (see p. 306).

Symptoms.—The disease comes on suddenly and violently, with rigors, fever, and *lancinating, stabbing pains*, often called "a stitch in the side," commonly felt below the nipple, and usually affecting only one side; the pains are acutely increased by coughing, by pressure, or by the least attempt at a deeper inspiration, which the patient soon refuses to take. There is tenderness at the intercostal spaces, and the breathing is diaphragmatic, the movements of the ribs being restrained, and the lungs only partially filled with air. There is also a short, frequent, dry cough; parched tongue; flushed face; hard, wiry, quick pulse (about 100 in the minute); scanty and high-coloured urine; and the patient constantly desires to lie on the affected side, or on the back. Should the lung also be involved, the expectoration will be very copious, and streaked with blood.

The inflammation, however, soon terminates in *resolution*, and the two surfaces of the pleura regain their smooth, moist character: or the roughened and inflamed surfaces become more or less *adherent;* or *effusion* takes place, and a dropsical fluid separates the surfaces, a condition known as *Hydrothorax.* In severe cases, the effusion may be so excessive as to compress the lungs and heart, and to suspend their functions. Sometimes there is a large collection of true pus, which fills the pleuritic cavity, when it is termed *Empyema.* This condition is likely to arise in bad constitutions, and also when the inflammation has resulted from injury, or the presence of foreign matter in the cavity. The quantity of effusion may be estimated by the dyspnœa with which the patient suffers, being greater in proportion as the lung is more completely compressed.

Physical Signs.—On applying the stethescope to the affected part of the chest at an early period, the dry inflamed surfaces may be heard rubbing against each other, and producing what is called a *friction-sound;* this rubbing may also be *felt* by placing the hand on the corresponding part of the chest; it is probably due to the pleura being preternaturally dry by exhalation, or to its being roughened by effusion of fibrine. This sound is only to be heard for a short time, because the opposite surfaces become glued together, or, more probably, separated by serous effusion; in this there is dulness on *percussion* at the lower part of the chest, as high as the level of the fluid. To the same extent, the respiratory murmur is also lost. *Ægophony* (a shrill, vibratory sound of the voice) may also be heard there. At the same time the patient, though at first he preferred to lie on the sound side, is compelled to turn to that which is affected, so that the movements of the healthy lung may not be impeded by the superincumbent weight of the dropsical pleura.

Causes.—Exposure to atmospheric vicissitudes, and sudden checking of the perspiration, are the most frequent causes, especially in persons of unhealthy constitutions; surgical operations and mechanical injuries are frequently exciting causes; thus the rough ends of a fractured rib may set up inflammation of the pleura. It may also be excited by extension of other diseases. The cause of the disease may materially alter the treatment.

Treatment.—*Aconitum.*—In the early stage of the disease. After administering two or three doses, its beneficial effects are often marked by the occurrence of perspiration, which contrasts most favourably with the hot, dry skin, urgent thirst, quick pulse, and general suspension of the secretory functions which existed before the exhibition of the remedy.

Bryonia.—This is a remedy of great power in pleurisy,

even in its most violent forms. Its special indications are—laboured, short, anxious, and rapid respirations, performed almost entirely by the abdominal muscles; stinging, shooting, or burning pains in the side, aggravated by breathing or movement; painful, dry cough, or cough with expectoration of glairy sputa; weariness, disposition to retain the recumbent posture; irritability, restlessness, etc. A dose every one to three hours, alone, or in alternation with *Acon.*

Arsenicum.—Tedious cases; and when much effusion has taken place, evidenced by painfully *oppressed breathing*, occasional attacks of suffocation, etc.; *coldness of the body*, and *general exhaustion.*

Iodium.—Scrofulous patients, in whom the disease is protracted. Even when effusion has occurred, *Iod.*, in alternation with *Acon.* or *Bry.*, will still be the best remedy in strumous constitutions.

Phosphorus.—If the lungs are affected *(pleuro-pneumonia)*; also in persons of weakly constitution, sensitive lungs, and predisposition to consumption. The expectoration is *rusty-coloured*, and there is much prostration.

Antimonium Tart.—Cough with rattling of mucus, oppressed breathing, sometimes nausea, *profuse expectoration*, violent throbbings of the heart, and a sense of suffocation.

Arnica.—Pleurisy supervening upon long-continued and laborious exercise, or from external injury; especially when pain and soreness remain, or when much fluid has been effused; in the latter case, *Arn.* tends to promote its absorption.

Sulphur.—When the lancinating pains in the chest have subsided, *Sulphur* every six or twelve hours, for several days, will often complete the cure. It is also advantageous as an intercurrent remedy when recovery proceeds very slowly, and when the breath and expectoration have a fœtid character.

Accessory Measures.—Applications of heat, in the form of poultices, flannel wrung out of hot water, etc., applied to

the painful part, will often afford striking and immediate relief. Bleeding in every form should be avoided. The dietary should be the same as that prescribed pp. 166-7.

93.—Cough *(Tussis.)*

Like hoarseness, cough is rather a symptom of disease, than a disease *per se.* It is often the forerunnner or attendant of some of the most fatal diseases of our climate, and should, therefore, never be neglected. There are many varieties of cough, but we have only given a list of remedies in most frequent use, adding the leading characteristic symptoms of each. Cases that persist, in spite of one or more of the annexed remedies, should be regarded as of too constitutional a nature to be treated merely by the aid of books.

Treatment.—*Aconitum.*—A dry, hard, *recent* cough, with restlessness, flushed face, headache, thirst, burning dryness in the throat, scanty urine, confined bowels, etc.

Belladonna.—Short, dry, hollow, convulsive cough, generally worse at night, in bed, excited by a sensation of *tickling in the throat*, and accompanied by *flushed face*, *headache*, and other symptoms of *congestion to the head.*

Hyoscyamus.—*Nervous*, *dry*, spasmodic cough, affecting old persons, also children and hysterical women, *worse* at night, and *on lying down.*

Bryonia.—A *hard*, *dry*, *shaking cough*, worse in the day-time, attended with *pain in the side*, chest, and head; cough aggravated by passing from warm air to cold, or *vice versa;* loose cough, with white or yellow expectoration, sometimes streaked with blood.

Ipecacuanha.—Irritating, nervous, and *spasmodic* cough, with *nausea or vomiting;* the early stage of hooping-cough.

Spongia.—Dry, barking, *laryngeal* cough, with tickling; hoarseness.

Hepar Sulphur.—Irritating cough, with hoarseness and smarting in the throat, excited or aggravated by exposure to cold, or atmospheric changes; *cough with chronic indigestion.*

Drosera.—Nervous, sympathetic, *spasmodic* cough, worse at night, with retching or vomiting, and sometimes *blood-streaked sputa.* The best remedy after *Acon.* in uncomplicated hooping-cough.

Phosphorus.—Dry cough, excited by tickling in the throat; *hoarseness*, and pains or soreness in the chest, with rusty-coloured, bloody, or purulent expectoration; *phthisical cough.*

Mercurius.—Chronic moist cough, worse at night, with *purulent or muco-purulent sputa.*

Carbo Vegetabilis.—Cough on taking the least cold; *obstinate hoarseness* or loss of voice.

Kali Bich.—Cough, with *tough, stringy expectoration*, preceded by much wheezing, accompanied with difficult breathing, and followed by dizziness.

Chamomilla.—Coughs of *children during teething*, with wheezing breathing, *fretfulness*, etc.

Sulphur.—*Obstinate* dry cough, with tightness in the chest, and retching; loose cough, with expectoration of whitish or yellowish mucus during the day, and dry cough at night, attended with headache, spitting of blood, etc.

Beverages.—Gum-water, barley-water, linseed-tea, and other mucilaginous drinks; or if preferred, small quantities of cold water, at frequent intervals.

Preventives.—Cold bathing or sponging the whole surface of the body, every morning as directed under Bathing, pages 50-5. Clothing adapted to the varying conditions of the atmosphere: see pages 46-50. Exercise, every day in the open-air, if possible in the country. Familiarity with a free atmosphere affords a security against excessive sensibility to variations of the weather. *Morning* air is best; damp, confined, or the air of crowded assemblies, should be avoided.

CHAPTER IX.

Diseases of the Digestive System.

94.—Stomatitis *(Stomatitis)*—Inflammation of the Mouth.

Symptoms.—Patches of redness on the lining of the mouth, which are sore, and from which an exudation takes place.

Causes.—Exposure of badly-nourished children to cold; gastric derangement; the sequelæ of measles or other eruptive fevers; or the introduction of hot and acrid substances into the mouth.

Treatment.—*Kali Chloricum.*—Fœtid breath, great soreness, and ulceration of the mucous surfaces of the tongue, palate, and cheek. We generally administer the 1x trituration. This remedy may also be used as a wash for the mouth: eight grains of the *Chlorate of Potash* to four ounces of water.

Mercurius.—Abundant salivation.

China.—To invigorate the patient when the ulcerations are healed.

Accessory Means.—The cause should, if possible, be removed, and if stomachic, the diet corrected. As a rule, the patient's diet should be restricted for some time to milk, or milk and soda-water in equal proportions, which is both nourishing and digestible, and may be taken without adding to the patient's discomforts. Good animal broths are also generally required.

95.—Thrush *(Aphthæ)*—Frog—Sore Mouth.

Definition.—An inflammatory fungoid product, consisting of numerous minute vesicles terminating in white sloughs on the surface of the mouth, and sometimes extending to the whole of the gastro-intestinal mucous membrane.

Symptoms.—Small vesicles or white specks appear upon all parts of the lining membrane of the mouth, and are sometimes so connected as to form a continuous covering over the tongue, gums, palate, and, in bad cases, through the whole intestinal canal. Feverishness, pain on swallowing. The neighbouring glands are sometimes swollen and tender. Extension of the disease to the bowels, dark-coloured eruption, and violent diarrhœa, may arise in severe cases.

Causes.—A delicate or strumous constitution; insufficiency or unhealthy condition of the mother's milk; or, in infants who are fed by hand, an unsuitable quantity or quality of food; want of cleanliness; bad drainage, etc. Thrush sometimes occurs during the course of measles, typhoid fever, consumption, and in the diseases attendant upon old age, and forebodes an early fatal termination, because it is then a sign of enfeebled vital energy.

Treatment.—*Borax* has a specific power over this affection, and will alone cure it if limited to the mouth. The mouth may also be washed with a weak solution of *Borax* (four grains to one ounce of water), by means of a soft brush. Or *Borax* and *Glycerine* may be used, half a drachm of the former to one ounce of the latter. The infant will swallow sufficient for a dose each time the solution is used.

Mercurius.—Dribbling saliva, diarrhœa, offensive breath, gangrenous ulcers, etc. If administered when the white specks first appear, it is often alone sufficient. A dose every four or six hours, for several days.

Arsenicum.—Extension of the disease to the stomach and

bowels; *dark-coloured eruption*, having an offensive odour; *exhausting diarrhœa.*

Bry. or *Nux V.*—In gastric derangement, dryness of the mouth, white or yellow mucus on the tongue.

Sulphur may follow *Arsenicum* or any other remedy if that does no further good; also when the thrush has nearly subsided, to prevent a relapse: and when there are eruptions on the skin. A dose morning and night.

General Treatment.—Strict cleanliness, good ventilation, abundance of fresh, out-of-door air, and suitable diet. The mouth may be cleansed with cold water on a piece of fine linen rag, and the child should be allowed to suck a rag wetted with cold water, so given that the rag may not be drawn altogether into the mouth. Emollient fluids—infusion of linseed, thin solution of borax and honey, etc., are grateful and useful. Vinegar, carbolic acid, sulphurous acid, etc., diluted with water, are also recommended as local applications or gargles, to cleanse the affected surfaces. *Sulphurous acid* is best applied by means of the *spray-producer*, in the proportion of one part of acid to ten parts of water; it should be continued for two or three minutes, and repeated once or twice a day. If the sore mouth be due to ill-health in the mother, the child should be at once provided with a wet-nurse, or weaned. In the latter case, if under three months old, the child should be fed with *Sugar-of-Milk* (see p. 84), or if more than three months old, with *Neave's Farinaceous Food* (p. 83).

96.—Offensive Breath.

In perfect health, the odour of the breath is sweet and agreeable; on the contrary, fœtid breath is usually a concomitant of disordered digestion, scurvy, malignant sore throat, etc.; it is also disagreeable and infectious during the progress of the eruptive, enteric, and pestilential fevers; but in no disease is it more offensive than in *gangrene*

(mortification) of the lung; indeed, that condition may be recognised by this symptom alone. Sometimes offensive breath arises from neglect of cleansing the mouth and teeth after meals, especially when animal food has been eaten.

TREATMENT.—*Carbo Veg.*—Putrid odour of the breath from decayed teeth, bad condition of the gums, large doses of *Mercury*, or other causes. A dose thrice daily, for eight or ten days, or as long as may be necessary.

Hepar Sulph. or *Nitric Acid*, may follow, especially when *Carbo Veg.* is insufficient, and when the complaint is the result of previous mercurial salivation.

Spigelia.—Offensive breath, perceived only by others, with much white or yellow mucus in the mouth and throat; the back part of the tongue is painful, and feels swollen.

Mercurius.—Fœtid breath from a sore or aphthous condition of the mouth.

Nux Vom. or *Puls.*—From indigestion.

Aur. or *Puls.*—Females advancing towards puberty.

Sulphur, morning and night for a week, may follow any of the preceding remedies, and complete the course.

ACCESSORY MEANS.—General attention should be given to diet, the use of water, pure air, regular out-of-door exercise, bathing, and such other hygienic means as are indicated in the first chapter of this book. Animal food should be eaten with moderation; and the teeth and mouth should be carefully cleansed at least twice a day. See also "Local Measures," under "Toothache."

96.—Cancrum Oris *(Gangrena oris)*—Canker of the Mouth.

DEFINITION.—A sloughing or gangrenous ulcer of the mouth, occasionally occurring in children between two and five or six years of age, who are ill-fed, or who live in low and damp situations.

Symptoms.—The inflammation generally begins at the edges of the gums opposite the incisors of the lower jaw; the gums appear white, become spongy, and separate from the teeth, as if *mercury* had produced its specific effects. Ulceration begins and extends along the gums until the jaws are implicated; and as the disease advances, the cheeks and lips swell and form a tense indurated tumefaction. The teeth are apt to fall out; and the parts assuming a gangrenous condition, the breath becomes intolerably fœtid. There is generally enlargement with tenderness of the submaxillary glands. In severe forms of the disease, the destructive process rapidly extends, so that in a few days the lips, cheeks, tonsils, palate, tongue, and even half the face, may become gangrenous, the teeth falling from their sockets, a horribly fœtid saliva and fluid flowing from the parts *(Aitken)*.

Treatment.—Merc. *(often specific in cases not caused by Mercury)*, Mur. Ac. *(canker associated with severe disease—measles, etc.)* Nit. Ac. *(from excessive doses of Mercury)*, Ars. *(extensive disorganizations of the mouth, and extreme prostration)*.

General treatment same as prescribed in the previous section. Strong beef-tea, raw eggs beaten up in milk, and cod-liver-oil, are often necessary.

97.—Teething *(Dentitio)*.

There are two sets of teeth; the first appears during the early period of life, and is called the milk-teeth; this set falls out in the seventh or eighth year, to be replaced by a permanent set, which is not completed till the commencement of adult life. The order in which the milk-teeth appear is generally as follows:—about the sixth month the two middle incisors of the lower jaw, followed in a few weeks by the corresponding incisors of the upper jaw; next appear the two outside incisors of the lower jaw, and soon after those of the

upper; after another interval of perhaps about two months, the first four molars, then the eye teeth, and, lastly, four other molars, completing by about the second year the teeth of the first set. Should there be any little deviation from this order, or should dentition be a little prolonged, no great importance need be attached to it.

The changes occurring during the first dentition render the period an important one in the child's history. Concurrently with it, the whole organisation appears to receive a new impulse. The face, hitherto without expression, receives distinctness of features; the eye acquires expression, the mind appearing to speak through it; the rounded facial outline becomes oval, the teeth separating the jaws further; the forehead becomes more expanded, and the general expression of the features is but a sign of an evolution which is pervading the whole organism, of which the change in the teeth forms but an inconsiderable part. Dentition being a natural process, should not certainly be regarded as in itself a disease, still less a dangerous one, but simply a natural period of the development of the child's organism. Notwithstanding, in many children, the process of teething is a trying one, and in some instances even dangerous.

Disorders of Teething.

The increased activity and excitement in the vascular system, combined with the nervous irritation which sometimes attends dentition, may, in delicate or strumous children, give rise to a greater or less amount of local or constitutional disturbance. Rickets greatly influence the progress of teething. If this disease sets in previous to the commencement of dentition, the evolution of the teeth may be almost indefinitely delayed; or, if some are already cut, further progress is arrested. Rickety children of eighteen months or two

years old may often be seen with very few teeth, and those few black and carious. In tuberculosis and congenital syphilis, on the other hand, the teeth are cut early, and before the frame is sufficiently consolidated to sustain the necessary changes.

But as in too early dentition, the constitution is rarely sufficiently strong to sustain the evolutions it has to undergo; so in late dentition, there is a languid condition, indicative of a scrofulous constitution; and in neither case should domestic treatment be trusted to.

Symptoms.—Irritation in the mouth, swollen or tender gums, and increased flow of saliva; startings as if in fright, or interrupted sleep; sudden occurrence of febrile symptoms; various eruptions on the head or body; derangement of the digestive organs—diarrhœa, sickness, or constipation; and sometimes spasms and convulsions. Diarrhœa and other symptoms of indigestion are most frequent in the summer and autumn, and when, therefore, children are most exposed to sudden changes; disordered dentition too is generally coincident with a change of diet from the mother's milk to various articles which are unsuited to the age of the child.

Causes.—Strumous constitution; rachitis. The exciting causes are *irregular* feeding; *excessive* feeding; *improper quality of food;* keeping the head too hot; too little out-of-door air. By such means, the stomach is disordered, the nervous system disturbed, and restlessness, crying, colic, and even convulsions follow. In nearly every case these causes may be avoided, and, though the child may have a strumous constitution and be otherwise predisposed to the disorders of teething, the sufferings may be reduced to a minimum.

Local affections of the gums, as inflammation; or disproportion between the jaw and the number and form of the teeth, are also causes of suffering.

EPITOME OF TREATMENT.—

1. *Feverishness, etc.*—Acon., Cham. *(fretfulness; one cheek pale, the other flushed).*

2. *Diarrhœa.*—Cham. *(sudden starts; pinching-pains; slimy or yellow, sour-smelling, very offensive motions);* Merc. *(green or bloody);* Coloc. *(much colic);* Podoph. *(paroxysms of pain, with prolapsus ani);* Bell. *(nervous irritability, flushed face, etc.);* Calc. *or* Sulph. *(scrofulous children);* Ars. *(emaciated constitutions).*

3. *Constipation.*—Bry., Nux Vom., Sulph., Acon.

4. *Sleeplessness, etc.*—Coff. *(nervous excitability);* Bell. *(flushed face);* Gels. *(simple wakefulness);* Krea. *(agitation).*

5. *Convulsions.*—Bell., Cham., etc., See Section 49.

6. *Irregular dentition.*—Calc. Carb. *(too early or late);* Phos. Ac. *(excessive weakness; rachitic constitution;* see also Section 35); Silic. *(perspirations about the head);* Krea. *(thin, irritable children; teeth decay early).*

(See also "Convulsions," Section 49.)

Chamomilla.—Bilious diarrhœa, with intestinal irritation, fretfulness, restlessness, etc.

Calcarea.—This is often of extreme value for scrofulous children, also in cases complicated with diarrhœa consisting of slimy or mucous evacuations.

ACCESSORY TREATMENT.—*Regularity in the times of feeding and sleep;* correction of any habits in the mother which may affect the child unfavourably; restriction to *suitable quantities* of food at one time; *keeping the head cool* and the feet warm; washing the child daily in cold water, and allowing it to be much in the open air, tend to prevent determination of blood to the head. Neave's Farinaceous Food, prepared according to the directions supplied with it, is the best artificial diet for infants. Purgatives are to be strictly avoided. Costiveness in children is due to errors in diet; if obstinate, or if worms are present, injections of water may be used.

99.—Toothache* *(Odontalgia).*

Causes.—Decay is the most common *predisposing* cause; sudden changes of temperature, derangements of the digestive organs, pregnancy, and general bad health, are the most frequent *exciting* causes. When the cavity of a tooth has been exposed by caries, the dental pulp is extremely liable to pain from contact with food, liquids, or atmospheric air; and if the health be much impaired, or the central pulp greatly irritated, acute inflammation, with extreme pain, may result.

Neuralgic Toothache occurs in paroxysms, which come and go suddenly (see Section 53).

Treatment.—If *Kreasote* or *Laudanum* have been used as a local application, the mouth should be thoroughly cleansed before taking any of the following remedies. After three or four doses of any medicine have been taken without mitigating the symptoms, another remedy should be selected.

Epitome of Treatment.—

1. *From cold or chill.*—Acon., Bell., Cham., Dulc., Merc., Glon.

2. *From decayed teeth.*—Krea., Staph., Bell., Merc., Nux., or Acon. and Merc. alt. every half hour.

3. *From indigestion.*—Bry., Nux., Puls.

4. *Nervous.*—Bell., Cham., Nux., Coff., Ign.

5. *Rheumatic.*—Cham., Merc., Cimic.

6. *In children.*—Acon., Cham., Bell., Sil.

7. *In pregnancy.*—Bell., Nux., Coff., Cham., Sep.

8. *Preventives.*—Ars., Krea., Merc., Sil.

Leading Indications.—

Chamomilla.—Toothache from a draught, or sudden *suppression of perspiration*, and affecting the ear; the teeth feel too long and loose; the cheeks and gums are swollen, but the skin is not very red; and the pains are aggravated by eating

* See *H. World*, vol. i., p. 123; vol. ii., p. 176; vol. iii., pp. 118, 136.

or drinking, especially by warm drinks. It is particularly suited to children during teething, with watery, greenish, fœtid diarrhœa.

Belladonna.—Shooting, throbbing pains, affecting several teeth on one side, so that it is impossible to point out the exact tooth; the pains shift about, and are increased by contact of the teeth or by warm or cold applications; determination of blood to the head, *flushed face*, excessive *sensitiveness to external impressions*, swelling of the cheek or glands, dryness of the mouth and throat, etc.

Mercurius.—*Decayed* teeth; violent scraping or lacerating pain in the cheek-bones, or pains aggravated by eating or drinking, and also at night in bed; pains affecting the entire side of the face—extending to the temples, glands, and ears; toothache with *salivation* (not caused by *Mercury*); profuse perspirations, which do not afford relief.

Glonoine.—Pulsation in the teeth, with headache; after being over-heated and taking cold.

Arsenicum.—Unbearable jerking pains, coming on or aggravated at night. This remedy may be continued for some time after the cessation of pain, to prevent a recurrence of the disease.

Arnica.—Pain consequent on extraction or other dental operations; the mouth should be rinsed with a mixture of about one part of the strong tincture to ten of water.

Hepar Sulphur.—Decay of teeth, and easily-bleeding gums, from *Mercury*. *Carbo Veg.* and *Nit. Ac.* are also useful.

Aconitum.—Acute, stinging pain, or hard-aching, relieved temporarily by cold water; there is throbbing, heat of the face, and sometimes chilliness. There is not the mental confusion and sensitiveness to noise, light, etc., which indicate *Bell.* A drop of the strong tincture or of the first dilution, applied to the tooth by means of a piece of lint, will promptly relieve this kind of toothache.

Administration.—Every fifteen or twenty minutes till the pain is mitigated; afterwards every four or six hours.

Local Measures.—Stopping Carious Teeth.—If the caries be recent and slight, the decayed portions should be removed, and the cavity filled with a suitable material by a skilful dentist. If the patient be suffering from toothache, the pain should be removed before stopping. When it is not practicable to have a tooth stopped by a professional dentist, its cavity should be cleaned and filled with white wax, which, by excluding the atmospheric air and the irritation of food, retards the progress of decay. But a better and more durable stopping, for non-professional persons, is *gutta-percha*, which, if carefully introduced, after thoroughly cleaning out the affected tooth, may preserve it for years. *Gutta-percha* suitable for this purpose may be procured from chemists.

Extraction of Teeth.—In a very few cases the only remedy for toothache is *extraction;* this is especially the case if the decay has proceeded so far as to blacken the tooth, rendering it loose and useless for mastication, prejudicial to neighbouring teeth, and a cause of offensive breath. On the other hand, probably in ninety-eight cases out of a hundred, considerable experience justifies us in stating, that the most distressing cases of toothache are promptly cured by Homœopathic remedies. Our advice therefore is, never extract a tooth merely because it aches, or has *begun* to decay; skilful treatment is usually sufficient to remove the pain; and, subsequently, local and general measures will prevent a recurrence of the trouble.

Means of Preservation.—The function of the teeth is so important, that their preservation is a matter of the highest moment. The teeth should be kept clean by rinsing the mouth with pure cold water, and brushing the teeth with a soft brush every morning; and, if possible, after every meal, especially when animal food has been used; and contact with

any disorganizing agent avoided. Medicated tooth-powders —*Camphor*, *Kreasote*, *Laudanum*—are generally injurious; the unmedicated dentifrices, as prepared by homœopathic chemists, are the best. If drugs mitigate the symptoms, it is often only for a brief period, the pain soon returning with increased violence. The practice of taking very hot substances into the mouth should be avoided, as the expansive power of heat may rupture the enamel, and become the nucleus of decay. On the other hand, the habit of subjecting the teeth to the opposite extreme of temperature, as by sucking ice, etc., is also to be avoided. Chewing or smoking tobacco, and the habitual use of strong drinks, tend to destroy the teeth. Lastly, as an important means of preserving the teeth, the general health, especially of the digestive organs, should be maintained in the highest possible state of integrity, by the use of plain, nourishing food; cold sponging or bathing, and early and regular habits.

100.—Gum-boil *(Abscessus Alveolaris).*

Definition.—A small abscess commencing in the socket of a tooth, and bursting through the gum or even through the cheek.

Cause.—Usually, the irritation from a decayed tooth. A cold may excite inflammation of the dental periosteum, the morbid products of which are thus discharged.

Symptoms.—Pain in a tooth, spreading over a portion of the jaw, with heat, throbbing, swelling, and the formation of a gum-boil. This may heal by resolution; or it may burst into the mouth, or even percolate the cheek. The sufferings are sometimes great, worse at night, and incessant till swelling has taken place, when it usually abates. There is frequently some febrile disturbance.

Treatment.—*Mercurius.*—Constant aching, much saliva-

tion, swelling of the gum, and throbbing. Persons who are subject to gum-boils should continue the use of this remedy as a preventive twice a day for *a week or two.*

Aconitum.—May be alternated with the foregoing remedy for feverishness. If prescribed very early, *Acon.* sometimes checks the disease at the onset.

Belladonna.—Two or three doses may be given if there be throbbing headache, flushed face, and sensitiveness to noise, light, etc.

Where the swelling softens and throbs (signs that matter is forming) give *Hep. S.*, and when it has burst, *Silic.*

Sulphur.—Gum-boils only partially cured by the above remedies; also when the tumour assumes a *chronic* form.

Accessory Treatment.—The application of a roasted fig, as hot as can be borne, to the inflamed gum, will speedily give relief. If the swelling be very extensive, and there are signs of the abscess coming through the cheek, a poultice of linseed-meal should be applied till suppuration is established, and continued for a short time afterwards. In some cases, prompt relief may be obtained by lancing the swelling as soon as its existence is ascertained. Sometimes extraction of the decayed tooth is necessary.

101.—Glossitis *(Glossitis)*—Inflammation of the Tongue.

Symptoms.—Heat and pain in the tongue, which rapidly swells, sometimes to an enormous size, so as to hang out of the mouth; profuse salivation; the patient may even become unable to eat, swallow, or speak; and suffocation seems imminent.

Causes.—Cold; wounds of the tongue; or, more frequently, mercurial salivation.

Treatment.—*Aconitum* and *Mercurius* in alternation every

hour, for non-mercurial glossitis, till relief is obtained. If the disease be due to large doses of mercury, *Belladonna* should be alternated with *Hepar Sulph.* *Nit. Ac.* is also valuable in such a condition. If there be much swelling and *œdema*, *Apis* should be selected.

102.—Ulcer on the Tongue *(Ulcus Linguæ)*.

Symptoms.—Soreness, slight swelling, and redness of the tongue; small ulcers form, and discharge pus.

Fissures or cracks sometimes appear upon the side of the tongue, generally opposite the molar teeth, from indigestion or the irritation of stumps.

Treatment.—*Mercurius* is generally the best remedy, except for patients who have been mistreated with large doses of that drug. *Nit. Ac.*, both internally and as a gargle, is useful for patients who have been overdosed with mercury. *Hydrastis Can.* is a most valuable remedy, and in many cases is alone sufficient; when used as a wash for the mouth, a few drops of the strong tincture may be added to a little water, and the mouth rinsed with the mixture several times a day.

103.—Sore Throat—*(Dolor faucium)*.

Definition.—Simple soreness or swelling of the throat, uncomplicated by ulceration, quinsy, or syphilis.

Cause.—Catarrh; the sore throat being a simple extension of the catarrhal affection. This disease should not be neglected, as it is apt, in some persons, to degenerate into the troublesome form described in the next section.

Treatment.—*Belladonna.*—Red, raw throat, feeling as if scraped, with pain on swallowing.

Mercurius.—Sensation as of a lump in the throat, worse at night, sometimes accompanied by salivation.

Aconitum.—Dryness, roughness, and heat in the throat, with choky sensation, hoarseness, and febrile disturbance. If given early, *Acon.* alone will prove rapidly curative in catarrhal sore throat.

Baryta Carb.—If *Bell.* and *Merc.* are insufficient.

Dulc.—If caused by a wetting, or by damp, foggy air.

Accessory Means.—Frequent draughts of cold water, and the application of the throat-compress (see page 95). Steaming the throat as directed under *inhalation* (pp. 100-2) is a soothing and curative measure, but it should be done at bed-time, when the person has not to be again exposed to external air. (See also the two following Sections.)

104.—Relaxed Throat *(Resolutio Faucium)*; Ulcerated Throat *(Fauces Ulcerosæ)*; *and* Pharyngitis *(Pharyngitis)*—Clergyman's Sore Throat.*

The affections designated by the above names, being of a similar nature, and requiring similar treatment, are included in this section.

Pathology.—In the incipient state, there is irritation of the lining membrane of the fauces and pharynx; afterwards, congestion, inflammation, or relaxation of that membrane, enlargement of the tonsils, elongation of the uvula; and in its advanced stage, morbid deposit and ulceration of the mucous follicles.

Symptoms.—The patient first complains of an uneasy sensation in the upper part of the throat, with a frequent disposition to swallow, as if something existed there which could thus be removed. If proper treatment be not adopted, the voice soon undergoes a change; it becomes feeble and hoarse, and sometimes, especially towards the evening, there is complete loss of voice. The patient complains of pain in

* See *H. World*, vol. iv., p. 127, 146.

the larynx, and makes frequent efforts to clear the throat of phlegm by coughing and spitting. On looking into the throat, the parts are found to have an unhealthy appearance, being raw and granular, and the mucous follicles filled with a yellowish substance; a viscid muco-purulent secretion may also be seen adhering to the palate and adjacent parts.

Causes.—This condition is probably most often induced by the exercise of the organ of voice when in an inflamed state. An extension of the affection is almost certain to result from delivering an address or reading during an attack of sore throat or hoarseness, as the muscles of the larynx lose their nutrition through extension of the morbid materials from the inflamed mucous membrane. The disease may also result from an immoderate or irregular exercise of the voice, or it may follow inflammatory disease of the bronchial tubes or lungs, by much exercise of the voice before recovery has taken place. It is also occasioned by an unnatural style or tone of reading or speaking, as with preachers and military officers.

Epitome of Treatment.—

1. *For the incipient and acute stages.*—Acon., Bell., Merc. (See the previous Section).

2. *For the chronic form.*—Bell., Merc. Iod., Calc. Phos., Kali Bich., Arg. Nit., Carbo Veg., Lach., Phyto.

3. *Clergyman's sore throat.*—Phyto., Merc. Iod., Arum. T.,* Arn. *(for fatigue, alternately);* Bell. *(for inflammation of the throat, alternately),* as preventives.

4. *Occasional Remedies.*—Apis. *(much œdema);* Ars. *(emaciated constitution);* Phos. *(consumptive tendency);* Sulph. *(as an intercurrent);* Arum. Tryph. *(inflammation of tonsils).*

Leading Indications.—

Belladonna.—Besides the symptoms mentioned in the previous section, *Bell.* is well adapted to ulcerated throat, with bright redness, and *much pain* on swallowing.

* See *H. World,* vol. i., p. 283.

Mercurius Iod.—Less pain than for *Bell.*, and chronic cases in scrofulous constitutions. See under this remedy in the following section.

Calc. Phos.—In relaxed sore I have used this remedy, writes Dr. R. T. Cooper, after others had been fruitlessly employed, and in every instance with more or less success (See *H. Review*, vol. xv., p. 45).

Kali Bich.—Accumulation of tough and stringy phlegm, requiring considerable effort to eject it. Chronic ulceration.

Argentum Nitricum.—Ulcerated throat of a low type, with fœtid breath and foul mucus; and in cachectic individuals. A weak solution of the drug may be used as a gargle.

Carbo Veg.—Similar conditions, with hoarseness.

Lachesis.—Constant irritation in the throat, inducing much hawking, and a choking sensation; there is painful aching, but no deep-seated disorganization, the affection being more of a nervous character.

Hepar Sulph.—In scrofulous constitutions not requiring *Merc. Iod.* Also when the disease is consequent on the abuse of *Mercury*. *Nit. Ac.* is also useful in this condition.

Gargle.—To correct the foul breath arising in some stages of the disease, a gargle of *Condy's Fluid* should be used. See p. 185.

Accessory and Preventive Means. — 1st. Perfect Rest.—The first and most important is to exercise a sore and inflamed organ as little as possible. The treatment of an inflamed larynx, like that of an inflamed joint, should include a state of almost complete rest. As a preventive remedy in the case of clergymen, we would strongly urge the general adoption of Monday as a day of out-of-door recreation and cessation from all work, and thus compensate for the great mental and physical expenditure involved in the discharge of the duties of the earnest minister of the gospel on the Sunday.

2nd. The Throat Compress (See Part II., p. 95).—When this is applied, the patient should retire to bed, and he will generally have the satisfaction of finding his throat-difficulty much relieved by the morning. In more obstinate cases, the compress should be worn in the day-time, re-wetting it as often as necessary. When discontinued, the throat and chest should be bathed with cold water, followed by vigorous friction with a coarse towel. However often repeated, the compress never relaxes the throat.

3rd. Cultivation of the Beard.—The beard and moustache should be permitted to grow, as they afford an excellent protection to the throat, especially in the case of barristers, clergymen, public singers, and others subjected to the undue or irregular exercise of the organ of voice. After exercising the vocal organs, as in a public lecture, the throat becomes relaxed, and on entering the open air the unbroken force of the atmosphere is likely to induce an acute or chronic affection of the throat and bronchial tubes; while the natural respirator—the fine flowing beard, including the moustache—which our Maker intended to be one of the distinguishing features of the male sex, unshorn, would in many cases effectually protect these important parts. The hair on the human male face, planted there by the goodness and wisdom of our Creator, has its uses. Let the young man, therefore, never become a slave to the fashion which compels him to shave, since this natural appendage is found contributory to the health, if not to the improved personal appearance, of those who wear it. (See also under *Chronic Bronchitis*).

105.—Quinsy* *(Cynanche tonsillaris).*

Definition.—Acute inflammation of the tonsil or tonsils and subjacent mucous membrane, with general fever.

* See Sore Throat, Sec. 102.

Symptoms.—It comes on quickly, with rapid swelling of one or both tonsils, severe throbbing pain, hoarseness, and difficult swallowing and expectoration, occasioning a painful and almost constant effort to bring up and detach the viscid mucus which adheres to the inflamed surface; headache; pain in the back and limbs; foul tongue; offensive breath; and general febrile symptoms. The morbid action generally extends to the *uvula*, which, becoming swollen and elongated, rests on the base of the tongue, and gives rise to an unpleasant sense of titillation. If the disease be promptly and skilfully met, the inflammatory symptoms subside in a few days, leaving the tonsils enlarged; otherwise, suppuration ensues, indicated by rigors, and throbbing, darting pains in the throat, extending to the ears. When the abscess is fully mature, it ruptures, to the immediate relief of the patient. Often the abscess forms in one tonsil, and after its discharge another forms in the other.

Chronic Enlargement of the Tonsils.—Repeated attacks of acute inflammation, or attacks only partially cured, are followed by chronic enlargements and indurations, causing difficult swallowing, hoarse voice, noisy and laborious breathing, especially during sleep, affections of the ears arising from an extension of the disease along the mucous membrane, and extreme liability, from slight causes, to a frequent recurrence of acute inflammation.

Causes.—The *predisposing* are—scrofulous constitution, abuse of *mercury*, disorders of the digestive organs, and previous attacks of quinsy. The *exciting* are—cold, atmospheric changes, wet feet, etc. Quinsy is most frequent in young plethoric persons, between fourteen and twenty, and for several years is liable to occur frequently unless preventive means are adopted.

Dangers.—Extension of the inflammation to the uvula, soft palate, the salivary glands, pharynx, and particularly to

the root of the tongue, with difficult breathing, etc. But early and skilful treatment usually prevents the malady assuming such a serious form.

TREATMENT.—*Aconitum.*—Feverishness, headache, dizziness, and restlessness; a sensation of stinging, pricking, fulness, or even of choking in the throat, which on examination looks as if scorched.

Belladonna.—Bright redness and rawness of the affected parts; flushed face, glistening of the eye, headache, and pain and difficulty in swallowing. Useful either after, or in alternation with, *Acon.*

Mercurius Iod.—Swollen throat; copious accumulation of saliva; swelling of the gums and of the tongue; shooting pain on swallowing; a disagreeable taste; fœtid odour of the breath; ulcers on the sides of the mouth; pains from the throat extending to the ear. Profuse perspiration, and aggravation of the symptoms at night, also point to this remedy.

Baryta Carb.—This remedy is stated to disperse the engorgement, if given early, before suppuration can supervene.

Hepar Sulph.—*When matter has formed.* It is especially useful in the scrofulous, in constitutions injured by mercury, and when a liability to the disease has become established.

Arsenicum.—Severe attacks, with great general *prostration*, the tonsils becoming putrid or gangrenous.

Calc. Phos., and *Iod.*, are also useful remedies.

Nux Vomica or *Pulsatilla*, when derangement of the stomach appears to be the cause of the complaint, or is evidently associated with it.

Administration.—In acute cases, a dose every one or two hours, till improvement ensues; in sub-acute, every three or four hours; during convalescence, every six or twelve hours.

ACCESSORY MEANS.—The constant *sucking of ice* during the commencement of an acute attack, moderates the heat and

pain; it also checks the secretion of mucus which gives rise to disagreeable and painful efforts to detach. In severe cases ice may be employed in this manner till the disease has abated. (See Section on Ice, page 87-8). In other cases in which ice is not procurable, or in which it is not admissible, as when it has not been adopted early in the disease, the next most effectual local application is the *steam of hot water*, and equally so whether the object be to bring about resolution or to facilitate the suppurative process. Steaming the throat assiduously acts as a fomentation, and removes the mucus from the crypts and follicles of the tonsils. See *Inhalation*, page 100-2.

In some cases a warm milk-and-water gargle, frequently used, will be found useful and soothing. Further, in severe attacks, a hot poultice should be applied across the throat, extending nearly to each ear; in mild attacks, the throat-compress (see page 95) may be used. The patient should remain indoors, and in bad cases, in bed.

Preventive Treatment.—Freely bathing the neck, jaws, etc., and gargling the mouth and throat every morning with cold water. After exposure to cold, and especially when symptoms of sore throat show themselves, the compress should be at once applied.

106.—Gastritis *(Inflammatio ventriculi)*—Inflammation of the Stomach.

Acute inflammation of the stomach, except as a result of poisoning by some irritant, is a rare disease.

Symptoms.—Burning pain increased by pressure; constant thirst for cold drinks, with inability to retain either food or drink; constant nausea, coated tongue, and foul taste; dyspnœa; faintness, prostration, anxiety, etc.

Chronic Gastritis is indicated by dull pain and oppression

soon after a meal, and sometimes vomiting of acid or mucus. The tongue is coated or red at the edges, and the patient often complains of heartburn, flatulence, thirst, burning of the hands or feet, confined bowels, and high-coloured urine depositing lithates, lithic acid, or oxalate of lime. It usually accompanies affections of the liver, heart, and kidneys, and is frequent in drunkards.

Causes.—Indigestion; cold draughts, damp, wet, etc.; cold drinks when over-heated; mechanical injuries; poisons—arsenic, vegetable acids, caustic alkalies, etc.

Epitome of Treatment.—

Acon. *(usually sufficient in simple gastritis from cold)*; Ars. *(burning; agonizing distress; unquenchable thirst; wiry, quick pulse)*; Ant. Crud. *(thickly-coated tongue, nausea, eructations with taste of food)*; Merc., Bry, Puls., or Ars. *(chronic cases)*.

Accessory Treatment.—In *acute* cases, small pieces of ice should be swallowed, and during the severity of the symptoms the patient should be fed by nutritious enemata. Fomentations to the stomach give much relief. During convalescence the patient must only gradually return to solid kinds of food. On recovery from gastritis the stomach remains for some time feeble, and without proper treatment and care is apt to be followed by atonic dyspepsia.

In *chronic* gastritis, the most important points are—attention to diet and general habits as recommended in the section on "Dyspepsia." Cold water and a spare wholesome diet are valuable adjuncts in the treatment.

107.—Chronic Ulcer of the Stomach

(Ulcus longum ventriculi).

This disease is more common than is generally supposed, owing to its non-acute character, its giving rise to some of the symptoms of chronic dyspepsia, and its tendency, in about

fifty per cent. of cases, to disappear spontaneously. It occurs twice amongst women for once in men, chiefly during adult life, and is more frequent in the poor than the rich. There may be one, two, or more ulcers in the same stomach.

Symptoms.—They are often not very clear; but there is generally pain over the middle of the back, and in the stomach, the latter felt just below the breast-bone, of a dull, sickening character, and worse after food. Sometimes there are violent pulsations accompanying the pain, or pyrosis, or nausea and vomiting; the patient loses flesh; and, in women, the monthly period is affected.

Dangers.—The dangers to be apprehended are—*perforation*, when the contents of the stomach escape into the abdominal cavity, setting up *peritonitis* (see Section 130); *hæmorrhage*, which occurs in about four per cent. of cases, generally soon after a full meal; and *exhaustion*, consequent on want of nourishment from defective digestion.

Treatment.—*Ars.*, *Kali Bich.*, *Krea.*, or *Hydrastis Can.*, are the chief remedies. *Ham.* or *Ipec.* for hæmorrhage.

Since the last edition of this Manual was published, we have treated cases of ulcer of the stomach with excellent results by the remedies just quoted, using one or the other, and in such potencies, as the symptoms seemed to indicate. When ulcer of the stomach is suspected, it should always be under the care of a physician.

Accessory Means.—Ice should be repeatedly swallowed in small pieces; it allays sickness and pain so often experienced; it also checks bleeding when it occurs. Simple digestible food only should be taken,—Farinaceous Food, arrow-root, and beef-tea. In bad cases, complete rest for the stomach for some time, giving nutriment by enemata, is necessary.

108.—Hæmatemesis *(Hæmatemesis)*—Vomiting of Blood.

The following table will enable the reader to determine whether the discharge of blood is from the lungs or stomach.

FROM THE STOMACH.	FROM THE LUNGS.
1. In hæmatemesis the blood is of a *dark* colour.	1. In hæmoptysis the blood is of a *bright-red* colour.
2. The blood is *vomited.*	2. The blood is generally *coughed* up.
3. The blood is often mixed with *food* and is *not* frothy.	3. The blood is *frothy* and mixed with *sputa.*
4. Is preceded by nausea and *stomach* distress.	4. Is preceded by pain in the *chest* and dyspnœa.
5. Blood is generally passed *with the evacuations* from the bowels.	5. Blood is not found in the *stools.*

TREATMENT.—*Aconitum.*—Hæmorrhage with flushed face, palpitation and anguish; also for the premonitory symptoms—shiverings, quick pulse, etc.

Hamamelis.—*Venous* hæmorrhage, from any organ; also when the *state of the vessels* leads to the hæmorrhage rather than any change in the normal constituents of the blood. We have so often used this remedy successfully for hæmorrhage, that we now employ it probably more frequently than any other.

Ipecacuanha.—*Bright-red* hæmorrhage, with paleness of the face; inclination to vomit; frequent, short cough; salt taste in the mouth, expectoration streaked with blood. Often useful after, or in alternation with, *Acon.*

China.—*Debility* consequent on hæmorrhage,—feeble pulse, cold hands or feet, fainting, etc.

Arsenicum.—Difficult breathing, extreme palpitation, anguish, burning heat, thirst, small and quick pulse, etc.

Ferrum.—Spitting or coughing up of blood, with palpitation, faintness, etc.

Arnica.—Hæmorrhage from an accident, or severe exertion.

Vicarious hæmorrhage.—Vicarious hæmorrhage, as in females when bleeding from the nose or stomach takes the place of the *menstrual* discharge, the treatment should be directed to the establishment of the normal monthly period.

Accessory Measures.—Calmness and judgment should be exercised, or the discharge of blood may cause alarm in the patient and his friends, and unfit them for carrying out the measures necessary for the safety or even life of the sufferer. The patient should immediately lie down on a sofa or mattress, with the head and shoulders elevated: all tight-fitting clothes should be removed or loosened, quiet maintained, and no talking, crowding, noise or confusion permitted; at the same time the room should be kept cool and airy—at about 55° Fahr. Ice is a most useful agent for arresting hæmorrhage, and it should be *swallowed* in small pieces often repeated, for this purpose; it then comes in immediate contact with, and tends to constrict the bleeding vessels.

In hæmorrhage from the stomach, it is important that the organ should have perfect *rest*. As long as any tendency to hæmorrhage continues, the patient should remain in bed, and take nothing by the mouth except sips of *iced-water*. Food, beef-tea, etc., should be introduced by the rectum.

Should faintness occur, no alarm need be excited, because it is often nature's method of arresting the bleeding. After the hæmorrhage, the patient must still be kept cool and quiet, and the diet be light and unstimulating, while the position of the body should be such as to favour the return of blood from the bleeding organs.

109.—Dyspepsia *(Dyspepsia)*—Indigestion.

Physiology of Digestion.—Human life has been compared to a fire; for just as fire requires fuel for its consumption, so life requires food for its sustenance. Like fire, too, the processes of life are attended with the production of a certain amount of heat. The body, moreover, is in a condition of perpetual change, consequent on its various functions, and the wear and tear of life. This change continues even when a person lies at rest, for the heart continues to beat, respiration goes on, the blood circulates, the brain is in action, and numerous other functions uninterruptedly continue, from which there results a waste which must be repaired.

Under ordinary circumstances, however, when both the mind and body are actively employed, the waste of human tissue is much more rapid, and a large amount of new material is required for its reparation. A man, e.g., weighing from ten to twelve stones, loses in twenty-four hours, three to four pounds of matter in the performance of the various duties of life. Now the matter thus expended is replenished by *Digestion*, *Respiration*, and *Circulation*. The organs of digestion receive the food, and change it into a milky fluid, the *chyle*, which, being conveyed with the venous blood into the right side of the heart, is propelled by the contraction of that organ into the lungs; here it is intimately exposed to the atmospheric air, and is thereby converted into bright arterial blood. It is now received into the left side of the heart, and is diffused thence through the general circulation, and by means of the *capillaries* (minute hair-like vessels), it enters into the various tissues of which the body is composed. Another result of the functional activity of the body is, that it is maintained at a certain temperature. If a thermometer be placed under the tongue, the temperature will be found to be 98° Fahr., which is greater than that of

the atmosphere; this heightened temperature being the result of the combustion of food in the system. The function of digestion, then, first repairs the waste of the body; and, secondly, it maintains it at a proper temperature.

INDIGESTION is a deviation from the healthy function just described, and is one of the most common affections the physician has to treat.

SYMPTOMS OF INDIGESTION.—These vary greatly, both in their character and intensity, but there is commonly one or more of the following:—Impaired appetite; flatulence; nausea, and eructations which often bring up bitter or acid fluids; tongue large, flabby, or indented at the sides, often furred; foul taste or breath; heartburn; pain, sensation of weight, and inconvenience or fulness after a meal; irregular action of the bowels; headache; diminished mental energy and alertness; dejection of spirits; palpitation of the heart or great vessels; and various affections in other organs. Disturbances in remote parts may be due to *reflex action;* or to the effects of distension of the stomach, which, encroaching on the space occupied by the lungs, heart, or other organs, impede their healthy action.

Occasionally, one or two symptoms are so prominent as to exclusively concentrate the patient's attention, who regards them as diseases *per se*. *Loss of appetite*, *flatulence*, etc., are examples of the most commonly prominent symptoms.

LOSS OF APPETITE *(Anorexia)*.—The natural requirements of the body might be neglected but for certain sensations—hunger and thirst—which, no doubt, depend upon some peculiar condition of the nerves. The receipt of alarming or startling intelligence often arrests, in an instant, the keenest appetite. Hunger is much influenced by habit, and returns with great regularity when meals are taken at a uniform hour. Many substances which are non-nutritious destroy or lower the susceptibility of the nervous filaments of the

stomach, and thus blunt the natural sensations of hunger; such especially, are, tobacco, opium, and ardent spirits. *Too little out-of-door exercise*, *irregularity of meals*, *eating between meals*, and *late hours*, are some of the most frequent causes.

Loss of appetite during acute disease or a weakened state of the system, should be respected; for if food be thrust into the stomach in spite of its dictates, it will generally give rise to more serious symptoms. Sometimes instead of loss of appetite there is *voracious* or *depraved* appetite; these symptoms are usually associated with chlorosis, nervous irritation from worms, etc.; they can only be removed by correcting the condition on which they depend. See Sections 40 and 118.

Flatulence *(Inflatio)*.—This is frequently a prominent and persistent symptom, and is caused by defective nerve-force, or general debility; food may be detained in the stomach and undergo fermentation, owing to imperfection or arrest of the vital and chemical processes characteristic of health. At other times it is apparently generated by the mucous membrane of the intestinal canal; for the symptoms are very apt to arise in dyspeptic persons when a meal is delayed beyond the accustomed hour, or when the stomach is empty. Flatulence is often associated with faintness, nausea, palpitation, and other disagreeable sensations.

Heartburn *(Cardialgia mordens)*.—An acrid or scalding sensation, commencing in the stomach and rising up the throat to the mouth, generally from excess of animal food, and is especially liable to occur in gouty constitutions. *Hiccough (singultus)* is a common accompaniment of heart-burn, and consists of brief spasms of the œsophagus. In infants it is easily removed by administering a small quantity of milk or water.

Nightmare *(Incubus)*.—In this condition the patient experiences confused and frightful dreams, with a sense of

weight or pressure impeding breathing and producing great anguish; or he fancies himself in imminent danger or difficulty, from which he vainly strives to extricate himself, until at length he succeeds in uttering a cry, or moving, when the distressing condition terminates. It is *caused* by disorder of the digestive organs, and most frequently follows a late, especially a heavy supper. It may also be induced by fatigue, or an uneasy position in bed; sometimes the cause is very obscure, and requires professional examination and treatment.

Causes of Indigestion.—Irregularities in diet, such as indulgence in the luxuries of the table, partaking of rich, highly-seasoned, heavy, fat, sour, or bad food; *eating too quickly; imperfect mastication of food; eating too frequently*, or, on the other hand, too long abstinence from food; the use of warm and relaxing drinks, green tea, coffee, tobacco, wine, and alcoholic drinks; too little out-of-door exercise; excessive bodily or mental exertion; late hours; exposure to cold and damp; etc. Business and family anxieties are frequent causes of dyspepsia, and their operation is very general and extended, implicating not only the mucous coats of the stomach, but the liver, the bowels, and often the whole nervous system. "The battle of life" is too often fought, not only with much wear and tear, but with almost overwhelming anxieties and disappointments; and the digestive organs are often the first to suffer from depression of the mind. In this respect, the cause is often put for the effect, the common remark being that depression of spirits accompanies indigestion; but it is more true to say, that indigestion accompanies depressed spirits. When the mind is depressed by disappointment or anxiety, there is a corresponding depression of the energies of the nervous system, and so the stomach, in common with other organs (see Section 75), loses vital energy.

Hence in the treatment of dyspepsia, the use of medicines and the observance of hygienic rules and habits, as suggested a little further on, must ever go hand-in-hand; for the former, however skilfully directed, will, alone, be unavailing in most cases.

Epitome of Treatment.—

1. *Acute Dyspepsia.*—Nux Vom., Bismuth. (*severe pain towards night; spasm*); Puls. (*from rich or fatty food*); Ars., Coloc. (*sour fruits and vegetables*).

2. *Chronic.*—Nux Vom., Puls., Hepar Sulph., Bry., Carbo Veg., Calc., Sulph., Lyc., Ant. C., Kali Bich., Merc., Arn.

3. *From mental causes.*—Nux Vom. (*business anxiety*); Ign. (*grief*); Acon., China, or Nux Vom. (*night-watching, etc.*); China, Sulph.

4. *Debilitating losses—Diarrhœa, Hæmorrhage, Suppuration, etc.*—China, Phos. Ac., Phos., Ferrum.

5. *From cold.*—Acon., Ars., Merc.

6. *Special symptoms:—Loss of appetite*—Calc., Ferr., or China; *Depraved appetite*—China or Cina; *Flatulence*—Lyco. (*with constipation*), Carbo Veg. (*with diarrhœa*); *Heart-burn*—Puls., Caps., or Nux Vom.; *Hiccough*—Nux Vom., Cauloph., Gels., Ars., Sulph. Ac. (*with acidity*); *Water-brash*—Bry., Lyco., Nux Vom.; *Chronic acidity*—Calc., Sulph. Ac., Phos.; *Night-mare*—Nux. Vom. (*from indigestion or abuse of spirits*), China (*with oppression*), Sulph. (*with palpitation*).

Leading Indications.—

Nux Vomica.—Pain, tenderness, and fulness of the stomach after meals; heartburn; sour acid risings; flatulence; frequent vomiting of food and bile; sour or bitter taste; the head is confused, the patient feels indolent and sleepy after a meal, and unfitted for mental or physical exertion; there is a sallow, yellowish complexion, and *irregular* action of the bowels, with ineffectual urging. *Nux Vom.* is particularly indicated in persons of dark, bilious

complexion, who take too little exercise in the open air, have much mental labour, eat too much, or drink alcoholic liquors. A tendency to piles is a further indication for *Nux Vom.* and also for *Sulphur*, which may often advantageously follow it.

Pulsatilla.—Indigestion from fatty food or pastry, with much secretion of mucus; heartburn; acid, bitter, or putrid taste; frequent and loose evacuations. It is specially suited to females with deranged period, and to individuals of a mild disposition.

Antimonium Crudum.—Aversion to food, or loss of appetite; sensation as if the stomach were overloaded; eructations; tasting of the food; nausea and inclination to vomit, or vomiting of mucus and bile; escape of flatulence, with an almost immediate reproduction of the symptoms; alternate diarrhœa and constipation. Pimply eruptions on the face or sores on the lips or nostrils, are further indications.

Bryonia.—A sense of pressure or weight, as of a stone, after food; frequent *bitter or acrid eructations;* nausea, or bilious vomiting; stitch-like pain, extending from the pit of the stomach to the blade-bones; painful soreness at the pit of the stomach on coughing or taking a deep breath; confined bowels; obstinate and irritable disposition.

Lycopodium.—Atonic dyspepsia of weakly subjects, where the digestion is delayed through deficient glandular secretion and muscular energy; where there is so little nervous force to spare for digestion, that during its process an irresistible drowsiness comes on, and the sleeper wakes exhausted; and where, from like causes, flatulence collects in abundance, and the bowels are utterly torpid *(Hughes)*.

Hepar Sulphuris.—*Chronic* indigestion; nearly all kinds of food disagree; craving for stimulants; also if *Mercury* has been too freely prescribed.

Sulphur.—Cases of long standing, when only partial relief has followed the use of other remedies; and as an intercur-

rent remedy. It is particularly required in *strumous constitutions*, and for indigestion associated with or following acute or chronic *eruptions*, *piles*, *constipation*, irritability, glandular swellings, affection of the eyes, or other scrofulous affections.

Carbo Veg.—Chronic indigestion, with *flatulence*, heartburn, headache, etc. Very useful in elderly persons.

Calc. Carb.—Well adapted to constitutions in which the digestion and assimilation of food does not lead to the formation of good blood and healthy tissues; there are—*obstinate acrid eructations;* relaxed bowels; sensitiveness to cold and damp; fatigue after slight exertion; cough; gradual emaciation; and, in females, too frequent and profuse menstruation.

Accessory Measures.—The following points in the treatment and prevention of indigestion should, as far as possible, be adopted.

1st. *Mastication.*—The reduction of food to a state of minute division in the mouth is a most essential step towards easy and perfect digestion. Digestion really means solution; and as solid substances, intended by the chemist for solution, are first reduced in the laboratory by the pestle and mortar, so must the teeth perform a precisely similar process with the food. Not a particle capable of being further reduced by the teeth should be admitted into the stomach, as the work of the former can never be faithfully performed by the latter. A stomach, especially a weak stomach, acts tardily and imperfectly upon food introduced in an incomplete state of comminution. Further, food requires to be well masticated that it may be duly mixed with saliva. In front of the ear we have the parotid gland; beneath the jaw at the sides, the submaxillary; and under the chin, the sublingual; all these secrete saliva, which pours into the mouth through minute openings during mastication. This salivary secretion is not only intended to moisten and lubricate the food, but is a most essential chemical aid in digestion, such as no other liquid

can supply. We therefore warn the busy, the studious, the solitary, or on the other hand those persons who talk too much during meal-time, of the danger of neglecting the perfect mastication of their food. *The loss of teeth* is a frequent cause of indigestion, but now, happily, easily preventible; for when the natural teeth are lost, the skill of the dentist supplies us with useful substitutes.

2nd. *Overloading the Stomach.*—Too large a quantity of food interferes with digestion in two ways. (1) By so distending the stomach as to interfere with the churning motions which it undergoes during the process, and impairing its subsequent necessary contraction. (2) The secretion of gastric fluid is probably of a uniform quantity; therefore an inordinate amount of food would fail to be duly saturated with this indispensable fluid. The normal limits of the stomach are always exceeded when food has been taken in such a quantity as to produce an uneasy sense of distension. After long abstinence from food, as in the case of persons who dine late and take too little lunch, there is great danger of eating too much, unless the meal be taken slowly, or finished before the sensations of hunger are completely appeased. The same danger is likely to arise from too many dishes, or too stimulating articles of food; a morbid craving is thus excited long after the natural appetite would have been satisfied.

3rd. *Suitable Food.*—As a rule, animal food is easier of digestion than vegetable, and it is well known that a weak stomach is much more liable to flatulence, and other symptoms of indigestion, after vegetable food than after animal. Indeed, the teeth of man partake of an intermediate character, as he is no doubt intended to subsist both on animal and vegetable food; so that a due admixture of both is probably more easily digested than a more or less exclusive use of either. It is important to remember that *starch* is not a

nitrogenous or flesh-forming substance. Foods, therefore, the chief constituent of which is starch, as potatoes, rice, sago, etc., should be eaten only as *additions* to food containing a large amount of nitrogenous materials. Further, it is especially necessary that the dyspeptic should select *tender* animal food, and have it *cooked* so as to retain all its natural juices. The suggestions contained in the section on "Cooking," pages 31-3, are of great importance. Hard, dried, and cured meats—ham, tongue, sausages, and the like—are especially to be avoided. In the same category we may place veal, pork, twice-cooked meats, salmon, lobsters, crabs, salads, cucumbers, raw vegetables, cheese, new-baked bread, coffee, and all substances known to disagree with the patient.

4th. *Beverages.*—As a general rule, patients suffering from indigestion are better without malt liquors, wines, or spirits; a high standard of health being often best maintained altogether apart from the use of alcohol. Perhaps certain patients suffering from acute indigestion, or others in whom the powers of life are much enfeebled, may be benefited by a *moderate* and *temporary* use of stimulants. But if the use of these liquors be followed by excitement, flushing of the face, or any other inconvenience, they should at once be given up. Even when their use is at first attended by apparent benefit, *they should be discontinued when the circumstances which required them no longer exist;* for in our practice we have found that the most severe and obstinate forms of indigestion occur as the result of the excessive use of alcoholic beverages. In addition to *Cocoa* for the morning, and tea for the evening meal, the moderate use of *pure water* is almost the only fluid required. This liquid, so often despised, and even regarded by many as prejudicial, is one of the most potent means for preventing or curing dyspepsia. Water, however, should only be taken in moderation. Two or three glasses a day is enough for most people. It is best to avoid drinking cold

water at meals, except very sparingly; not, as is generally supposed, because it dilutes the salivary secretion or the gastric juice, but because it lowers the temperature of the stomach, and checks its action. (See *Beaumont on Digestion.*)

5th. *Disposition in which to eat.*—A cheerful and tranquil frame of mind, especially during meals, is a most essential point in the treatment and cure of indigestion. Cheerful conversation and ease of mind favour digestion by increasing the secretion of gastric juice. At meal times, the mind should be disburdened, the conscience untroubled, and study, straining the head, business anxieties, and everything that occupies the mind either too intently, or disagreeably, should be avoided. None of the other functions of the body are more completely under the influence of the emotions than those of digestion. The sight and smell of food make the "mouth water" in anticipation of the sweet morsel to "roll under the tongue," and the pleasant excitement of agreeable associations enhance the enjoyment of eating. On the other hand, distress, fear, or any sudden unfavourable intelligence, exercise an influence directly the reverse. Let meals, then, be taken with pleasant and cheerful companions; or if compelled to eat alone, let the thoughts from some pleasant book relieve the tedium of solitude. The aliment received under such pleasurable circumstances, may be expected to furnish in abundance and in the highest state of perfection, those secretions which are necessary to good digestion.

6th. *General Habits.*—Mental or bodily occupations should not be resumed immediately after a full meal; nor should food be taken without a few minutes' pause after exhaustive fatigue. Violent muscular exertions arrest digestion by engaging the nervous energies in other directions. The weary man, whether weary from the sweat of the brow or the sweat of the brain, should rest before he eats; and if the cause of fatigue has been in operation till the time of rest

approaches, solid food might then be productive of the most serious results. Under such circumstances, if nourishment be deemed necessary, it should be limited in quantity and of the lightest kind, as a small cup of beef-tea or cocoa, and the yolk of an egg well beaten up with milk, etc. We particularly recommend the "Plan of General Dietary," as sketched in the introductory chapter, pages 25-8, for general adoption. *Regularity* in the habits of life, such as taking food, sleep, exercise, etc., is an important condition in the treatment of dyspepsia. Feather beds, and too much sleep should be avoided; the patient should retire early and rise early, bathe or sponge the body every morning with cold water, and take moderate exercise daily in the open air. An occasional *change of air* and scenery exercises a wonderful influence in removing or preventing an attack of indigestion, divesting the mind of its ordinary train of thought, business and family anxieties, or gloomy pondering over personal ailments. Fortunately, our railway system is now so perfect, and widespread, and withal so economical, that few, by the exercise of a little foresight, need be deprived of so potent an aid to good health.

110.—Gastrodynia *(Gastrodynia)*—Pain or Spasms in the Stomach.

Pain in the stomach may be spasmodic or neuralgic. The latter has been already treated of in Section 53.

Symptoms.—Severe pinching, gnawing, or contractive pains in the stomach, generally occurring after taking food.

Causes.—Highly-seasoned or indigestible food; stimulants, coffee, and tobacco; long fasting; exposure to cold or damp; etc. Gastrodynia is usually but a symptom of indigestion.

Treatment.—Nux Vom. *(severe spasm)*; Bry. *(in rheumatic patients)*; Arn. *(soreness)*; Bismuth. *(dull, pressing pain,*

with frontal headache); Ars.* *(pain and vomiting after food; periodical return; it is often the best remedy).*†

Accessory Treatment.—In severe cases two or three folds of flannel, wrung out of hot water, and applied as hot as can be borne; in mild cases, warmed dry flannels. Attention to the "Accessory Measures" suggested in the previous section is often alone sufficient to cure gastrodynia.

111.—Vertigo and Headache.

Vertigo *(Giddiness).*—In a mild form, giddiness is the result of dyspepsia, and will be readily cured by one of the remedies mentioned in that Section, the most prominent of which are, *Nux V., Puls., Bell., Gels., Bry., and Acon.* When vertigo is severe and recurs, it often points to disease of the brain, heart, or kidneys. Vertigo generally exists in structural changes of the brain.

Headache.—The headache of indigestion is commonly termed *bilious.* It arises in connection with stomach derangement or some excess, and is generally accompanied by foul tongue and breath, pain in the stomach, nausea, deranged bowels, etc. It is necessary to discriminate between this and other headache of a different nature and arising from other causes, as *nervous* headache, from exhaustion consequent on hæmorrhage, prolonged lactation, hysteria, etc.; or *organic,* from cerebral disease.

Epitome of Treatment.—

Sick *(bilious)* Headache.—Iris *(copious bilious vomiting);*

* Dr. Fleury, after recording a striking case of cure of Gastrodynia by Arsenicum, remarks, "I can recall several cases which in my Allopathic days I used to cure with large doses of Bismuth, though without having any idea of how the cure was effected. I have no doubt now that it was owing to the small portion of Arsenic contained in the Bismuth of the shops."—From *Monthly Hom. Review.*

† See *H. World,* vol. iii., p. 11; vol. iv., pp. 80, 263.

Cham. *(in females, from cold or worry);* Nux V., *(with constipation);* Bry., *(vomiting of bitter fluids);* Acon., *(from catarrh);* Ipec., Puls., Ant. Crud., Merc., Sepia.

112.—Pyrosis *(Pyrosis)*—Water-brash.

Symptoms.—Eructations of an acid or tasteless watery fluid, sometimes in considerable quantities. It seems to arise from closure of the œsophagus by muscular spasm, so that the trickling saliva is prevented from passing into the stomach, and rises into the mouth without any effort. It is often accompanied with pain, and is sometimess a symptom of organic disease of the stomach (see Section 103), or liver.

When arising from indigestion it is generally due to the too exclusive use of a vegetable diet, or to other indigestible food; it is of common occurrence amongst the poorly-fed.

Treatment.—*Carbo Veg.*—Acid or acrid eructations, with flatulence, and, usually, constipation, sometimes diarrhœa; *Lycopodium* in chronic cases; *Nux Vom.*, other gastric symptoms (see Section 105). *Sulph. Ac.*, *Bry.*, *Puls.*, and *Acet. Ac.*, are also recommended.

113.—Vomiting *(Vomitus)*—Sickness.

Causes.—Too large a quantity of, or improper, food; a disordered condition of the digestive functions; pregnancy;* disease or irritation in other organs, as the brain, kidneys, uterus, etc.; cancer of the stomach; mechanical obstruction of any part of the intestinal canal; morbid states of the blood; it also occurs in most of the eruptive fevers. See also the following Section.

* For the treatment of "Morning Sickness" in pregnancy, see the "Lady's Homœopathic Manual."

Prognosis.—Nausea and vomiting occurring in diseases of the brain, as in epilepsy, are unfavorable indications; on the contrary, in pregnancy or hysteria, no alarm need be felt, as they are merely symptomatic of irritation conveyed by the nervous system to the stomach. We may learn much by observing the time of the occurrence of vomiting, the nature of the matters ejected, and the extent and urgency of the symptoms. If vomiting afford relief, and the nausea, oppression of the chest and stomach, and headache cease, the case may be considered favourable; if, on the other hand, the symptoms preceding vomiting are not relieved by it, but increase, the disease must be regarded as having taken an alarming form.

Treatment.—Should vomiting arise from overloading the stomach, or from the use of indigestible food, it is truly a conservative effort, and should be encouraged, within proper limits, by drinking warm water, or tickling the throat with a feather until the offending material is expelled. If sympathetic of organic disease in any organ, the treatment should be directed to the primary cause, while temporary relief from the vomiting may be obtained by the use of one of the following remedies. Under other circumstances, a remedy may be selected according to the causes which give rise to the vomiting, and the symptoms which exist.

Ipecacuanha.—Simple copious vomiting, with a disagreeable sickly feeling; when attended with diarrhœa; greenish or blackish and mucous vomit.

Kreasotum.—Chronic *persistent* vomiting. When the affection does not depend on simple indigestion, *Kreas.* is its best remedy; also for *persistent retching*, without vomiting.

Secale.—Chronic vomiting of sour mucus, with offensive eructations.

Arsenicum.—Vomiting, purging, great prostration, with a burning sensation in the stomach and throat, and cold hands

and feet. When caused by cancer or malignant disease of the stomach, this remedy often relieves.

Zincum.—The food is *suddenly ejected*, without retching; and the patient becomes emaciated.

Ant. Crud.—Nausea, heaviness of the stomach, foul tongue, and dislike to food, which continue unabated after free vomiting.

Iris Vers.—Effectual in most cases, painful and painless.

Accessory Means.—Small pieces of ice placed on the tongue are very grateful, and tend to allay the sickness. The diet must be simple, nourishing, and free from any irritating principle. Beef-tea is, probably, the most suitable form of nourishment, and may be given every one to three hours in small quantities, till other food can be borne. The stomach will often retain a small quantity of bland liquid diet, when it would reject a larger quantity.

114.—Sea-Sickness *(Nausea Marina)*.

This affection, though very distressing, is not serious; it is caused by the motion of the vessel. The seat of the affection is in the brain, and the sickness probably arises from a deficient amount of blood supplied to that organ. The retching and vomiting frequently recur, with intervals of extreme physical prostration, a sinking sensation at the pit of the stomach, vertigo, headache, etc. The symptoms, especially the vertigo, are most severe in the upright posture, and are at once relieved by a strictly horizontal posture.

Persons of delicate and sensitive organization, with a weak heart, a quick pulse, and a tendency to palpitation, are most liable to be affected, and are sometimes subject to similar derangement from the oscillations of a carriage or swing.

The best remedies are *Petroleum*, *Cocculus*, and *Nux Vomica*, as preventives; and *Kreas.*, *Tabac.*, or *Petrol.*, during

the sickness. *Petroleum* should be taken on going on board, a drop on a small piece of sugar, repeated every two or three hours. From personal experience in a voyage across the Atlantic, we recommend this as the best remedy for sea-sickness. *Nux V.*—For indigestion with constipation we found this remedy of great value, and administered it in many cases with marked good results. *Euphorbia Cor.*, *Podoph.*, and Rubini's *Camphor* have been recommended.*

Accessory Means.—If the previous statement be correct—that sea-sickness is caused by an insufficient supply of blood to the brain, our first effort should be an attempt to facilitate the afflux of blood to that organ, by a favourable position, and by imparting strength to the heart's action. The *horizontal posture*, therefore, should be enjoined; and small quantities of arrow-root, good beef-tea, or such light diet as best agrees with the patient. Champagne—iced if possible—is the best beverage, if it suit the stomach. Soda-water and a small quantity of brandy often suits well. When the symptoms are subsiding and the appetite is returning, a cup of good coffee without milk or sugar, with a plain biscuit or a small slice of toast, is often grateful.

Prevention.—For several days before embarking, indigestible food, overloading the stomach, or any irregularity in diet, should be avoided. At the same time one or more of the preventive remedies should be taken. Dr. Marsden informs the author that he has found those medicines most efficacious which, taken a day or two before going on board, improve the digestion, and act downwards. During the early part of the voyage, unless the weather be very fine, the patient should remain in his berth, in a horizontal posture, and take chiefly liquid food—beef-tea, chicken-broth, etc. A girdle, moderately tight, round the waist and abdomen, or a stomach-compress, without mackintosh, has also been recommended.

* See *H. World*, vol. i., p. 262; vol. iv., p. 102.

Warmth to the stomach and feet tends very much to prevent sea-sickness. Anything to amuse, and divert the attention from the waving position, is useful.*

115.—Enteritis *(Enteritis).*

Definition.—Inflammation of the small intestines, throughout a greater or less extent of their course, and involving all the coats of the intestines or only the mucous lining. In the latter case, the disease is termed *muco-enteritis*, and occasionally affects children from six to eight months old.

Symptoms.—Enteritis is preceded by rigors, dry hot skin, quick wiry pulse, thirst, nausea or vomiting, and confined bowels. The patient complains of severe pain of the abdomen, especially concentrated around the navel, and is aggravated by pressure. The patient lies on his back with his knees raised, so as to relax the abdominal parietés.

Diagnosis.—*Enteritis* may be distinguished from acute *peritonitis*, by the more local character of the pain and tenderness, by the pain being generally limited to the vicinity of the navel, and by the symptoms being less acute; from *colic*, by the tenderness on pressure, the quick pulse, fever, and prostration; from *intestinal obstruction*, by the early occurrence of the pain and tenderness, and the rapid progress of the case.

* Power of the Mind over Sea-Sickness.—The powerful effect of mental emotion in bracing us up against sea-sickness is very remarkable, and associates its pathology closely with that of other functional paralysis. This is said to be observed in a striking manner in shipwrecks, when fright renders every soul alert, though before there was any danger they had been exclaiming that they recked not what became of them. Of that I have no experience; but I remember once lying prostrate with nausea in a Peninsular steamer, when the captain, knowing I was a doctor, begged me to come and attend to an engineer who had got rolled into the machinery. Only one finger was crushed, but the binding up that and the encouragement of the frightened man quite cured me. *(Dr. T. K. Chambers).*

Causes.—Cold; errors in diet; the use of strong drinks; worms; or it may arise as the sequel of some general disturbance, as some form of fever.

Treatment.—*Arsenicum.*—Severe *burning pains* around the navel, obstinate vomiting, and great *prostration.*

Mercurius Corrosivus.—Hard, distended, and tender abdomen; fœtid watery stools; constant urging to stool, followed by hard *straining*, and evacuations of *mucus* or *mucus and blood.*

Colocynth.—Inflammation of the large intestines, with *drum-like distension of the abdomen*, urgent desire to stool after eating or drinking, bilious nausea or vomiting.

Veratrum Alb.—Great thirst; furred tongue; nausea and vomiting; great prostration; *coldness of the extremities;* etc.

Aconitum.—Is often required both at the commencement, and during the course of the disease, to moderate the *intense febrile symptoms.*

Accessory Means.—Perfect *quiet* in bed. *Hot fomentations* to the abdomen, sedulously employed, and followed by a carefully-applied wet compress. *Ice* or cold water may be freely swallowed. When the inflammation subsides, mutton, chicken, or beef-tea, milk, or Neave's food, may be given.

116.—Dysentery *(Dysenteria)*—Bloody-Flux.

Definition.—A febrile disease, consisting of inflammation and ulceration of the minute lenticular and tubular glands of the mucous membrane of the large intestine, attended with *tormina* (severe griping pains), followed by *tenesmus* (straining), and scanty *mucous* or *bloody* stools.

History.—Dysentery being an attendant upon war—a practice both old and universal—it was well known to the most ancient writers on medicine. It has been the scourge of all the great armies which have traversed Europe during the last

two hundred years, being particularly fatal in all unsanitary camps and garrisons. "It is the disease of famished garrisons, besieged towns, barren encampments, and fleets navigating tropical seas, where fruits and vegetables cannot be procured. During the Peninsular war, the first Burmese war, and the war with Russia, *dysentery* was one of the most prevalent and fatal diseases which reduced the strength of the armies."

Even in England, before the sweeping changes which have followed in the wake of the sanitary reformer, it was as frequent and fatal as it still is in unsanitary tropical countries. To the higher degree of civilization we enjoy, including in its train well-constructed, well-ventilated, and well-lighted dwelling-houses and streets, a more general and perfect system of drainage, with an abundant supply of good water, temperate and cleanly habits of the population, and enlarged general information on the laws of health, we may in truth ascribe our present comparative exemption from dysentery and analogous diseases.

Symptoms.—These vary considerably with the type of the disease. Simple cases occur, and run their course, with little constitutional disturbance; but an acute attack commences with a chill or rigor, and is soon followed by quick pulse, hot skin, flushed face, and often, pain in the head, thirst, furred tongue, nausea and vomiting. Griping, irregular pains in the abdomen, called *tormina*, are experienced, and the patient is often tormented by a sensation as if there were some excrementitious matter in the bowel ready to be evacuated, and he is irresistibly impelled to strain violently to remove the irritation. This, the most marked symptom of dysentery, is called *tenesmus*, and although the desire to go to stool is frequent and urgent, the patient is unable to pass anything except a little mucus and blood, shreds of fibrine which the patient often thinks to be the coats of his own bowels, and, sometimes, balls of hardened fæces, called *scybala*.

In hot climates the attacks are acute and violent, the pain being very severe around the navel and at the bottom of the back-bone. The bladder often sympathises with the rectum, exciting frequent efforts to pass water. In unfavourable cases, loss of strength and flesh follow, small and rapid pulse, anxious and depressed countenance, the abdomen becomes increasingly tympanitic, with bearing-down of the lower bowel, burning heat, hiccough, sudden cessation of pain, cold sweats, sharpened features, delirium and death. In favourable cases, the strength is not much reduced, while warmth and moisture of the skin, and a more natural character of the evacuations, indicate a tendency to recovery.

CAUSES.—"I believe dysentery to be caused by the action of a poison in the blood having a peculiar affinity for the glandular structures of the large intestine. This poison I believe to be a malaria generated in the soil by the decomposition of organic matter" *(Maclean)*. The effluvia from dysenteric stools are infectious, and consequently, are a cause of the disease. It is probable that the following are efficient agents in the *propagation*, rather than in the *causation* of dysentery:—Exposure to extreme and sudden changes of temperature, as from heat of day to the cold and damp of night; impure water; insufficient protection from cold and wet, as sleeping on the ground with the abdomen insufficiently covered; intemperance; a poor or irregular diet, etc. It is therefore often epidemic among people reduced by privation.

TREATMENT.*—*Aconitum.*—If febrile symptoms are well marked, the early use of this remedy often arrests the disease at its onset. It should be administered several times, at intervals of an hour. Afterwards, if required, one of the following:

* Dr. Teste recommends *Ipecacuanha* and *Petroleum*, in alternation, as curative of dysentery under all circumstances. In case of intense fever, one or two doses of *Acon.* to be first administered.

See the *H. World*, vol. v., pp. 156, 204.

Merc. Corr.—*Bloody* evacuations, mucus mixed with blood, almost pure blood: severe pain and straining before, and especially after, discharge: complete suppression of urine, or passed with great difficulty, with severe tenesmus of the bladder, while yet the patient lies *perfectly quiet and composed.*

Aloes.—*Shooting* and *boring* pains near the navel, *increased by pressure;* the lower part of the abdomen swollen, and sensitive to pressure; distension in the *left side* and along the track of the colon, worse after eating; *fainting during stool;* stools of bloody water frequent; *violent tenesmus;* hunger during stool; *cutting pains* with *pinching* in rectum and loins; heaviness and numbness in the thighs; fresh air relieves the symptoms, yet is disliked by the patient.

Arsenicum.—*Great thirst*, but patient drinks little at a time; cold breath; tongue looks blue; perspiration sticky and cold; eruptions often appear on the skin; extremities cold; excessive *weakness;* patient despairs of life, and is very restless; *before stool*, feeling as if the abdomen would burst; *during stool*, feeling of contraction above the anus; *after stool*, burning in rectum, trembling in limbs, also palpitation of the heart and exhaustion; fæces putrid, odour like old foul ulcers; urine offensive, with a greenish tinge, and passed with very great pain. Especially indicated in constitutions enfeebled by previous disease.

Colocynth.—Often required after *Merc. Corr.*, especially when *colicky* pains are very severe, abdomen distended, tongue white, and discharges slimy; patient is *doubled up* with pain, pressing any object against the abdomen for relief; fruitless attempts to vomit; burning along the sacral region.

Ipecacuanha.—Autumnal dysentery, with nausea and vomiting, great uneasiness, straining, and colic; the evacuations are frothy, fœtid, and afterwards bloody; sometimes mucous and greenish. Often administered advantageously in alternation with *Bryonia.*

Bryonia.—Pains made worse by least movement, even of arms; great thirst for *large draughts* of water.

Belladonna.—At an early stage, if the pains *appeared and disappeared suddenly;* sharp, shooting pains; great bearing down; tenderness of abdomen on pressure.

Nux V.—The first to be given after allopathic drugging; special symptoms are *small* and frequent evacuations, with violent tenesmus, which ceases with the evacuation; peculiar *pain* in the *back*, as if it were *broken*, in the region of the sacrum.

China.—Dysentery in marshy districts; putrid and intermittent dysentery; cold extremities, with weak, thready pulse.

Rhus Tox.—Involuntary nocturnal discharges; cutting pains in the abdomen; almost constant urging to stool.

Sulphur.—Obstinate cases, where ordinary remedies fail in affording relief, especially where there is constitutional taint, or hæmorrhoidal disease; also as an intercurrent remedy.

Administration.—In urgent cases, a dose every twenty minutes, half-hour, or hour; in less severe cases, every three or four hours.

Chronic Dysentery.—*Phos.*, *Nit. Acid.*, *Sulph.*, *China*, *Calc. C.*, *Verat.*, and *Phos. Ac.*, are our chief remedies.

Accessory Means.—The patient should maintain a reclining posture in bed, in a well-ventilated apartment, and, in severe cases, use the bed-pan instead of getting up. Local applications afford great relief, the best of which is the *cold abdominal compress* (see p. 94). If the pains are very severe, flannels wrung out of *hot water* should be applied over the abdomen, a second hot flannel being ready when the first is removed. Great benefit often results from injections, if there be not too much inflammation to admit of the introduction of the enema-tube. They may be administered after each evacuation if they prove beneficial. The first two or three injec-

tions may consist of from half-a-pint to a pint of tepid water, the temperature being afterwards gradually reduced. Mucilaginous injections are also frequently of service. The drink should consist of cold water, toast-water, gum-water, barley-water, etc.; the diet must be restricted to cold milk, arrowroot, cocoa, broths, ripe grapes, and other liquid forms of food—all cold. Animal food and stimulants should be avoided; when recovery has considerably advanced, and in chronic cases unattended by fever, beef-tea and other animal broths may be taken.

PREVENTIVE MEASURES.—Besides avoidance of the conditions pointed out under "Causes," it is absolutely necessary promptly to remove, disinfect, and bury the evacuations from a dysenteric patient, and to adopt the "Accessory" and "Precautionary Measures" pointed out under "Enteric Fever," page 161.

117.—Hernia *(Hernia)*—Rupture.

NATURE.—Hernia is a protrusion of some portion of the intestines through the walls of the abdomen, causing a swelling.

VARIETIES.—The following are the most common:—*Umbilical* hernia makes its appearance at the navel, usually in infantile life; *inguinal*, in the groin; *femoral*, also in the groin, but a little lower than the inguinal region; and *scrotal*, in the scrotum. *Reducible* hernia is one that can be returned into the abdomen; *irreducible*, cannot be returned; *strangulated*, is so constricted that the contents of the bowel cannot pass onwards, and the circulation of blood is impeded.

SYMPTOMS OF STRANGULATED HERNIA.—A painful, tense, and incompressible swelling; flatulence, and colicky pains; obstruction; desire to go to stool, and inability to pass anything, unless there be fæcal matter in the bowel *below* the

seat of rupture. If relief be not obtained, inflammation sets in, with vomiting, extreme pain, small wiry pulse, etc.; and, finally, mortification, with cessation of pain, and death.

Causes of Hernia.—*Weakness* of the abdominal walls from disease, injury, or congenital deficiency; *violent exertion*, as in lifting; *immoderate straining*, as in passing urine through a stricture, or in relieving the bowels.

Treatment.—No time should be lost in trying to push the tumour back into the abdomen, force being exerted chiefly upwards and outwards as the patient lies with the hips raised, and the thigh on the ruptured side flexed. If not quickly successful, lay the patient on *a board*, so placed as to form *a steep inclined plane*, so that the patient's feet and hips are very much higher than his head; he should be firmly held in this posture by an assistant, when, by pressure on the swelling, and often without any, the bowels will fall towards the chest, drawing with them the constricted portion. After returning the hernia, a truss should be employed, the pad of which should be of an oval shape, to exert a sufficient amount of pressure to prevent subsequent protrusion. *Salmon and Ody's* self-adjusting truss is the one we generally use. A truss should be worn constantly during the day-time, and applied *before* rising from the horizontal posture. The skin of the part on which it presses should be washed daily, and for the first few weeks bathed with *Eau de Cologne* or spirit-and-water to prevent excoriation and the formation of boils.

If the rupture resist the measures just recommended, the best surgeon within reach should be *immediately* sent for, as an operation may be necessary to save the life of the patient. In the mean time *Acon.* and *Nux Vom.* should be administered every fifteen or twenty minutes in alternation.

118.—Parasitic Disease of the Intestines *(Morbus parisiticus intestinorum)*—Worms *(Entozoa)*.

There are *fifty-five* well-marked parasites which infest the human body. Of these thirty-five live *within*, hence are called *Entozoa;* and eight live *upon* or *outside* the body, and are called *Ectozoa* (see the Section "Parasitic Diseases of the Skin"). There are twelve other parasites which are of *vegetable* growth, and are called *Entophyta* or *Epiphyta*, according as they live within or upon the body. There are many others which have been reported, but their characters or existence are still the subject of enquiry. Even the parasites themselves are infested with parasites—"an observation embodied," says Dr. Aitken, "in the Hudibrasian couplet:—

> 'These fleas have other fleas to bite 'em,
> And these fleas, fleas, *ad infinitum.*'"

The parasites of man are divided into three classes:—A. *Cœlelmintha*—hollow worms—worms with an abdominal cavity; B. *Sterelmintha*—solid worms; and C. *Accidental Parasites*—internal parasites, having the habits, but not referable to the class, of entozoa. The round-worm and thread-worm are examples of the first class; the tape-worm, of the second; and the larva of the gad-fly belongs to the third class. There is scarcely a tissue or organ of the body that has not been invaded by parasites: by far the greater number of the *entozoa* dwell in the intestines; but many are found elsewhere—the *Guinea-worm* in the skin and subcutaneous tissues, the *Trichina Spiralis* and *Cysticircus Cellulosæ* in the muscles, and others in the eye, kidney, liver, brain, heart, etc., and even in the blood.

The three most common parasites are the following:—the *Oxyuris vermicularis* (the small thread worm), and the *Ascaris lumbricoides* (the long round worm); the *Tænia solium* (the

common tape worm of this country), is less frequent, and is very rare in children till after the third year.

The Oxyuris, from a quarter to nearly an inch long, is the smallest worm that infests the intestines, and often exist in clusters, rolled up in masses of considerable size, chiefly in the rectum. They are thread-like, white, move very rapidly, and when touched contract to nearly one-half their usual length. The term "maw-worm" is sometimes applied to them, from the irritation caused in the stomach by a reflex action. They do not exist in infants fed at the breast, unless other food, especially starch food, is also given, but are of extreme frequency in older children, and occasionally in adults. The *symptoms* to which this variety gives rise are,—itching or irritation about the anus, especially troublesome in the evening, depraved or irregular appetite, offensive breath, picking of the nose, straining at stool, disturbed sleep, and more or less general restlessness. The local irritation thus excited may be very considerable, extend to contiguous parts, and occasion a mucous or bloody discharge from the vagina, and even operate as a cause of masturbation. The same result may occur from direct migration of the worms from the anal to the vaginal or urethral orifice. The frequent but ineffectual desire to go to stool may occasion straining and prolapsus ani, effects which may continue after the expulsion of the worms. When the presence of thread-worms is suspected, they may often be found on examination of the stools, or crawling about the radiating folds of the anus after the patient gets warm in bed.

The Ascaris Lumbricoides is very similar to the common earth-worm, but of a paler colour, sometimes almost white. It is of variable length, from six to fifteen inches, inhabits chiefly the small intestines, where it feeds on the chyle, but not infrequently passes into the stomach and is vomited; or downwards into the colon and is ejected with the evacuations.

It has been seen in the gall bladder and hepatic duct; has visited the œsophagus, pharynx, and glottis; and has been found in the air passages, coming by way of the œsophagus and trachea, causing death by strangulation. When existing in large numbers the worms cause much irritation, and are occasionally passed in bunches or balls rolled together. It seldom exists alone, and is said to be most common in ill-fed children between the ages of three and ten years. The chief symptoms are,—pains and swelling of the abdomen, depraved appetite, fœtid breath, slimy stools, tenesmus, itching of the anus, and sometimes chronic diarrhœa, most troublesome at night, with offensive, scanty, thin motions, much straining, and often prolapse of the bowel. Nervous symptoms are also common,—pallid countenance, dilated pupils, vertigo, disturbed sleep with grinding of the teeth, convulsions, chorea, etc. These symptoms may, however, be due, in part at least, to the general functional derangement which favours the production of the parasite, and not alone to direct irritations.

The Tænia Solium is white, articulated, flattened, varies in length from a few feet to many yards, has its habitat in the small intestines, and usually exists alone. It is frequently said that if any segment of the tænia be left in the bowel, it will become a perfect worm. But this is not the case. If the articulation be fully developed, and finds a suitable nidus, the germs will escape, and, passing through their physiological changes, become perfect worms. The symptoms produced by its presence are not often well-marked, and it is usually unsuspected till joints are passed in the evacuations; frequently, however, there are sensations of weight, or gnawing in the abdomen, often with enlargement about the navel. The appetite is usually excessive, but at the same time the nutritive functions are so imperfect that there is considerable and progressive wasting. There is often itching of the nose and anus, lassitude, and sometimes cramps in the extremities.

General Symptoms.—The existence of worms is usually preceded and accompanied by an unhealthy condition of the mucous lining of the intestines, in which a large quantity of tenacious slimy mucus is secreted, which interferes with the various processess concerned in digestion, and at the same time forms a suitable nest for intestinal worms, in which they develop rapidly in proportion to the quantity of mucus secreted. Intestinal worms require thick mucus both for their nidus and nourishment. The clear recognition of this fact is of great importance, for when the alimentary canal is brought into a healthy condition, there is no home for worms, and they soon cease to infest the patient.

This condition of the intestinal canal is associated with a coated tongue, varying in degree according to the extent of mucus secreted, with remarkable distinctness of the fungiform papillæ at the sides of the dorsum. These papillæ are seen as large, round, or more commonly, oval spots, seldom elevated, and varying in colour from pale red to deep crimson, the depth of colour being in proportion to the degree of irritability of the digestive organs. If vomiting and diarrhœa supervene, their colour becomes bright red, and they then project slightly above the surface, peering through the thick coating of yellow fur with which the dorsum in such cases is usually covered. Although the appearance of the tongue thus described is not diagnostic of worms, yet it indicates a condition of the digestive organs in which worms are very likely to be found, and when it is noticed worms should always be inquired for. When the tongue is seen to have a slightly slimy look, especially about the centre, to be covered with a thin coating of greyish transparent fur, and to have the fungiform papillæ at the sides—large, oval, not elevated, but pinkish red, and unusually distinct, worms are seldom absent *(Dr. Eustace Smith)*.

As a result of this condition of the alimentary canal, the

function of nutrition becomes impaired, and the patient loses flesh, while the abdomen becomes hard and swollen. The face is puffy and pale, the skin of a greyish colour, with a leaden-coloured semicircle under the eyelids; the pupils are dilated; there is itching of the nose and anus, and occasionally tenesmus; the bowels may be confined, with constant ineffectual efforts, or there may be attacks of diarrhœa, with great straining, the motions being dark, slimy, and offensive; the breath is disagreeable, especially in the morning, and there is sometimes dribbling of saliva during sleep. The appetite is capricious, often ravenous, and sometimes the child refuses food altogether. Discharges of mucus are not infrequent from the rectum, and also in girls from the vagina. Sometimes the urine is passed with difficulty or pain, the urine being usually whitish or milky.

Other disordered conditions, of a nervous character, are, restlessness, starting during sleep, grinding of the teeth, a dry, short, irritative or spasmodic cough, sighing, hiccough, and in children of a refined nervous temperament, convulsions.

The only certain proof of the presence of worms is their detection in the stools or matters vomited. Even when thus known to exist, the symptoms for which advice is sought may not be due to the worms. In such a case an injection or purgative will expel the parasites, but the symptoms will still persist.

Causes.—Our knowledge of the *modus operandi* by which these parasites get access to the intestinal canal is as yet imperfect. The *Oxyuris* effects an entrance into the human body with vegetable food or water whilst in an immature condition. Unfiltered, impure water is no doubt the medium by which the *Ascaris lumbricoides* is introduced. The revelations of the microscope prove that water often contains animalculæ, or their eggs, and though extremely minute, may give rise in the human intestine to a thing of life. Eating imperfectly-

washed vegetables, raw or under-cooked meat, etc. Flesh infested with the cysticircus is the ordinary source from which the *Tæniæ* are derived. Pigs are very liable to be so infested, and in rabbits it is exceedingly common, very few of these animals being found altogether free from this parasite *(Dr. Eustace Smith)*.

The theory of the *spontaneous generation* of intestinal worms is opposed to the investigations of the most scientific naturalists of the present day. Food in a semi-assimilated condition, with the presence of mucus in the intestines, form a nidus favourable to the development of parasites; but there has been no evidence of a single example even of the simplest form of living beings, except through the instrumentality of a previously-existing principle. The microscope shows that the entozoa have male and female organs, and produce fertile eggs in abundance. The eggs of course require for their development certain favourable conditions, but these conditions are not the cause of their production.

Most of the parasites infesting man are furnished with digestive organs, instruments of locomotion, and with male and female organs of generation. Some of the entozoa are peculiar to certain localities, and strangers visiting such places contract them. The tape-worm invades the intestines of persons travelling in the country to which it belongs; thus the tape-worm of England is the *Tænia solium*, that of Switzerland is the *Tænia lata;* but an Englishman visiting Switzerland is liable to the *Tænia lata*, and, on the other hand, a Swiss in England is liable to that variety common to our country. The following curious story was related by Mr. Abernethy:—"A shepherd had to drive a flock of healthy sheep to a distant part of the country. The journey occupied two or three days. On the road one of the animals broke its leg, and was carried the rest of the way on horseback. All the flock, except this hurt individual, were turned for one

night into a marshy pasture. The broken limb was set, and the patient got well, and was the only one of the flock that did not subsequently become affected with the rot, the only one that escaped having flukes in its liver. Is it not almost certain that the germs of these parasites were swallowed with the herbage cropped by the sheep in the damp meadow?" *(Watson)*. People who live in places where dogs abound are very liable to the hydatid-forming tape-worm which is derived from dogs ;* hence this disease is very prevalent in Iceland, where every peasant owns, on an average, half-a-dozen dogs. Even the *Ascaris mystax*, which infests every domestic cat, must now be regarded as a human parasite *(Aitken)*.

The identity of the tænia with the cysticircus found in the muscles of the lower animals has been established by Siebold and others, and it is probable that the trichina is subject to similar developments.

The dissemination of tape-worms from man to animals, and *vice versâ*, is thus easily explained. The pork tape-worm is said to contain at least 45,000 eggs, and these, escaping from the joints either before they leave the body, or subsequently, are distributed by water, sewage, or other means, and reach the stomach of pigs or even man, where the shell of the egg is dissolved and the embryo liberated. Parasitic maladies in the pig chiefly abound in districts where swine live most among human beings. Enclosed in farm yards, or in piggeries at a proper distance from human habitations, these animals are generally free from worms which are likely to exist in the body of man. The Irish pig, allowed the free range of house and road, where every kind of filth is devoured, charged with the ova of parasites expelled by man or some of the lower animals, is most commonly injured by entozoa. "The observations of helminthologists," writes Mr.

* In the British Islands the pig holds the same position in propagating entozoa that the dog does in Iceland.

Gamgee, "prove that it is not unattended with danger for human beings to sleep together when one is affected with tape-worm or trichina. How much more dangerous, then, for animals to live with people who disregard all habits of cleanliness! Though we refuse to believe that filth breeds parasites, we must not forget that dirt protects the ova, and favours their transmission from one nest to another. The terrible hydatid disease, which is the direct cause of one-fifth of the human mortality of Iceland, is due to negligence and dirt. The Icelanders slaughter their animals, and leave the offal to decompose. Dogs devour the entrails, which abound in entozoa, and, breeding tape-worms within them, disseminate eggs over the whole country."

The *predisposing condition* which favours the development of worms, already noticed, is the secretion, in great abundance, of intestinal mucus, causing fermentation of food and imperfect digestion and assimilation. Struma is a predisposing cause, for the unhealthy condition of the lining of the digestive tube that prevails in this disease is highly favorable to the development of worms.

Worms Infectious.—

Thread worms often migrate from the rectum into the vagina of little girls, preferring the night for this purpose; they even migrate from the child affected to others sleeping in the same bed. The female worm is the greatest traveller, and one pregnant worm, escaping from its place of development into another intestinal canal, is capable of infecting it. In this manner worms are infectious, and an entire family where parents and children occupy the same bed, as they too often do among the poorer classes, become infested with oxyuri.

Treatment.—This does not involve simply the expulsion of the parasites from the body, but the correction of the abnormal state of the digestive canal, and the destruction of

the nidus in which they live and multiply. When *oxyures* are very numerous and troublesome, and their immediate removal is desirable, we recommend simple injections, as follows:—

INJECTIONS.—These are useful as means for expelling thread-worms, as they inhabit the rectum and siginoid flexure; half a pint of water, in which a tea-spoonful of common salt has been dissolved, once or twice repeated, will generally suffice. The injection should be administered in the evening at bed-time and when the bowel is empty, so that the salt water may find ready access to the various ramifications of the bowel where the parasites hide. Afterwards, a simple cold or tepid injection should be used regularly two or three times a week for one or two months, to wash away the slime and mucus in which the ova exist. But the medicinal and general treatment only can be relied upon for improving the health and preventing their re-formation. Garlic (not onion) injections have been found very efficacious. Sweet-oil is a less disagreeable injection, and appears to destroy the worms in about ten days.

EPITOME OF MEDICAL TREATMENT.—

1. *As Anthelmintics.*—Cin., Cupr., Filix Mas. ϕ, Teuc. 2x, Santonine 1.

2. *For constitutional conditions commonly associated with worms.*—Ars., Calc. Carb., Sulph., Sil., Merc.

3. *Occasional remedies.*—Acon. *(feverishness and restlessness);* Bell. *(flushed face and nervous irritability);* Nux. Vom. *or* Puls. *(indigestion);* Ign. *(nervous depression).*

LEADING INDICATIONS.—

Cina.—A valuable remedy for the condition which favour the development of *thread-worms*, or round-worms, or even tape-worms, with the following symptoms:—boring at the nose, livid semi-circles under the eyes, tossing about, or calling out suddenly during sleep, epilepsy or convulsions, nausea

and vomiting, griping, itching at the nose and anus, and white and thick urine, sometimes passed involuntarily.

Mercurius.—This remedy, often of great service in worm affections, is indicated more by the character of the evacuations than by the presence of parasites. The motions are whitish or greenish, pappy, and sometimes bloody, with tenesmus; also there may be distension of the abdomen, *fœtid breath*, *excessive quantity of saliva*, difficult teething, restlessness at night, etc.

Ignatia.—Suitable for mild, sensitive children, troubled with excessive *itching of the anus*, *prolapsus ani*, nervousness, depression, epileptiform attacks, etc.

Teucrium.—Thread-worms with much irritation in the rectum, irritability of the nervous system, sleeplessness, vertigo, etc. It is especially efficacious in *adults*.

Filix Mas.—This remedy is chiefly employed against the *tape-worm*, and if continued for some time, twice a day, often effects a cure.

Ant. Crud.—This remedy is particularly recommended for the correction of that *morbid condition of the intestinal canal* which favours the development of worms.

China.—Suitable for the treatment of children with thread-worms and *tendency to diarrhœa*, irritation at the anus, pallor of the face, and livid appearance under the eyes.

Sulphur.—Worm-colic; also after the general worm symptoms have disappeared, to complete the cure. See also the next remedy.

Calcarea.—After discontinuing the other remedies specially and immediately indicated, this is generally required for patients having an *hereditary predisposition to worms*, with other scrofulous symptoms.

Local Means.—The propagation of the most common varieties of worms—the Ascaris and the Oxyuris—may be prevented by the simple application of lard or oil around the

anus of the patient. It has been observed that light and air are necessary to the propagation of some varieties of intestinal worms in horses and other animals, and Mr. Haserick of America states that the female holds on or grasps the mucous membrane within the sphincter ani, and then discharges its eggs around the anus; in a few hours these are hatched and make their way into the rectum. He has found the application of lard around the anus destroys the larvæ, and that by renewing the application two or three times a day for a week, the surface is completely protected, and the egg has no nidus for development; consequently, as the worm is short-lived, in the space of eight days the animal is free from parasites. Encouraged by his success with animals, this gentleman recommends similar measures in the case of children, and with the prospect of equal success.*

Dr. Hills and Dr. Grosvenor have advised this treatment in many cases, with the best result in every instance.

Diet, etc.—To correct the excessive and morbid intestinal secretion, considerable changes of diet are generally necessary. The food should be taken only at regular hours, and be selected with special reference to its digestibility; it may include properly-cooked animal food, mutton, beef, fowl, also

* Dr. Woodvine of Boston confirms Mr. Haserick's theory. "After many attempts," he states, "I succeeded on the 15th, 16th, and 17th of January, 1869, in satisfying myself that the method by which the *oxyuris vermicularis* propagates its species, is by depositing the ova outside the sphincter ani and around the edge of the anus, where, in the space of a few hours the worms are hatched, and make their way into the rectum. In order to ascertain if the ova are thus deposited, I directed the parents of the child afflicted with the oxyuri a few minutes after a paroxysm of itching and pricking pain in the rectum had subsided, to take a piece of damp black silk, and, wiping the anus of the child with it, fold it, and send it to me. To the naked eye nothing appeared on the silk more than a little mucus. This I placed in a microscopic cell and under a one-fifth objective found that, on several occasions, I had succeeded in obtaining large numbers of the eggs, thus confirming the observation of Mr. Haserick."

white fish. Cakes, pastry, sweetmeats, sweet-made dishes, potatoes, (except prepared as afterwards recommended), butter, pork and veal, must be forbidden. Salt, as a condiment, should be taken liberally with the food.

The following scale of diet is recommended by Dr. Eustace Smith for a child over two years of age, to be given in four separate meals in the course of the day:—*

"*First Meal.*—Fresh milk diluted with a third part of lime-water. A small slice of toast, or of dry, stale bread.

"*Second Meal.*—A small mutton chop, or a slice of roast beef or mutton, without fat; dry toast or stale bread.

"*Third Meal.*—A cup of beef-tea or mutton-broth, free from grease; the yolk of a lightly-boiled egg; dry toast.

"*Fourth Meal (if necessary).*—The same as the first. It is not always easy to persuade children to submit readily to the deprivation of starchy food, for which and especially for potatoes, there is often in these cases a great craving. So long, however, as the slimy appearance of the tongue, before described, continues to be observed, the above diet should if possible be adhered to. When potatoes are once more allowed, they must be well boiled, and should be afterwards carefully mashed with a spoon. Gravy may be poured over them before they are eaten. In cases where the appetite is lost and there is disgust for food, children often show an especial reluctance to take meat, which it is very difficult to overcome. A small bird, as a lark or a snipe, will however often tempt them, for their fancy is pleased by the idea of eating a whole bird, and this means frequently succeeds when all others fail.

"The above scale of diet need not be literally followed in the case of all children troubled with worms, but may be varied according to circumstances. In general three meals are better than four, but whichever arrangement is adopted, no food should be allowed between the meals."

General Measures.—The general hygienic management of children should be conformed to the best principles; children should be quickly bathed with cold water on rising in the morning, and afterwards rubbed with a large towel till the whole skin is in a glow. An occasional warm bath at night

* "The Wasting Diseases of Children." London: James Walton.

is advantageous by aiding the healthy action of the skin. Exercise should be taken daily in the open air, and when improvement has taken place, change of air to the coast or to a bracing country air, is desirable, if only for a short time. Change of air tends to perfect and render permanent the treatment recommended.

PREVENTION OF WORMS.—1.—Avoid open waters, either for drink, or for use in the preparation of food, into which the carcases of dogs are sometimes thrown, or into which worm-eggs may be washed by rain, or other agencies, or to which even dogs or other animals have access. All suspected water should be previously boiled, distilled, or well filtered. 2.—Decomposing pieces of meat should be destroyed by *fire;* if thrown to dogs, or allowed to accumulate on the ground, or even buried, worms are propagated, and human health and life endangered. 3.—Raw or underdone meat, especially ham, bacon, sausages, etc., should be carefully avoided. Cooks, butchers, etc., are more liable to be infested with *tænia* than other persons; and in countries where uncooked flesh, fowl, or fish, is consumed, worms abound. Good cooking ranks next in importance to the attempt to exterminate parasites from the animals we eat, or the water we drink. 4.—Vegetables and salads, eaten raw, should be first most scrupulously washed, as it is through such media that the ova of parasites often find their way into our bodies. After being thoroughly cleansed, they should be well masticated before they are swallowed.

119.—Diarrhœa *(Alvus soluta)*—Purging.

DEFINITION.—Frequent, *excessive*, fluid evacuations from the bowels, without *tormina* or straining, from functional or structural changes in the small intestines, of a local or constitutional origin.

Simple frequency of evacuation may exist while there may be no increase in the quantity of fæcal matter discharged, or it may even be deficient. True diarrhœa depends upon defective absorption of the intestines, so that an excess of matter passes through them, and less is taken up for the nourishment of the body.

Forms.—The following are the chief: *Irritative diarrhœa*, from excessive, stimulating, irritating, or impure food or drink; *Congestive or inflammatory diarrhœa*, from cold, cold drinks or ices when the body is overheated, checked perspiration, or suppressed accustomed discharges; *Diarrhœa lienterica*, or discharges of unaltered food from arrest of the digestive and assimilative functions; and *Summer-diarrhœa.*

Symptoms.—Nausea, flatulence, griping pain in the bowels; followed by loose motions, which may vary as regards *consistence*—being fluid or watery; in their *nature*—slimy, bilious, or bloody; and in their *odour* and *colour*. Furred tongue, foul breath, and acrid eructations, are generally superadded. The circulation, breathing, and other functions are usually unaffected. In Summer-diarrhœa, or English cholera, the discharges are chiefly bilious, and there are often violent pains in the abdomen, cramps in the legs, and great prostration.

Causes.—1. *Excess in the Pleasures of the Table.*—Over-repletion of the stomach may occasion irritation and diarrhœa by the mere quantity of the aliment introduced, but these results more commonly follow the *mixture* of various kinds of food and drink in one meal.

2. *Indigestible kinds of Food.*—Such are, especially,—sour, unripe, or decaying fruits or vegetables; badly-cooked food; various kinds of shell-fish; *putrid* or *diseased* animal food; Numerous proofs are furnished in the public journals that the flesh of animals slaughtered in a state of disease is extensively sold for human food.

3. *Impure Water.*—This is a fruitful cause of diarrhœa.

Water contaminated with sewage or sewage gases, or with decomposing animal matter, is almost certain to occasion diarrhœa, especially in recent visitors to a neighbourhood supplied with such water.

4. *Atmospheric Influences.*—The heat of summer, the hot days but chilly nights and mornings of autumn, are frequent exciting causes of diarrhœa; so is the application of cold to the perspiring body, or the sudden checking of perspiration. Hot weather is a frequent exciting cause of diarrhœa, termed, on this account, Summer or English cholera. Dr. Farr says that diarrhœa "is as constantly in English towns when the temperature rises above 60°, as bronchitis and catarrh when the temperature falls below 32°." Probably, to the influence of the change of temperature—from the excessive heat of the day to the cool of the evening in the autumnal months—may be added bad drainage, and the impurities which then exist in our rivers and springs.

5. *Mental Emotions.*—The depressing influences of fear or anxiety, or the violent excitement of anger, are frequent exciting causes. A sudden fright excites in many persons the action of the bowels as certainly as, and much more quickly than, a *black-draught.*

6. *Functional or organic disease.* — Diarrhœa is often a symptom of other diseases arising from local or constitutional causes, as in typhoid fever; and in hectic fever, and phthisis, when it is called *colliquative* diarrhœa, because it appears to *melt down* the substance of the body; *cachectic* diarrhœa, as from chronic malarious diseases; bilious diarrhœa, from excessive flow of bile, as in hot weather or after passing a gall-stone. Looseness of the bowels is a very common precursor of cholera, when that disease is epidemic.

Treatment. — The attempt to arrest diarrhœa by the astringent measures of the old school has, in many ways, a most prejudicial effect; for should one symptom be relieved,

it is too frequently followed by aggravation of others. When loose evacuations afford relief to a patient, they should not be interfered with, for they may be Nature's mode of curing disease. The evacuations following the too free indulgence of the table, or those of children during teething, are of this class.

EPITOME OF TREATMENT.*—

1. *Diarrhœa from indigestible food.*—Puls., Ant. C., Ipec., *or* Nux Vom.

2. *From impure water and effluvia.*—Bapt., Ars.

3. *From fruits or acids.*—Ars., Coloc.

4. *From cold and hygrometric changes.*—Camph. *(with severe chills);* Acon. *(from suppressed perspiration);* Bry. *(from changes from hot to cold weather);* Dulc. *(from damp);* Coloc. *(with colic).*

5. *Summer diarrhœa.*—China *(simple);* Verat. *(with cramps);* Iris *(with vomiting and headache);* Ars. *(great prostration);* Phos. Ac. *(epidemic summer and autumnal diarrhœa).*

6. *From mental causes.*—Ign., Verat., Cham., China.

7. *During dentition.*—See Section 97.

8. *In weak and aged persons.*—Phos., Phos. Ac., Ant. C., Nit. Ac.

9. *Chronic diarrhœa.*—Ars., Phos., Calc. Carb., Phos. Ac., China, Sulph., Ferr. Iod. (See also Section 34.)

10. *Other conditions.*—Ipec. *(with vomiting);* Ferr., China, *or* Ars. *(undigested food in the stools);* Rumex, *or* Nuphar *(morning diarrhœa);* Merc. Cor., Caps., *or* Ipec. *(bloody discharges:* see also Section 116); Podoph., Merc., China, *or* Iris *(bilious diarrhœa);* Rubini's Camphor *(choleraic diarrhœa; tetanic cramps).*

LEADING INDICATIONS.—

Camphor.—In *sudden* and *recent* cases, with chilliness, shivering, cold creeping of the skin, severe pain in the

* See *H. World,* vol. iii., p. 8; vol. iv., p. 214; vol. v., p. 280.

stomach and bowels, cold face and hands. Two drops on a small piece of loaf sugar, repeated every twenty or thirty minutes, for three or four times.

Dulcamara.—Diarrhœa from cold and wet, particularly in the summer or autumn; nocturnal evacuations, which are slimy or bilious; impaired appetite and dejection of spirits.

Pulsatilla.—Purging from fatty or rich food, bitter taste in the mouth, nausea, eructations, and colicky pains, especially at night; mucous diarrhœa, especially in children.

Ant. Crud.—Watery diarrhœa, with disordered stomach, loss of appetite, *white-coated tongue*, *eructations*, and nausea. It is more especially adapted to aged persons.

China.—*Simple summer-diarrhœa;* also after eating, or in the night, or early morning, and containing undigested food, with colic, or painless; brownish motions; debility, thirst, and loss of appetite.

Apis.—Painless, greenish-yellow diarrhœa *recurring every morning.*

Iris Versicolor.—English cholera or summer diarrhœa; bilious evacuations, with vomiting and headache.

Arsenicum.—Diarrhœa accompanied or ushered in by vomiting, with heat in the stomach, and a *burning sensation* attending the effort of expelling the motions, with griping or tearing pains in the abdomen. It is well indicated in cases marked by extreme weakness, emaciation, coldness of the extremities, paleness of the face, sunken cheeks, etc. It is therefore more suited to diarrhœa associated with deep-seated disease than with mere functional disorder. It will fail in bilious diarrhœa.

Mercurius Cor.—Bilious or bloody stools, preceded by colic and griping, and followed by painful *straining:* also clay-coloured or yellow stools.

Bryonia.—Diarrhœa during the heat of summer, especially if caused by cold drinks, or by sudden change from heat to cold wind.

Podophyllum.—Dysenteric and bilious diarrhœa, with prolapse of the bowel.

Veratrum.—Copious, dark, *watery* evacuations, with *cramps*, *great thirst*, *vomiting*, *coldness of the body*, and *rapid sinking*.

Phosphoric Acid.—Chronic, *exhausting*, painless diarrhœa, particularly when there is involuntary action of the bowels.

Phosphorus.—Weakly, nervous patients, especially young persons with a tendency to phthisis.

Ferrum.—*Anæmic* patients; chronic diarrhœa, with undigested food.

Calcarea Carb.—Chronic diarrhœa, with weakness, emaciation, pale face, and sometimes variable appetite. It is especially useful in scrofulous persons.

Diet.—In recent cases of diarrhœa, food should be given sparingly, consisting of light, non-irritating articles—gruel, rice, arrowroot, arrowroot biscuits, Neave's Food, prepared with an extra quantity of milk, and other farinaceous substances, which should be taken *cool*. In chronic diarrhœa, the diet should be nutritious, but restricted to the most digestible kinds of food—mutton, chicken, pigeon, game, and white fish are generally suitable, if not overcooked. Beef, pork, and veal, and all tough portions of meat should be avoided. Starchy foods—arrowroot, sago, etc., are insufficient for prolonged cases of diarrhœa, but are improved by admixture with good milk. *Old* rice, well cooked, with milk, taken directly it is prepared, is excellent nourishment. Raw or half-cooked eggs, and wholesome ripe fruit in moderation, may generally be taken. Mucilaginous drinks—barley-water, gum-water, nitric lemonade, linseed tea, etc., are the most suitable: see pp. 85-6. Probably, however, the best diet is *milk and lime-water*, as recommended by Dr. T. K. Chambers; it may be iced in feverish conditions, and soda-water occasionally substituted for lime-water. Restricting a patient entirely to this diet is often alone sufficient to cure all

kinds of diarrhœa not depending on a permanent chronic cause. Even in the latter case much temporary benefit is gained. The alkaline milk diet may be taken frequently and in small quantities.

Accessory Means.—The extremities should be kept warm, and exposure to cold or wet avoided. Rest, in the recumbent position, is desirable in acute cases. Severe griping pains may be relieved by heated flannel, dry, or wrung out of *hot* water, and applied to the abdomen. Persons liable to diarrhœa should wear flannel abdominal-belts. Night air and late hours predispose to attacks. Except in severe cases, moderate out-door exercise should be taken daily. On recovery from diarrhœa, relapses should be guarded against by shunning all exciting causes in food, clothing, etc.; mental excitement, and excessive or prolonged exertion should also be avoided.

120.—Colic *(Colum)*—Spasms of the Bowels.

The seat of this affection is the large intestine; the pain being due to violent contraction *(spasm)* of the muscular fibres of that portion of the intestinal canal.

Symptoms.—Severe twisting griping pain in the abdomen, chiefly around the navel, relieved by pressure, so that the patient doubles himself up, lies on his belly, or rolls on the floor, writhing in agony. The bowels are generally constipated, but there is a frequent desire to relieve them, although little passes but flatus; there is no fever, nor is the pulse even quickened, unless after a time it becomes so from anxiety. The paroxysms of pain are owing to the efforts of the bowel above to force downwards the mass of accumulated gas or fæces, or while the lower portion is contracted.

Diagnosis.—Colic is sometimes mistaken for *Enteritis* (inflammation of the bowels), and for *Hernia* (rupture); but it may be distinguished as follows:—In *Colic*, there is no fever,

no acceleration of the pulse, no serious apprehensive anxiety, the pain is relieved by pressure, and there are intervals of almost complete relief. *Enteritis*, on the other hand, is attended with fever and extreme tenderness of the abdomen, causing the patient to avoid any movement which would bring into action the abdominal muscles, so that he breathes by the chest alone; and although there are *paroxysms* of severe pain, there are no complete intermissions. Colic may be distinguished from *Hernia* by the tumour which exists in the latter disease, but which is absent in the former.

CAUSES.—Errors of diet, such as eating a mass of heterogeneous, acrid, indigestible food, or acid fruits; cold, from wet feet or suppressed perspiration; worms; constipation; etc. It may also arise from stricture of the intestines *(intussusception)*.

TREATMENT.*—*Colocynth.*—*Cutting*, *griping*, or *intermittent* pains, extremely severe, with flatulence or diarrhœa; followed by tenesmus.

Chamomilla.—In women and children; pinching and twisting pain; soreness of the bowels; nausea.

Nux Vomica.—Spasmodic flatulent colic, with pain as if the bowels and bladder were pressed upon with a cutting instrument; irregularity in the action of the bowels. Also to correct the tendency to recurrence.

Iris Versicolor.—*Severe flatulent colic.* Colic often yields to this remedy after *Nux Vom.*, *Coloc.*, *Cham.*, *Puls.*, etc., have been used in vain.

Belladonna.—Paroxysmal colic, griping, and sensation as if a ball or lump were forming; there may be distension of some part of the abdomen; redness of face, with straining, especially in children.

Plumbum.—Violent constrictive shooting or pinching pains in the region of the navel; constant desire to eructate and

* See *H. World*, vol. i., pp. 73, 93, 145; vol. iv., p. 101; vol. v., p. 157.

expel flatus; torpor, numbness, stiffness, and weakness in the limbs; hard abdomen; pressure and cramps in the stomach; relief by bending the body and drawing up the knees; *flatulence* and *obstinate constipation;* face and skin pale, bluish, or yellow; cold extremities; melancholy; etc.

Veratrum.—Severe *crampy pains*, with coldness of the whole body; flatulent colic, especially in the night; colic affecting the whole abdomen, with swelling and loud rumbling.

Bryonia.—In less severe forms of the disease, when in addition to fulness and distension of the bowels, there are sharp stitching-pains in the sides or in the bowels, and irritability of temper.

Other remedies sometimes required are—*Cocc.* (menstrual colic); *Merc.*, *Ipec.*, or *Podoph.* (bilious colic); *Puls.*, *Dioscorea Villosa*, *Collin. Can.* We prescribed the last-named remedy recently with striking and permanent results in an extremely severe and obstinate case, which had resisted nearly all the usual remedies. For *Lead-Colic*, see the next Section.

Accessory Means.—Hot flannels over the abdomen; or a copious enema of warm water, is often followed by immediate relief. Food of a flatulent character, and every kind that has been found to disagree with the patient, must be avoided. Persons subject to colic may be benefited by wearing a piece of flannel around the abdomen, and having the feet well protected from damp.

121.—Lead-Colic *(Colum ex plumbo).*

All the preparations of lead do not equally favour the development of colic, the oxide of lead and white lead being specially apt to induce it. The most dangerous modes by which lead is introduced into the system are its absorption by the respiratory apparatus, as by the continued inhalation of the dust or vapour of lead, and by taking food with hands

soiled with that form of the poison they are in the habit of using; and explains why workers in lead mines, and in white lead factories, painters, potters, type makers, and others, are particularly liable to lead-colic. Less frequent causes of lead-colic are,—indulgence in snuff wrapped in tin-foil,* to the sweetening of wine by means of sugar-of-lead, to preparation of food in leaden vessels, or in vessels badly glazed, and to the contamination of water which has been conducted through leaden pipes.

Lead-colic has also been observed in cows feeding on the fields in the neighbourhood of the Scottish lead-mines, and in animals drinking water from rivers which originate in lead-mines.

Treatment.—*Opi.*, *Alumina*, *Bell.*, *Plat.*, or *Sulph. Ac.* See Chapter on Poisons.

Prevention.—As a prophylactic measure, and a *conditio sine quâ non* of complete recovery, change of occupation is necessary (see Chap. on Poisons). It is important to observe that some persons are much more readily affected than others, and if one member of a family suffers from anæmia, nervousness, and debility of the upper extremities, while the others are in apparent health, the blue line on the gums should be looked for, and the condition of the water supply, and other possible means of lead-poisoning, carefully enquired into.

* A case of poisoning from this cause is recorded in the *Lancet*, Dec. 3rd, 1870. A great snuff-taker, a resident in India, began to suffer from nervous exhaustion, anæmia, and debility of both upper and lower extremities; and the symptoms were said to arise from the snuff he took, which amounted to an ounce a day. He continued to take snuff, got worse, and came to England. Dr. Garrod detected the blue line in the gums, and found the snuff to contain a considerable quantity of lead. The snuff was packed moist in sheet-lead packages, and where it adhered to the sides was dotted with white spots of the carbonate of lead. Three other cases of poison are also mentioned as due to the same cause.

122.—Constipation *(Alvus adstricta)*—Confined Bowels.

Definition.—A collection or impaction of excrement in the rectum—the residuum of the various processes concerned in the nourishment of the body*—occasioning irregularity in the evacuations from the bowel, increase in their consistence, and often a sensation of fulness and tension in the bowel and surrounding parts.

Constipation and Purgatives.—While we admit that constipation is not desirable, and may almost invariably be avoided by such measures as are pointed out further on, yet a tendency thereto is not so prejudicial as many persons suppose; indeed, people thus predisposed are generally long-lived, unless they injure themselves by purgative medicines;† while those who are subject to frequent attacks of diarrhœa are soon debilitated. A daily action of the bowels is no doubt desirable in most cases, but by no means invariably so. An evacuation may take place daily, or every second day, or even every third day, in persons who are equally healthy, no invariable rule applying to all persons. The most erroneous and dangerous idea on this subject is that extremely popular one,—that aperient drugs contribute to health, not only during sickness, but also occasionally in health, inasmuch as impurities are thereby expelled from the body. The fallacy of this may be easily demonstrated: Let purgatives be taken for a week, and however good may have been the health previously, at the termination of this period very much impurity will be discharged, especially after taking *jalap* and *calomel*. As this is an invariable result, even in the case of those who have never been ill, it seems to prove that *impurities are produced by the drugs*.

* It has been estimated that the food taken per diem is about thirty-five ounces, thirty of which are absorbed and five left as true excreta.

† See illustrative cases in the *H. World*, Jan., 1869.

Aperients during sickness are also most injurious: while "temporary relief is afforded by powerful purgatives, the delicate mucous membrane of the intestinal tract is weakened thereby, a sort of chronic catarrh is induced, and the very condition sought to be removed is aggravated tenfold" *(Habershon)*.

The unphilosophical practice of resorting to purgatives is happily exposed by Dr. Yeldham, as follows:—

"The bowels, in common with every other organ or part, partake of the general debility, and become deprived of that power by which, in a state of health, they are enabled to discharge their proper functions. Why, then, should they, more than the other organs, be impelled to the performance of a duty to which, at the time, they are totally unequal?

"Again, under the process of disease, the whole vital power is devoted to the struggle which is going on in the affected part. The attention of the system is, as it were, drawn off as well from the bowels as from every other organ not immediately engaged in the contest. On this account also they remain quiescent; and any interference with that quietude, by diverting the vital energy, weakens that force which nature requires to be undivided, to enable her to conduct her combat with disease to a successful issue—an additional reason why purgatives should be avoided. Constipation is an *effect*, not a *disease*. If it were, there might be some show of reason in the use of aperients. But being merely a temporary loss of power, we can no more restore that power by *forcing* the action of the bowels, than we can impart strength to a weakened leg by *compelling* it to walk. In the latter instance, we should instinctively rest the part, until, by the removal of the disease, motion might be resumed. The same reasoning applies with equal force to the removal of constipation. The exercise of a little patience, and the employment of judicious means for the eradication of that disordered condition on which the inaction depends, will as infallibly restore the bowels to their duty, as in every other instance the effect must cease when the cause is removed."

Purgation produced by drugs is an *unnatural condition*, and although temporary relief often follows the use of aperients, they tend to disorganize the parts on which their force is chiefly expended. The intestinal canal is not a smooth, hard

tube, through which can be forced whatever it contains without injury; it is part of a *living organism*, and needs no force to propel its contents on their way; nor can such force be applied with impunity. Not only does the frequent use of purgatives over-stimulate the liver and pancreas, but also and especially the numerous secretory glands which cover the extensive surface of the intestinal canal, forcing them to pour out their contents in such excessive quantities as permanently to weaken and impair their functions, and so produce a state of general debility. The normal action of the stomach and intestinal canal being thus suspended, nausea, vomiting, griping, and even fainting are produced. The brain and vital energies are disturbed, occasioning lowness of spirits with melancholy, alternating with mental excitement and peculiar irritability of temper.

An important end will be gained when we can lead persons to regard constipation as a mere result of other causes—a want of balance in the general system; and when our general and remedial measures shall be directed to the correcting of this condition as the only adequate means of curing constipation.

The "Lancet" on Purgatives.—In a recent leading article (October 1st, 1870), the *Lancet*, after strongly denouncing the too prevalent custom of indiscriminate purgation, cites the following conditions as illustrations of what purgatives cannot accomplish. It will be noticed that these are the very conditions in which orthodox (?) medicine has with the greatest uniformity and pertinacity prescribed them. The editor of the *Lancet* now affirms that (1.) *Purgatives cannot eliminate morbid poisons.* They have no power, except for evil, in the eruptive fevers, including typhus and typhoid. (2.) *They cannot remove a clot on or in the brain.* Apoplexy is now known to depend on degeneration of the blood-vessels, which purgatives might damage, but could not possibly

benefit. (3.) *Purgatives cannot overcome a mechanical obstruction of the bowels.* After this emphatic statement, printed in italics, we are surprised the writer should have added—"In cases of such obstruction they (purgatives) should be given most cautiously, and in such forms and doses as to irritate as little as possible." If they cannot overcome the obstruction, why should they be administered at all? Why should *any* irritation be superadded to the evil which threatens to overwhelm the patient? (4.) *They are unnecessary in the case of lying-in women.* The action of purgatives tends to weaken the patient, lessens the amount of milk, and retards the restoration of the parts by disturbance. Even when laxatives are necessary in the lying-in chamber, adds the Editor of the *Lancet*, *castor-oil* should be given in teaspoonfuls rather than in half-ounces. This is right good teaching, and we hail it as a most encouraging result of long years of effort in inculcating the true doctrine and practice of medicine.

Constipation in Old Age.—Daily evacuation, which is the rule in youth and middle life, is often an excess in advanced life, when three or four times a week is sufficient. It is desirable that this physiological fact should be known, as old persons often trouble themselves needlessly on this point. If constipation give rise to any inconvenience in the aged, it is best met by oleaginous articles of diet—butter, bacon, etc., which should be taken as largely as can be digested.

Symptoms.—Headache; feverishness; pressure or distension in the stomach and bowels; urging, and repeated but fruitless efforts to evacuate the contents of the bowel, or complete torpor without desire; pulsation or pain in the abdomen; piles and varicose veins; uneasy breathing, disturbed sleep; depression of mind; etc. If constipation be persistent, it may be attended with vomiting.

Causes.—In most instances constipation depends upon some faulty habit in the patient, the regulation of which will

probably in every case suffice to remove this condition. The following are a few of the faults in question, some of which are stated in the *Lancet*. Sedentary habits; smoking tobacco; drinking too much beer, port wine, or tea; dissipation; the exclusive use of superfine flour; taking food too dry and too destitute of succulent vegetables; neglect in attending to the calls of nature to relieve the bowels; loss of tone in the mucous lining of the bowels from the use of purgatives. Sometimes constipation is the result of disease in other parts —disease of the liver, brain, or spinal cord, or their membranes. Here, again, the remedy must be directed to the cure of the disease if that be possible, rather than to the simple removal of one of the symptoms to which it gives rise.

Treatment.—The following remedies, it should be distinctly borne in mind, are not intended merely to "*act upon the bowels*," but to correct the derangement upon which the constipation depends.

Epitome of Treatment.*—

Chronic Constipation.—Sulph.; Plumb. *(with colic);* Opi. *(with drowsiness);* Nux Vom. *(with headache, and ineffectual urging);* Bry. *(with throbbing headache and torpor of the bowels);* Lyco. *(with flatulence);* Hydras. Can. *(simple cases);* Alumina *(dry and pale motions);* Æsculus Hippo., Aloes, *or* Collinsonia *(with piles:* see Section 124); Nat. Mur., Podoph. Sep., Carbo Veg., Verat.

Leading Indications.—

Nux Vomica.—Constipation occurring in connexion with other affections; habitual constipation, *with frequent ineffectual efforts* to stool; also with nausea, *congestive headache*, ill-humour, and uneasy sleep. It is especially useful when the affection is consequent on indigestion, the use of intoxicating drinks, tobacco, or coffee; for persons who take little out-of-door exercise; and for students and literary men.

* See *H. World*, vol. iv., pp. 6, 227.

Bryonia.—Chilliness, *throbbing headache*, pain in the region of the liver; also in persons having a tendency to rheumatism; and when there is no inclination to stool.

Opium.—Complete *torpor* of the bowels, especially after unsuccessful remedies; particularly indicated when there are hard, lumpy motions, headache, drowsiness, dizziness, congested face, and retention of urine. *Opium* is well adapted to the aged, and to persons of a torpid or plethoric temperament, who do not readily respond to other remedies.

Lycopodium.—Rumbling and *flatulence;* fulness and distension of the abdomen; heartburn; waterbrash; difficult evacuations.

Hydrastis.—Obstinate. In low attenuation. Needs watching, as in sensitive patients it causes palpitation.

Plumbum.—Obstinate cases, as from palsy of the intestines, either painless, or with severe colic; unsuccessful efforts to evacuate, with a painful, constricted feeling about the anus; the motions are dark, and passed in small balls. For persons of a paralytic diathesis, and particularly in such as have had attacks of palsy, it is strongly indicated.

Ignatia.—*Prolapsus* of the rectum on slight efforts to evacuate; creeping, itching sensation in the rectum, as of thread worms.

Nat. Mur.—With despairing mood, dryness and soreness of mouth, slight ulcerations of the tongue.

Sulphur.—Habitual costiveness, with flatulent distension of the abdomen, piles, etc. As an intercurrent remedy it acts like *Opium*, but having a wider sphere of action, and being useful in numerous forms of disease, it is an agent of far greater value.

Aconitum.—Constipation during acute disease.

Diet and Accessory Measures.—Meals should be taken with regularity, animal food eaten sparingly, but vegetables and ripe fruit freely. Coarse oatmeal porridge, with treacle,

may be taken for breakfast; and *brown bread should always be preferred to white.* If brown bread be not eaten exclusively, a little should be taken with nearly every meal; its effects will thus be more uniformly exerted through the alimentary canal than if only taken occasionally. Water is an extremely valuable adjunct, both as a beverage and for external use. Strong or green tea, spirituous liquors, highly-seasoned food, and late suppers, should be strictly avoided. Sections 1 and 2, in Part I., pp. 25-31, should be read.

Walking-exercise in the country, with the mind unencumbered with care, is useful, particularly in the morning; but it should not be carried to the point of inducing fatigue or much perspiration.

Frictions over the abdomen, by towels, horse-hair gloves, or the hands, are frequently of great utility; they tend to rouse the paralyzed action of the bowels, and to dispel accumulations of flatulence.

The Abdominal Compress (see p. 94) is extremely valuable in correcting constipation, and in obstinate cases may be worn day and night. It should not be used by aged and weakly persons, in whom there does not exist vital energy sufficient to excite reaction, or when the wet linen continues to feel cold long after it has been applied. In other cases the chill produced by the sudden application of the wet cloth rapidly disappears, and in from five to ten minutes a comfortable warmth results, proving its suitability to the patient.

Regular Hour.—Regularity in attending to the calls of nature should be observed, as there is probably no function of the animal economy more completely under the influence of habit, than the one in question; nor is there any that may be more effectually deranged through the influence which the will can oppose to it. By fixing the mind on this operation for a short time, the bowels will at length respond, and a

habit become established which will tend to procure both comfort and health.

Injections.—In obstinate and protracted constipation attended with feverishness, and hardness or fulness of the bowels, and when it is ascertained that the lower bowel is obstructed with fæcal matter, too large, or too hard and dry for discharge, and the means before suggested have not proved at once effectual, the enema may be used as an almost certain means of obtaining temporary relief. The injection should consist of about half-a-pint to a pint of cold or tepid water, which should be carefully injected up the rectum by means of the enema syringe. The temperature of the water on commencing the use of injections should not be lower than 72° Fahr., and gradually reduced to 64°. Unirritating in its operation, and acting directly on the seat of obstruction, an injection is far preferable to deranging the whole alimentary tract with strong drugs, which excite violent action only to reduce it to a state of greater debility and torpor than before.

123.—Fistula in Ano *(Fistula in ano)*.

Definition.—A fistula in ano is a narrow pipe-like track, lined by an imperfect mucous membrane, secreting pus, having a narrow callous opening, situate within a short distance of the verge of the anus, and with no disposition to heal.

Symptoms.—There first appears on one side of the rectum a small hard lump, which, as it continues to enlarge, occasions considerable pain, and not unfrequently much constitutional disturbance. The surrounding parts soon become much swollen, the skin red, and suppuration quickly follows. During the formation of the abscess, the patient complains of pain in passing his motions, which are sometimes slightly tinged with blood. Great relief follows the discharge of the

abscess, which is generally of a most offensive character, and the swelling subsides; but there still remains a small opening near the anus, and upon pressure, a hardened track may be felt, leading towards the bowel. This is the fistula. The external orifice of the fistula is often very small; is frequently difficult to find in the folds of the thin skin near the anus, and is sometimes concealed by a papilla.

Varieties.—(1) The *complete* fistula communicates at one extremity with the interior of the rectum, and at the other opens through the skin, and is most common. (2) The *blind external* only opens through the skin, and a probe does not penetrate into the interior of the bowel. (3) The *blind internal* is not so readily detected, but is indicated by pain at stool, and discharge of blood and pus with the fæces; it may also be detected by a finger or probe, or seen by a speculum, about an inch to an inch-and-a-half within the rectum.

Causes.—Fistulæ originate in abscesses, which are prevented from healing by the movement of the *sphincter ani* and the bowel itself; or by the ulceration of the mucous membrane of the rectum, and generation of fæculent fluids and gases, which gradually excite progressive ulceration towards the surface. The disease is frequent in consumptive patients, probably from deposit of tubercle under the mucous membrane of the rectum, or the areolar tissue about the rectum losing its fat, and falling into a watery, unhealthy condition.

Treatment.—The administration of one or more remedies will aid the cure of fistula, and in many cases, as we have found in practice, render unnecessary any operation. Several bad cases, previously under the care of allopathic surgeons, by whom operations were said to be absolutely necessary, have been completely cured by such remedies and measures as we have prescribed. In one case it was arranged for a London surgeon to operate, but as it was inconvenient for the

patient to leave his engagements for a few weeks, we were requested to undertake the case in the mean time, and when the period for the operation arrived it was no longer necessary.

The following are the chief medicines, the choice from which must be made according to the general symptoms and condition of the patient:—*Silic.*, *Calc. Phos.*, *Lyc.*, *Caust.*, *Nux Vom.*, and *Sulph.* At the same time, *local* applications of *Hydrastis* or *Calendula* are useful to assist the curative process.

Accessory Means.—An occasional poultice; frequent washings with cold or tepid water; the sitz-bath. Daily injections as directed in the following Section, combined with the local applications previously recommended, afford comfort to the patient, prevent the extension of the disease, and favour a radical cure. Nourishing, digestible diet, abundance of fresh air, and general good hygienic conditions are necessary to increase the reparative powers of the system.

Operative measures may be required in a few cases. They should, however, never be undertaken indiscriminately, for if the patient be decidedly phthisical, or if there be disease of the kidneys or liver, no operation would be justifiable, the artificial wound would probably never heal, and the patient's weakness would be aggravated by an additional discharge.

124.—Hæmorrhoids *(Hæmorrhoïdes)*—Piles.

Definition.—Small tumours, consisting of folds of mucous and sub-mucous tissue, in different stages of congestion, inflammation, or permanent enlargement, situated within or just outside the anal aperture, and originating from dilatation of the hæmorrhoidal veins.

Piles are of a pink or purplish hue, forming one or more distinct pendulous tumours, varying from the size of a pea to that of a damson or walnut, are often intensely painful, and constitute the most frequent disease of the anus.

Varieties.—Piles are classified as *(a) internal* and *(b) external* according as they are situated within the rectum or at the verge of the anus. The *external* are covered by skin; they vary in number from one to several clustering together like a bunch of grapes. The *internal* are covered by mucous membrane, and are always within the bowel; they are very liable to bleed, especially during the passage of fæces. The blood thus lost is of a bright-red colour, being arterial, proceeds from the capillaries of the vascular surface of the tumours, and varies in quantity from a few drops to such a profuse discharge as is truly alarming; if hæmorrhage be long continued, an anæmic condition is induced that is highly prejudicial to the constitution. The piles are seated in the vertical folds of the mucous membrane which lines the bowel; that portion of membrane which invests them being extremely vascular, numerous minute vessels of brighter colour than the body of the piles may be seen ramifying on the surface.

Piles that do not bleed are called *blind;* this variety is prone to inflammation, when they become tense, appear ready to burst, and are so excessively sensitive, that the patient can scarcely sit, walk, or lie.

Symptoms.—These vary considerably according to the amount of inflammation present. When indolent, the chief inconvenience arises from their bulk and situation; or from their getting within the *sphincter* muscle, occasioning more or less pain when the bowel is acting, prolapse, and often a sense of weight and discomfort which quite unfits the mind for deep thought. But when inflamed, or, in common language, "during a fit of the piles," there are pricking, itching, shooting, or burning pains about the anus, increased on going to stool, and a feeling as if there were a foreign substance in the rectum. After emptying the bowel, there is often painful straining, as if it were not emptied, occasioned by the piles or the elongated mucous membrane to which

they are attached, being protruded during the expulsion of fæces, and not replaced sufficiently quick, and so grasped and constricted by the *sphincter ani*, the function of which is to close the aperture of the bowel after defæcation. This condition is greatly aggravated if the patient stand or walk much after going to stool, or if the bowels are constipated, so that the rectum is much distended or the fæces become hard. If proper remedial measures be not adopted, the inconveniences and suffering become seriously augmented, the general health implicated, the patient loses flesh and strength, and the countenance wears an anxious and care-worn expression.

Causes.—The *predisposing causes* are—a general plethoric condition of the system, or any circumstances which determine blood to, or impede its return from, the rectum; such are *sedentary habits; luxurious living*, especially the use of highly-seasoned food, wines, and spirits; tight-lacing; pregnancy; confined bowels; and diseases of the liver. Residence in moist, warm, and relaxing climates; soft, warm beds or cushions, and over-excitement of the sexual organs may also be classed among predisposing causes. The *exciting causes* include anything which irritate the lower bowel, such as straining at stool, hard riding, and the use of drastic purgatives, especially *aloes* and *rhubarb*.

Probably the most potent causes of this disease are the indolent and luxurious habits of the wealthy classes, which, by diminishing tone, occasion plethora and a tendency to abdominal congestion. Accordingly we find piles much more prevalent among the wealthy than among the industrial and frugal classes.

Age and sex appear to exercise considerable influence on this disease. In early life, it is probably much more frequent in young men than in young women. The comparative exemption of young women is readily accounted for by the regular action of the catamenial function which probably

obviates congestion that might otherwise occur. At a later period, after the cessation of the menses, or during the pressure of the gravid uterus in pregnancy, congestion is apt to occur in certain neighbouring organs, and so give rise to piles (see the "Lady's Manual").

EPITOME OF TREATMENT.*—

1. *From luxurious or sedentary habits.*—Nux Vom., Sulph., Podoph.

2 *From constipation.*—Sulph., Æsculus Hippo., Nux Vom., Collinsonia, Carbo Veg. See also Section 122.

3. *During pregnancy.*—Aloes, Collinsonia, Nux Vom.

4. *Bleeding-piles.*—Ham., or Sulph. *(dark blood);* Acon. *(excessive bleeding);* China *(after losses of blood).*

5. *Blind-piles.*—Nux Vom., in alternation with Sulph.; Acon., *(great pain);* Caps. *(burning and itching).*

6. *White-piles—discharges of mucus.*—Merc. *(with excoriation);* Acon., *(frequent discharge of white mucus).*

7. *Chronic.*—Ars. *(in emaciated persons);* Ferr. *(cachectic constitutions);* Nit. Ac., Sulph., Hep. Sulph.

8. *Suppressed.* Acon., Puls., Sulph.

LEADING INDICATIONS.—

Nux Vomica.—Piles in patients of sedentary habits,—or from luxurious living, or indulgence in stimulating beverages; depressing mental emotions; confined bowels, with ineffectual urging to stool; prolapsus, or loss of power of the muscular structure of the bowel. *Sulphur* may advantageously follow this remedy, a dose being given night and morning for four or five days; or *Sulphur* and *Nux Vomica* may be given in alternation, the former in the morning and the latter at night.

Hamamelis.—Bleeding-piles, or when there is only a varicose condition of the hæmorrhoidal veins, particularly if the patient be also troubled with a varicose state of the veins of the lower

* See *H. World,* vol. iv., p. 103; vol. v., p. 72.

extremities. For cases in which there is considerable loss of blood, it should be used both internally and externally, a *lotion* being made by adding thirty drops of the strong tincture to four ounces of water, and applied by means of two or three folds of linen, covered with oiled-silk, and renewed several times daily.

Æsculus Hippo.—*Bleeding*-piles, with much *pain in the rectum*, and also in the *back and loins*.

Collinsonia.—Piles associated with constipation.

Aconitum.—An inflamed condition, with feverish restlessness, a sensation of heat, and discharge of mucus or blood. For the *excessive pain* often associated with piles, besides its internal use, *Acon.* may be used as a *lotion*.

Arsenicum.—Burning sensation, and sometimes a feeling compared to passing red-hot needles through the piles, with intolerable pain in the back, protrusion of the tumours, and *prostration of strength*.

Sulphur.—This remedy is regarded as one of the most valuable in every variety of piles, especially in chronic cases, occurring in scrofulous individuals, and associated with constipation, or thin evacuations mixed with blood.

Diet and Accessory Means.—Patients should avoid coffee, peppers, spices, stimulating or highly-seasoned food, the habitual use of beer, wine, spirits, and all kinds of indigestible food. Light animal food, a liberal quantity of well-cooked vegetables, and ripe and wholesome fruits, form the most suitable diet. During an attack of piles, animal food should be sparingly used.

Sedentary habits and much standing, on the one hand, and extreme fatigue on the other, are prejudicial; as also is the use of cushions and featherbeds. The pain attending *blind-piles* may be relieved by ablution in cold water, or in tepid water if that be found more agreeable. *Bleeding-piles* may be relieved by drinking half a tumbler of cold water, and then

lying down for an hour. The horizontal position should be maintained as much as possible, that being most favourable to recovery. When piles protrude, the use of *petroleum soap* will be found of great utility.

Injections.—Great relief and permanent benefit will also follow an occasional injection of from half-a-pint to a pint of cold or tepid water up the lower bowel. This acts beneficially, by constricting the blood-vessels and softening the fæces before evacuation, and by giving tone to the relaxed structures. Injections of cold water are also of service after each evacuation, when any fæculent matter remains; at the same time the application of water exercises a most favourable influence on the blood-vessels and nerves of the bowels. As a rule, tepid injections are most suitable for patients of a full habit of body, and cold ones for those of relaxed constitutions.

When piles are excessively sensitive or painful, the patient should sit over the steam of hot water, or keep his bed, or recline during a great part of the day on a couch. Strict cleanliness is also essential. The parts should be frequently washed with soap and cold water; or when the tumours are inflamed and painful, with tepid water. A warm- or vapour-bath (see p. 88-90) may be occasionally used at night, when the liver is inactive and the skin dry and harsh. It should be followed in the morning with a cold bath, or the body should be rapidly rubbed, first with a wet cold towel, and then with a dry one.

The Abdominal Compress (see p. 94) is strongly recommended as *preventive* of piles, and should be adopted directly the first symptoms are felt; also as a *curative* means in connexion with others pointed out.

Another most important point for patients troubled with piles is, that the habit should be acquired of going to stool at night, immediately before retiring to bed, instead of morning, so that the horizontal position may favour the early subsi-

dence of the tumour, instead of its remaining in an inflamed and prolapsed condition, to the great annoyance and distress of the patient, and to the permanent injury of the parts.

Surgical measures are sometimes necessary; but, happily, these are rarely required under Homœopathic treatment, the most inveterate cases generally yielding to our prescriptions without the use of the knife, the ligature, or nitric acid.

125.—Pruritus Ani *(Pruritus ani)*—Itching of the Anus.

Definition.—A peculiar itching of the anus, at first of a voluptuous character, but afterwards violent and almost unbearable.

Symptoms.—Crawling, tingling, irritating sensations about the anus, often most troublesome at night, as the patient gets warm in bed, and preventing sleep. It is frequently complicated with an excoriated or fissured condition of the anus.

Causes.—Irritation of piles; worms; lodgment of fæces; suppressed period, or any suddenly-suppressed discharge or cutaneous eruption. Frequently, itching of the anus is only a symptom of disease of the liver, of some portion of the digestive apparatus, especially the rectum, or of some part in immediate proximity thereto.

Treatment.—*Sulph.*, *Nit. Ac.*, *Lyc.*, *Ant. Crud.*, *Ars.* The selection of the remedy must be guided by the cause of the affection and by the symptoms present. See Section 143.

If connected with piles, worms, or indigestion, the Sections on those subjects should be referred to.

126.—Prolapsus Ani *(Prolapsio ani)*—Falling of the Bowel.

Definition.—A protrusion of the mucous lining of the rectum through the anal aperture; occasionally, in compli-

cated cases, a portion of the muscular structures of the rectum is protruded with the mucous membrane.

In slight cases, the protrusion only takes place after the action of the bowel, and goes back of itself, or is easily returned; in other instances, however, it may protrude from riding, walking, or even standing, and be replaced with difficulty.

CAUSES.—The disease may be due to constitutional laxity and delicacy of structure, but more frequently to immoderate straining at stool, or when urinating; also to long-continued diarrhœa, constipation, piles, stone in the bladder, or stricture of the urethra. Although not confined to them, it is most frequent in children. Dr. Chepmell narrates the case of a patient "whose bowels from childhood acted only at intervals of three or four days, and who is indebted to the folly of a former medical attendant for a *prolapsus ani*, induced by cathartics, in a fruitless attempt to change the order of nature."

TREATMENT.*—*Ignatia*—Is often specific, and is generally the first to be used, especially for infants and children. The indications are—frequent ineffectual urging to stool, straining, difficult passage of fæces, itching, and prolapse of the bowel.

Nux Vomica.—For males and adults of either sex of a vigorous constitution, this remedy should be substituted for *Ignatia.*

Mercurius.—Itching, diarrhœa, discharge of a yellowish mucus, and hard, swollen abdomen.

Lycopodium.—Obstinate cases, after other remedies have effected only a partial cure; also *Sulphur.*

Podophyllum.—Prolapsus accompanying diarrhœa, with straining and offensive stools; irritation from teething, etc.

ADDITIONAL REMEDIES.—*Calc., Sep., Ars., Bry.*

* See *H. World,* vol. iii., p. 273; vol. v., p. 280.

Accessory Means.—(1.) *The return of the protruded part*, which should be carefully washed and replaced with the fore-finger, well oiled, pushing it up into the anus, and carrying the protruded part before it. If the prolapsus be large, the aid of a surgeon should be secured. (2.) *Removal, if possible, of the cause.* If, as is most frequently the case, indigestion, constipation, or piles, be the cause, the suggestions contained in the sections devoted to those subjects should be observed. The diet should be plain, nourishing, and include such kinds of food as favour the healthy action of the bowels. Bathing the parts and loins every morning with cold water, and occasional injections of cold water, give tone to the relaxed structures. As long as the prolapsus continues, the patient should lie down for a short time after the action of the bowels, or acquire the habit of going to stool in the evening, just before retiring to bed, as recommended in the Section on "Piles," page 481-2.

127.—Hepatitis *(Hepatitis)*—Inflammation of the Liver.

Acute inflammation of this organ is not frequent in this country, although it is very common in tropical climates.

Symptoms.—The disease is usually ushered in by rigors, which are quickly followed by hot skin, thirst, and scanty urine; sometimes nausea and vomiting; white- or yellow-furred tongue; bitter taste; pain more or less severe in the region of the liver, aggravated by pressure, deep breathing, or coughing, and extending to the top of the right shoulder; fulness, from enlargement of the organ; a yellow tinge of the conjunctivæ, and often a general jaundiced state of the skin; the breathing is short and thoracic, being performed almost entirely by the intercostal muscles; sympathetic cough and vomiting. The fever sometimes assumes a typhoid character.

The symptoms vary, however, according to the portion of the gland implicated in the inflammatory process. When the disease is in the convex side of the liver, it is accompanied by a burning, stitching pain in the right side, which extends into the chest, under the collar-bone, between the shoulder-blades, to the top of the right shoulder, and sometimes down the arm, and is aggravated by external pressure. If the inflammation be in the inner portion of the liver, there will be the symptoms already indicated,—saffron-coloured urine, yellow colour of the eyes and skin, etc. If the substance of the gland be involved, the pain is of a dull, tensive character; if the thin serous covering which invests the organ, the pain is sharp and lancinating. Whatever part of the liver is diseased, increased secretion of bile, some degree of jaundice, dyspnœa, cough, etc., are present.

Terminations.—1. *Resolution.*—This is indicated by an amelioration of the febrile symptoms, copious perspiration, and an abundant deposit in the urine. 2. *Abscess.*—Matter forms, sometimes enclosed in a cyst, at other times diffused, the patient experiencing throbbing, pulsating sensations in the part, with the general symptoms of hectic fever, the abscess discharging itself into the stomach, duodenum, or colon, or externally by perforation of the chest or abdominal wall. 3. *Enlargement.*

Causes.—In India, the disease is most frequent, from the climate and diet not suiting European constitutions, and is seated in the substance of the liver: in this country it arises from cold, nervous depression, pregnancy, drunkenness, and other causes, and is then usually seated in the peritoneal covering, resembles pleuritis, and ends in adhesion to the diaphragm or other adjacent parts.

Epitome of Treatment*.—

Acon. *(fever)*; Bry. in alternation with Merc. *(after the*

* See *H. World*, vol. v., p. 11.

fever is abated); Hep. S. *(if abscess form or be threatened);* Conium, Phos.

Accessory Means.—When there is severe pain, the whole of the affected part should be covered with two or three thicknesses of linen, squeezed out after immersion in a lotion of half-a-drachm of the strong tincture of the root of *Aconitum* to half-a-pint of *hot* water, and covered with oiled-silk and flannel, or spongio-piline.

See also "Accessory and Preventive Means" in next Section.

128.—Simple Enlargement of the Liver *(Amplificatio simplex jecinoris)*—Congestion of the Liver—Liver-Complaint—Biliousness.

Symptoms.—Fulness on the right side in the region of the false ribs; sense of weight on assuming the upright posture; uneasy sensation when the part is pressed upon; the complexion may be pale, sallow, or dusky; the tongue coated; the bowels constipated; the appetite faulty; and there may be nausea, vomiting, headache, languor, lassitude, and depression of spirits. The pulse is usually slow and irregular.

Causes.—Sudden chills; *too abundant, highly-seasoned, stimulating diet; the habitual use of alcoholic or malt drinks;* anger, or other mental influences; excessive bodily exercise in the heat of the sun. As before intimated, Hepatitis is also an occasional cause. It is a very common disease, and Dr. Budd thus accounts for its frequency: "Amid the continual excesses at table of persons in the middle and upper classes of society, an immense variety of noxious matters find their way into the portal blood that should never be present in it, and the mischief which this is calculated to produce is enhanced by indolent or sedentary habits. The consequence often is, that the liver becomes habitually gorged. The same,

or even worse effects, result in the lower classes of our larger towns from their inordinate consumption of gin and porter."

Functional derangement, with suppressed secretion, sometimes accompanies congestion of the gland. Dram-drinking often leads to a hard, contracted condition of the liver, called *Cirrhosis*, or *hob-nailed liver*, which leads to dropsy.

EPITOME OF TREATMENT.—

1. *Enlargement of the liver.*—Phos., Merc., Nit. Ac., Agar. Mus., Ars., China *(after fever and ague: see Section 11).*

2. *Heptalgia (pain in the liver).*—Acon. *(hard-aching; or shooting-pains after exposure);* Bry. *(tensive and burning, or stinging-pains; and in rheumatic persons);* Merc. *(dull pain);* Sabadilla *(dull scraping sensation).*

3. *Biliousness.*—Bry. *(vomiting of bile and mucus);* Nux Vom. *(from stimulants and over-feeding; also when associated with piles);* Sulph. *(constipation);* Merc. *(white, costive stools, and depression);* Acon. *(bilious attack from cold);* Cham. *(from anger);* Iris *(sick-headache);* Lyco., Hep. S., Puls., Podoph., Cheled. Maj., Tarax.

4. *Bilious diarrhœa.*—Podoph. *(with bitter taste and dark urine);* Iris. *(in hot weather, with vomiting);* China *(simple cases; and in summer);* Cham. *(in children and females; and when caused by passion).*

5. *Dropsy of the abdomen from liver-disease.*—Ars. See Section 41.

LEADING INDICATIONS.—

Bryonia.—Enlargement and hardness of the liver, with shooting, stinging, or tensive burning pains, increased on pressure, and accompanied by constipation, without inclination for stool. *Bry.* often acts better in such cases when alternated with *Merc.*

Mercurius.—Dull, pressive pain, which prevents the patient from lying long on the right side; yellow tinge of the "white" of the eyes; sallow skin; shivering, followed by

profuse clammy perspiration; loss of appetite; foul taste in the mouth; constipation of the bowels, with white stools; or relaxation, with bilious motions. *Merc.* is one of the best hepatic medicines in simple cases. See also *Bry.* But patients who have been dosed largely with *mercury* should select *Hep. S.*, especially when the stools are clay-coloured.

Nux Vomica.—Liver-derangement from the use of intoxicating drinks, excessive or stimulating food, or sedentary habits; with constipation, deep-red urine, etc. Also, when associated with piles: in this case, *Sulph.* should be alternated with *Nux Vom.*

Lycopodium.—Sometimes required instead of, or after, *Nux Vom.*, when the latter is insufficient; constipation with flatulence; and continual pain in the right side and back.

Chamomilla.—Bilious attacks in females and children, from exposure to cold, or from anger; with nausea or vomiting of bile, yellow-coated tongue, and sometimes bilious diarrhœa.

Aconitum.—Sudden, *acute* bilious attacks, following chills, with febrile disturbance; threatening jaundice; generally to be alternated with *Merc.*, except when allopathic preparations of Mercury have been given, then *China* should be substituted.

Podophyllum.—Bilious vomiting, and diarrhœa, with prolapsus ani; bitter taste in the mouth; dark urine; sallow complexion.

Arsenicum.—Extreme, also chronic cases, with great weakness, intense burning pain, vomiting of bile, and exhausting diarrhœa.

Cheledonium Majus.—Chronic liver-complaint; thick and yellow-coated tongue; nausea; dull headache; urine deep-yellow and thick; pain and fulness; constipated bowels.

Nitric Ac. or *Phosphorus.*—Long-continued, obstinate cases, with jaundice, more especially if there be reason to fear organic disease of the liver; the former if there be dropsy; the latter if there be fatty degeneration, cirrhosis, etc.

Accessory and Preventive Means.—The patient should strictly avoid everything mentioned as "Causes" in a foregoing paragraph, for wrong habits will render a cure impossible; on the other hand, self-denial, abstinence, and correct habits, in conjunction with the medicinal treatment pointed out, will generally ensure the most gratifying results.

To residents in India and other tropical climates, the foregoing remarks are especially appropriate. The food should be properly cooked, and the quantity taken should be proportioned to the amount of physical work and exercise.

With regard to the food supplied to soldiers not in action in India, two errors are committed: it is too much in quantity; and, in addition, there is a very large amount of condiment (spices and peppers) with it—articles which may be fitted for the rice and vegetable diet of the Hindu, but particularly objectionable for Europeans.

The *abdominal compress* (see p. 94) is a most valuable adjunct in all liver-affections; a cold salt-bath also should be used daily.

In some parts of India, entozoic influence may be at work in the production of hydatid disease of the liver, or other diseases of the same class, more generally than is supposed *(Parkes)*.

129.—Jaundice *(Morbus regius)*—The Yellows.

The above terms are used to express conditions in which many of the tissues and fluids of the body become yellow, especially the whites of the eyes and the connective tissue of the body. Jaundice is often a symptom of some acute or chronic affection of the liver, rather than a disease *per se*.

Symptoms.—Yellow tinge, first of the whites of the eyes, then of the roots of the nails, and next the face and neck, and finally the trunk and extremities. The urine becomes

yellow-coloured or deep-brown, and stains the linen; the fæces whitish or drab-coloured; there is constipation; lassitude; anxiety; pain in the stomach; bitter taste in the mouth; and, generally, febrile symptoms. Sometimes, especially in children, the bowels are relaxed from the food not being properly digested and occasioning irritation. There are also, usually, depression of spirits, prostration of strength, and slowness of the pulse. The presence of the yellow tint in the conjunctivæ and urine is very conclusive that the patient is suffering from jaundice, and not merely from the sallowness of anæmia. If nitric acid be added to the urine, it changes it to a deep green colour. When there is obstruction from a gall-stone, the most acute suffering is induced; the pains come on in paroxysms, and are often accompanied by vomiting and hiccough.

Causes.—Jaundice, as pointed out by Dr. Budd, may be produced in two ways:—(1st) By some impediment to the flow of bile into the duodenum, and the consequent absorption of the retained bile; and (2nd) by defective secretion on the part of the liver, so that the constituents of the bile are not separated from the blood.

Derangement in the functions of the liver connected with the secretion of bile, consequent on atmospheric changes, dietetic errors, dissipation, fits of passion, etc., are frequent causes. A not uncommon impediment to the flow of bile is the impaction of a *gall-stone* in the natural channels of the bile. A gall-stone consists of bile in a crystalline form, the solvent properties having been released. The excessive use of quinine, rhubarb, or calomel in some fevers, may also be stated as a cause, as these drugs obstruct the bile-duct. Pressure of the enlarged womb in pregnancy, or the growth of tumours, causing obstruction of the gall-ducts, are also occasional causes of jaundice. But *sedentary occupations* and *high-living* are probably the most frequent.

EPITOME OF TREATMENT.—

1. *Acute jaundice.*—Acon., Merc., Nux V., Hydrastis Can. (Dr. Hale recommends five drops of the ϕ tincture.)

2. *Chronic.*—Chelid. Maj., Podoph., China, Dig., Ars., Phos., Nit Ac. See also the previous Section.

3. *From impacted gall-stones.*—Acon., and the application of a large hot compress over the seat of pain during the passage of a calculus through the gall-duct. The pain attending the passage of gall-stones is very severe, commences suddenly and terminates suddenly, and is thus distinguished from *colic*, and by the pains being of a local character, and in the site of the gall-duct. Drs. Bayes and Hughes recommend Calc. 30, as the best remedy for the relief of pain attendant on their passage along the biliary ducts.

LEADING INDICATIONS.—

Aconitum.—Jaundice, with symptoms of inflammation, and great pain in the region of the liver.

Mercurius.—This is one of the most valuable remedies, and will often effect a speedy cure; it is especially useful after the use of *Acon.*

China.—Jaundice from marsh miasmatic influences; or with bilious diarrhœa; or if the disease have an intermittent character.

Nux Vomica.—Jaundice with costiveness, sensitiveness in the region of the liver, or from sedentary habits, or indulgence in stimulants.

Chelidonium Maj.—Jaundice, with pain or tenderness in the liver and right shoulder, deep-red, clean tongue, bitter taste; light-coloured, formed, stools, etc.

Phosphorus.—Brownish-yellow colour of the skin and conjunctivæ; frequent, copious, whitish-grey evacuations; blackish-brown urine; dejection and despondency; sometimes loss of voice, cough, and other symptoms of malignant jaundice.

Arsenicum.—Malignant cases, with typhoid symptoms; great emaciation. *Ars.* is also useful for the dyspepsia sometimes following an acute attack; for jaundice arising from the free use of *Mercury;* and for obstinate cases resulting from fever and ague.

Jaundice during pregnancy, or from cancer or other tumour of the liver, requires professional attendance.

Diet.—Light and digestible—chicken-broth; beef-tea; *toasted* bread, scalded with hot water, with a little sugar; roasted apples; and as much cold water as the patient desires.

Accessory Means.—Flannel squeezed after immersion in *hot* water, or a hot hip-bath, relieves pain. Jaundice from inactivity and chronic congestion of the liver requires change of air and scene, travelling, *daily walking- or horse-exercise,* regular and temperate habits, and the use of the abdominal compress, as described on p. 94.

130.—Peritonitis *(Peritonitis)*—Inflammation of the Peritonæum.

Definition.—Inflammation of the serous membrane which lines the interior of the abdomen, and invests and supports the viscera contained therein.

If the treatment be not prompt and efficient, the disease may become chronic, or suppurative; or *adhesions* may take place.

When the disease attacks parturient women it is termed "Puerperal Peritonitis," and is often dangerously contagious among this class of patients (see "Lady's Manual").

Symptoms.—Shivering and febrile disorder frequently, but not invariably, usher in the disease. There is a stitching, burning, and more or less constant pain, generally first felt below the navel, and soon extending over the entire abdomen; great sensitiveness, so that pressure of the bed-clothes becomes

unendurable; the pulse is quick and small, and nausea, vomiting, and generally, constipation and tympanites are present. The patient lies on his back with his legs flexed so as to relax the muscles of the abdomen. When peritonitis arises from perforation of the stomach or intestine, the pain is *sudden* and *intense*, the abdomen becomes excessively sensitive, and the patient is liable to succumb suddenly.

Causes.—Mechanical violence, as a kick, operations, etc.; sudden and excessive changes of temperature; errors of diet; frequent intoxication, the disease termed *gin-colic* being really chronic peritonitis. Inflammation of the peritonæum is often secondary to enteritis, hepatitis, perforation of the intestine, or stomach.

Treatment.—In uncomplicated peritonitis the following treatment, if commenced early, will be rapidly curative. Owing to the complications which frequently arise, the disease should always be under professional care.

Aconitum.—Peritonitis from cold, with predominance of febrile symptoms. A dose every hour till relief is experienced. It is also required in alternation with any other remedy selected early in the disease. A low dilution should be used.

Bryonia.—Stinging and burning pains, greatly increased on movement; constipation, general uneasiness, etc.

Mercurius Cor.—Sallow skin, yellow-coated tongue, and when tympanites and abscesses occur. It is especially useful in scrofulous patients.

Belladonna.—Brain disturbance—headache, flushed face, throbbing, etc. A few doses usually suffice.

Accessory Means.—Hot fomentations to the abdomen to relieve pain; perfect quiet; frequent sips of cold water. When the acuteness of the attack is passed, mild, unstimulating diet, and the use of the abdominal compress (see p. 94).

CHAPTER X.

Diseases of the Urinary System.

131.—Bright's Disease *(Morbus Brightii)*—Albuminuria.

Definition.—"A generic term, including several forms of acute and chronic disease of the kidney, usually associated with albumen in the urine, and frequently with dropsy, and with various secondary diseases resulting from deterioration of the blood."

1. Acute Bright's Disease *(Morbus Brightii acutus)*—acute renal dropsy.

Symptoms.—Anasarca of the upper as well as the lower parts of the body—the hands and feet as well as the face being puffy and swollen; there are febrile symptoms—a dry, harsh skin; quick, hard pulse; and often sickness from sympathy of the stomach with the kidneys. The skin is tense and does not pit; the urine is scanty, high-coloured, and albuminous, coagulating with heat and nitric acid; and by the microscope there may be seen in it the blood-corpuscles, and also granular casts of the minute tubes of the kidneys, owing their granular appearance to numerous spheroidal tubes of epithelium, the kidneys being in an active stage of congestion if not of inflammation. This condition has been called *desquamative nephritis*, owing to the rapid separation of epithelium which goes on.

As may be inferred from what has been stated, both a chemical and microscopical examination of the urine is necessary, and should be made frequently, to determine the progress or otherwise of the disease.

CAUSES.—The effects of fever, especially *Scarlatina* (see page 136), exposure to cold, the action of irritating drugs, etc. The digestive and secretory functions being impaired, the blood and nervous system become deteriorated, and the balance in the circulation is lost, and the secretion of the kidneys is changed.

2. CHRONIC BRIGHT'S DISEASE *(Morbus Brightii longus).*

SYMPTOMS.—Debility, general impairment of the health, and pallor of the surface, coming on insidiously, with pain in the loins, and frequent desire to pass water, particularly at night, the urinary secretion being at first increased in quantity. The patient's face becomes pallid, pasty, and œdematous, so that his features are flattened, and there is loss of appetite, acid eructations, nausea, and frequent sickness, which nothing in his diet can account for. His urine is found to be of less specific gravity than natural, as shown by the depth to which the urinometer sinks below its surface; it is also albuminous and coagulable by heat and nitric acid. There is most albumen at the beginning of the disease, because the kidneys are more congested; but it is of lowest specific gravity at the end, when the urinometer may go down to 1004, and then the quantity of urine is very small. At first the urine may be of a very dark or smoky colour, from containing blood-corpuscles; but afterwards it becomes paler.

The disease progresses slowly; but sooner or later there is *anæmia*, in consequence of the tenuity of the blood from loss of its albumen, so that it is incapable of producing or maintaining the floating cells characteristic of healthy blood. Œdema of the feet and ankles is present, and, in advanced stages, there may be ascites, or general dropsy. But dropsy is not invariably a very marked symptom of the disease; it is sometimes scarcely observed, death arising from *uremiæ*—accumulation of urea in the blood from inability of the

kidneys to excrete it; the urea acts as a poison on the brain, producing delirium, convulsions, and coma; and of coma the patient dies. Sometimes, from the poisoned state of the blood, inflammation of a serous membrane arises, especially pericarditis or endocarditis, setting up valvular disease of the heart, and then the patient becomes extremely dropsical, and is carried off by asphyxia, from a complication of heart and kidney disease. At this advanced stage the kidneys are found to be nearly white, anæmic, of the colour of a parsnip, sometimes enlarged, and sometimes diminished in size.

Causes.—Chronic Bright's Disease often follows acute desquamative nephritis; sometimes it is a result of bad living, intemperance, constant exposure to wet; struma, gout, etc. It is a constitutional disease; both kidneys are equally affected, probably from some defect in assimilation or other minute changes in nutrition.

Treatment.—In detail this must be strictly adapted to the peculiarities of individual cases. The results of the remedies and means employed must be tested at regular intervals by an examination of the urine. Patience is necessary; after carefully deciding as to the line of treatment, it must be steadily persevered in, as marked improvement can only be seen after considerable time.

Leading Remedies:—Acon. *(from cold, with dry skin, thirst, and febrile heat).* Tereb. *(scanty, dark, bloody urine, and general œdema).* Canth. *(drop-by-drop and painful micturition, with head-symptoms—delirium, coma, etc.)* Ars. *(chronic kidney-disease, and post-scarlatinal dropsy, and when there is dropsy of the chest and abdomen, and general anasarca).* Ferr. *(when the acute symptoms have yielded, to restore the healthy constituents of the blood).* Krea. *(excessive vomiting).* Nux V. *or* Ars. *(from alcoholic drinks).* Opi. *(symptoms of uremic poisoning).* Phos. Ac. *(from suppuration or other cachectic conditions).*

Accessory Means.—In the acute disease, warm-baths, or

vapour-baths, should be had recourse to early, to promote the functions of the skin, lessen the dropsy, and to carry off from the blood deleterious matters which may be retained in it by inaction of the kidneys. Vapour-baths are preferable to warm-baths, because they can be used at a higher temperature. If there be much anæmia, warm-baths should be employed with discretion. Further, to favour the free action of the skin, warm clothing—flannel and woollen garments—should be added, and chills and draughts guarded against. In chronic or convalescent cases, a healthy residence is necessary, including a sandy or chalky soil, and mild, dry air, so that out-of-door exercise may be taken. Patients with symptoms of Bright's disease should be encouraged to take abundance of open-air exercise as long as strength permits, chills and fatigue being guarded against. Bathing or cold sponging, and frictions with a sheet or bath-towel, tend to arrest the disease and invigorate the health. By such means, and the administration of appropriate remedies, patients suffering from chronic disease of the kidney may live for years, enjoying the pleasures, and fulfilling the duties of life.

132.—Cystitis *(Cystitis)*—Inflammation of the Bladder.

a. Acute Cystitis is a disease of rare occurrence, except when arising from gonorrhœa, wounds, calculi, the introduction of instruments, or other mechanical causes. Occasionally, cold or damp may induce it. There is usually pain, sense of weight, tenderness on pressure, and extreme irritability in the region of the bladder, with rigors, and often alarming constitutional disturbance. The urine is ejected by a sort of spasmodic action as soon as it collects, with straining, and, generally, much suffering; and there may be discharge of mucus or pus, tinged with blood.

b. Chronic Cystitis is more common; it may be the sequel to an acute attack; or it may be caused by calculi, disease of the prostate gland, stricture, etc.; but the most common cause is *inability of the bladder to empty itself*, either from loss of muscular power of its coats, or prostatic enlargement. The decomposing urine then becomes a source of irritation to the mucous lining of the bladder; the urea is soon decomposed into carbonate of ammonia, and this salt is acrid and irritating, and the bladder in time acquires a condition which has been aptly compared to that of a badly-washed utensil. The symptoms are the same as described under the acute form, though to a modified extent: but while the pain is less, the discharge is generally greater. The mucus is often very abundant, a pint or more being often passed in the day, and it becomes very tenacious on standing, so that when a vessel containing the urine of such a patient is emptied, an abundance of ropy mucus follows the urine in a mass.

From *inflammation of the kidneys*, cystitis may be thus diagnosed: in the latter the pain travels *upwards*, towards the loins; while in the former the pain extends from the loins *down* to the bladder.

Treatment.—The treatment of cystitis must be regulated by its causes and associations. When simple, and resulting from cold, *Aconitum* in alternation with *Cantharis;* if from exposure to damp, *Dulcamara;* if there be much nervous irritability, *Belladonna.* For the chronic form of the disease, *Canth.*, *Cannabis. Sat.*, *Apis*, *Eupatorium Purp.*, *Kali. Iod.*, *Puls.*, and *Chimaphilla Umbellata*, are the best remedies. According to Dr. Hale, the last remedy is likely to be specially valuable.

Accessory Measures.—For the relief of pain, hot fomentations; and in acute cases, rest in the horizontal posture. The warm hip-bath; the abdominal compress; and mucilaginous drinks, favour recovery. *Washing out the bladder* is

often useful; but only small quantities of tepid water—one to two ounces—should be introduced at a time; as far as possible, too, the water should be introduced like the continued percolation into it of the urine from the kidneys by the ureters, or the sensitive organs will be offended and injured.

133.—Calculus *(Calculus)*—Stone—Gravel.

In the urine are washed away the refuse matters resulting from digestion, assimilation, and the wear and tear of the body. Any deviation, therefore, from a healthy state of digestion and nutrition is sure to be followed by a deviation from the healthy properties of the urine. A deposit may exist occasionally in small quantity unnoticed; it is the constant or abundant presence which is the important evidence of disease.

When a precipitate is let fall from the urine after it has been voided, it is called a *sediment;* when precipitated in the bladder or kidneys, it is called *gravel*, being muddy as it passes; and when gravel, lodging in any of the urinary passages, becomes concrete, it is called *stone (Druitt)*. When the urine of a person habitually presents any one kind of deposit, he is generally said to have a corresponding *diathesis;* as the lithic diathesis, etc.

There are several varieties of calculus; but the most common are, the uric or lithic, the phosphatic, and the oxalic.

The *lithic* deposits are observed in fever, chronic liver-disease, etc., forming pink or brick-dust colouring-matter in the urine. When this is abundant it is commonly called *red-gravel.* The lithates chiefly occur in robust persons of florid appearance, who live high and suffer from irritable gastric dyspepsia; and are often associated with gout, rheumatism, and chronic skin disease.

The *phosphatic*, unless arising from changes in the bladder, usually depend on low dyspepsia, an anæmic or broken-down state of the constitution, and occur chiefly in aged persons.

The *oxalic*, are evidences of feeble powers of assimilation, and exhaustion of the nervous system, arising from over-work, mental anxiety, or venereal excesses. The patient is usually pale and hypochondriacal, suffers from disturbed sleep, acid dyspepsia, etc. There is no gravel or sediment, properly speaking; the particles of oxalate float as crystals in the urine, or subside if the urine be allowed to stand, but are not in large quantity.

Various tests are employed by physicians to determine the character of urinary deposits; but to these we cannot further refer.

Treatment.—First and foremost, all avoidable causes must be removed—high living, the use of alcoholic liquors, and insufficient exercise, on the one hand; and over-work, anxiety, and excesses of all kinds, on the other. Dyspeptic symptoms must be treated according to the instructions given in the 109th Section; and any other concurrent affection suitably met.

Among the medicines found useful in the treatment of calculus, the following are probably the most successful:—*Phos. Ac.*, *Nux Vom.*, *Oxalic Ac.*, *Lyco.*, *Cann.*, *Canth.*, and *Natrum Carb.*

When a stone becomes dislodged, and is passing from the kidney down the ureter towards the bladder, or from the bladder through the urethra, the pain is extreme; the membrane of the canals is liable to be lacerated, and inflammation and suppuration may supervene; or irritability, spasm, or incontinence, may trouble the patient for a long time.

All cases in which there is even room for suspicion of calculus, should be at once placed under the care of a homœopathic physician or surgeon.

134.—Symptoms of Stone in the Bladder.

Diagnosis of Stone.—A short section on the chief symptoms of calculus in the bladder may be useful, because the administration of medicine is wholly ineffectual for its removal, and to trust to a course of such treatment would be worse than useless, inasmuch as, all the time, the patient's condition would be advancing from bad to worse.

History of Stone.—In the adult male, stone is most common between the ages of fifty and seventy, or, perhaps, between the ages of fifty-five and seventy-five; and it has a history something like the following:—A calculus is first formed within the kidney in small roundish crystals, like masses of cayenne-pepper, or in popular language, like fine sand or gravel; then these are aggregated, forming bodies about as large as shot, or larger. During the descent of the calculus from the kidney to the bladder, the patient complains of severe pain in the back, hip, groin, and testicle. In a day or two, or earlier, it is usually voided with the urine, and thus the matter is disposed of. If, however, the bladder be unable to expel the calculus by its natural efforts, it increases in size, by deposit on its surface, and in time a stone is formed that cannot be ejected except by an operation.

Symptoms of Calculus.—There are four leading symptoms that are very conclusive. (1.) *Increased frequency of passing water*, chiefly during the day, and when moving about, and less so at night and when at rest. Riding on horseback, for example, greatly increases the frequency. (2.) *Pain in the glans penis during and immediately after micturition*, and a continuous desire to pass water for a few minutes until fresh urine trickles down and separates the stone from the lining of the neck of the bladder, which is a highly sensitive part. As soon as sufficient urine collects, relief is experienced. (3.) *The urine contains muco-pus*, such as is found in cystitis, only

to a greater amount. With calculus the urine is almost invariably clouded, or muco-purulent. (4.) *Blood is passed from time to time*, and the quantity is *increased* by much *exercise*, such as riding in a springless carriage, or over a rough road, on horseback, much walking, and by all rapid movements of the body.

Further Evidence.—The four symptoms above enumerated, occurring simultaneously, unmistakably indicate stone in the bladder. But if additional evidence be desired, there are the chemical tests of the urine, involving the application of various chemical re-agents, and the *sound*. The latter is an instrument, bent a little shorter than the ordinary catheter, by means of which nearly every portion of the bladder can be explored. A large stone can thus be readily detected, but a small one requires skill and care. It is important, however, to be able to find a small one, if present, as it can then be generally removed without difficulty or danger, by the operation of *Lithotrity* or crushing. A better acquaintance with the subject of this section will lead to the early detection of stone, and when it is sufficiently small to admit of being crushed in the bladder, with a high probability—if not certainty—of entire success.

Medicines useless.—But to prescribe for a patient with stone in his bladder such remedies as *Cann.*, *Bell.*, or *Nux V.*, to remove the pain and frequency of micturition; or Vichy water to correct the altered urine; or *Ham.*, or *Canth.*, to arrest the hæmorrhage is not only useless, but mischievous; for it is wasting precious time, and throwing away the opportunity of relief which a comparatively trifling proceeding then offers. A large stone, requiring the formidable operation of *Lithotomy* or cutting, is the growth of years, and can only occur in those who, notwithstanding a long period of suffering, disregard the severest warnings, and neglect to seek that aid which surgery is able to afford.

Treatment of the Diathesis.—Patients having a predisposition to the formation of stone, especially if they have passed calculi with their urine, require *medical* treatment and careful supervision to correct the tendency.

Stone in Boys.—As stated, the observations in this section refer to stone in the adult male bladder. But sometimes stone forms in the bladder of boys, the symptoms being frequent micturition, severe pain in passing water, occasional sudden stoppage of the urine, with accession of pain at the end of the penis, sometimes discharge of blood, muco-pus in the urine, and lithic acid deposits. The operation for removal of stone in boys under fifteen years old is by *cutting* and not by *crushing*. The former is a very successful operation in children; but the latter, unless the stone is very small, is a difficult one, owing to the irritability of the bladder, and the small size of the urethra that then exist.

135.—Irritability of the Bladder *(Vesica irritabilis)*; *and* Spasm of the Bladder *(Spasmus vesica)* —Strangury—Difficulty in Passing Water.

These conditions are usually consequent on some diseases of the urinary organs—cystitis, calculus, gonorrhœa, etc.; or are associated with gout, hysteria, or other conditions.

Symptoms.—Frequent desire to urinate; the fluid is forcibly or spasmodically ejected in small quantities; and its passage is attended by burning, aching, or spasmodic pain *(strangury)*; the pain is confined to the bladder, or extends to the end of the penis, round the pelvis, or down the thighs. The urine may or may not be unnatural: but if the disease have become chronic, mucus or pus is passed with it *(catarrh of the bladder)*. In children, irritability of the bladder is sometimes caused by worms (see Section 118).

Epitome of Treatment.—Nux Vom. *(spasm)*; Ferr. *(simple irritability during the day)*; Bell. *(irritability in children and hysteric females)*; Apis *(strangury)*; Acon. *(strangury from cold)*; Dulc. *(from damp)*; Camph. *(in urgent painful cases)*; Canth. *(with or after inflammation of the parts)*; Lyco. *(with much red sediment or gravel)*.

Accessory Means.—Mucilaginous drinks, the tepid hip-bath, etc.; see Section 132. It is important to recollect that strangury is not a substantive disease, but a symptom resulting from various causes, the removal of which is necessary before the bladder can regain its healthy sensibility and tone.

136.—Incontinence of Urine *(Incontinentia urinæ)*—Wetting the Bed.

In this disease there may be partial or entire loss of power to retain the urine in the bladder. The patient has almost constantly an urgent inclination to pass water, which, if not immediately responded to, results in an involuntary discharge, but there is no pain or spasm as in strangury. If the patient be troubled with a cough, the inconvenience is much increased, as during each paroxysm the urine escapes. When the loss of voluntary power is more complete, the urine continues to dribble away as fast as secreted. The constant discharge excoriates the parts, so that there is much soreness felt when the patient moves about; at the same time, an offensive urinous odour is exhaled from the person, thus rendering the condition one of a most distressing character.

In children the trouble is not uncommon, and occurs chiefly at night.

Causes.—Paralysis of the muscular fibres which surround the neck *(sphincter)* of the bladder, and are designed to open or close that organ; this may result from injuries, the pressure of tumours, calculous deposits, syphilitic disease, or from

constitutional causes. The most frequent causes of this disease in children are—*irritation of the bladder from worms;* strumous constitution; too large a quantity of fluids, especially warm, or if taken towards evening; improper food or drink, giving rise to acid urine, which *irritates* the mucous coats of the bladder, etc. An examination of the urine of children who wet their beds an hour or two after falling asleep will find it loaded with lithic acid crystals.

Treatment.—It is often an obstinate complaint, requiring professional treatment.

The chief remedies are, Bell., Gels. *(in the aged);* Canth., Nux Vom., Phos. Ac., Podoph., Calc. Carb., Nit. Ac., Opi., Lyc., Benzoic. Ac. *(high-coloured and strong-smelling urine);* Cina *or* Spig. *(from worms;* see Section 118); Ferr. *(diurnal);* Scilla *(profuse discharge);* Acon., Canth., or Cham. *(in children, with uneasiness in micturating).*

Gelseminum.—Relaxed or paralytic condition of the sphincter of the bladder, leading to involuntary urination.

Accessory Means.—As incontinence of urine is generally the result of disease, punishing children cannot remove the annoyance, but only suitable medicinal and general treatment, which must be entirely regulated by the cause. All salt, sharp, and sour articles of food, malt liquors, spirits, tea, and coffee, should be avoided. Meat may be eaten in moderate quantities, but only a small quantity of fruit, and no flatulent food. Nothing hot should be taken in the after-part of the day. Simple water, milk-and-water, and cocoa, are the most suitable beverages. Cold water or mucilaginous drinks tend to diminish the acrid properties of the urine, when used in moderation. Children who wet their beds ought to sleep on hard mattresses, with light clothing at night, take much exercise in the open air, and have shower-baths or daily ablutions with *cold* water. The whole process of ablution, including drying with a rough towel, should not occupy more than five minutes.

Patients troubled with nocturnal incontinence should be prevented from falling into a morbidly profound sleep, as it is then that the discharge of urine usually occurs. Heavy sleep may be obviated by waking up the patient about the second hour of sleep, or in the case of adults, by an alarum set so as to rouse him at the proper time.

137.—Retention of Urine *(Retentio urinæ).*

Definition.—Obstruction to the discharge of the urine contained in the bladder.

Diagnosis.—Retention is liable to be confounded with *suppression* of urine; but in the latter condition, the kidneys are the seat of the disease, and do not secrete the urine; in retention, the urine is secreted, but the fault is in the bladder, its sphincter, or in the course of the urethra, in which there is some cause of obstruction, as stricture, diseased prostate, etc. Suppression may be easily distinguished from retention, for in the latter disease the bladder is distended with urine, and may be felt at the bottom of the abdomen; while, in suppression, the bladder is empty and can scarcely be felt. If it be deemed necessary to introduce the catheter, the diagnosis will be confirmed; in retention the bladder will be found full, but in suppression, empty; the latter condition, however—except in temporary cases, when *Tereb.* will be rapidly curative—is attended with extreme peril, as the urea and other elements of urine accumulate in the blood when the kidneys have fallen into disease, and no longer secrete the urine; the patient becomes uneasy, then drowsy, and soon coma and effusion upon the brain supervene.

Causes of Retention.—Acute febrile disease; fibrinous exudations, causing stricture; injury, causing paralysis of the lower part of the spinal cord; loss of tone in the muscular

structures of the bladder, leading to paralysis of that organ, common in old age.

Spasmodic Stricture. — Retention of urine sometimes results from spasm of the compressor urethra muscle, which surrounds the membraneous part of the urethra; the retention is sudden and complete, although the patient may have been able to urinate a little time before. The *exciting* causes are—indulgence in drink, holding the urine too long, exposure to cold, etc. Spasmodic stricture is not likely to occur except in persons already suffering from a slight degree of permanent stricture, or gleety discharge, or an abnormal condition of the urine.

Treatment.—*Aconitum.*—Inflammatory symptoms, often in alternation with some other remedy, especially *Cantharis.*

Camphor.—Spasm at the neck of the bladder, especially if caused by *Cantharides* (a drop on a piece of loaf-sugar every fifteen minutes for three or four times).

Cantharis.—Urging to pass water, with cutting and tearing pains.

Clematis.—Difficult passage of urine; heat or slight burning, with occasional stitches in the course of the urethra while passing water; stricture of the urethra after repeated attacks of gonorrhœa, and in cases temporarily relieved by the introduction of bougies. Dr. Hirsch has administered this remedy in such cases with complete success.

Nux Vomica.—Painful, ineffectual efforts to urinate, caused by abuse of wines or spirits; spasmodic stricture.

Sulphur.—In alternation with the last remedy, if the patient be troubled with piles.

In addition to the above remedies, the following are often useful:—*Cann.*, *Tereb.*, *Uva U.*, *Phos Ac.*, *Bell.*, *Iod.*, *Ars.*

Accessory Means.—The introduction of the catheter, so frequently resorted to under the old treatment, is often superseded by the more efficient remedies we employ; still it may

be necessary in some cases; but this requires professional skill. External applications—warm baths, hot fomentations—bland drinks, and injections by the rectum, will greatly aid the medicines in restoring the functions of the parts, if there be not incurable organic disease. The diet must be sparing, and, in some severe cases, restricted to demulcent drinks—barley-water, gum-water, etc.

138.—Gonorrhœa *(Gonorrhœa)*—Venereal Disease.

Definition.—A specific disease characterized by inflammation of, and a muco-purulent discharge from, the mucous membrane of the male or female urethra, and contiguous portions of the genital organs, produced by the contact of a specific virus.

The word gonorrhœa means, literally, a flow of semen, and was so named by the older writers, who erroneously regarded the discharge as one of semen. The discharge, however, does not differ, chemically or microscopically, from mucous discharges from other situations. The specific virus contained in the discharge is distinct from that of syphilis, and does not affect any other tissue except the mucous, although the mucous membrane of the eye, nose, or anus, may furnish the specific poison if inoculated with it.

Time and Order of the Symptoms.—The disease declares itself in from two to eight days after an impure connection; in rare instances, in a few hours, or, in others, not for ten or fourteen days. The symptoms have been divided into three stages, the *initiatory*, the *inflammatory*, and the *chronic*. There is first experienced a tingling or itching sensation, with some degree of heat in the urethra and at the end of the penis, especially when urinating. The orifice of the urethra soon becomes red, swollen, and adhering together by a thin, whitish secretion, and if pressed between the finger and thumb,

muco-pus exudes. As the inflammatory stage sets in, there are burning or scalding pains on passing water, with increased secretion from the affected part, at first thin, but soon becoming thick, milky, yellow, green, or even bloody; during this stage, broken rest at night, a good deal of constitutional disturbance, and complications, such as are afterwards mentioned, are prone to arise.

After the disease has continued for about seven to fourteen days, the inflammatory symptoms begin to subside, and the chronic stage sets in: there is more or less irritation in passing water, and a yellow discharge, which, under unfavourable circumstances, may persist for a long time, and then terminate in an obstinate, thin, transparent, painless discharge *(Gleet)*; this is especially likely to occur in strumous, phlegmatic, or gouty constitutions, and in patients subject to chronic cutaneous diseases.

Complications of Gonorrhœa.—(1.) *Irritation, congestion,* or even true *inflammation of the urinary organs,* causing a frequent desire to pass water, but extreme difficulty and pain in doing so; or there may be complete retention of urine, from spasm of the neck of the bladder, excited by inflammatory irritation. (2.) In the male, frequent and involuntary erections, crooked and painful, occurring chiefly during the night *(Chordee.)* This condition is caused by an effusion of lymph or plastic matter into the spongy substance of the urethra, and is present in nearly every case of gonorrhœa during the inflammatory stage, especially at night. (3.) A thickened and constricted condition of the glans penis, and effusion under it, so that the foreskin cannot be retracted *(Phimosis).* (4.) Inflammation of the lymphatic glands of the groin *(Sympathetic bubo).* (5.) *Inflammation of the testicles (Orchitis),* coming on at a later stage of the disease, when the discharge has nearly ceased, and is probably an extension of the inflammation from the urethra; it is marked by pain,

greatly increased when the organs hang unsupported, excessive tenderness, swelling, fever, and, often, vomiting.

Cause.—A specific virus from impure or indiscriminate sexual connexion. This morbid matter does not reach the general circulation, for it is limited to the *pus globules* contained in the purulent secretion; and these, it seems, are not capable of absorption. When complications arise, they affect parts connected with the original site of the disease by continuity of mucous surface,—the prostate, bladder, and testicle.

A *modified* form of gonorrhœa is sometimes occasioned by connexion with a woman not suffering from disease of a specific venereal character. The menstrual fluid, acrid leucorrhœa, want of cleanliness, etc., in the female; or, an acid state of the urine, a gouty or rheumatic diathesis, the irritation of stricture, exposure of the organs to cold winds, etc., in the male, may give rise to a discharge having many of the characteristics, and even the obstinacy, of a specific gonorrhœal disease. Patients most liable to this affection have a weakened or scrofulous constitution, usually a large urethral orifice, and a long narrow prepuce. It is also chiefly restricted to persons under twenty-five or thirty years of age. Afterwards, men are less liable to this modified form of gonorrhœa. The poison of gonorrhœa, then, though by far the most frequent, is but one among several causes capable of exciting purulent discharge from the urethra.

Prophylactics.—The parts should be well lubricated with oil before, and thoroughly washed after, an impure connexion; the bladder should also be emptied immediately after. The strict observance of these precautions will generally prevent danger from contagion.

Treatment.—In the treatment of this disease, homœopathy offers many advantages: the medicines are safe, pleasant, and effective, sometimes rapidly so; by their instrumentality the

patient generally steers clear of all or most of the usual sequelæ; and they do not interfere with the usual comfort, occupation, or health.

The treatment may be preventive or curative. The *preventive period*, when the symptoms of disease first occur—slight redness and tingling at the end of the penis, and an augmentation of the natural secretion of the parts—lasts from twelve to forty-eight hours. The treatment in this stage, *before* any acute symptoms have set in, is an astringent *lotion*, prepared according to one of the following formulæ :—

Argenti nitras, gr. ij ; aquæ des. ℥viij ;
or, Zinci sulph., gr. viij ; aquæ des. ℥viij.

The selection of the lotion, and the frequency of its use, must be determined by the circumstances of the case. A glass syringe, of a suitable size and form—the nozzle of the instrument being well lubricated—is necessary for the application of the lotion to the diseased surface ; also tact and care in the mode of injecting, upon which much of the efficiency of the lotion depends. This proceeding is strictly homœopathic, and if employed early will almost certainly arrest the disease. If, however, *acute* symptoms have set in, astringent injections are improper. Avoidance of intoxicating beverages and stimulating food, with quiet, rest in the *horizontal posture*, and frequent washing the parts with soap and water, will greatly aid in preventing the full development of the disease.

The *acute* inflammatory stage usually continues from eight to fourteen days, but may be shorter or longer, according to the treatment adopted, and the constitution of the patient. The most useful remedies are :—*Acon.*, *Cann.*, *Canth*, *Gels.*, *Apis.*, *Mer. Cor.*, *Copaibæ*, *Thuja*. The remedies should be administered in low dilutions, those indicated in this list,

pp. 72-3, being, in our experience, inefficient. In addition to the administration of remedies, a moderate diet, with linseed-tea, gum-water, barley-water, or similar demulcent drinks, taken *ad libitum*, and the exclusion of fermented liquors, are necessary. Also frequent ablutions with warm or cold water, and keeping the parts as free as possible from the irritating discharge. It is probably, the infectious nature of this matter which renders the disease so obstinate, for it operates as a continual exciting cause.

The *chronic stage* is that form of the disease termed *Gleet*. Besides the local measures pointed out below, the administration of one or more of the annexed medicines is necessary:—*Ferr.*, *Merc.*, *Lyc.*, *Nux V.*, *Thuja*, *Petro.*, and *Sulph.*

Injections are often useful. We mainly depend upon those recommended by Dr. Yeldham. Liq. *Plumbi Diacet* (ʒss ad aquæ dest. ℥j), and an infusion of *Hydrastis* (℥j ad aquæ dest. ○). In addition to these, *Nitrate of Silver*, *Tannin*, *Lime-water*, and *Cold-water*, are often prescribed.

Cold baths, or sea-bathing, regular and early hours, and good, temperate habits and living, are also necessary to ensure successful results.

We have entered only superficially into the management of this disease: considerations of its difficult nature, its numerous and annoying complications, and the risk of exposing another to contagion, if the best curative measures be not adopted, render professional treatment desirable.

139.—Spermatorrhœa *(Spermatorrhœa)*—Involuntary Emissions.

The subject which heads this section claims our special attention for several reasons, more particularly the following:—The extreme frequency of the complaint; the moral and physical dejection which it causes; the too common

indifference with which it has been met by the medical profession; the damaged health, and exhausted resources, frequently occasioned by charlatans, who find it a fruitful field for plunder; and, lastly, the comparative facility of cure when proper remedies are administered, and a judicious line of conduct is pointed out, and both are fairly persevered in. These considerations meet us on the threshold of the enquiry, and form ample justification for the unusual length of this section.

Definition.—Involuntary seminal discharges, occurring either during sleep, or under various conditions during the day, and associated with irritability and debility of the generative organs.

Extent and Evils of the Habitual Cause.—Very extensive correspondence, and considerable private practice, have afforded us unusual opportunities of investigating this subject, and prove to us that the evils of the above condition are widespread, beyond the credibility of those who have not thoroughly investigated it. The notion that boys are ignorant of the subject, and that we ought not to remove that ignorance, is wholly incorrect. Self-abuse is of such extreme frequency, that it is a question whether even a majority of the youth of all classes of the community do not practise it. The consequences of the habit, even if they do not involve immediately fatal results, occasion the deepest mental distress, and too often disqualify the patient for the discharge of the ordinary duties of life. Unfortunately, we find such patients exhibit extreme feebleness in overcoming incitements to sexual vices, inability to control the will being one of the most lamentable results of self-abuse. Instead of exercising mental and physical self-control, patients too often abandon themselves to self-reproaches and despair, and unless rescued by a prompt and strong, but kind hand, destruction is inevitable.

Our experience forces us to the conclusion that, notwith-

standing the magnitude of the evil, the subject has been much overlooked, or under-rated, by medical men generally. We are frequently told by patients that but few medical men understand the functional diseases of the generative organs, and that they manifest indifference with respect to the matter. Probably in many cases we have been consulted from an insuperable dislike on the part of patients to confront a medical man in their own neighbourhood on a subject of such extreme delicacy. The whole question, however, demands far more attention from the profession than it has yet received, both on account of the physical and mental sufferings involved, and the charlatanism and imposture which professional neglect involves. In untold instances, shattered health, and exhausted resources, have resulted from sufferers falling into the hands of the numerous advertising quacks who in all large towns prey on patients of this class. Newspapers, especially provincial, are great offenders against public morality by opening their columns to quack advertisements, and thus prostituting a powerful influence to co-operation with charlatanism.

Our Allusion to the Subject.—Since the third Edition of this manual was published, many patients have expressed to us their regret that they never received any instruction on sexual subjects, or warning of the danger of masturbation. Boys, and girls too, are certain to have their curiosity excited, and, if information be withheld, to seek it in improper channels. To suppose that boys who watch animals, and obtain intimations from literature, and hear the conversation of the immoral, can be kept in ignorance, is evidence of profound want of knowledge of human nature. Better, from every point of view, to furnish proper instruction and warning.

Causes.—Spermatorrhœa is most frequently the result of a direct violation of a great physiological law, the habit of sexual excitation—*self-abuse*—either accidentally acquired or learned

from associates, as in schools, and subsequently continued under the influence of a morbid imagination, or from the excitement occasioned by impure books or conversation, reports of divorce-court trials, etc., often in ignorance of the consequences of the vicious practice. Schools, especially boarding schools and colleges, are the most fruitful sources of instruction and initiation into this vice. From innumerable frank personal disclosures made to us, in our professional capacity, we have ground to conclude that schools are the very hot-beds of this degenerating habit. Other causes may be,—morbid conditions of the urethra; irritability of the bladder, as shown by wetting the bed; indigestion with constipated bowels, violent contraction of the levator ani, causing an escape of semen; rectal irritation from *worms*, which occasion scratching or friction, and thus lead to determination of blood to the organs; piles, acting in a like manner; prolapsus ani; a too long or narrow prepuce, or the collection of secretions under the prepuce, causing irritation; horseback exercise; frequent excitation of the sexual passion without natural gratification; sexual excesses; disease of the brain or spinal marrow; chronic exhausting diseases, as phthisis, etc.; lastly, we are led to conclude from cases that have come under our own observation, that the causes of masturbation are sometimes inherent. Under such conditions, the organs become extremely debilitated, and liable to excitation, with secretion and discharge of seminal fluid, from slight emotional causes, —a thought, a glance, a word,—or by trivial and common physical agents,—the oscillations of a carriage, the efforts of straining at stool, etc.

Effects.—Depression of spirits, often to an extreme degree; bashfulness, and inability to look frankly into the eyes of another, especially of the same sex; weakness of memory and other senses; enfeebled intellect; indecision and loss of moral control, sometimes to such an extent as to render the patient

incapable of resisting temptation to the vicious habit; weakness, with pain or aching in the back; indigestion, with oppression after food, constipation, flatulence, palpitation, headache; cold, damp hands, and moist skin; spots of acne on the face and skin; sunken eyes, paleness of the face, and loss of the healthy tints of the lips and face, the patient looking older than his years; stunted growth, the physical drain checking nutrition, and taking place in early life prevents perfect bodily evolution; paralysis; impotence, etc. *Remorse* is often so keen and withering as to interpose the greatest barrier to success in the treatment. If indulgences in the habit were commenced early, and have been frequent and long-continued, the physical and mental injury is more serious and general, and no doubt often leads to the deposit of tubercle in the lungs. Happily, a course of judicious treatment is sufficient in nearly every case to effect a cure, and to restore the patient to a life of usefulness and happiness. In numerous instances, patients formerly under our care, and whose despondency was often almost extreme, have subsequently married, and been blessed with full domestic felicity.

Preventive Measures.—The sexual instinct in man is strong, and is the means provided by the Creator for the propagation of the race. But the *precocious* development of this passion may be prevented; and when, on account of youth and other circumstances, its gratification would be imprudent, it may be kept in abeyance by proper measures and correct discipline—the discipline leading to manliness of character, and at the same time better fitting the individual for the duties and enjoyments of mature manhood. From a somewhat lengthened experience, we affirm that chastity tends to great moral energy of character, and contributes to a superiority and vigour of intellect which contrasts most favourably with the feebleness of the incontinent. Indeed, we find many patients of the latter class lack sufficient resolution to

employ the measures necessary to their restoration, thus rendering our task difficult and tedious. The following suggestions are offered in much confidence, and if faithfully adopted, will, with the majority of cases, suffice to prevent sexual vice.

1. *Good physical and mental training.*—The systematic adoption of muscular and mental exercises expend the nervous energy, diverting it from the sexual organs, so that amorous thoughts and propensities become less prominent. The regular practice of gymnastic and athletic exercises, to an extent short of causing excessive fatigue, is of the first importance. Blood is thereby diverted from the internal organs to the muscles, and while the economy is occupied in repairing the wear and tear thus occasioned, semen will be but scantily, if at all, secreted. Much of the sexual vice of the present day is chargeable to the neglect of proper recreation, instruction, and amusement, by the young men of cities and towns in their leisure hours. Mental occupations also exercise a like tendency, though, perhaps, to a less degree. Constant and congenial occupation and recreation, bodily and mental, during the hours of relaxation, are indispensable. As just stated, the greatest danger arises during the hours of leisure, for if the mental and physical powers are not then employed, the mind is almost sure to be occupied with sexual thoughts. To a considerable extent, the habits we are considering have arisen from young persons having had no object of pursuit when the ordinary work of the day was over.

Besides preventing the formation of a vicious habit, constant and congenial physical and mental occupations are necessary in most cases to the maintenance of a strictly *continent* life, and we recommend them as infinitely preferable to occasional illicit sexual intercourse. We are sorry to find from the testimony of patients that some medical men recommend promiscuous intercourse to the unmarried. Viewed medically, we think this most unwise, for such intercourse stimulates without

satisfying the sexual passion, and at the same time exposes the individual to diseases of the most disgusting and baneful character. It is easier and safer to abstain entirely from sexual intercourse than it is to indulge occasionally. Total abstinence—not occasional illicit indulgence—is therefore the only safe course. Diligent cultivation of the will, the practice of regular and healthy exercises and gymnastics, suited to individual peculiarities, are sufficient to preserve continence. Fashionable and idle habits are the great cause of solitary vice on the one hand, or of venereal excesses and diseases on the other. The establishment of systematic exercises at home and in schools—athletic sports, gymnasia, etc.; libraries, literary and scientific institutions, including the instructive and interesting experiments in chemistry, electricity, mechanics, and other sciences; the study of botany, geology, etc.; all these are highly useful, for they pre-occupy the mind, and so prevent loose thoughts and habits.

2. *Chaste thoughts and conversation.*—The cultivation of pure thoughts and conversation among the young would remove occasions of great temptation to sin. Parents, guardians, and teachers, should exercise a strict supervision over the books that are read. Much of the literature of the present day is of a character that tends to emasculate the mind of the reader, to crowd it with fancies and follies, incite it to passions, and pave the way directly to the evils under consideration.

3. *Avoidance of stimulants and luxurious habits.*—The too free use of meat, highly-seasoned dishes, coffee, wine, late suppers, etc., strongly tend to excite animal propensities, which directly predispose to vice. Probably most persons in health, enjoying ample means, eat and drink too much. Strict temperance, both in eating and drinking, is a great preventive. Soft beds and too much sleep, are also to be avoided.

4. *Direct instruction and caution.*—Young persons who, there is reason to believe, are ignorant of the practice of self-abuse,

should be kept so, but watched, and it may soon be observed if he or she be addicted to this vice.

When there are any symptoms, a careful examination should be made, and the actions closely but unobtrusively watched. An examination of the linen generally affords conclusive evidence in the case of boys; the genital organs of these patients it may be noticed, too, receive an undue share of their attention. If the practice be found to exist, its discontinuance must be made imperative, and the dangers pointed out that will inevitably follow a persistence in the habit. The delicacy of the subject must never be allowed to operate as a barrier to an important duty. The patient should be constantly watched during the day till he falls asleep at night, and be required to arise directly he wakes in the morning. In confirmed cases, the night-dress should be so arranged that the hands cannot touch the genital organs.

5. *Important precautions in the management of the young.*—Under no circumstances should nurses ever be permitted *unnecessarily to handle or expose the genital organs of children*, and children should be taught at the very earliest period that it is immodest, and even wrong, to handle the parts. *Flogging on the buttocks* should also be avoided, for it is calculated to excite precocious sexual sensations. The effect is of a reflex nature, and there is ample evidence that it tends strongly to excite the sexual instinct. *Climbing* is open to the same objection. Facts have repeatedly come under our own notice which prove that sexual excitement is not infrequently engendered by these means. In schools, as well as at home, *every boy should have a separate bed.* The neglect of this important advice, is a frequent cause of bad habits being taught and practised. In addition to a separate bed, he should be able to dress and *undress apart from the observation of others.* The necessary privacy may be secured by partitions placed between the beds, but not extending up to the ceiling, so as to interfere as little

as possible with the ventilation. One of the few articles necessary in the sleeping-room is a *sponge-bath.* This, with a good-sized piece of honey-comb sponge, and a large towel or sheet, complete the outfit. The regular daily use of the sponge-bath, according to the suggestions given on page 51, conduces greatly to the cure or prevention of self-abuse.

If the habit have been acquired, and any of the effects already stated developed, a proper course of homœopathic treatment will usually suffice to restore the health, *providing the habit be relinquished.* The best homœopathic doctor within reach should be consulted; or if there be none near, one should be consulted by letter. Under any circumstances, all advertising quacks, and all advertised quack medicines, should be avoided. Hundreds of cases have come under our care with damaged health and over-taxed purses, from falling into the hands of advertising quacks.

Treatment.—This must be both medical and hygienic, and include all available methods for establishing the constitutional strength, soothing excitement, removing local causes of irritability, and forming healthy habits both of mind and body.

The *medical* treatment involves the administration of homœopathic remedies, only a few of which are described in this work—*Baryta Carb.*, *China*, *Canth.*, *Phos.*, *Plat.*, *Phos. Ac.*, *Gels.*, *Staph.*, *Iris.*, *Nux Vom.*, *Sulph.*, etc., the selection and doses of which can only be determined by the local and general symptoms of individual cases. Amplitude of resources are pre-eminently necessary in the successful management of this affection.

Although alone insufficient, the treatment by appropriately chosen drugs has often a marvellous power in speedily correcting the most distressing cases that come under our notice. It would far exceed the limits of this work to state the indications for the various remedies that we prescribe in this

affection. When leisure permits, we purpose issuing a small volume on the entire subject, and giving the results of our experience in its treatment.

The *hygienic* treatment must be considered from a high stand-point, and include the commercial, social, and moral relationships of the patient—occupation, recreation, literary tastes, and mental and moral discipline; diet, sleep, bathing, etc. The circumstances of each patient should be diligently investigated, and the management strictly regulated accordingly.

We have aimed to say as little as is consistent with our desire to arouse parents and teachers to a sense of their duty to the young in this matter. It may be deemed by some indiscreet to treat of such things in a work like the present; but so wide-spread an evil, affecting the health and happiness of future generations and even the welfare of the nation itself, demands that false delicacy be cast aside, that the sin may be known, and its progress stayed.

CHAPTER XII.

Diseases of the Cutaneous System.

140.—Erythema *(Erythema)*—Inflammatory Redness of the Skin.

Definition.—A morbid superficial redness of the skin, sometimes called "inflammatory blush."

Varieties.—The varieties are named according to their characteristics. When it occurs on the surface of an œdematous swelling it is called *Erythema læve*. *E. fugax* is simply a fleeting, patchy-redness. *E. marginatum* designates a redness with a well-defined circumference. *E. papulatum* consists of small red spots varying in size from a pin's head to a split-pea, raised after a time into a papular form, of a vivid colour, becoming pale on pressure, and dying away in a few days with slight desquamation. The spots may be aggregated or distinct, and are seen especially on the back of the hand, the arm, neck, and breast. The disease lasts about three weeks, and seems to be associated with rheumatic symptoms. It occurs mainly in young people. *E. tuberculatum* is the same disease, in which the erythema becomes somewhat tuberculated; it is often seen in servants who make a change of residence from country to town. *E. nodosum* is a more marked stage of the last; the spots are sometimes as large as a walnut or even much larger, oval in shape, the long diameter being in a majority of cases parallel to that of the limb:

they are generally seen on the front of the leg, rarely on the arm, or above the knee. This variety seems to be connected with adolescence *(Fox)*.

Erythema, especially if chronic, is sometimes due to dyspepsial derangement; *flushing of the face after meals* is a common erythematous symptom.

There is no marked itching; nor heat, tension, burning, or exudation as in erysipelas, for which it is sometimes mistaken. See Section 19.

Epitome of Treatment.—Bell. *(simple redness, and E. papulatum)*; Acon. *(febrile disturbance, and flushing of the face from excitement)*; Apis. *(E. læve, and E. nodosum)*; Kali Bich. *(E. papulatum, if* Bell. *be not sufficient)*; Nux Nom. *(flushing after food)*; Bry., Manganum, Ferr., Ars.

Accessory Measures.—Regular open-air exercise; sufficient time for, and freedom of the mind during, meals; simple food; and the free use of cold water internally and externally.

141.—Intertrigo *(Intertrigo)* Chafing—Soreness of Infants.

Definition.—Redness and chafing produced by the friction of two folds of skin, especially in fat children and adults: it is seen in the groin, axilla, and neck; sometimes a fluid is exuded, the acridity of which increases the local mischief, and presently an offensive raw surface is produced.

Intertrigo differs from eczema in its acute course, and in the character of the secretion, which is clear, and does not stiffen linen.

Epitome of Treatment.—Cham. *(in infants)*; Calc. Carb. *(scrofulous children)*; Lyco. *(obstinate cases)*; Merc. *(rawness and great soreness)*; Sulph. The parts should be *well washed with cold or tepid water, and carefully dried* two or three times a day; a piece of linen, saturated with *Calendula-lotion*, may

be laid between the opposed surfaces; or in bad cases, a lotion composed of one part of tincture of *Hydrastis* to ten of *Glycerine* may be applied in the same manner.

142.—Roseola *(Roseola)*—Rose-rash—False Measles.

Definition.—A simple, non-contagious rash, of a *rose-red* or *pink* colour, occurring in patches, about half-an-inch in diameter, and associated with more or less febrile disturbance. There is also slight itching, sense of heat, and sometimes redness of the mucous surfaces of the palate and fauces.

Varieties.—*Roseola æstiva*—appearing in summer-time only; *R. autumnalis*—in autumn; *R. symptomatica*—occurring during the course of other diseases; and *R. annulata*—distinct rings of redness, with an unaffected centre.

The disease is apt to occur in infants, when it comes and goes perhaps for several days, accompanied by local heat and itching, especially at night.

Roseola may at first be mistaken for *measles* or *scarlet-fever;* but there are no catarrhal symptoms, as in *measles;* and no grave symptoms, as in *scarlatina;* there are also no "wheals," as in *urticaria.*

Treatment.—*Acon.* is usually sufficient. A dose may be given every three or four hours several times. If the itching be very troublesome, the parts may be moistened with a lotion of one part of *Acon.* tincture to twenty of water. *Rhus Tox.* or *Bell.* may sometimes be required.

143.—Urticaria *(Urticaria)*—Nettle-Rash.

Definition.—A transient, non-contagious, affection of the skin, characterised by an eruption of prominent patches or wheals, either redder or whiter than the natural skin, of regular or irregular shape, with heat, tingling, and great itching.

Varieties.—Urticaria may be acute or chronic. Of *acute* cases there are two kinds:—*Urticaria febrilis*—marked by much febrile disturbance; and *U. conferta*—distinguished by the great number and frequent coalescence, of the "wheals." *Chronic* urticaria may be *U. evanida*—evanescent, without febrile symptoms, and with trifling redness; *U. perstans*—persistent nettle-rash; *U. subcutanea*—"subcutaneous nettle-rash, a nervous affection of the limbs, accompanied at intervals with an eruption of nettle-rash;" and *U. tuberculata*—characterized by the production of elevations of considerable size, extending deeply into the subcutaneous cellular tissue.

Symptoms.—Similar, or more intense than those produced by nettle-stings. The eruption consists of elevations, occurring in streaks or wheals of an irregular shape, on a red ground; the character of the rash becomes much more marked after scratching or rubbing, "so that it is possible, by using the nail of the finger, to write one's name on the skin;" it is generally worse in the evening, and when the body is exposed to cold air. There is much tingling and burning, and often the eruption, after disappearing suddenly from one part, shows itself in another. The spots contain no fluid, and end in desquamation of the skin. It is most common in spring and early summer, is not contagious, may occur at any age, and in the same person repeatedly.

Causes.—Derangements of the digestive organs, following the use of some particular kinds of food, among which we may specify bitter almonds, cucumbers, mushrooms, oatmeal; shell-fish are a common cause of nettle-rash, especially mussels; and certain kinds of medicines, such as cubebs, copaiba, valerian, etc. Also mental depression, anxiety, defective innervation. The skin being extremely sensitive, it is easily excited by external irritants—such as the wearing of flannel next the skin (see p. 48), the bites of fleas, etc.

Chronic, also intermittent, urticaria is frequently associated

with uterine or other diseases, and is often very obstinate. Cold, rapid changes of temperature, and, in children, teething, favour its development in patients predisposed.

EPITOME OF TREATMENT.—

1. *Simple urticaria.*—Apis, Urtica Urens, Acon.

2. *From Gastric disorder.*—Ant. Crud., Nux Vom., Puls.

3. *From cold.*—Acon. *(from draughts and cold winds);* Dulc. *(from damp).*

4. *Associated with other affections.*—Bry., Cimic., *or* Rhus Tox. *(rheumatic patients);* Colch. *(gouty subjects);* Ars. *or* Ipec. *(asthma);* Puls. *(uterine irregularities).*

5. *Chronic cases.*—Ars. *or* Chin. Sulph. *(intermittent);* Apis., Sulph.

6. *Special symptoms.*—Acon. *(febrile disturbance);* Bry. *(sudden retrocession);* Ign. *or* Anacard. *(mental depression and confusion);* Coff. *(sleeplessness and nervous irritability).*

ACCESSORY MEASURES.—A general *warm bath* is invaluable; it soothes the skin and promotes the cure. When the eruption is thoroughly out, the heat and irritation may be materially alleviated by smearing the whole surface of the body with fresh-cured bacon, as directed, p. 116.

HYGIENE.—A dry, uniform, and moderate temperature; plain food; plenty of exercise in the open air; great cleanliness. Draughts, changes of temperature, indigestible food, and all exciting causes, must be removed and avoided. If flannel be worn, it should be over a garment of a different material.

144.—Prurigo *(Prurigo)*—Itching of the Skin.

DEFINITION.—"A chronic affection of the skin, characterized by a thickened and *discoloured state* of that membrane, with *excessive itching*, and, generally, an eruption of *papulæ (pimples).*"

SYMPTOMS.—*Intense itching*, and creeping sensation; patients scratch and tear themselves till the blood flows; their sleep is frequently disturbed, and their existence is thus often rendered almost unendurable; or the impulse to incessant scratching is so powerful as to induce the patient to seek seclusion. Sometimes the itching is diffused irregularly over the surface; at other times it affects the extremities; frequently it occurs round the anus, or on the scrotum, or on the female genitals. It is often a horrible and most obstinate disease.

CAUSES.—The *predisposing* are—constitutional taint, senile decay, chronic disease, etc. It is generally a symptom of lowered vitality, or of decay of the skin; the skin loses its elasticity, firmness, and fat, and its secretion is disordered. It has been thought that the disease was caused by *pediculi;* but it is not so: pediculi are only present in prurigo in uncleanly persons. *Exciting* causes are—rich, indigestible food, stimulating drinks, extreme heat or cold, etc. In summer-time a mild form sometimes attacks young persons.

TREATMENT.—*Aconitum.*—Furious itching all over the skin, *with febrile symptoms.*

Sulphur.—Severe itching, attended with thirst and *dryness of the skin*, worse in the *evening* and *in bed.* This is generally a prominent remedy, and it is frequently specific, especially in recent cases.

Arsenicum.—Itching with *burning*; or an eruption emitting watery-fluid like sweat, and attended with much constitutional *weakness.* It is most suitable in *chronic* cases.

Ignatia.—Itching of the skin, of a fine, pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required:—*Merc.*, *Carbo Veg.*, *Rhus Tox.*, *Mezereum*, *Apocy. Andros.*

ACCESSORY MEANS.—The skin must be strengthened by wholesome and regular diet, frequent exercise in a bracing

air, and *daily ablutions with cold or tepid water*, shower-baths, etc. Without these measures medicine will be of little permanent use. Stimulating food or drink, pastry, rich sauces, pickles, and indigestible food generally, must not be indulged in. The use of ointments is generally injurious. Scratching must be avoided. In severe cases, temporary relief may be obtained by bathing the parts with alcohol and water in equal proportions; or with *Mezereum lotion* (one part to ten of water); or by sponging the skin, on retiring to bed, with a warm infusion made by pouring boiling-water on bran.

The Wet Compress.—Prurigo, if confined to one or two places, is much benefited by the constant use of a wet compress over the affected part; for although it often increases the irritation at first, it finally assists nature in expelling the morbid matter.

Scratching.—Notwithstanding the incentive to scratching in prurigo and other skin affections, the practice greatly aids in keeping up the irritation and increasing the disease. On this point the following remarks by Dr. Tilbury Fox well express a condition we have often observed:

"When the disease is *non-contagious*, secretion, if present, may be transferred (by scratching), and, when acrid, sets up local inflammation; and when *contagious*, scratching is the surest method of inoculation, as in the case of the contagious impetigo or porrigo. Children in this way transplant the disease from the head to various other parts of the body. Mothers, beyond a doubt, get it about their hands from children. As an instance of the effect of scratching, I may mention the case of a gentleman I have recently seen in consultation, who has tried every remedy and doctor on the continent, taken the baths at Aix, and been treated by a large number of medical men in London for prurigo. He has taken drugs in any amount, and about sixty prescriptions were handed to me for my inspection. In this case, which was of three years' duration, the itching was cruel, the whole skin reddened, thickened, dense, hot, and exceedingly appreciable of change; whilst almost every conceivable application had been used. My impression as to the influence of scratching turned out to be correct; and, by dint of perseverance, the patient avoided this source of irritation, and is now practically well."

145.—Lichen *(Lichen).*

Definition.—A non-contagious, chronic disease of the skin, characterized by the appearance of small hard papules, about the size of millet-seeds, uniform, slightly red, or of the same colour as the skin, closely grouped, but distinct from each other; there is itching, and the skin is generally dry and thickened. When disappearing, very fine, dry, greyish scales are formed.

The disease appears on different parts of the body, but generally on the back of the fore-arms and hands, the sides of the neck, and the face.

Varieties.—The disease may be *Lichen simplex*—occurring in summer; *L. pilaris*—the follicles of the hair being the seat of the affection; *L. circumspectus*—the pimples being grouped in small circular patches, with a well-defined border, sometimes with a clear centre; *L. agrius*—the most serious form of the disease, is seen in grocers, bakers, bricklayers, and washerwomen, sometimes called "baker's itch;" the pimples are very close, red, inflamed, and have a secretion, with intense itching and burning, febrile symptoms, pains in the limbs, gastric derangements, etc., and lasting, in the acute stage, ten or fifteen days; or, *L. tropicus*—"prickly heat," which occurs chiefly in hot climates, attacking the parts covered by the clothes, accompanied by a peculiar tingling and pricking; the papillæ are of a vivid-red colour, about the size of a pin's head, but there is no redness of the skin generally: the disease sometimes occurs in this country.

Causes.—Constitutional predisposition; irregularities in habits or diet; certain occupations, as those of cooks, bakers, grocers, etc.; hot weather or climate.

Epitome of Treatment.—Sulph. *(simple cases);* Ant. Crud. *(associated with derangements of the digestive organs);* Apis. *or* Ledum Pal. *("prickly heat");* Ars. *(L. agrius; and chronic cases);* Nux Juglans.

ACCESSORY TREATMENT.—Simple, unstimulating food and drink; proper attention to the general health. See "Causes," and also "Accessory Measures," in the two previous Sections.

146.—Strophulus *(Strophulus)*—Red-gum—Tooth-rash.

VARIETIES.—Strophulus may be of the red or the white variety. Red strophulus *(red-gum)* begins as a red blotch, slightly elevated in the centre; the redness soon fades, and the central elevation enlarges and forms a flattened pimple. They occur on the face, neck, arms, and may even extend over the whole body.

White strophulus consists of pearly, white, opaque pimples, smaller than the preceding—about the size of a pin's head, usually on the face and arms.

CAUSE.—The appearance of strophulus, as of nettle-rash, on the body of an infant is certain evidence of unsuitable diet, and of derangement of the digestive functions. It is also most frequent in children who are kept too much in hot rooms, and excluded from the fresh air.

TREATMENT.—*Chamomilla.*—This remedy is generally the best, and is often sufficient. A dose thrice daily for several days.

Ant. Crud.—Associated with *indigestion*, white tongue, etc. *Puls.* may also be thought of.

Calc. Carb.—With *chronic acidity.*

ACCESSORY MEANS.—The regulation of the diet; abundance of fresh air; clothing sufficient to protect the body from cold, and, at the same time, permit of the access of air to the skin; and daily use of the cold or (at first) the tepid bath. Favourable hygienic conditions are necessary in every case, or medicine will prove inefficient. Local irritation from teething, acidity, etc., should be corrected.

147.—Pityriasis *(Pityriasis)*—Branny Tetter—Dandriff.

Definition.—A superficial cutaneous affection, in which there is desquamation—the skin falling off in whitish scales or bran-like powder. Also more or less redness, itching, and heat.

The disease may occur on the head *(dandriff)*, eye-lids, or other parts of the body. The scales are continually shed and reproduced, but there is no discharge.

Treatment.—*Arsenicum* is generally the most homœopathic remedy. A dose may be given thrice daily. *Graph.* or *Lyco.* may be given if *Ars.* be not sufficient.

Accessory Means.—Strict attention to cleanliness; and well drying the parts after washing. As an application in pityriasis of the scalp, glycerine of borax is often of great service.

148.—Psoriasis *(Psoriasis)*—Lepra—Dry Tetter.

Definition.—A non-contagious cutaneous affection, characterised by well-formed, dry, and whitish scales, without vesiculation or pustulation, accompanied by cracking of the skin, and having a disposition to recur.

The general health is not appreciably affected, there being few if any symptoms beyond slight itching, which is worst at the commencement.

The cutaneous eruption which has long been known as *Lepra* is now allowed to be merely a variety or a declining stage of Psoriasis, and not a separate affection *(Tanner)*.

Varieties.—In the common form of Psoriasis there are whitish, minute spots, made up of dry, silvery-looking scales, heaped together on tawny-red patches of skin about the elbows and knees *(P. vulgaris)*; when the spots are larger,

they resemble drops of mortar, and are found on the breast, back, and limbs *(P. guttata);* then the eruption may be more developed, and extend over a larger surface, sometimes covering an entire limb *(P. diffusa);* when the eruption runs together in a serpentine form, the scales are thin, and quickly reproduced *(L. gyrata);* when the scales are large, dry, and adherent, and the patches thickened and cracked, a slight discharge may occur, causing scabs,—this is the chronic form *(L. inveterata).*

Psoriasis progresses by an increase in the size and number of the patches, and their extension along the extremities to the trunk. On the other hand, the cure of the disease is marked by diminution of the scales, and more full exposure of the surface beneath, until gradually the eruption disappears, leaving little or no trace of its former existence. It is sometimes, however, a most obstinate disease.

Causes.—Psoriasis occurs in persons apparently in good health, but who are probably suffering from some form of defective nutrition. Too rapid growth, bad living, over-study, anxiety, too prolonged lactation, etc., are likely to excite an attack, where a predisposition, often hereditary, exists.

Treatment.—Merc., Iodine, Nit. Ac., Sulph.; Arsen. *(chronic and inveterate cases).*

Accessory Means.—*Local.*—Warm-baths; preparations of *Glycerine* (see pp. 92-4), if the skin be much cracked, or occasional poultices if it be very hard. *General.*—Simple, nourishing diet, and, in growing persons, Cod-liver-oil (see pp. 77-9). Any defect in the functions of digestion and assimilation should, if possible, be corrected. Patients who have been overtaxed in mind or body should have rest and change. The whole section on *Dyspepsia* should be consulted, as *many* of the suggestions there made apply specially to patients suffering from *psoriasis.*

149.—*(Herpes)* Herpes—Shingles—Tetter.

Definition.—*Large vesicles* or small blebs, distinct from each other, occurring in patches on different parts of the body, having an inflamed base, containing a fluid—at first clear, then milky, afterwards quickly disappearing—and ultimately shrivelling, leaving scabs; or, becoming ruptured, they dry up into light-brownish scabs.

Varieties.—There are four varieties of Herpes—*H. phlyctenodes*, sometimes called nirles—commences with a sense of local heat and inflammation; upon this ground arise round grouped vesicles, from ten to twenty, in patches varying from the size of a six-pence to that of a five-shilling piece, of which there are several, surrounded by a red areola, and mostly occurring about the face, neck, and upper limbs. *H. circinnatus, vesicular* (not the common) ring-worm—disposes of itself in rings; and *H. iris*—in the form of rainbows. *H. zosta* or *zona*, commonly called *shingles*—has the nature of the first variety, but derives its name from its manner of encircling one half of the body. It is an acute disease, lasting from fourteen to twenty days, and follows the course of one or more of the cutaneous nerves, generally stopping short in the middle, though it may extend across to the other side, and has the appearance of a line of patches, like a belt, half round the body. It generally affects the trunk, chiefly of the right side, but occasionally the face, shoulder, abdomen, or upper part of the thigh. It is most common in the young, particularly during change of weather, and is often preceded by neuralgic pains, the eruption following in the same locality. In some rare cases, ulceration may supervene; there may be much pain, smarting, or burning; and the scars may remain for some time. There is a remarkable connection between *Herpes zoster* and the nervous system: the latter always determines the seat of the former. Zona is much dreaded,

and uninstructed nurses foolishly state that if the patches extend round the body, death is certain to result. There, however, is no danger, unless the patient be very old and feeble.

General Symptoms.—In addition to what is stated above, there is often a feeling of *malaise*, feverishness—headache, shivering—and, perhaps, neuralgic pain in the side *(pleurodynia)*, which may be very acute, especially in shingles (see p. 303, 6). The disease is mostly accompanied by sensations of heat, tension, and burning, felt even before the appearance of the eruption; and is followed by weakness and depression. When the disease occurs in the aged, or in persons of feeble constitution, there is much debility, and ulceration may arise, further debilitating the patient. It sometimes occurs during the course of other diseases.

Cause.—*Irritation of the nerves*—as when catarrh affects the air-passages, and herpes is developed on the nose or lips.

Epitome of Treatment.—

1. *Earliest symptoms.*—Acon. *(with neuralgia consequent on anxiety, etc.)*

2. Developed Herpes.—Rhus Tox. *(in all simple cases)*; Sulph. *(to follow* Rhus *if necessary)*; Ars. *(neuralgia, and in debilitated constitutions)*; Phyto. *or* Graph. *(ulcerous conditions; and in old persons)*; Phos. *(consumptive patients)*; Tellurium *or* Sepia *(Herpes circinnatus)*.

3. *Pleurodynia.*—Ranun. Bulb.; see Section 53.

4. *Additional remedies.*—Mang., Staph., Cistus Can., Comacladia.

Accessory Measures.—The daily bath; plenty of out-of-door exercise; and the "Accessory Measures" suggested in Section 53. For local application, see "Glycerine," (pp. 92-4).

150.—Eczema *(Eczema)*—Catarrhal Inflammation of the Skin—Scalled-Head—Milk-crust.

Definition, Nature, and Symptoms.—Typical Eczema, according to Dr. Fox, is an acute inflammatory disease, "a catarrhal inflammation," characterized especially by an *eruption*, in connection with more or less superficial *redness*, of small *closely-packed vesicles*, which run together, burst, and are replaced by a slightly excoriated surface that pours out a *serous fluid*, which dries into *crusts of a bright colour*, and of moderate thickness. *The discharge has the property of stiffening linen.* The vesicles *appear in successive* crops, may prolong the disease for an indefinite time, and are attended with *itching* and local *heat.* The skin is irritable; occasionally excoriations or crackings of the part occur, and sometimes the parts around the patch inflame, probably from the irritating nature of the discharge.

The patches form on various parts of the body,—the head, behind the ears, the face, breasts, etc.,—are of variable size, and mostly symmetrical. If the disease be extensive, there may be considerable fever, a pallid appearance, headache, loss of appetite, etc. The mucous surfaces may become the seat of inflammation, either by the spread of the disease from the skin, or as a consequence of the general condition.

Eczema is the most common of all skin-diseases; it lasts a varying time, in consequence of successive local developments, and its tendency to spread. After its disappearance it leaves behind no traces of its former presence. Its retrocession may be followed by grave symptoms.

Varieties.—There are four varieties of Eczema—*E. simplex* is the simple form, often resulting from exposure to the sun's rays; it may also be caused by irritants of all kinds—heat, cold, soap, etc. If it occur in hot weather, the patient complains of fever, a "heated state of the blood," etc., and the eruption follows, appearing on the exposed parts of the body

—the face, neck, arms, back of the hands, etc.: this condition is what is commonly called "*heat-spots.*" In *E. rubrum* the eruption is *very red* and shining, and there is much general disturbance; the *burning* is severe; brownish scabs are formed; and the parts usually affected are the *flexures* of the body—the inner side of the thigh, groin, elbow, wrist, etc.: it is apt to become chronic in old persons, and, when it occurs about the legs, often leads to ulcers. *E. impetiginodes* is the variety which occurs in lymphatic and debilitated children, especially those who have a tendency to the formation of *pus;* it is similar to *E. rubrum*, but is more severe; the discharge is soon mixed with pus, which forms greenish-yellow thick scabs: it is commonly seen in the heads of infants *(porrigo capitis, scalled-* or *scaled-head*). *E. chronicum* is the common form of any of the foregoing kinds of the disease; it often oscillates between cure and recurrence; and the skin becomes harsh, dry, red, and thickened.

Causes.—Eczema usually depends upon, or is associated with, debility; hence trivial exciting causes are sufficient to develop the disease—heat, cold, etc. In adults, it is a common sequel to over-work, anxiety, irregular habits, etc.; and in infants to improper food, impoverishment of the mother's milk, or want of attention to her general health.

Epitome of Treatment.—

1. *Earliest symptoms, and in Eczema simplex.*—Acon. in alternation with Rhus Tox.; Canth.; Sulph.

2. *E. rubrum.*—Ant. Tart.; Ars. in alternation with Bell.; Crot. Tig. *(if there be sickness or painful diarrhœa);* Merc., Kali Bich., Crot. Tig. 1x may be applied externally, and often exerts a striking favourable action.

3. *E. impetiginodes.*—Kali Bich., Crot. Tig., Ars., Merc., Hep. S., Calc. Carb., Silic., Nux Jug., Viola Tricolor *(milk-crust* and *porrigo capitis).*

4. *E. chronicum.*—Similar treatment to the former variety.

Accessory Measures.—The parts should be kept clean by frequent gentle washing with tepid water—the washing should be so done as not to spread the irritating discharge over unaffected surfaces—and afterwards well dried by "*dabbing*," not rubbing; *Petroleum Soap* is recommended to be used in washing; *Crot. Tig.* may be used as a direct application afterwards; often a single application will suffice, or at most two or three; glycerine (see p. 92) may then be used to allay irritation. Water-compresses, especially in the earlier stages of the disease, are very useful. The clothes should not be allowed to produce friction on the parts. Above all, the health must be regulated, and the "Accessory Measures" described in Sections 29 and 53 strictly carried out. *Cod-liver-oil* is especially recommended.

151.—Impetigo *(Impetigo)*.

Impetigo, a common disease of infants, is a severe, sometimes contagious, purulent inflammation of the skin, and has been described as *pustular eczema* by some writers. It is characterized by an eruption of small semi-circular, flattened pustules, grouped in clusters, having a tendency to run together, forming thick and moist yellowish scabs or incrustations; and attacks the ear, nose, scalp, and face. In children, the eruption and its yellow tenacious secretion sometimes cover the face or head like a mask, the discharge matting the hair together into a sour-smelling mass, beneath which the surface is red and tender. It is this form of the disease to which the term *crusta lactea* (milk-crust—*porrigo larvalis*) is most correctly applied.

Causes.—Poor diet; strumous disease.

Treatment.—*Viola Tricolor* for simple crusta lactea; *Ant. Tart.*, *Kali Bich.*, *Ant. Crud.*, or *Ars.* See also Eczema, the disease and treatment being similar.

152.—Acne *(Acne)*—Pimples.

Definition.—"A chronic inflammation of the sebiparous glands, and of their excretory hair-follicles, characterized by an eruption of hard, conical, and isolated elevations of moderate size, and various degrees of redness."

Names and Varieties.—The word "acne" (which in all probability was given in error for *acme*), was intended to signify the occurrence of the disease at the *acme* of man's development (puberty), when, indeed, the simple form is most common. In *A. punctata*, there is simply a collection of sabaceous *(suety)* matter in the form of a pointed eruption: this collection, when squeezed out of the skin, is emitted in a cylindrical form, having the appearance of a small grub or maggot *(comedones)*, hence it is sometimes called "maggot-pimple," or "whelk;" it is most frequent in young females. *A. indurata*—sometimes called "stone-pock"—describes the disease when it is chronic and indolent, and when the pimples are become *hard*, with a dusky-red base; they are often painful, and produce a sensation of tightness about the face, the skin being congested and thickened. *A. rosacea* is seldom seen in young persons, but sometimes occurs in women in whom the catamenial function is imperfect; the redness is bright, there being much congestion; the veins are varicose, the face is much disfigured, the surface is red and dotted over with pustules, the skin is thickened, and food and stimulants produce great burning and flushing of the face. This is the variety which is favoured with the names of "rosy-drop," "copper-nose," "carbuncled face," "bubunkle," and "grog-blossom;" though it must be remembered that the disease is not necessarily connected with the use of alcoholic liquors, since it does sometimes occur in the abstemious. *A. strophulosa, (strophulus albidus)*—"white gum-rash"—consists of small *white* pimples, chiefly about the face and neck.

Occasionally, in uncleanly persons, an *acarus* is discovered in the sabaceous follicles, called the *Demodex folliculorum.*

Cause.—Congestion of the sebaceous follicles. This condition may be induced by various internal and external agencies; by the stomach, which has a great reflex action on the face, as seen in flushings after food, etc.; by menstrual irregularities, constipation, physiological changes (as puberty), enervation, intemperance; cold, the use of cosmetics, want of cleanliness, etc.

Dr. Tilbury Fox thinks the lymphatic, and persons of a phthisical *tendency*, are most prone to acne.

Epitome of Treatment.—

1. *Acne punctata in young people.*—Bell. *(bright redness of the pimples: and in persons of plethoric habit, or subject to scarlet flushings of the face);* Puls. *(females with usually cold and pale face, and menstrual irregularities);* Phos. Ac. *(weakly persons);* Baryta Carb. *(maggot-pimple);* Borax.

2. *A. indurata.*—Sulph.; Calc. Carb. *(with chronic acid dyspepsia);* Iodine.* *Bromide of Potassium* has great power over this affection, and the medical journals report cases in which long-continued acne has entirely disappeared while this drug was being taken for other diseases. On the other hand, twenty-five grain doses thrice daily, have been known to develop an eruption of acne.

3. *A. rosacea.*—Ant. Crud., Rhus Tox., Carbo An.; Opi. *(dusky-red, bloated appearance);* Nux Vom. *(dyspepsia, constipation, etc.);* Ars. *(chronic cases, with debility; and when the eruption assumes a severe character);* Agar. Musc. The last

* Hebra states that many persons, if they take *Iodine* internally, are affected with an outbreak of numerous papules of acne on the face, chest, and back, which in some cases quickly change to pustules, in others, remain for a time unaltered. They often prevent perseverance in the administration of a medicine otherwise indicated, and quickly disappear on its discontinuance without leaving a scar behind.

four remedies are also well adapted to the condition when produced by alcoholic toxication.

4. *A. strophulosa.*—Ant. Crud., Calc. Carb., Hep. Sulph.

Accessory Measures.—Hygienic measures are of the first importance in chronic acne. Indigestion, menstrual derangement, debility, or any other constitutional or local affection associated with acne, must be treated according to the instructions in the Section appropriated to it. Sudden and severe changes of temperature should be avoided, if cold be an exciting cause. *Strict cleanliness* is also necessary; besides the general morning cold-bath, the parts should be frequently washed or douched with hot water. All cosmetics and other external applications must be avoided.

A lotion of one of the following drugs, as may be indicated, is recommended (one part to twenty of water): *Borax*, *Sulphur* ϕ, *Agaricus Mus.* , or the dilute *Phosphoric Acid*, will relieve irritation and hasten the cure.

153.—Sycosis *(Sycosis)*—Mentagra—Barber's Itch—Chin-whelk.

Definition.—Inflammation of the hair-follicles of the beard and whiskers, not associated with syphilis.

It is a kind of "acne of the beard." The name *sycosis*—fig-like, was given to the disease from its supposed resemblance, when fully developed, to the inside of a fig.

Symptoms.—It is a disease of adult life: it commences insidiously, a red itchy patch being first noticed, which, after rubbing or scratching, and the lapse of a little time, becomes much more troublesome, as the follicles enlarge and pustulate; there is considerable sensation of burning, and shaving is very painful. Successive crops of pustules appear, often grouped together, the fluid exuded becoming dry, and forming into crusts. The hairs become dull, brittle, and easily

removed; and much discomfort, and sometimes disfigurement, is the result. The disease is very apt to become chronic, recurring at certain seasons.

In some cases a parasite is discovered, which may be either the *Microsporon mentagrophytes*, or the *Demodex folliculorum*. Dr. Fox and others hold that sycosis is altogether a parasitic disease, and hence call it *Tinea sycosis*. Sycosis is transmissible by contagion, from the use of a razor previously employed in shaving an affected person.*

TREATMENT.—The disease is often very obstinate. The remedy which has been found most curative is *Antimonium Tartaricum*, used internally and externally. *Lyco.*, and *Ant. Crud.* have been suggested. As an external application the following preparation is recommended: *Ant. Tart.* ½ gr., *warm* water ʒss; when the antimony is fully dissolved, add Glycerine ʒss, and apply to the affected parts, *after first washing and well drying*, twice or thrice daily. In our practice we have not found *epilation* necessary.

Should the disease resist this treatment, the existence of a parasite may be inferred, and *Sulphurous Acid* should be applied locally, by means of a spray-producer, several times a day, for a few days.

154.—Chilblain *(Pernio)*.

DEFINITION.—A low kind of inflammation of the skin, generally affecting the hands or feet, attended with itching, tingling, burning, swelling, and, sometimes, ulceration.

* At the time we prepared this section for the press, (March, 1871,) two bad cases of *Sycosis Contagiosum* were recorded in the medical journals from the use of a razor that had immediately before been used in shaving "a man with a bad chin." This method of transmission has been often noticed before, and we call attention to it here to suggest the preventive means, viz., the immersion of the razor in hot water, and then wiping it before use.

CHAPPED HANDS.—This affection consists of slight inflammation of the skin of the back of the hands, which becomes cracked or "chapped." It occurs in frosty weather, when it sometimes gives rise to much inconvenience and pain. It requires similar external treatment to *Chilblains*.

CAUSES.—Exposure to cold, damp, or to sudden changes of temperature; warming the hands and feet by the fire when cold or damp. Delicate persons, with a constitutional predisposition to skin-disease, are chiefly affected.

EPITOME OF TREATMENT.—

1. *Simple Chilblains.*—Arn.; Tamus Communis ϕ as a paint; Bell. *(bright-red shining swelling, and pulsative pains);* Puls. *(blue-red appearance, pricking-burning pains, worse towards evening);* Rhus Tox. *(inflamed chilblains, with excessive itching);* Canth.; Sulph. *(great itching, increased by warmth; obstinate cases; and to remove the predisposition).*

2. *Broken or cracked chilblains.*—Petroleum *(general unhealthy state of the skin with a tendency to fester);* Bell.; Agaricus; Rhus Tox.

3. *Ulcerated.*—Ars. *(burning pains);* Petroleum; Phos. *(fœtid discharge, and when occurring in unhealthy subjects);* Krea.; Nit. Ac.

4. *Frost-bite.*—Rub the part well with snow, afterwards with cold water, in a room without a fire, to prevent too sudden reaction.

LOCAL AND GENERAL TREATMENT.—All the remedies prescribed may be used both internally—in the dilutions marked, pp. 72-3,—and externally—in strong tincture or a low dilution, according to the power of the drug, either in the form of lotion or cerate. *Arnica*-lotion or cerate should never be used for *broken* chilblains. *Glycerine, Glycerine of starch,* or one part of *Glycerine* mixed with two parts of *Eau-de-Cologne,* is an excellent remedy for chilblains, chapped-hands, *fissures* or *cracks*. It removes the stinging, burning sensations, and

makes the parts soft and supple. Ulcerated chilblains require a poultice, or other mild application, until relieved. The soreness of chilblains and chapped-hands may be removed or mitigated by applying soft linen rags squeezed out of cold water, and then covered with oil-silk. This compress should be applied on going to bed; it equalizes the temperature of the part, improves the nutrition of the skin, and diminishes the tendency to the re-formation of chilblains.

Extremes of temperature are to be avoided; also cold stone floors, suddenly approaching the fire after coming in from the cold, warming the feet on the fender, or the hands close to the fire, etc.

As chilblains generally occur in persons whose circulation is defective, plenty of exercise in the open air, the free use of the skipping-rope, and wholesome nutritious diet, are necessary to prevent their recurrence. Pork, salted meats, and all irritating or indigestible articles of food, should be excluded from the dietary.

155.—Ulcer *(Ulcus.)*

Definition.—A chasm on any part caused by the stripping off of its proper cuticle or epithelium, or by the destruction of a portion of its substance by disease or injury. *Ulceration* is the progressive softening and disintegration of successive layers of the *ulcerating* tissue, and is attended with a secretion of pus, or other kind of discharge.

Varieties.—The *healing ulcer*, is that in which the granulating process goes on uninterruptedly to reparation; the *inflamed ulcer* is hot and painful, with a red, bleeding surface, and a thin ichorous discharge; the *indolent ulcer* is marked by an imperfect form of organization, so as to be incapable of healing; the *fistulous ulcer* consists of a narrow channel, with a false mucous membrane, produced by abscesses which have

not healed from the bottom; the *spreading ulcer* is that in which the destructive process which formed it, still existing, causes it to extend; the *varicose ulcer*, which generally forms on the lower extremities, is the consequence of a varicose condition of those parts. There are also other varieties.

Causes.—A bruise, or burn; constitutional derangement from inflammation, improper food, etc., or, ulcers may be openings by which nature rids the system of products, which, retained, would produce serious disturbances. "The constitutions most liable to ulceration are those which are debilitated by intemperance or privations, tainted with syphilis or scrofula, or broken down by the excessive use of mercury, or in which the blood is impure from inaction of the liver, skin, and kidneys. The parts most disposed to it are those whose circulation is most languid, such as the lower extremities. On this account, tall persons are more frequently affected with ulcers than short" *(Druitt)*. Ulcers over the sub-cutaneous surface of the tibia are more difficult to heal than similar ones situated over the fleshy parts of the leg.

Treatment.—Strictly *constitutional* treatment is generally necessary. This may be illustrated by the fact that the appearance presented by a sore often furnishes an excellent barometric test of a patient's health; a weak or indolent ulcer rapidly assumes a healthy aspect on any improvement of the constitutional powers of the patient; on the other hand, a healthy sore immediately becomes indolent, or sloughs, when any extreme depressing cause comes into operation.

Leading Indications.—*Belladonna.*—Painful ulcer with surrounding redness.

Silicea.—Simple ulcer; and in chronic cases.

Kali Bich.—Ulcer on the leg, deep, with hard base and overhanging edges. This remedy may also be used externally (gr. j. ad aquæ ℥viii.)

Hydrastis Canadensis.—Unhealthy ulcers; ulcerations of mucous surfaces—the mouth, throat, nose, eyes, etc. It should be administered internally and applied locally as a gargle or wash, as the case may require.

Arsenicum.—Inflamed ulcers with *burning pain*, raw surface, or presenting a livid appearance, and easily discharging blood or thin fœtid matter, and often with general indifferent health. This remedy is specially valuable in indolent ulcers of the legs, and should also be used in the form of a lotion.

Hepar Sulph., *Calcarea*, or *Sulphur.*—For constitutional ulcers, and to improve the general health.

Local Treatment.—The ulcer may be covered with a little soft linen or lint, wetted with cold or tepid water, as is most agreeable to the patient, covered with oiled-silk, and lightly bound over with a bandage. Sometimes it will be desirable to use *Calendula-lotion* (thirty drops of the tincture to a teacupful of water), or some other soothing application; but in the majority of cases the simple water-dressing is sufficient. In addition to the above treatment, bandages are more or less necessary in all ulcers on the legs, unless absolute rest, with the elevation of the foot above the level of the hips, can be enforced. Laced-stockings or elastic-stockings are very convenient substitutes for the bandage, and are more easily applied. The frequency with which the dressings should be changed depends on the amount of the discharge. If that is considerable, they should be changed every day; otherwise three or four times a week will suffice. In the treatment of ulcers on the leg, as, indeed, on every other part, perfect *cleanliness* is most essential. The filthy habit of many persons, who allow their feet and legs to remain unwashed for weeks together, induces an imperfect vitality of the skin, which favours the formation of ulcers, and renders them disagreeable and obstinate in their results. Washing the lower extremities daily is one of the most potent means

of preventing and curing the disease, and restoring the lost vitality of the parts.

As much out-door exercise should be daily taken as is consistent with the patient's strength; but he should not stand much, nor sit with his legs hanging down.

156.—Boil *(Furunculus)*.

Definition.—A hard, conical, painful tumour, involving the under surface of the true skin and the subcutaneous areolar tissue, which suppurates imperfectly, and contains a central slough or core, arising from deposit of unhealthy lymph in the part.

Symptoms.—A small, tense, inflamed and painful swelling, the size of a split-pea; this hardens, and the red blush around its base changes to purple. In a few days the swelling enlarges, owing to the formation of pus, and the pain becomes throbbing; the tumour bursts, and the core is discharged.

Blind-boils do not suppurate, but slowly subside. Boils often appear in crops, or one appears as soon as the preceding one has healed. They generally occur in the thick skin of the neck, back, nates, or arms, especially in the young.

Causes.—A disordered condition of the blood, from unwholesome food, or some unknown atmospheric causes, or from depressing influences generally.

Treatment.—*Belladonna.*—Painful, hot, shining, erysipelatous swelling, with inflammation round the base. Dr. Hughes states that a boil in the stage of inflammatory engorgement, before matter has formed, may almost always be blighted by repeated doses of *Belladonna* (1st. dec.). Later still, states Dr. Madden, its progress may be arrested by *Silicea* (3rd dec. trit.).

Hepar Sulphuris.—Should a boil not have been blighted as

above, this medicine will facilitate the suppurative process, and, to a great extent, prevent its subsequent extension.

Silicea.—Indolent and chronic boils.

Nit. Ac.—In some debilitated persons this remedy is required; it is very valuable in wounds which fester, and when fungoid excrescences *(proud-flesh)* form. An aqueous dilution may also be applied topically.

Sulphur, night and morning for eight or ten days, to prevent a return of boils. Dr. Hughes states that if boils recur again and again, the constitutional tendency may be checked by a course of *Sulphur*, and that he finds no need for any other medicine for boils than *Bell.* and *Sulph.*

General Treatment.—As soon as the swelling points, indicating suppuration, a poultice, covered with oiled-silk, should be applied and renewed twice or thrice daily, until suppuration is completed. In the early stage, a cold compress should be used. When boils are of an acute variety, and the skin covering them is very thick, a free incision with a sharp lancet will do good service. For treatment of *proud-flesh* see *Nit. Ac.* above.

In order to prevent a recurrence of boils, attention must be directed to the constitutional causes which originated them. If, as is often the case, they arise from derangement of the digestive organs, abstinence from rich gravies, pastry, sweetmeats, etc., is imperatively necessary. Correct diet, cleanliness, and healthy out-of-door exercise, will do much towards eradicating a predisposition to boils and other affections of the skin.

157.—Carbuncle *(Carbunculus)*—Anthrax.

Definition.—Carbuncle is a malignant boil; marked by a circumscribed inflammation of the subcutaneous cellular tissue, of a flat circular shape, varying in size from one to six inches

in diameter, or even larger; it is of a dusky-red hue; hard, very tender, and painful. It generally occurs on the posterior portions of the neck or back, where vitality is not very active.

Symptoms.—As the red swelling gradually increases, the skin covering it assumes a purple or brownish-red tint, and, in a few days, softens, suppuration taking place at *several points.* The matter is thin, watery, and scantily discharged; but if pressure be made, a thick glutinous fluid may be squeezed out. It is generally attended by considerable constitutional disturbance and depression; if large, and especially if seated on the head, there is violent fever, and great and even fatal prostration may result.

Diagnosis.—Carbuncle differs from a boil in its greater size; its broad, flat shape; in usually appearing singly; in giving way and discharging from *several openings;* in the dusky redness of the inflamed integument; and in the great constitutional disturbance and irritation which accompany it.

Causes.—A disordered condition of the blood, usually met with in a debilitated state of the constitution, as the result of chronic, exhausting diseases, or severe, acute maladies; great alteration in habits or diet; long-continued fatigue, etc. In the cholera year of 1854, there were in England nearly 400 deaths from carbuncle. Unlike boils, carbuncle is rare in young persons, being usually met with in debilitated persons who have passed the middle period of life; and more frequently in males than in females.

Treatment.—The chief remedies are—*Ars.*, *Lach.*, *Bell.*, *Acon.*, *Silic.*, *Carbo Veg.*, *Sulph.*

Leading Indications.—

Aconitum.—Severe inflammation and fever. *Acon.* may precede, follow, or be alternated with any other remedy.

Arsenicum.—Large, painful, malignant carbuncle, with great constitutional prostration.

Lachesis.—Low, inflammatory type of the disease, with evidences of the poison of the tumour extending to the blood; cerebral symptoms.

Apis.—Continuous extension of the erysipelatoid inflammation.

Silicea.—To promote healthy granulations, etc.

Local Treatment.—Early fomentations, followed by a linseed or bread-and-milk poultice, will mitigate pain by relieving tension, and hasten the cure. In many cases, the simple cold-water compress is the best local application. In some cases, incisions are necessary; but in the absence of great tension, severe pain, or extension of the inflammation, the care of these tumours may be safely confided to nature, attention being directed to such constitutional treatment and soothing applications as each particular case may require.

If there be any signs of putrescence, a yeast poultice should be applied, and sprinkled over with a powder of the first trituration of *Carbo Vegetabilis*. This should be renewed every six hours, till the parts assume a more healthy appearance.

Diet.—The diet should be nourishing, and include Essence-of-Beef, Cod-liver-oil, etc. In very debilitated cases, the brandy-and-egg mixture often does good.

158.—Whitlow *(Paronychia)*—Gathered Finger.

Definition.—A painful inflammatory swelling at the end of a finger or thumb, having a tendency to suppurate, and, in debilitated constitutions, to recur.

Varieties.—The *cutaneous* whitlow is an inflammation of the surface of the skin with burning pain, and effusion of a serous or bloody fluid, which raises the cuticle into a bladder. The *subcutaneous* is attended with great pain and throbbing, and suppuration under the skin at the root of the nail, which

often comes off. *Tendinous* whitlow or *thecal abscess* is inflammation of the *tendinous sheath* of the finger. When whitlow is malignant, pressing on to the periosteum it is sometimes called *felon.*

Causes.—Cutting the nail to the quick; a bruise, burn, or other mechanical injury; the introduction of poisonous or acrid matter into scratches on the finger; unhealthy constitution.

Symptoms.—Heat, pain, throbbing, and redness at the end of the finger; as the symptoms increase, there is swelling and tension, and the pain may extend up the arm; the surface becomes livid, and shortly assumes a pale cloudy appearance. If suppuration occur, a dirty-looking fluid is discharged; by-and-bye the nail falls off; and if the finger be kept at rest, and the health be not very defective, a new nail is produced, and the finger is well. But under unfavourable conditions, the part may ulcerate, the finger inflame, the bone become diseased, and phlegmonous inflammation attack the arm.

Treatment.—As soon as the first indications of whitlow are noticed, the finger should be held in a raised position in water as hot as can be borne, for two or three hours or longer, and a dose of *Silicea* taken every three hours. Thus its formation may often be prevented. Should these means not succeed, a warm bread-and-milk poultice should be applied, and *Silicea* continued every four hours, in alternation with *Acon.* if there be much feverishness, or *Bell.* if the inflammation have a marked erysipelatous character. Hot fomentations will relieve pain. *Merc.* or *Hep. Sulph.* are also good remedies.

Accessory Means.—Hot fomentations to relieve pain. If inflammatory action persist, the finger becoming hard, and there be no signs of early suppuration, a free incision should be made to relieve tension and prevent sloughing, and, pos-

sibly, disease of the bone. In opening thecal abscesses the incision should be made strictly in the *middle line* to avoid the digital arteries which run along the sides of the fingers. The opening should be made too, not over, but *between* the joints.

ONYCHIA is inflammation of the nail-matrix *(the substance from which the nails grow);* it may be induced by similar causes to those of whitlow, and especially by an ingrowing nail, or cutting the nail down to the quick. *In-growing of the nail (Unquis involutus)* may be remedied by softening it in warm water, then paring it thin on the upper surface, and cutting it down as far as may be at the middle part of the extremity, *avoiding cutting the parts which tend to grow in.* By these means the growth is diverted from the sides; since *a nail will grow most which is cut most.*

159.—Corn *(Clavus).*

DEFINITION.—A small thickened mass of epidermis accumulated on the dermis in situations where the papillæ, subjected to undue pressure, or friction, or both, have acquired unnatural proportions. It not only lies upon the dermis, but penetrates into it. A corn may be *hard*, dry, and scaly; or, if situated in places where the secretions of the skin are confined, *soft* and spongy. When inflammation or suppuration takes place underneath a corn, it becomes excessively painful.

CALLOSITY is a hard thickened condition of the skin, covering a larger extent than a corn, and may sometimes be seen on the front of both shins.

CAUSES.—Pressure from tight-fitting boots or shoes;*

* There is no member of the extremities which has been more disgracefully used than the foot. This wonderful organ, by the perfection of which God has "made man upright," and whose structure so pre-eminently distinguishes him from his recently so-called "great-grandfather," the gorilla, has been

hereditary predisposition sometimes seems to favour their development.

Treatment.—*Arnica.*—As soon as corns appear, the surrounding skin should be softened by a warm foot-bath, the hard head of the corn gently extracted with the finger nail or some convenient instrument, and the thickened skin pared off, wounding the adjacent parts as little as possible. The corn should then be dressed with *Arnica lotion* (thirty drops of the strong *Tincture* to a wine-glassful of water), and next morning a piece of *Arnica-plaster*, or an *Arnicated corn-plaster*, applied. The dressing may be repeated several times, till the inconvenience is removed. The *Arnicated amadou-* or *felt-plaster*, having a hole punched in it to receive the corn so as to protect it from pressure, is a very useful contrivance.

If internal treatment be necessary, *Calcarea* and *Sulphur* are generally suitable medicines. *Calcarea* may be administered every night and morning for a week or ten days; then, after waiting a day or two, *Sulphur* in the same manner. Afterwards, if necessary, the course may be repeated. See also *Verat. Vir.* in the next Section.

Soft Corns are best treated by carefully cutting off the thickened skin with sharpened scissors, then applying a drop or two of diluted tincture of *Arnica*, and always wearing a layer of cotton-wool between the toes, changing the wool daily.

Accessory Means.—Corns can only be *permanently* cured by wearing *easily-fitting boots*, often washing the feet, and frequent change of stockings.

made to suffer from compression more generally than any other organ. The thought at once suggests the cruel practice of the Chinese, who prevent the growth of the female foot, by placing it in infancy in an unyielding shoe. This fact has had the universal testimony of travellers in China, and if anything more were wanted to prove it, a collection of the feet of Chinese women is at present to be seen in the Museum of the College of Surgeons of England, in which, by careful dissections, the sad havoc to natural growth produced by this heartless custom is scientifically demonstrated *(Lankester)*.

160.—Bunion *(Bunion)*.

Definition.—An enlargement of the bursa at the inside of the ball of the great toe; or the formation of a new serous sac on the inner and posterior part of the metatarsal bone.

Cause.—The *pressure of narrow-pointed boots or shoes*, throwing the great toe over or under the contiguous toes; in this way a sharp angle is made on the inner side of the joint of the great toe on which the bunion is formed.

Symptoms.—Pain, redness, and swelling of the part, which soon subside on removal of the cause. Should, however, undue pressure be continued, the symptoms increase until pressure becomes unendurable. After this, on discontinuing the offending boot or shoe, the pain subsides; nevertheless, a permanent bunion has been formed, and inflammatory symptoms are at any time liable to recur from irritation.

Treatment.—The direction of the toe must be changed by wearing properly-shaped boots, made with the inner side of the sole straight from the toe to the heel. If irritation be accidentally excited in the part, the warm foot-bath should be used, and afterwards a lotion (twenty drops of *Arnica* ϕ to two tablespoonfuls of water), continuously applied, for two or three days. If *Arnica* be unsuitable to the patient, *Ruta Grav.* may be substituted. Should matter form, a linseed-meal poultice will be more suitable; at the same time *Hepar Sulphur* may be given every four hours.

Veratrum Viride, painted on bunions, generally gives rapid and perfect relief. There is no agent comparable to *Verat. Vir.* for bunions or inflamed corns *(Dr. J. G. Wilkinson)*.

Miner's Elbow requires similar treatment.

Prevention.—If the *Arnica* or *Verat. Virid.* lotion be used immediately the first inflammatory symptoms arise, and all undue pressure at once and permanently discontinued, the formation of a bunion may be altogether prevented.

161.—Nævus *(Nævus)* Port-wine-Stain—Mother's Mark; and Nævus Pilaris *(Nævus Pilaris)*—Mole.

Definitions.—*Nævus* is a hypertrophied state of the blood-vessels of the skin, forming slight flattened elevations of a bright-red *(arterial)* or purplish *(venous)* colour, occupying an extent of surface, from the size of a pin's-head to many inches.

Nævus pilaris is a nævus covered by hair of variable length, and, like ordinary nævus, is liable to occur on all parts of the body.

Nævi are usually congenital; they are popularly called "Mother's marks" from a supposition that they are produced on the child before birth through some fear or fancy of the mother; and are variously named, according to their apparent resemblances,—"cherry-," "strawberry-," or "mulberry-stain," etc.; and if the nævus be hairy, it is called a "mouse-mark," etc.

In many cases no inconvenience results except the deformity; but occasionally, more especially when the growth is at all prominent, there is a great disposition to unhealthy ulceration. When bleeding occurs, it is usually in a trickling stream, and without any degree of force *(Erichsen)*. Nævi sometimes die away without interference.

Treatment.—When treatment is desirable, the internal and external use of *Thuja*, as recommended for warts (see Section 163), is sometimes successful. Dr. Hempel says that nævi may be removed by the external use of *Kreasotum*, one drop of the tincture to eighty of water, applied two or three times a day, the effects being excoriation, ulceration, and cicatrization, with scarcely any disfigurement remaining.

The surgical treatment recommended by Mr. Skey is the *seaton thread*. If the nævus is large, threads should be passed across the growth in various directions, and not neces-

sarily through its centre, but occupying its substance in all directions. A large nævus may require six, eight, or ten threads. Suppuration is the object aimed at, and when detected by the oozing of pus, the thread or threads should be removed; and, if conveniently placed for the purpose, a little pressure should be applied.

162.—Sebaceous Tumour *(Tumor Sebaceus)*—Wen.

Definition.—A tumour composed of suety or fatty *(Steatoma)* matter, and enclosed in a sac beneath the skin, occurring from obstruction of the secretory ducts.

These tumours arise on various parts of the surface of the body, are smooth, non-elastic, pendulous, and moveable; they slowly increase without pain, often to a very great size; attain their greatest development in warm climates, in the Hindu and Negro races, where they have been met with of an enormous weight and size.

Treatment.—If wens are likely to be amenable to medicinal measures, *Baryta Carb.*, *Silic.*, *Kali Iod.*, *Calc.*, and *Sulph.*, are probably the most appropriate remedies. See Section 142. In our own practice we have found *excision* generally needful, and have thus removed many without their ever returning. But Dr. Belcher has recorded a case in which a crop of wens on the head, of very old standing, rapidly disappeared under a short course of *Kali Iod.* (1st dil.).

163.—Warts *(Verrucæ)*.

Definition.—A vegetation consisting of elongated and enlarged papillæ of the cutis vera, clothed with a strata of hypertrophied and hardened cuticle, chiefly affecting the hands and face of young people, appearing and disappearing without any particular known cause.

TREATMENT.—*Thuja.*—The warts should be painted twice daily with the matrix tincture; at the same time a dilution (6x) of *Thuja* may be administered morning and night. The latter is especially necessary when the warts appear in crops. This course may be followed for a week or two, and if improvement ensue, as it generally does, the treatment should be continued longer. When *Thuja* does not succeed, *Rhus Tox.* may be substituted, and used in the same way.

Sulphur, once a day for a week or two, is an excellent remedy for numerous and obstinate warts upon the hands. It is also useful after other medicines, to eradicate the tendency to recurrence.

164.--Parasitic Diseases of the Skin

(Morbi cutis parasitici).

There are several members of the *Ectozoa*, as we have stated in the Section on Worms, the most common of which, except *Scabies*, are the following:

TINEA TONSURANS *(Tinea capitis)*, the common scurfy *ringworm of the scalp*, is generally seen only in children, is contagious, but not necessarily associated with impaired health, though it is common in lymphatic persons. It consists of circular patches varying from half-an-inch to several inches in diameter, the hairs of which look dry, withered, and as if nibbled off at a short distance from the scalp. The parasite is the *Achorion Lebertii.*

TINEA DECALVANS *(Alopecia areata* or *Porrigo decalvans)*, consists of smooth, circular *patches of perfect baldness*, quite pale, of variable size—one to two inches or more in diameter, and of which there may be several; the disease is sometimes seen in young persons, chiefly in girls, but is most common in adults. The parasite is the *Microsporon Audouini.*

TINEA FAVOSA *(Favus* or *Porrigo favosa)* is the *crusted* or

honey-comb ringworm; it is uncommon in England, but is seen in some parts of Scotland—Edinburgh, etc. It commences when the patient is about seven years of age, and is characterized by the presence of small straw- or sulphur-coloured cupped crusts, which coalesce and give rise to a honey-comb appearance; or remain separate. It is contagious. Its parasites are the *Achorion Schœnleinii* and the *Puccinia Favi.*

Tinea versicolor *(Pityriasis versicolor or Chloasma)* commences as small erythematous points, with itching, which is increased by warmth; slightly elevated, dry, rough patches of a fawn-colour arise, somewhat scaly at the edge, and from which branny scales can be rubbed off; they occur on the chest, abdomen, and arms, vary in size from that of a three-penny piece to that of the palm of the hand, and are much irritated by flannel. It is sometimes called *variegated dandriff*, or *liver-spots.* The parasite is the *Microsporon furfur.*

Phthiriasis is the condition of the body favourable to the existence of *pediculi* (lice).

Irritation of the skin caused by various parasites, etc., is also classed as a parasitic disease. Thus there is the irritation caused by the *Pediculus capitis* (head-louse), often associated with Eczema and other skin-diseases; the *P. palpebrarum* (louse of the eye-lids); *P. vestimenti* (body-louse); *Phthirius inguinalis* (crab-louse); *Pulex penetrans* (Chigoe), an insect of the West Indies, which chiefly attacks the toes or intervals between them, is black, causes extreme itching, and even ulcers; *Pulex irritans* (the common flea); *Cimex* (the bug); *Leptothrix autumnalis* (harvest-bug), which is common in grass in autumn, and, getting on to the body of man, though exceedingly small, produces extreme irritation of the skin; etc.

Under this head also comes irritation from the stings of *Wasps*, *Bees*, etc., the treatment of which may be found in Section 166.

TREATMENT.—There is no great difficulty in the treatment of the Ectozoic or Epizoic class of parasitic diseases, except when associated with true skin-disease. Even then, correct treatment is successful.

Strict cleanliness, the free use of soap and water, is a *sine quâ non*, and in some cases may be alone sufficient; but if seconded by the local application of *Sulphurous Acid*, either as a lotion or by spray, a cure will certainly be effected.

Sepia is the best internal remedy for ringworm of the scalp, and if given early will often prevent the increase of the disease. *Calc. Carb. and Sulph.* should also be remembered as useful remedies, combined with hygienic measures, in procuring and retaining a healthy condition of the skin.

The irritation from flea-bites, etc., is amenable, when necessary, to the treatment directed in Section 156.

PREVENTIVE MEANS.—*Perfect habitual cleanliness;* and proper attention to health.

165.—Scabies *(Scabies)*—Itch.

DEFINITION.—A contagious disease, characterized by a vesicular eruption, presenting numerous watery conical pimples, with violent itching, aggravated at night, and by scratching, depending essentially on the burrowing in the skin of a minute parasite—*Sarcoptes Scabei*, or itch-insect.

The violence of the symptoms depends on the number of the parasites present, the length of time the patient has been affected, and the degree of sensibility of the skin. The disease may occur on any part of the body, but the animalcules generally prefer delicate parts, such as the thin skin in the flexures of the joints, especially the wrists and between the fingers.

TREATMENT.—In our own practice we have found the free application of *Sulphur-ointment* rapidly effective in destroying

the insect and its ova. After thoroughly rubbing the whole body with soft-soap and water, then washing in a hot-bath, or with hot water, and wiping thoroughly dry, the superficial and effete cuticle is removed, and the burrows and parasites freely exposed; the ointment should then be well rubbed in and allowed to remain on the body all night. On the following morning a tepid bath, using yellow soap, to wash off the ointment left on overnight, completes the cure. If the application of the ointment and the ablutions be not thorough, the processes should be repeated once or twice. *Sulphur-ointment* must not be continued too long, or it will produce an irritable state of the skin, which is often mistaken for a persistence of the disease. The administration of *Sulphur*, during the use of the ointment and for two or three days subsequently, is recommended. All contaminated linen should be put into boiling water; other garments should be well ironed with a hot iron, or exposed to hot air at a temperature not less than 150° or 180° Fahr., or well fumigated with the vapour of sulphur, to destroy any insects or ova concealed in the texture of the linen. The cure is often retarded, and the disease conveyed to others, by neglecting to carry out these suggestions as to clothing.

166.—Irritation caused by Stinging-Insects and Plants *(Irritatio orta ex insectus et plantis aculeatis)*.

The most common insect-stings and bites are those of the Wasp, Bee, Hornet, Gnat, and Musquito. These, though painful, are not serious, except when a tender part or sensitive or important organ of the body is attacked; or when the multiplicity of the wounds is so great as to produce general or venomous symptoms. Thus a man has been stung to death in a short time by a swarm of bees; when the eye is stung the consequences are liable to be serious; and a sting in the

pharynx, as from swallowing a piece of honey-comb with a bee concealed therein, may be very dangerous. Musquito-stings are peculiarly irritating, and, when numerous, poison the blood, producing nervous depression and great febrile irritation. Some insects, as scorpions, or the tarantula in Italy and Russia, give rise to more serious and even fatal disturbance or stupor by their bite.

In India and other hot countries, various other insects, besides the musquito, attack man, and are a source of irritation and annoyance; "for every animal, insect, or reptile, in the warmer lands, is distinguished by its ferocity and pugnaciousness." The *ant*, especially the *black-ant*, and the *cockroach*, are common and troublesome—the latter especially on board-ship. It attacks the toes of persons asleep, and this so insidiously that the sleeper is not awoke until the quick is reached and the blood flows. The eye-brows, as well as the toe-nails, are also liable to suffer, unless protected. "There is a small *black-beetle* in India, found in the short grass and herbage, which is dangerous to persons lying on the ground, as it attempts, if possible, to enter the ear. Children are frequently attacked by it, and the agony caused by it is extreme. The only effectual remedy, and it is effectual, is to pour a little oil into the ear, which so disgusts the beetle that it backs out, leaving the person uninjured. Such, however, would not be the case if force should be attempted in the extraction."*

Nettle- and other stings of plants do not cause much disturbance beside the local irritation.

Treatment.—*Ledum Palustre* is the most useful remedy for common stings and bites. It should be applied locally, in a diluted form—twenty drops of the tincture to half a wine-glass of water. Should *Ledum* not be at hand, *Rhus Tox.* may be used. If neither of these remedies be available,

* From the *Leisure Hour*, June, 1869.

Allium Cepa (the common onion) should be promptly applied: a piece cut off and at once placed on the wound. Indeed, Dr. Hill uses no other remedy than this for stings, etc.; if the pieces of onion are changed every few minutes, the pain, he says, diminishes immediately. If there be much swelling, *Apis* should be given. *Acon.* will speedily remove febrile symptoms. For Venomous and Poisoned Wounds, see next Section.

Accessory Measures. If a wasp or other stinging-insect be the cause of the trouble, examination must be made for the sting, as this is often left in the wound; if present, it must be carefully extracted by the fingers or by a pair of fine-pointed forceps. If this cannot be done, and the sting has entered the skin perpendicularly, the pressure of a small key may be tried: the centre of the hole should be placed over the wound, enclosing it, and gentle pressure should be used; when, probably, the sting will be squeezed out. The wound should then be sucked well, to extract the venom as directed in the next Section. After this, the lotion should be applied; or, if pain be very great, hot fomentations.

Musquitoes may be prevented from troubling in the night, by taking the precaution of rubbing a little soap on the hands before going to rest. This is said to be a certain remedy. Honey is also good, but from its sticky nature is more disagreeable than the soap. *The cockroaches* of hot climates may be got rid of by burning the bodies of two or three, and letting them lie about; the smell drives the rest away.

167.—Poisoned Wounds *(Vulnera Veneno Infecta).*

Definition.—"Wounds inoculated with foreign matter, producing general symptoms, or propagating inflammation to other parts of the body."

VARIETIES.—Poisoned wounds may be made by venomous animals—snakes, scorpions, etc.; by animals having infectious disease; by dead animal matter; by morbid secretions; by vegetable substances; poisoned arrows; subcutaneous injection, etc.; or by mineral substances.

SERPENTS are venomous in a variable degree, according to their nature, size, or vigour; some cause immediate death by convulsions; others produce inflammation of the lungs; others induce death by slow poisoning, or by the unhealthy or diffuse inflammation which they excite.

The *Viper* is the only poisonous snake in the British Isles, and its venom does not often produce death in human beings except when the victim is a child or very weak person.

The *Rattlesnake* and *Cobra di Capello* are two of the most deadly reptiles, their bites being frequently fatal.

TREATMENT.—The *immediate* treatment of poisoned wounds is highly important; especially if they result from the bites of venomous reptiles.

(1.) The first object to be attempted is arrest of the circulation of the poison. A handkerchief, rope, or anything else to serve the purpose, should be tied tightly round the limb, between the wound and the heart. While this is being done, if possible a second person should extract the poison as suggested in the next paragraph.

(2.) The wound should be sucked with all the force the patient can command; or, if unable to do it himself, an attendant should do it for him. No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any abraded or otherwise imperfect surface of the mouth or other part of the body.

(3.) *Alcohol*, in any of its forms—brandy, whisky, gin, etc., —according to Dr. Hill's testimony, should be drunk largely by the patient. He says: "Let him drink it freely, a gill or more at a time, once in fifteen to twenty minutes, (or

small doses oftener), until some symptoms of intoxication are experienced. . . . . It is remarkable how much alcohol a patient suffering from the poison of the Rattlesnake will bear. A little girl of ten years, who had been bitten by a Rattlesnake, took over three quarts of good strong whisky, in less than a day, when but slight symptoms of intoxication were produced. She recovered from the intoxication in a few hours, and suffered no more from the poison of the serpent. Instances of cures with whisky are numerous, and I have never heard of a failure, when it was used as here directed. I presume it will do the same for the poison of other serpents." Alcohol so prescribed is given as a material antidote to a material poison.

(4.) *Carbolic Acid*, applied locally, and administered internally, is recommended in cases of poisoned wounds; and, according to the following experiments by P. O'Connell D'Oyle, assistant-surgeon to the Royal Navy, would seem to offer the most favourable prospect of success.

"During the Niger Expedition of 1868," writes the above gentleman, "being in Medical charge of H.M.S. *Investigator*, and having to pass through a hostile country, where poisoned arrows and spears were the principal offensive weapons, I procured several freshly-poisoned arrows, and taking some fowls, I stripped the feathers from their thighs, and ran the heads of the arrows through their most fleshy part. The arrow was allowed to remain in the wound rather more than one minute—in some instances as long as ninety seconds. As I withdrew the arrow, I poured liquefied, undiluted carbolic acid into the wound, taking especial care to make it come into contact with every portion of it. A small bandage was now applied over the wound, and the fowls isolated. On one-half of the fowls inoculated, no carbolic acid was used, and I found every one of these die in a space of time varying from one to twelve minutes. On the other hand, those I used the acid with lived, and seemed not to suffer from the effects of the poison, although a great deal of discoloration was visible around the wound for several days. This gradually disappeared.

"In conclusion, I would recommend, in cases of poisoned wounds, the instantaneous application of strong carbolic acid to the part, every portion

of the wound being made to come in contact with it; the immediate administration of a strong stimulating emetic, and the subsequent use of stimulants; and suggesting that the value of carbolic acid may depend on its neutralisation of the poison, and also its power of preventing decomposition, I may express a hope that this plan of treating poisoned wounds may prove serviceable on future occasions."—*Abridged from Medical Times and Gazette, Feb. 25th*, 1871.

(5.) *Arsenicum*, in a low potency (1st or 2nd dec.) may be given if symptoms of rapid prostration occur. Thus administered it tends to correct the poisoned condition of the blood, and acts strictly homœopathically. *Ammonia* seems also to be potent, and may serve as an alternative.

Excision of the wounded part may be required in some cases; but would probably be rendered unnecessary by the *Carbolic Acid* treatment just pointed out.

Other poisoned wounds should be treated, according to their nature, by appropriate antidotes. In the case of wounds from the introduction of mineral substances under the skin, those to which workmen—mechanics, founders, and others,—are liable, the offending material has generally lodged in the body and produced disturbance in the part before its presence is suspected. Inflammation is the result, and suppuration should be encouraged, as this is generally the only method of eliminating the poison. The treatment recommended for abscess is appropriate to this condition, with, in some cases, the aid of *Arsenicum*.

CHAPTER XII.

Miscellaneous Diseases.

168.—Morbus Coxæ *(Morbus Coxæ)*—Scrofulous Disease of the Hip-Joint.

This is a slow and serious disease, of a very insidious character. Directly the earliest symptoms are noticed, the patient should at once be placed under the care of a homœopathic practitioner, who may be then able to arrest the progress of the malady. The child is supposed to be suffering from "growing-pains" for months before the disease assumes an active form.

Symptoms.—The first distinctive symptoms are—slight pain, *chiefly referred to the knee*, lameness, and weariness. There may be even slight swelling in the knee-joint, so that remedies are often applied here, but the disease is in the hip. This may be proved by pressing either in front or back of the hip-joint, or by jerking the thigh-bone against the joint, as by a sharp tap on the heel, when pain will be felt in the hip. As the disease progresses, the *nates* (buttock) of the affected side waste and become flabby; the limb is shortened, either by caries of the neck of the *femur* (thigh-bone), or by destruction of the ligaments of the joint and consequent dislocation of the joint upwards on the *dorsum ilii.* There is increased fulness about the limb, the pains increase in severity, especially at night, and there are often startings of the limb

during sleep; abscesses form, and afterwards burst on the nates or groin, or burrow deeply and discharge their contents into the rectum. Wasting of the nates of the affected side is one of the earliest symptoms of disease of the hip.

The *duration* of the disease varies from two or three months to several years. But it is much modified, both as to its duration and results, by skilful treatment.

White swelling of the joints is a disease of similar character.

Treatment.—The medicines most likely to prove beneficial are—*Acon.*, *Bell.*, *Coloc.*, *Hep. S.*, and *Ars.*, in the early stage of the disease, and for special symptoms, *Calc.*, *Silic.*, and *Phos.* When abscesses have formed and suppuration is established, the treatment recommended in the next Section is appropriate.

Accessory Treatment.—Rest, with the limb in a straight position, and absence of articular pressure, the latter being, probably, the more important element: surgical appliances are necessary to ensure it.

The *diet* should be nourishing, and include *Cod-liver-oil.* Pure air, and especially a change to the sea-side, will expedite the cure.

169.—Abscess *(Abscessus)*.

Definition.—A collection of matter in any tissue or organ, deposited within a sac or cyst of organized lymph, and supplied with absorbent and secreting vessels.

a. Acute Abscess commences with throbbing pain, bright redness, and swelling of the part; these symptoms are soon followed by suppuration, which is marked by an alteration in the colour of the skin, and a change in the character of the pain, the former becoming livid, and the latter less acute, being rather felt as a sensation of weight and tension. "After this, the parts between the abscess and the surface

become successively softened and disintegrated. The tumour becomes more and more prominent; the centre exhibits a dusky-red or bluish tint, the cutis ulcerates, the cuticle bursts, and the pus escapes. But where pus is formed under dense fasciæ, or deep in the breast or pelvis, and cannot quickly make its way to the surface, the pain is not relieved, but much aggravated by the increase of distension; and the constitutional fever and chills are much more intense." *(Druitt).*

b. CHRONIC ABSCESS first appears as an indistinct tumour, the fluctuation being more or less marked according to the distance from the surface. The inflammatory symptoms of the acute variety are altogether absent, unless far advanced, or accidentally irritated.

ABSCESS AND DISEASED BONE.—Chronic abscess is sometimes a consequence of *inflammation of bone.* This may be suspected whenever permanent inflammatory enlargement and tenderness exist, especially if it can be traced to an injury, and there is a fixed pain at one particular spot, which is increased at night. The long persistence of such symptoms, in spite of remedies, although there may be occasional remissions, almost certainly indicates the existence of a circumscribed abscess in the bone, which requires surgical measures for its relief and cure.

Mammary Abscess—gathered breast—is fully treated of in "The Lady's Homœopathic Manual."

CAUSES.—Abscesses, with few exceptions, are indicative of constitutional debility, and are a frequent sequel of low exhausting fevers. Sometimes they result from blows, or from foreign bodies introduced into the skin or flesh—splinters, thorns, etc.

Diseased bone, as stated above, may cause abscess, or inflammatory enlargement of a part.

EPITOME OF TREATMENT.—

1. *Before suppuration.*—Acon., Bell., or Mercurius. Lint saturated with a lotion of the same remedy as administered may be used locally.

2. *During suppuration.*—Hep. Sulph., Silic., Ars.

3. *After suppuration.*—Calc. C., China, Sulph., etc.

TREATMENT.—*Hepar Sulphur.*—This remedy promotes the suppurative process in acute abscesses, and is generally sufficient when the discharge is healthy. The local measures pointed out further on should be adopted.

Silicea.—Tardy, *long-continued*, or *unhealthy* discharge; chronic abscesses and *abscess of bone.* It facilitates suppuration, or moderates it when excessive.

Mercurius.—Painful abscess, with copious discharge of thick matter; chilliness, with thirst, and nocturnal aggravation of the pains.

Belladonna.—Severe pains, headache, and much constitutional disturbance.

Arsenicum.—Severe *burning* pain, with symptoms of general vital depression; abscess having a gangrenous appearance, or pus tinged with blood.

China.—Abscesses following prolonged disease; prostration from excessive discharge of matter or blood, diarrhœa, etc.

Calcarea.—This remedy assists the healing of the abscess after suppuration is completed, and the elimination of disease from the constitution.

Aconitum.—Well marked, feverish symptoms, during any stage of the disease.

LOCAL TREATMENT.—Abscesses arising from local injury should be freed from all sources of irritation, such as thorns, splinters, etc. Poultices (See pp. 95-8) are valuable; they relax tension, and, consequently, relieve pain; if applied directly an abscess begins to develop, a poultice will either disperse or restrict the formation of pus. If suppuration have

proceeded too far to be arrested, poultices facilitate the progress of the pus to the surface and its ultimate expulsion. *Fomentations* with hot water, frequently repeated, are valuable adjuncts to poultices. Generally, when pain has subsided, a *water-dressing* should be substituted. *Spongio-piline* in some cases may be employed instead of a poultice.

Opening of Abscesses.—Acute abscesses seldom require the lancet, especially when they point and become pyramidal, without enlarging in circumference. The formation of an abscess under strong fasciæ or ligamentous textures, which ulcerate with difficulty, require an artificial opening to prevent burrowing of the pus, and the setting up of great constitutional disturbance. When an abscess occurs on an exposed part, and it is desirable to avoid the scar which generally ensues when it bursts spontaneously; or when it is so situated that it may discharge into some internal cavity—the chest or windpipe—an opening should be made by a surgeon. When an artificial opening is required, the operator should be certain that the knife enters the cavity of the abscess to let out the pus freely, and that the opening be made at the most dependent part. For those who dread pain even in the trifling operation here referred to, the use of local anæsthetic agents is recommended.

After an abscess has been opened, and its contents discharged, the *Calendula lotion* (one teaspoonful of the tincture to three tablespoonfuls of water), greatly expedites recovery. It may be applied by saturating a piece of lint, or two or three thicknesses of linen, with the lotion, and covering it with oiled-silk. The dressing should be repeated two or three times a day.

Diet and Hygiene.—As abscesses are generally indications of debility, a liberal allowance of nourishing food is of great importance; it should include good animal broths, broiled mutton chops, chocolate or cocoa, and, in some cases,

good beer or wine. Change of air, with residence at the seaside or in the country, forms an important part of the hygienic treatment.

170.—Ganglion.

Definition.—A ganglion is a small swelling, composed of toughish cysts, formed on one or other of the tendons of the back of the wrist, rarely larger than a child's marble, generally smaller, attended with weakness, but free from pain.

Causes.—Excessive action of the tendon or of the extensor muscle leading to the tendon to which the ganglion is attached. Mr. Skey states that he has treated many cases in the persons of violin players, in whom the malady has been confined to the left hand, the right, or bow hand, being free; he states also that ganglions are often seen in pianists who practise many hours daily. But they are not confined exclusively to this class of persons.

Treatment.—(1) The method we have formerly seen adopted was by one or more violent blows from a thick book to rupture the sac, and cause its contents to escape into the surrounding tissues. This rough measure was by no means uniformly, or even generally, successful. (2.) Mr. Skey recommends the hand to be bent so as to tighten the skin over the cyst, and to pass into the centre of the tumour a lancet, and, by a lateral movement of the instrument, to evacuate the contents; then, by kneading the part well, every drop should be removed. Afterwards, a thick compress of lint should be firmly strapped with plaster, and a roller applied. (3.) The method, however, we recommend to be first adopted, suggested to us by Mr. Clifton, of Northampton, is the internal and external use of *Benzoic Acid*—2 drops of the 2nd dec. dil. thrice daily. For external use, *Benzoic Acid*, gr. iij.; Glycerine Cerate, ℥j. To be well rubbed into the part morning and night.

171.—Housemaid's Knee.

Cause.—Oblique traction of the skin in moving from side to side—*i.e.* friction. These bursæ are soft or hard, and of various sizes, from that of a child's ball to that of an orange.

Treatment.—A stout thread of silk should be passed through the centre of the tumour, the effect of which, in a few days, is to convert the bursæ into an abscess, which, when mature, should be opened. The thread should be removed from the wound after the exudation of pus from the orifices made by the needle. Such cases therefore require surgical attention for several days.—*See Skey's Clinical Lectures.*

172.—Obesity *(Obesitas)*—Corpulence.

Definition.—The excessive accumulation of fat under the skin and around the organs of the body, so as to exercise a prejudicial influence on the health, usefulness, or comfort of the patient.

Obesity may be said to exist only when fat is present in such large quantities as to disqualify the person for performing the various duties of life by occasioning difficulty of breathing, panting on slight exertion, deranging the circulation, and causing various functional disturbances, with diminution of mental and bodily activity. The term *Corpulence* is restricted to cases in which the quantity of fat is not so great as to amount to positive inconvenience or discomfort.

Causes.—*Hereditary* tendency or constitutional predisposition can alone account for the excessive accumulation of fat in many instances. Some persons are naturally fat, others lean; some become corpulent on a moderate diet, others spare in the lap of luxury. These are matters of common observation, but of which we can offer no explanation. *Age* exercises considerable influence; children are usually fatter than adults; after the middle period of life, fat often accumulates in con-

siderable quantities. In old age, however, the adipose tissue, and the fat it contains, generally diminish. *Race*, again, is an important element in the question. The Americans are remarkable for their leanness, and the Arab is almost destitute of fat; Europeans, and especially the English and the Dutch, on the other hand, are proverbially fat; hence John Bull is always pictured excessively corpulent.

Besides individual or accidental causes of corpulency, the following circumstances directly influence the production of fat. *Food*, rich in hydro-carbonaceous matter; for although a certain amount of such food is necessary to maintain the temperature of the body, if it be taken in excess, such excess is often stored up as fat. *Ease of mind* and *repose of body*, are conditions highly favourable to the formation and accumulation of fat; whereas, anxiety, fretfulness, night-watching, etc., have a directly opposite effect. Thus science proves the truth of the adage—"A contented mind is a continual feast." A *comfortable temperature* is an important element in the production of corpulence; for although a high temperature does not directly engender fat, it is a condition in which less is consumed.

Treatment.—The treatment of corpulency brought prominently before the public by Mr. Banting,* in the simple story of his remarkable experience, proves that a proper diet alone is sufficient to remove the condition, with its long train of evils, without the addition of nauseous drugs, or of those active exercises which it is in vain to instruct unwieldy patients to take.

The chief feature in the *Banting dietary* is the exclusion of two elements—starch and sugar—from the ordinary food of a well-to-do gentleman:—*Bread* (except toasted, or the crust off a common loaf), *potatoes*, *sweet roots*, *butter*, *sugar*, *cream*, *beer*, *port*, and *champagne*.

* See Review of the Fourth Edition of Mr. Banting's pamphlet in *The H. World*, vol. iv., pp. 184–7.

These articles of food and drink contain starch or saccharine matter, and are the chief fat-producing elements in our dietary, and to relinquish them is to escape the thraldom of corpulence. In one year, on this diet, Mr. Banting reduced his weight 46lbs., and his bulk about 12 inches; at the same time his numerous corporeal infirmities were greatly mitigated or altogether removed. This is some six years ago, and in the fourth and enlarged edition of his pamphlet, he brings the history of his experience down to May, 1869.

"I can conscientiously assert," he writes, "that I never lived so well as under the new plan of dietary, which I should formerly have thought a dangerous, extravagant, trespass upon health; I am very much better, bodily and mentally, pleased to believe that I hold the reins of health and comfort in my own hand."

The "plan of dietary" suggested in a previous portion of this work, pp. 25-8, with the sugar, butter, superfluous bread, potatoes, etc., eliminated from it, would meet the requirements of most corpulent persons admirably. A *Banting* diet cannot, however, be recommended indiscriminately. Persons who may deem it necessary to make great changes in their diet should consult a physician.

173.—Old Age *(Senectus)*; and Senile Decay.

Human life may be divided into three great epochs,—the period of development, that of middle life, and that of physical decay.*

Under the first division is included the whole time from birth up to about the twenty-fifth year, during which the vegetative organs and those of the lower animal life are consolidating. The central nervous system is more slow in reaching its highest development, and the brain especially is many years later in acquiring its maximum of organic consistency and functional power.

* See Dr. F. E. Anstie on Neuralgia, in *Reynolds' System of Medicine*, vol. ii.

The middle period of life—between about the twenty-fifth and the forty-fifth year—is the time that the individual is subjected to the greatest pressure from external causes. The industrial classes are absorbed in the struggle for maintaining themselves and their families; the rich and idle are immersed in dissipation, or haunted by the mental disgust it excites. At the same time, the women are going through the exhausting process of child-bearing, and are either surrounded with the cares and duties of a poor household, or equally pressed with anxiety to attain position for themselves and their children in fashionable life; or they are idle and heart-weary; or forced to an unnatural celibacy. Frequently they are both idle and anxious.

The period of decline may be said to commence when the first indications of distinct physical decay manifest themselves, and when a new set of vital conditions come into force.

There is not, however, any sharp lines of demarcation between the epochs thus sketched, the one insensibly grows into its successor.

Youth and Age.—Although the activity of the growth of the organs in childhood and youth offers a striking contrast with their decline in old age, there is, notwithstanding, a resemblance in the diseases of the two extremes of life, like the tints of the rising and setting sun. Infantile convulsions, and senile convulsions; infantile diarrhœa, and senile diarrhœa; infantile eczema, and senile eczema; uric acid deposits in childhood, and uric acid deposits in age, may be adduced as illustrations of the resemblance of the diseases affecting the two extremes of life. In the early period, the constitution has not acquired its vigour; in the closing, it is losing it.

To the mere worldling, old age is repulsive. But if life have been spent wisely,—errors corrected, the heart disciplined, and the intellectual and moral powers are in the

ascendant—old age—moderated, chastened, elevated—presents a spectacle happily described as a "Crown of glory." A human being who, after fulfilling all the duties of life, is still living in a "green old age;" "whose eye is not dim, nor his natural force abated," though ripened for the future, may well command our admiration and veneration.

A brief reference to the changes and dissolution of man's material frame will form an appropriate conclusion to this portion of our work.

The decay of nature is *gradual*, and does not affect all the structures of the body equally at the same period; it also begins in some at a comparatively early, and in others not until a considerably advanced period of life. The following are illustrations of the changes attendant upon old age, and they exercise an important influence in accelerating that final one which is the common lot of humanity.

I. The Bones.—As old age advances, the bones undergo very characteristic changes. In infancy and childhood the *animal* element predominates; hence we can explain why the bones are then so pliant and fracture so rare. In adult life, the relative proportions of bone may be approximately stated as consisting of one-third of animal and two-thirds of earthy matter. In advanced age, the earthy matter is in excess. This alteration in their composition renders the bones extremely brittle and liable to fracture. Fractures are then more oblique and comminuted, and also more inapt to unite firmly again, than those occurring at an earlier age.

II. The Muscles.—The minute cells, aggregated in the form of fibres, of which the muscles of the body are composed, are rapidly destroyed by the contraction of the muscles; but in vigorous life, by the digestion and assimilation of food, they are as rapidly reproduced. In old age, on the contrary, the disintegrated cell-tissue is but tardily repaired, and the muscles become soft, flabby, and pale, from an insufficient

supply of blood; they are consequently unequal to severe or protracted exertion; muscular debility is easily excited, and the strength but slowly and imperfectly restored. The tendinous portions of the muscles are also liable to earthy deposits in them; thus their resisting forces become weakened, and they are in constant danger of rupture if subjected to any undue tax.

III. The Heart.—Another most important and frequent change is one that takes place in the textures of the central organ of circulation. The heart becomes weakened from senile softening, and degeneration of its muscular structures into fatty tissues; its pulsations are thus rendered less and less efficient to propel the blood to the extremities. The blood failing to complete its circuit, the hands and feet become cold, the decline of temperature gradually extending to the central organs of the body. This reduced power of the heart, with the disposition to *atheromatous* deposits in the coats of the blood-vessels, referred to in the next paragraph, with subsequent ossification of the valves of the heart, is one of the most common and fatal changes attendant upon old age. These changes as they proceed are generally hidden and painless.

IV. The Blood-Vessels. — In the silent progress of years the arterial system is liable to undergo changes which are incompatible with the performance of its important functions. The arteries gradually become converted into ossific or bony patches, of greater or less extent, often so considerable as to lead to changes of a vital character by destroying the elasticity of the arterial tubes, and deranging the circulation of the blood in the parts to which they conduct. Thus the nutrition of the body is impaired, and the functions of the nervous and muscular systems are only imperfectly performed. Further, the ossific patches in the coats of the arteries may lead to their rupture, or become causes

of aneurism, gangrene, apoplexy, etc., forms of disease to which the aged are especially liable. Apoplexy, from this cause, is one of the most frequent causes of death in old age. The cerebral arteries become diseased, and as the blood is driven into them they give way. Even thin persons, whose blood-vessels and heart are diseased, die from apoplexy.

An observation on the two last paragraphs may not be here inappropriate. Petrifaction of the coats of the arteries, and fatty degeneration of the heart, usually occur at the same time of life, and the one condition, happily, counteracts the consequences of the other. The life of an aged person would be in far greater jeopardy, if, while the walls of his arteries were decaying and rotting, his heart retained all its original force. As it is, however, the loss of resisting power of the coats of the arteries finds its counterpart in the fatty metamorphosis of the muscular tissues of the heart.

V. The Vertebræ.—The changes in the spinal column are very considerable; they alter the external form of the body, and more or less derange the functions of the chief organs. The three graceful curves in the spine, so exquisitely arranged, both to give space and protection to the internal viscera, and for the transmission of the weight of the head and trunk in the line of gravity, become more or less obliterated in advanced life, and the centre of gravity disturbed. The vertebral column also loses its *elasticity;* the disc of cartilage placed between each vertebra, to break the force of shocks and prevent jarring of the brain, partly disappears or ossifies; the mobility of the spine is likewise diminished, and thus a false step or a trifling accident may be converted into an occurrence of grave importance. The alteration in the curves of the spine produced by the above causes, gives that change to the *external form* which is so characteristic of old age. Corresponding with these changes in the spine, as affecting the external form, are others which

affect the bones generally. Owing to the diminished size of the muscles, and the absorption of fat from beneath the skin, points of bone in various parts become more angular and prominent, and the limbs lose that graceful and rotund form which was the pride of earlier years.

VI. The Eyes, etc.—The special senses, as those of sight and hearing, frequently, and sometimes at a comparatively early period, give evidence of approaching decay. The *arcus senilus*, a circumferential opacity of the cornea, resulting from fatty degeneration, and generally associated with a like degeneration of the heart, is, as its name implies, an affection incident to the aged. *Cataract*—opacity of the crystalline lens, or its capsule, or both—seems to be the consequence of impaired nutrition, and is met with in elderly persons only, except as the result of inflammation or injury. But the most frequent cause of impaired or perverted vision is alteration in the form of the lenticular bodies of the eye—the cornea and the lens—which, losing their natural convexity, interfere with the correct impression on the retina at the proper fixed point of the object of vision.

Defective hearing is another not infrequent attendant upon old age, and may result from various causes, the most frequent being impairment of the acoustic nerve.

VII. Mental Faculties.—Associated with these important physical changes, the mental faculties partake of the general deterioration. That the mind retains its vigour and clearness of perception, while the body undergoes decay, is a poetic fiction; the brain shares inevitably in the physical disorganizations we have noted. This is proved by the effects of disease. During recovery from wasting diseases, especially from those in which the phosphates have been carried off without a corresponding reproduction, the exercise of the brain is not only difficult but dangerous, and it has

not infrequently happened that death has resulted from too early mental work during convalescence from complete break-down of the nervous system.

Gradual Decay.—The varied forms of man's decay are gradual and progressive. Death may take place suddenly from heart-disease, apoplexy, rupture of an aneurism, etc.; but it is only the *termination*, not the disease, that is sudden. For years before the fatal issue, the organ was undergoing degeneration of structure. Death under such circumstances has been compared to the fall of towering cliffs, which crush everything beneath. The catastrophe is terrible, and occurs unexpectedly; but it was the slow disintegration of many preceding winter's frosts that hurled it down the steep. Sudden death is a misnomer in language, except as it takes place from accident or poison.

Winter and Senility.—The climatic conditions of winter are highly favourable for the development of all kinds of weaknesses and tendencies to organic disease, especially of the brain, heart, blood-vessels, kidneys, and liver. Facts on a large scale prove that defects in these organs manifest themselves most frequently and severely in cold weather. The whole constitution is lowered by the conditions of winter, and to an extent, devitalised; and medicine can only exercise an indirect power over these conditions, except to prescribe such remedial or preventive measures as we have suggested in this Section,—artificial heat, clothing, food, etc., to forestall, if possible, the effects of cold, and to counteract any of the organic leakages we have enumerated.

Premature Old Age.—In alluding to the decay of nature, we may add that we refer rather to the vital decay of individuals than to the mere lapse of years; vital conditions cannot always "be measured by number of years." It is well known that some persons at fifty, or even earlier, are in this respect older and more shattered in constitution

than others who have attained to the age of seventy or upwards.

Our present manner of life, business haste or anxieties, tend to induce premature decay (see Section 75). Probably as the result of improved sanitary measures, a more correct and general recognition of the laws of health, and of the rapid spread of homœopathy, the attainment of a vigorous old age without the premature feebleness and decay hitherto so generally observed, will be more common.

Treatment of the Aged.—There are many ailments peculiar to the approach of old age which require special medical treatment, or the application of particular measures, which we cannot enlarge upon here, but in which the timely use of appropriate remedies, and the prompt employment of judicious means, are often rewarded in seeing the flickering flame rekindled, and valuable life considerably prolonged. On two or three points only can we make some general observations.

1. Food.—Food should be of a much less solid form than during the vigour of adult life. Just as nature provides fluid food during infancy before the teeth appear, so the loss of teeth, a common attendant upon old age, necessitates a return to a form of food which does not require mastication. Inattention to this point is, we believe, one of the most fruitful causes of the impaired digestion, weakness, and sufferings of the aged. Frequently, artificial teeth cannot be tolerated, and the only path of safety lies in the adoption of an almost exclusively fluid diet. We have had many cases under care in which our advice on this point has been carried out with the most beneficial results.

2. Rest.—This is essential to the health and safety of the fragile frame of the aged. The sports and exercises of youth, or the exertions of maturer age, would fracture the bones, rupture the tendinous portions of the muscles, or occasion a

blood-vessel to give way. To the aged, long-continued exercise and too little rest, are highly unfavourable, the reparative processes being only slowly performed. Happily the activities and athletic exercises of youth become distasteful, and the burdens of mid-day life are transferred to the succeeding generation, and he now seeks and enjoys a condition of quiet and repose necessary to his present well-being.

3. Warmth.—In the winter season, when sudden changes of temperature are frequent, provision should be made for preventing the ingress of the cold night-air, and for maintaining a suitable temperature in the bed-room through the whole night. The temperature of the sleeping-apartment should be kept at 60° to 62°, and measured by a thermometer, as the sensations of persons are not a sufficient guide. It no doubt often happens that the lonely encounter with death takes place in the stillness of the night season, from a sudden access of cold air, which the extreme feebleness of old age could not resist or endure. As before stated, cold weather seriously affects the aged, and it is a fact that excites frequent observation, that soon after the setting-in of intense cold, the obituaries in the public papers of persons in advanced life become unusually numerous. "An aged man, with a sluggish heart, goes to bed in a temperature, say of 50° to 55°; in his sleep, were it quite uninfluenced from without, his heart and his breathing would naturally decline. Gradually, as the night advances, the low wave of heat steals over the sleeper, and the air he was breathing at 55° falls and falls to 40°, or it may be 35° or 30°. What may naturally follow less than a deeper sleep? Is it not natural that the sleep so profound shall stop the labouring heart? Certainly. The great narcotic never travels without fastening on some victims in this wise, removing them, imperceptibly to themselves, into absolute rest, inertia, until life recommences out of death" *(Richardson)*.

A regulated temperature in his apartment, heat-producing kinds of food, warm clothing, and other kindred measures, should therefore be adopted in the treatment of the aged.

4. Medicines.—On this point we can offer no definite suggestions. The selection of remedies must be determined strictly according to the symptoms the patient may present, modified by any idiosyncrasy of constitution.

Thus the physical frame decays and man passes away, death terminating the journey of life, and the traveller welcoming the long repose as he had often welcomed sleep after the fatigues of the day. We have reason to believe that dying is often as painless as falling asleep. Persons who have been resuscitated after drowning, and after all sensation had been lost, have asserted that they experienced no pain. What is often spoken of as the *agony of death* is probably purely automatic, and therefore unfelt. The idea embodied by the poet in the following lines is literally true—

> "Passing through nature to eternity,
> The sense of death is most in apprehension."

There is, thus, beneficence in man's decline just as in his growth and maturity, and there is also design. The Christian philosopher not only submits with resignation to the decay of his material form, but rejoices in the assured hope that so perfect and highly endowed a structure, teeming with evidences of beneficent design, has not been constructed merely to rise, flourish, and then to disappear without a future grand result, commensurate with so costly an expenditure of wisdom and goodness. Infinite wisdom, which designed and called forth man into being, would, it seems, forbid that such a creation should be comparatively vain, leaving only a dark blank as the memorial of its existence. The dissolution of our earthly form is really but a mysterious transitional process, through which the good pass from an introductory and transient state of existence to one that is immortal.

CHAPTER XIII.

Injuries.

174.—Asphyxia *(Asphyxia)*—Apnœa (from Drowning).

Definition.—The term *asphyxia* is generally used to express the effects of interrupted respiration, as in the case of drowning, hanging, or from breathing noxious vapours. In this section we restrict it to drowning.

Treatment.—Not a moment's time should be lost. The two points to be aimed at are—immediately to *restore breathing*, and, next, *warmth and circulation*. The wet clothes should be removed, the skin dried, the mouth cleansed, the tongue drawn forwards, and the patient placed on the back, with the head and shoulders a little raised. Both arms should be held above the elbows, and drawn gently and steadily upwards above the head, and kept stretched whilst counting,—one, two. *See figure* 1. This is *in*spiration, or filling the chest with air.

Then the patient's arms should be pressed gently and firmly against the sides of the chest while counting,—one, two. *See figure* 2. This is *ex*piration, or emptying the chest of air.

These movements should be repeated about fifteen times in a minute, until natural breathing takes place.

Next, *not before*, efforts should be made to promote circulation, the limbs rubbed upwards with firm pressure, to favour the return of blood to the heart.

FIG. 1.—INSPIRATION.



FIG. 2.—EXPIRATION.



Figs. 1 and 2.—To illustrate the position of the body during the employment of Dr. Sylvester's Method of restoring Breathing.

Warmth should be promoted by the application of hot flannels, hot bottles wrapped round with flannel, heated bricks, or by any means at hand, to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. The efforts should be persevered in for some time—if necessary, several hours.

175.—Concussion of the Brain *(Concussio cerebri)*.

Definition.—An interruption to the functions of the brain, from a blow or other mechanical injury of the head; it may vary in degree from a slight stun to extinction of life.

Symptoms.—Insensibility; pale face; small or imperceptible pulse; stertorous breathing; cold extremities; etc. By shaking the patient, or calling his name loudly in his ears (which, however, should never be done), he may give a surly answer, and soon become insensible again. After a time, longer or shorter according to the severity of the injury, reaction comes on, and consciousness returns, often with vomiting. At first the reaction may be imperfect; it is often several days or even weeks before the power of the mind is restored.

Treatment.—*Arnica.*—Place two pilules upon the tongue, or moisten it with a few drops of the tincture by means of a feather or quill, and repeat the dose every hour for several times.

Aconitum should be administered alternately with *Arnica*, if fever attend the return of consciousness. But if there be danger of cerebral disturbance—head-ache, flushed face, or other head-symptoms—*Acon.* and *Bell.* should be alternated. A dose every one, two, or three hours.

General Treatment.—The patient should be placed in a warm bed, with his head at first moderately low, and warmth applied to his extremities and *axillæ* (arm-pits). On no account should he be induced to eat or drink; he must also be kept very quiet, and no attempt made to arouse him. When reaction comes on, the head and shoulders should be raised a little, and cold evaporating lotions applied, keeping the patient at the same time in a cool, quiet room, with the light modified, and noise and conversation shut out. He must be under care for two or three weeks, lest some insidious inflammation should arise within the head.

176.—Burns and Scalds *(Ambusta).*

Definition.—An injury produced by radiated heat from any hot body, or by the direct contact of hot solid, liquid, or gaseous substances.

Varieties.—(1) The *Erythematous*, producing mere redness, and soon terminating in resolution; (2) the *vesicated*, in which the inflammation leads to the exudation of serum and the formation of vesicles, which, in slight cases, soon dry up and heal; or, if the skin has been much injured, may be succeeded by obstinate ulcers. (3) The *Gangrenous*, from destruction of the tissues. This variety, although probably exempt from pain, is by far the most serious.

The constitutional disturbances, and the periods of danger consequent on deep burns, have been divided into three stages: 1. Depression and congestion, during the first four or five days; 2. Reaction and inflammation, in which the patient may sink with an affection of the head, chest, or abdomen; and, 3. Suppuration and exhaustion, which may continue from the second week to the close, and is often associated with hectic, inflammation of the lungs, or pleurisy. The danger of burns often depends more upon their *superficial extent* than upon the depth of the injury. *Burns on the trunk*, *head*, or *neck*, are far more perilous than those of an equal extent on the extremities. Children appear to suffer much more severely from burns than adults.

Treatment.—A most important object to be attained is to cover the injured part with some suitable material that shall *exclude atmospheric air*, which should not be removed till the cure is complete. The following are the local applications recommended:

1. *Carbolic Acid and Olive Oil.*—One part of the *Acid* (as prepared for medicinal uses) to six parts of *Olive Oil*, is found to be invaluable in most cases, slight or severe. It

is cleaner, more easy of application, and more soothing than most other remedies. One layer of lint put on at first should never be removed; this should be kept saturated by the removal of outer layers from time to time. When the wound is healed it is easily and comfortably dispensed with. As a domestic remedy, it is recommended always to be kept ready for burns and scalds, just as *Arnica*, *Calendula*, etc., are kept ready for other kinds of accidents.

The application of a lotion of *Urtica Urens* (twenty drops of the tincture to an ounce of water) in the simplest cases, or of *Cantharides* (ten drops of the tincture to an ounce of water) when blisters are forming, under the cotton-wool, is of great service. *Kreas.* is also sometimes useful.

2. *Soap.*—Moisten white or brown soap in water, and rub it on a piece of linen so that the soap forms a coating on the linen as thick as a shilling, and larger than the wound it is intended to cover, so that it may the more perfectly exclude the air.

3. *Flour or Starch.*—One of these may be used as a substitute in the event of either of the above not being at hand. Wheaten flour or finely-powdered starch, should be uniformly and thickly applied by an ordinary dredger, so as to form a thick crust by admixture with the fluids discharged from the broken surface, thus excluding the air; and repeated when any portions fall off. Flour is, however, inferior to *Carbolic Acid*, and its after management is more difficult.

The points of greatest importance are, *immediate application* of the local remedy, complete *exclusion of atmospheric air*, and *infrequent* changing of the dressings, not, indeed, until they have become loosened or fetid from the discharges. A *complete* change of dressing often causes pain, depression, and the detachment of portions of the new skin, and so retards the cure.

When, after the removal of the first dressing, ulcers exist,

Calendula or *Glycerine* cerate is a most suitable application. If there is much discharge, it should be carefully removed, and the parts kept as clean as possible.

Internal treatment, except in slight cases, is always necessary, and must be suited to the part injured, its extent, and the constitutional symptoms present. As a general rule, *Aconitum*, early, does good, by allaying febrile symptoms, mitigating pain, and moderating reaction. *Arsenicum* is valuable if ulcers form, or if the burn present a gangrenous appearance. *Secale*, and *Carbo Veg.* are also useful in the latter condition.

177.—Contusion *(Contusum)*—Bruise.

Definition.—An injury inflicted on the surface of the body by mechanical violence, without laceration of the skin. It may be either slight, involving only the rupture of minute *subcutaneous* blood-vessels, and perhaps the tearing of some muscular fibres; or a large blood-vessel may be torn; or even disorganization of the tissues beneath the skin may be caused, as from the dull force of a spent cannon-ball. The remarkable properties of elasticity and toughness possessed by the skin often permit serious damage to its underlying structures while it remains entire.

Causes.—A blow from a hard, blunt body; forcible pressure between two forces, as a wheel passing over a limb and crushing it; or indirectly, as when the hip-joint is contused by a person falling on his feet from a height.

Treatment.—In the less severe form of bruises, which alone are prescribed for here, the object should be to excite, as speedily as possible, the absorption of extravasated blood. To this end the bruised part should be raised, and a *warm Arnica* lotion (one part of the strong tincture to ten of water) *immediately* applied by saturating lint with the lotion, and

covering it with oiled-silk, to exclude the air. The value of this application is undoubted, and happily is now becoming generally recognised. In contusions involving glandular structures, as the female breast, *Conium* is recommended in preference to *Arnica;* or when the covering of bone, as of the shin, is involved, *Ruta.* When pain or tenderness has subsided, a bandage should be applied. Leeches or punctures, where there is any chance of procuring absorption by other means, should never be resorted to, as air would thus be admitted to the part, and suppuration set up.

Ecchymosis.—This is discoloration of the skin following a bruise, and is produced by extravasated blood under the skin. It is first of a reddish colour, but speedily becomes black. During recovery, the parts change, first to a violet colour—the line which defined the bruise becoming indistinct—afterwards to a green, then yellow; and thus, sooner or later, according to the health of the individual, or the quantity of blood poured out, the discoloration disappears.

Black-eye is a common instance of *ecchymosis. Arnica-Lotion* has great power in *preventing* this condition if used *immediately* after an accident. When extravasation has already occurred, *Hamamelis* lotion (one part to six of water) is more appropriate.

178.—Wound *(Vulnus).*

Definition.—A solution of continuity, or separation by external violence, of parts naturally united.

Wounds are termed *incised*, when made by clean-cutting instruments; *punctured*, when the depth exceeds the breadth, as stabs; *lacerated*, when the parts are torn and the lips of the wounds irregular; *contused*, when effected by bruising (see previous section). We may also add, *gun-shot* wound, which is termed *penetrating*, when the shot is lodged in the

part; *perforated*, when it passes through it; and, according to law, *burns*. For *poisoned* wounds, see Section 167.

TREATMENT.—The following are the chief points:—1st. *To arrest the bleeding.* In most cases, the elevation of the part, keeping the bleeding surface uppermost, the application of cold, moderate pressure, and the coaptation of the edges of the wound, will suffice. A *Calendula* lotion tends to arrest hæmorrhage and check suppuration. In severe wounds involving *arteries*, the parts should be laid open by a surgeon, and the wounded vessels ligatured.

2nd.—*The removal of foreign bodies.*—Dirt, hairs, glass, clots of blood, etc., should be speedily removed by the fingers, forceps, or sponge and water.

3rd.—*To bring the injured parts into nice apposition.*—Any muscular fibres likely to prevent complete union should be relaxed or divided, and after the sides of the wound have been accurately adjusted, they must be kept so by strips of adhesive plaster, first applied to that side of the wound which is most moveable, and then secured to the other. But, in extensive wounds, where plaster would be insufficient, *sutures* (stitches) should be employed.

4th.—*To promote adhesion.*—To secure this, the part should be kept at rest, and if the injury be severe, the patient should remain in bed.

5th.—When a wound is *dressed*, say once in every twenty-four hours, a rag wetted with warm water should be laid over the dressing, so that it may be removed without the risk of disturbing the surfaces which may have partially united. Lotions may often be renewed by removing the oiled-silk only, and dropping lotion on the rag or lint, or pouring it on by means of a spoon, and then replacing the oiled-silk.

6th.—*To control dangerous bleeding*, as from a sharp cutting instrument. When blood flows in a *steady stream*, and is *dark-coloured*, it is from a vein, and can generally be checked

by applying cold water, and exposing the cut surface to the cold air. But if large veins be wounded, they should be compressed with the fingers, or by a bandage. A few thicknesses of linen, with steady compression, are more efficient than heaping on a large quantity. *Bright-red* blood flowing in *jets*, is *arterial*, and similar means must be adopted as just pointed out, unless the bleeding be excessive, in which case a handkerchief should be tied round the limb, near the wound, and between it and the heart; a stick inserted under the handkerchief, and a firm compress over the course of the blood-vessel; the stick should then be twisted until it stops the circulation, and, consequently, the bleeding. But such means are only temporary, as wounded arteries of size require to be *ligatured* by a surgeon before bleeding can be permanently arrested. If no surgeon can be obtained, a clever manipulator should grasp the wounded artery with a pair of forceps, and draw it slightly and gently forward, so that it may be securely tied by means of a strong ligature of silk.

7th.—Should a wound or bruise be followed by constitutional disturbance, fever, chills, and throbbing in the parts, internal medicines should be administered.

Arnica (as prepared for internal use) and *Aconitum* will generally meet the requirements of such cases, and should be administered every three hours, in alternation, for several times; or if the injured part be very painful and swollen, with congestive head-ache, etc., *Bell.*, may be alternated with *Acon.* *Hepar Sulph.*, when suppuration is established, or *Silicea*, if the suppuration is unhealthy.

Cuts.—The treatment of this variety of wounds, if only of moderate size, is generally simple. The edges of the cut should be brought together and maintained so by narrow strips of *strapping-plaster;* then, if necessary, a bandage applied over the plaster. If, however, inflammation and pain occur, the application of *lint*, saturated with *Calendula lotion*,

covered with oiled-silk, and a bandage over all, is necessary. In two or three days the plaster should be removed without disturbing the union, and replaced by new.

179.—Foreign Bodies *(Corpora adventitia).*

Treatment.—Any foreign body in the flesh,—glass, a thorn, splinter, broken needle, etc.,—should be removed as quickly as possible, by the fingers or by forceps, or sponge and water if the wound is lacerated. Foreign bodies in the eye and ear require distinctive notice.

Foreign Bodies in the Eye.—If sand, flies, or hairs, are between the lids and the globe, they should be removed immediately by bathing the eye; but if the substance cannot be removed in this manner, the eye should be gently wiped with a soft, moistened handkerchief, or with a feather, or a bent bristle may be used, the two ends being held by the finger and thumb. In one of these ways, with a little perseverance, the offending substance may generally be removed.

If small pieces of *flint or iron* become fixed in the front part of the eye, they should be most carefully picked out with a needle or the point of a lancet.

When the foreign body is removed, a weak *Arnica lotion* should be applied to the eye by means of lint or soft linen, and covered to prevent evaporation.

Foreign Bodies in the Ear.—Peas, slate pencil, glass beads, shells, etc., are sometimes found in the ear-passage; or cotton wool which has been forgotten, or a portion of which only has been removed, are occasionally met with. If permitted to remain, such substances may occasion immediate symptoms of inflammation and deafness; in other instances, they may continue a long time, till difficulty of hearing or uneasiness in the ear, leads to an examination of the tube. Any such body should be removed as speedily and as gently

as possible, either by syringing the ear with warm water, or by means of small dressing forceps, or other suitable instruments. If it cannot be removed by gentle means, the case should be submitted to a surgeon, so that a careful examination may be made by means of the ear speculum, and the aid of sunlight or a lamp. This examination is necessary for two reasons; for although a foreign body, if present, may generally be seen without such means, still the absence of such body cannot be affirmed without a complete exploration of the tube. Further, instances often occur in which surgeons are requested to remove a foreign body when none exists, and a proper examination with the speculum would often prevent any injudicious meddling with instruments. A late eminent hospital surgeon is said to have dragged out the little bones of the ear *(stapes)* whilst attempting to find a small nail, which was not in the ear at all! A careful exploration of the canal, as above suggested, would have prevented such a serious practical mistake. Any soreness or inflammatory symptom that may ensue from the foreign body, or the attempts at extraction, should be met by washing the ear with a weak *Arnica lotion* (six drops of *Arnica* ϕ to two tablespoonfuls of water), and afterwards enveloping the ear with a rag wrung out of the lotion, and covered with oiled-silk.

180.—Fracture *(Fractura)*—Broken Bone.

A few words on the immediate management of cases of broken bones seem necessary in this manual, as a surgeon is not always just at hand, and it is necessary to be prepared to act till surgical attendance can be had.

Symptoms.—A fractured bone may generally be detected by having felt or heard it *snap;* there is also some *deformity*, such as bending or shortening, and if the upper end of the

bone is held firmly by the hand, the lower part may be moved independently; also, if the broken ends are rubbed against each other, a grating noise *(crepitus)* may be heard. Further, there will be pain, loss of power of the broken part, and other symptoms. Fracture is said to be *simple* when there is no wound of the skin communicating with it; *compound* when there is such a wound.

Causes.—*Mechanical violence* is the most frequent; but muscular contraction is sometimes a cause. Old age, some diseases, and prolonged disuse of a limb, render bones liable to fracture from trifling causes.

Immediate Treatment.—The patient must be moved *gently*, and special care taken to prevent the broken bone from being forced through the flesh and skin. He should be placed on a stretcher or litter, and taken to his home or to a hospital. A litter may be made of a couple of poles and a horsecloth or sack; even a door or hurdle may serve the purpose. Placing him on this, and carrying him by two men, is much better than removal in a cart or carriage. It is important *not to be in a hurry*, as an injury is often greatly aggravated by carelessness or too hurried measures. When a surgeon is within a moderate distance, after making the patient as comfortable as possible, it is better to wait a little, so that he may superintend the moving.

If there is a wound in the skin and much bleeding, treat as directed in Section 177.

When the patient has been placed on a firm bed or mattress, and the injured part examined, the surgeon will bring the broken ends of the bone into close apposition, and in their natural form, and having done this, maintain them so, and at rest, till firm union has taken place. To maintain the proper shape and length of the limb, *bandages*, *splints*, and other apparatus are required. Little can be done, however, beyond the mere management of such accidents, until

the surgeon arrives, as these cases can only be properly treated by a professional man.

A BROKEN LEG should be fastened to the whole one by a handkerchief at the ankle, and above and below the knee, before the patient is removed.

FRACTURE OF THE ARM requires the immediate support of a sling, which may be made by a handkerchief and fastened round the neck.

BROKEN RIBS require a *flannel* bandage, about two hands broad, round the chest, with shoulder straps to keep it up. A rather tight-fitting bandage lessens the movement of the chest in breathing, and is a great comfort.

181.—Sprain *(Stremma)*—Strain.

DEFINITION.—An overstretching of the ligaments and tendons, generally with a rupture of some of their fibres.

TREATMENT.—In bad cases the chief point is to keep the parts at perfect *rest*, by means of a splint and roller nicely applied. In simple cases the application of cloths saturated with *Rhus-lotion*, and covered with oiled-silk, hastens the cure, especially if *Rhus* be also taken internally.

Aconitum, in alternation with *Rhus*, may be administered, when the joint becomes swollen and painful; and when constitutional disturbance attends the injury.

When the pain and swelling subside, the joint may be partially liberated, and gentle motion allowed; but great care must be observed for several weeks, as the injury may easily be re-induced, and then the cure becomes difficult and tedious, especially if the patient has a rheumatic tendency.

182.—Exhaustion of the Muscles *(Exinanitio virium)*—Fatigue—Over-exertion.

Definition.—A condition of the *muscular system* induced by an undue drain on its strength.

Treatment.—If the feet be swollen or blistered, or the ankles ache after walking, a warm foot-bath may be used, to which a teaspoonful of the strong tincture of *Arnica* has been added; the relief afforded is often immediate and permanent. If the hands or wrists ache from excessive or unaccustomed exertion, they may be bathed in about a pint of water, to which twenty or thirty drops of *Arnica* have been added. If necessary, in one or two hours, the application may be repeated. In muscular fatigue from long-continued, or severe exertion, affecting the hips, thighs, etc., a hip-bath, to which a drachm of the strong tincture of *Arnica* has been added, is an excellent remedy. The patient should remain in the bath about five minutes. Whatever kind of bath is used, and to whatever part applied, it should be *warm* if used in the evening or soon after exertion, but *cold* or *tepid* in the morning.

Accessory Measures. When suffering from fatigue, a light repast only should be taken; a full heavy meal might occasion serious embarrassment to the digestive organs, as they suffer from the general weariness.

183.—Poisons* *(Venena).*

When it is known that a deleterious substance has been swallowed, as *arsenic* and other *mineral poisons*, *opium*, *poisonous fish*, *alcohol*, etc., vomiting should be immediately excited, by tickling the back of the throat with a feather or the

* For the general symptoms and treatment of poisoning from various substances, see the chapter on "Poisons," Part V.

finger; or, if this fail, by the administration of an *emetic*. The following is a convenient emetic: for a child—a tea-spoonful of mustard in a tea-cupful of warm water; for an adult—a dessert-spoonful in a breakfast-cupful of water. This may be repeated as often as necessary, and followed by copious draughts of warm water, so as to empty the stomach as completely as possible. But if *Arsenic* be the poison, no *warm* fluids should be used, as they tend to increase the activity of the drug.

The treatment of cases of poisoning must be considerably modified according to the nature of the poison, and a medical man should be summoned immediately, while the temporary measures just suggested may be resorted to until he arrive.

PART III.

Materia Medica.

Introductory.—With some exceptions, the remedies prescribed in this work are restricted to the fifty in the list, pages 72-3; most of which, in consequence of their frequent use, have been called *polycrests*, or many-healing remedies.

Professional homœopaths, however, as a rule, have a choice of several hundred remedies, each in different dilutions. A physician has, therefore, great advantage over the amateur practitioner.

A difficulty will sometimes be experienced in choosing between two or more remedies, the symptoms of which bear many points of resemblance; still, in nearly every instance, characteristic differences exist, which the experienced eye can detect. Remedies which, to the superficial observer, seem identical, will be found on closer inspection to possess distinctive features, determining, in the *ensemble* of the symptoms, the constitution and temperament of the patient to which it is adapted. Indeed, it rarely happens that either of two remedies can be selected indifferently.

A prompt and successful use of the Materia Medica can only be attained as the result of persevering application; but the student should not be deterred, though difficulties surround, and occasionally failures attend first attempts. A deeper acquaintance with the remedies, and enlarged experience in using them, will enable him to be the instrument of restoring multitudes to health who need and claim his aid.

1.—Acidum Muriaticum—*Muriatic Acid*—*Hydrochloric Acid.*

This is an almost colourless liquid, having a very sour taste and a suffocating odour.

Leading Uses.—*Low forms of toxæmic fevers*—typhus, enteric, etc.; aphthous, ulcerative, and malignant affections of the *mouth*, *tongue*, and *throat;* scarlatina anginosa in the putrid stage, and *diphtheria* (as a local application); blackish or brownish sordes on the teeth; etc. In the above conditions it rivals *Arsenicum*. Hempel suggests *Muriatic Ac.* for chronic earache following scarlatina, and we have found it most useful in several affections consequent on scarlatina, enteric fever, etc., especially deafness, offensive purulent running from the ears, nose, etc., more particularly in scrofulous patients; burning itching eruptions, ulcers secreting a fœtid ichor, eczema of the ear, etc.

Muriatic Acid may be used as a gargle or paint in ulceration of the throat, and in diphtheria; taken internally, it is generally prescribed in the 1st to 3rd dec. dil.

2.—Acidum Nitricum Dilutum.

Leading Uses.—Chronic, *scrofulous*, *syphilitic*, and, *mercurial*, affections, chronic varicose veins, with tendency to ulceration. In the toxæmic fevers, *Nitric Ac.* is frequently required, especially in typhoid or malignant scarlatina, small-pox, etc.

Eyes, Ears, etc.—Purulent ophthalmia, and otorrhœa; ozœna.

Digestive System.—Sore, diphtheritic, and ulcerated throat (internally and as a gargle); salivation, with spongy swelling and bleeding of the gums; heart-burn, with sour eructations; chronic gastritis and cardialgia of drunkards.

Respiratory System.—Chronic violent laryngeal dry cough,

with stinging or smarting sensation on one side, as if a small ulcer were there; hooping-cough; chronic liver-disease; diarrhœa of children, the motions being green, curdled, mixed with mucus, and attended with straining; chronic diarrhœa and dysentery; fistula and fissure of the anus; prolapsus ani; torpid hæmorrhoids, the tissues having lost their contractile power.

Urinary and Generative System.—Enuresis, with fœtid, purulent urine. *Nit. Ac.*, sufficiently diluted, has been recommended, and successfully employed, as an injection, for phosphatic calculi; chronic corrosive and fœtid leucorrhœa; soft chancre; condylomata.*

Skin.—Ulcers, with rapid destruction of tissue, soft edges, of grayish-green colour, and tendency to *fungoid growths* (proud flesh, etc.).

3.—Acidum Phosphoricum Dilutum.

This is a colourless inodorous liquid, of an agreeable acid taste. It is obtained by the mutual action of *Phosphorus* and *Nitric Acid* in distilled water.

Leading Uses.—*Physical or nervous debility*, from any cause, with *cold clammy sweats or profuse perspiration;* exhaustion from loss of the fluids of the body, as in hæmorrhage, excessive or prolonged diarrhœa, spermatorrhœa, etc.; passive hæmorrhage, consequences of grief, care, too rapid growth, onanism, etc. Phthisis, with colliquative sweats, great exhaustion, diarrhœa, and general hectic condition. Spinal weakness, with great fatigue on exertion, and frequent inclination to pass water; curvatures of the spine; scrofulous *caries of bone*, and consequent hectic fever. Falling off of

* Two drachms of the dilute acid to a pint of water is the strength Ringer recommends, and with this wash the condylomata are to be constantly kept moist.

the hair after a severe illness, or as a sign of general debility. In old-school materia medica it is considered tonic, refrigerant, and aphrodisiac, and is administered in large doses (10 to 30 min.).

HEAD, ETC.—Headache at the back and nape of the neck, with pale face, from nervous exhaustion; dull or confused intellect, weak memory, dejection of spirits, etc., from brain-fag, seminal or other losses, or exhausting disease. Weakness of sight, and deafness, during, or consequent on severe disease.

RESPIRATORY SYSTEM.—Chronic bronchitis, with bloody, purulent expectoration, and night sweats; pneumonia, with hardness of hearing, excessive weakness, pale sunken face, diarrhœa, etc.

URINARY SYSTEM.—Too *frequent desire to pass water*, especially in the morning; frequent involuntary emissions of urine with nervous symptoms; diabetes mellitus; semi-phosphatic deposits in the urine, or alkalinity from nervous depression; milky urine in children.

GENERATIVE SYSTEM.—*Seminal emissions from self-abuse;* impotence from too rapid escape of the semen after an erection or before it is complete; general debility from sexual excesses or spermatorrhœa. Thin, acrid, and chronic leucorrhœa, with pale face.

4.—Acidum Sulphurosum—*Sulphurous Acid.*

When sulphur or brimstone is burnt, a highly characteristic pungent and stifling odour is evolved, which is the odour, not of sulphur, but of its oxide, and when this gas is collected in water, it forms *Sulphurous Acid.*

It has a powerful deoxidizing property, and a most destructive action on vegetable life; it is upon this latter property that its therapeutic value mainly depends.

Within the last few years, this acid has acquired considerable notoriety, chiefly through the publication of a pamphlet by Dr. Dewar, of Kirkcaldy, that gentleman having used the drug largely, and obtained most satisfactory results by its administration in a variety of diseases. Dr. Baikie in an article in the *H. World* (vol. iii., p. 5) has pointed out the general uses of this remedy, and offered suggestions on the method of its exhibition, with some cautionary hints. In other parts of the same Vol. there may be found further remarks on the uses of *Sulphurous Acid*, both within and without the domain of medicine.

Messrs. Herrings and Co., of Aldersgate Street, have just (March, 1871,) sent us a sample of their *Alcoholic Solution* of Sulphurous acid, which is a colourless fluid of intensely pungent sulphurous odour, and instantly bleaches litmus. In consequence of the rapid evaporation of this alcoholic solution upon exposure to the air, and resulting disengagement of 100 times its volume of the agent with which it is saturated, we recommend it for all the purposes for which sulphurous acid is used, especially as a *gargle*, or in the form of a *spray* to the throat, diluted one part to about ten of water. Also as a *disinfectant* and *deodoriser*.*

Its dynamic action is similar to that of *Sulphur*, but it is more generally convenient and applicable for local use than the ointment of its base; and for inhalation, the *spray-producer*

* Messrs. Herrings inform us that their alcoholic solution of *Sulphurous Acid* "is produced by passing sulphurous anhydride in a purified state into alcohol (90 per cent.), until one volume contains 100 volumes of the gas, or 27.2 per cent. by weight. Such solution is at least ten times as powerful as the ordinary *Sulphurous Acid* of commerce, and upwards of five times the strength of the recognised officinal solution now used in medicine. The rapid evaporation of this alcoholic solution upon exposure to air, and consequent disengagement of 100 times its volume of the powerful reducing agent with which it is saturated, must, they think, claim for it a trial in those cases in which the use of powerful disinfectants is found necessary."

enables us to use it easily and with precision, while its fumes are readily producible at any time.

Leading Uses.—*Throat and chest affections*—diphtheritic sore throat, tonsillites, clergyman's hoarseness, chronic catarrh, influenza, cough, bronchitis, asthma, etc.; *neuralgia and tooth-ache; cutaneous diseases*—ringworm of the surface, eczema, chilblains, cracked and chapped hands, ulcers, sores, etc.; *vegetable and animal parasites*—scabies, pediculi, helminthiasis, etc. It is chiefly appropriate to *chronic affections* requiring *Sulphur* internally, when local medication is also desirable, and, especially when fungoid, parasitic, or septic conditions are present.

Besides its use in the form of a *spray*, it may also be applied by *fumigation*, or by *inhalation*, a few drops being poured on boiling water and the vapour therefrom inhaled. Further it may be used as a paint for the skin or throat, diluting the acid with about twice its bulk of Glycerine.

As an *antiseptic* and *disinfectant* in larders, kitchens, and as an agent for extinguishing contagion, it is very valuable.

5.—Aconitum Napellus—*Monk's-hood—Wolf's-bane.*

This plant is a native of Asia and of central Europe, and grows spontaneously in the damp and covered parts of almost every mountainous country, especially in Switzerland, Germany, and Sweden. On account of its beautiful flowers, notwithstanding its poisonous properties, *Monk's-hood* is cultivated, and grows readily in the gardens of our own land.

The parts used are—the leaves, flowers, and roots, from which tinctures are made; but it is from the root that the most active preparation is obtained.

Therapeutic Value.—As a therapeutic agent, in the hands of a Homœopathic practitioner, *Aconitum* is one of the first importance. "This medicine," says Hempel, "consti-

tutes the back-bone, as it were, of our Materia Medica;" there being scarcely an acute disease in which it is not more or less required. Had Hahnemann's labours extended no further than the discovery and demonstration of the wide and inclusive curative power of this great remedy, they would have entitled him to the gratitude of countless myriads of his fellow-creatures in every succeeding generation. He most appropriately ranks it as first and foremost in his Materia Medica, not because its name begins with the first letter of the alphabet, but because of its transcendent power and extensive sphere of action: he terms it a "precious plant," whose "efficacy almost amounts to a miracle." Let the sceptic in homœopathic therapeutics test its power in *acute fevers* in accordance with the directions laid down in this manual, and he will witness a curative action such as is unknown in allopathic practice, and which amply justifies the statement that "*Aconite* is the *Homœopathic Lancet.*" As confirmatory of this assertion, we may cite the extensive use of *Aconite* recently adopted by allopathic practitioners of eminence as a substitute for the antiphlogistic measures formerly in vogue. Some striking instances of this adoption of Hahnemann's teachings and practice by men of the old school are given in the early numbers of *The Homœopathic World* for 1869.

Prominent Uses.—*Aconite* is useful in all affections *(not toxæmic)* accompanied by, or depending upon, *arterial excitement* or *arterial congestion.* It is also very serviceable in some reactionary conditions—exhaustion after excitement, etc. It surpasses all other known remedies in its power of controlling the circulation, and triumphantly supersedes the lancet and the leech. "To enumerate the diseases for which it is suitable would be to mention the acute inflammation of every possible order and tissue of the body; and if it be not for all of these the sole remedy, it is almost always useful either previous to, or in alternation with, another remedy which

has perhaps a more specific relationship to the part affected" *(Dudgeon)*.

Although it may be often greatly abused, it is probably more frequently indicated than any other single remedy, especially at the commencement, and often during the course, of nearly all affections marked by—*pain;* a *rapid* strong *pulse; dry heat* of the *skin; chills*, followed by burning heats; restlessness; *scanty* and high-coloured *urine;* constipation; aggravation of the symptoms towards night: notably, *acute rheumatism*, *catarrhal fevers*, *erysipelas*, *hæmorrhage* from internal or external surfaces, especially of an arterial character, with full, bounding pulse. It acts by moderating and equalising the circulation, and so removing local congestion, especially when affecting mucous surfaces.

Aconite has, however, no power to control fevers depending upon a poisoned state of the blood, such as exists in enteric, typhus, and intermittent fever. Even in the eruptive fevers—scarlatina, etc.—it cannot reduce the pulse until the eruption comes out. Again, as Dr. Hughes remarks, *Aconite* does little for a fever which is symptomatic of an acute local inflammation. In pneumonia, the pulse defies *Aconite*, but goes down quickly when *Bryonia* or *Phosphorus* touches the local mischief. "Indeed," writes the same author, "it may be laid down that unless a fever (not being rheumatic) has greatly abated within twenty-four hours of commencing *Aconite*, it is one for which the remedy is unsuited. But in some inflammations, especially rheumatic, *Aconite* alone may effect a cure, as being a specific irritant of the part affected. It is only when, in a part to which *Aconite* is not specifically irritant, true inflammatory changes have actually begun, that it ceases to exert remedial influence, and a medicine Homœopathic to the local mischief must take its place." In the use of *Aconite*, the general recognition of these observations is necessary to prevent disappointment.

Nervous System.—*Neuralgia* depending upon arterial excitement of the affected part, such as occurs in persons debilitated by anxiety, over-excitement, etc., in whom the disturbed equilibrium tends to local congestions; *congestive apoplexy* with bounding pulse; *paralysis* with painful pricking sensations, and numbness and congested skin as from needles; *paralysis* of spinal meningitis, from cold; *lock-jaw* from the shock of a sudden injury; *infantile convulsions; spasmodic croup; congestive headache* when the sensorium is not involved; nervous tremors in sensitive and weakly persons; etc.

Eyes, Ears, Face, etc.—*Acute ophthalmia*, with shooting pains, and frontal headache; acute *otitis*, *otalgia*, and *deafness*, from cold; *catarrh* in the invasive stage (see "Respiratory System" below); nasitis; over-sensitiveness of smell; *epistaxis* from cerebral congestion. *Facial neuralgia* (see "Nervous System").

Circulatory System.—Rheumatic inflammatory affections of the *heart; palpitation* from nervous, hysteric, or febrile excitement, or occurring in plethoric or sensitive persons; *congestion of the heart*, with anguish, heat, depression of spirits; the *paroxysms* of *angina pectoris;* fainting-fits, with collapse of pulse; and the deadly collapse of cholera.

Respiratory System.—*Catarrh* and *influenza* in their *invasive* stages—dryness and burning of the air-passages, sneezing, burning and fulness over the eyes, headache, chills, weariness and soreness; fluent coryza; chronic catarrh, with thick mucus; acute sore throat; laryngitis; bronchitis; spasmodic, dry, hard, cough; pleurisy; pneumonia; congestion of the lungs; hæmoptysis; the paroxysms of spasmodic asthma.

Digestive System.—*Teeth.*—Rheumatic and congestive tooth- and face-ache, especially from exposure to cold and draughts of air; throbbing, pressing pains in the teeth or side of the face, relieved by cold water; fever attending dentition. *Tongue, throat, etc.*—Dryness and swelling of the

tongue; white or yellow-furred tongue: soreness and dry heat in the throat; swollen, elongated uvula; rising of sweetish or acid water in the mouth. *Stomach, etc.*—Continual formation and eructation of flatulence; bilious nausea; vomiting of blood, with feverish symptoms (in alternation with *Arnica* if from a strain or blow); inflammation of the stomach, bowels, or peritoneum, from cold; constipation, with fever; profusely bleeding piles; diarrhœa during *teething*, the little patient's cheeks being flushed, with other febrile symptoms; acute *congestion of the liver*, and threatened *jaundice* (alternated with, or followed by, *Mercurius*).

Urinary System.—Retention or suppression of the urine, from inflammation or congestion; high-coloured urine, with or without brick-dust sediment; burning and tenesmus of the neck of the bladder; inflammation of the kidneys; urethritis; acute orchitis; etc.

Skin.—*Dry*, *hot*, harsh, and yellow colour; ephemeral itching and burning of the skin. *Acon.* is well indicated in the dry, burning heat of *children*, or red rash, with thirst, etc. Perspiration occurring after this remedy marks its favourable action, and is the token for its discontinuance.

6.—Æsculus Hippocastanum *(Horse Chesnut).*

This remedy has been well proved in America, and considerably used both there and at home.

Leading Uses.—Our own experience with this drug, and our prescriptions of it in this manual, have been restricted to affections of the *rectum* and *anus*.

Digestive System.—Hæmorrhoids, with only small discharges of blood, but much pain, swelling and rigidity of the rectum; *constipation*, with very distressing sensations—aching, constriction, fulness, pricking, itching, and protrusion—in the rectum and anus, the pains also extending to the back. It

is inferior to *Nux Vom.* and *Sulph.*, when there is much abdominal congestion, and to *Hamamelis* when the hæmorrhage is copious, and there exists a general varicose condition of the system. The chief symptoms, then, for *Æsculus* are *piles*, with constipation, severe pain, and but little hæmorrhage. *Generative System.—Leucorrhœa* with the characteristic pains and lameness in the small of the back. Lumbar and sacral pains which accompany leucorrhœa or hæmorrhoids, erroneously supposed to be of a rheumatic character, are specially under the control of *Æsculus*. The provings and clinical reports collected in Dr. Hales' New Remedies are both interesting and satisfactory.

7.—Aloe Socotrina—*Aloes.*

This remedy, so much used by our allopathic brethren, is also very valuable to us; but we use it with much greater precision of aim and specific curative results.

Leading Uses.—*Piles*, with profuse discharge of blood, great straining, burning and cutting pains, and rush of blood to the head; *dysentery*, with similar symptoms. *Diarrhœa*, like that produced by drastic doses of the drug, having a bilious character and foul smell, and accompanied by an uneasy sensation about the liver, a continued inclination to stool, as if diarrhœa were about to come on. *Menstruation*, when profuse, and associated with piles as above described.

Aloes, 6th dil., is reported to have cured falling off of the hair.

Hempel states that *Aconite* is the best *antidote* for allopathic doses of *Aloes.*

8.—Antimonium Crudum—*Crude Antimony.*

This mineral is often found combined with small quantities of lead, copper, iron, and arsenic, and consequently requires

great care in its preparation for medicinal purposes. We use the crystalline tersulphuret, and prepare it for use by *trituration.*

LEADING USES.—The beneficial action of antimony is chiefly limited to the mucous membrane of the digestive tract, and the skin, more especially when those surfaces are *concurrently* diseased.

DIGESTIVE SYSTEM.—When this remedy is indicated, the *lining membrane* of the stomach and alimentary canal is loaded with mucus, and there are,—foul, bitter *eructations*, tasting of the food; nausea, and sometimes vomiting; fœtid flatulence; loss of appetite; milky-white tongue; slow digestion, with drowsiness, loss of strength, etc.; constipation, alternating with diarrhœa. It is an excellent remedy in that morbid condition of the intestinal canal which favours the production of *worms.*

URINARY ORGANS.—Chronic catarrh of the bladder, with *turbid, fetid urine,* and sometimes painful micturition.

SKIN.—Pimples or blotches; nettle-rash associated with indigestion; ill-conditioned, unhealthy appearance. A *simultaneous* affection of the mucous membranes and the skin, as before remarked, is an additional indication for *Ant. Crud.*

9.—Antimonium Tartaricum—*Tartarated Antimony—Tartar Emetic.*

Though less violent as a poison than was at one time supposed, this salt has, nevertheless, been highly destructive to life, and our chief knowledge of its physiological action has been derived from allopathic experience with it in large doses. For homœopathic purposes it is prepared by *trituration.*

LEADING USES.—The chief sphere of action of this medicine lies in the *mucous membranes,* the *lungs,* and the *skin.*

Respiratory System.—In large doses it produces a kind of catarrhal inflammation, beginning in the lining membrane of the throat, and extending to the trachea and bronchial tubes, and even exerting its irritant influence on the lung tissues themselves. We should, therefore, expect *Tartar Emetic* to be a valuable remedy in certain inflammations involving these parts, and experience has amply justified this expectation. In *Catarrhal Croup*, *Bronchitis*, and *Pneumonia*, it has proved a most useful remedy; in the *wheezing breathing* and coughs of children and aged persons, when there is much mucus and defective ability to expel it; also in chronic cough, with profuse and easy mucous expectoration. Allopathic authorities now recommend *Tartar Emetic* for similar conditions.

Digestive System.—The *vomiting* to which this remedy is homœopathic is nervous and sympathetic rather than gastric, and is attended by *nausea*, great straining, and pale skin, and much depression and prostration.

Skin, etc.—When applied locally to the skin,* or during its internal administration, as in allopathic uses of it, *Tart. Emet.* produces a pustular eruption much resembling *small-pox*;† and in this disease it has proved to be of great value. "Not only does it cause a specific pustular eruption closely resembling that of small-pox, but it has also the vomiting, the pustules of the mouth and throat, the viscid mucus clogging the air-passages, and the hypinosis of the blood, which no less characterise the disease. Correspondingly with this close homœopathicity, the power of *Tartar Emetic* as a remedy for variola is very great. Testimonies to its value are col-

* "In the form of ointment," Ringer writes, "*Tartar Emetic* excites in the skin a characteristic inflammation, which at first forms papules, then vesicles, and lastly pustules. The rash thus runs the course of the eruption of small-pox, and in each of its stages simulates this very closely."

† See *H. World*, vol. i., pp. 72-3.

lected in the New Materia Medica: it is said to be especially useful in cases where the respiratory mucous membrane is much affected" *(Hughes)*. *Sycosis* (Barber's Itch) and a variety of cutaneous eruptions, especially *Ecthyma*, are amenable to this remedy.

10.—Apis Mellifica—*Honey-bee.*

The medicine is prepared either by macerating the part containing the sting, or triturating the whole bee after drying.

Leading Uses.—Rapid *acute œdema* of various parts; it also affects the mucous membrane of the genito-urinary organs, producing inflammation, etc. In all affections for which this remedy is prescribed, the presence of urinary difficulties—retention, irritability of the bladder, etc.—furnish additional indications for its administration.

Throat, etc.—Sore throat, with œdematous swelling of the tonsils, uvula, and palate, and stinging pains when swallowing; hoarseness and dry cough; acute œdema of the tongue,* etc.

Urinary Organs.—*Apis* has a direct action on the mucous lining of the kidneys and neck of the bladder (compare *Canth.)*; inflammatory affections of these organs, with frequent urging, but inability, to urinate.

Skin.—*Erysipelas* with rapid swelling, minus the inflammatory redness pointing to *Bell.*, or the formation of vesicles characteristic of *Rhus; urticaria*, for which it is a prime remedy, especially if there be itching with stinging and

* There is scarcely a remedy that has such marked symptoms of glossitis as *Apis*. In one case of poisoning, the inflammatory swelling was not the result of a sting in the lining membrane, or of the introduction of the poison into the stomach, so that the inflammation might be accounted for upon the ground of local action; but the inflammation occurred after a sting in the temple, showing that the virus has a specific effect upon the tongue *(British Journal of Homœopathy)*.

burning, and acute œdema; *carbuncles*, with extensive erysipelatous blush; and other skin affections, in which burning, stinging, and itching are prominent symptoms.

11.—Apocynum Cannabinum *(Indian Hemp.)*

Leading Uses.—The value of this remedy, as far as at present ascertained, is chiefly restricted to *Ascites*, *Anasarca*, and nearly every form of *Dropsy*. Its beneficial action seems to be due to its power of restoring and increasing the urinary secretion, and in some cases it proves rapidly curative, even after the ineffectual use of *Apis.*, *Ars.*, *Hell.*, *Dig.*, *etc.* In dropsy resulting from advanced organic diseases, as *Cirrhosis*, *Tubercular Meningitis*, *etc.*, this, like all other remedies, must prove inadequate for its removal. Nevertheless it is a drug we should administer in the face of the most disheartening symptoms.

Additional Uses.—*Nasal Catarrh;* distention and oppression after meals, with some difficulty of breathing. *Sinking* at the pit of the stomach is also a prominent symptom. *Menorrhagia*, and in some varieties of passive uterine hæmorrhage; the indications are debility, quick feeble pulse, palpitation, irritability of the stomach, and suppressed urine. For dropsy, one to four or five drop-doses; for catarrh, the 1x dilution.

12.—Arnica Montana—*Mountain-Arnica—Leopard's-Bane.*

This plant is indigenous to the mountainous plains of a great part of continental Europe; also to America and Siberia; but it flourishes particularly in Switzerland. Its medicinal properties are more especially concentrated in the flowers and root. The strong alcoholic tincture is of a

brownish- yellowish-green colour, yielding a strong characteristic odour, which predominates over that of the alcohol.

Leading Uses.—*Injuries*, immediate or remote, local or general, *from falls or blows;* severe concussions, such as often occur in railway accidents, without leaving external marks of violence; concussion of the brain; *physical fatigue;* backache, stiffness and soreness from walking, riding, etc.; the so-called rheumatism of the intercostal muscles *(false pleurisy)* from over-exertion; spasmodic cough, the violence of which causes aching and soreness of the sides, and even hæmoptysis.

Aching of the eyes through over-use, epistaxis or hæmatemesis, from severe exertion or a blow. *After-pains* are generally quickly relieved by *Arnica;* angina pectoris, when the pains are brought on by slight exertion; sores of bedridden patients; chilblains; small boils; etc.

Special Characteristics.—It is chiefly adapted to plethoric persons, disposed to cerebral congestion, and acts but feebly in those of soft flesh or debilitated constitution.

The influence of *Arnica* on all ailments resulting from injuries is wonderful.

The Hunting Field.—Hunting men now and then get falls that shake every bone in their bodies; the effects of these concussions, though no bones be broken, are generally painful: one or two drops of the 1st dec. dil. in half a wine-glass of water, repeated once or twice, works wonders in these cases. Next morning, in place of being stiff and miserable, the sportsman is ready for renewed engagements.

The Labouring Classes.—Among the labouring classes in agricultural districts, a life of heavy toil often causes a comparatively early old age, with supposed rheumatic pains, which incapacitate them from further toil. These "*misérables*" are greatly benefited by *Arnica*, from 1st to 3rd dilution, in one- or two-drop doses, three times a day.

In fact, almost in every ailment traceable to falls, hard

knocks or blows, or hard work, *Arnica* becomes an essential part of the treatment. In old standing cases, the treatment should be commenced with a high dilution, and continued by a course of gradually lower dilutions in sequence.

Fever.—In those cases of fever consequent on excessive bodily fatigue, *Arnica*, 1st, 2nd, or 3rd, may be given intercurrently with other medicines, with great advantage; it promptly allays the aching and weary pains.

Apoplexy.—In some cases of active congestion of the head in old persons, threatening sanguineous apoplexy, *Arnica* acts admirably.

Enlargement of the Heart.—Hypertrophy of the heart, induced by over-exertion, in young men, is often cured by *Arnica*, even after allopathic physicians have pronounced the affection incurable before it was placed under *Arnica.**

Dysentery.—Partly from its relations to hæmorrhage, and partly from its influence on muscular fibre, *Arnica* finds a place in the treatment of dysentery, and gives marked relief to the abdominal pains *(Hughes)*.

External Uses of Arnica.—*Formula.*—A *lotion* may be made by mixing twenty drops of the strong tincture in about half a tea-cupful of water; if the skin be broken, the lotion should be somewhat weaker. The bruised parts may be bathed with this lotion, or it may be applied by linen cloths saturated with it, and covered with oiled-silk, to prevent evaporation.

In *bruises*, *concussions*, etc., the consequent discoloration, stiffness, and swelling, may be almost or entirely prevented by the *prompt* use of *Arnica*. A *black-eye* may thus be obviated. This action, however, depends very much on the *promptitude* with which it is applied after the injury.

In *cuts* and *lacerations*, if *Arnica* be used, the lotion should be only half as strong as for bruises. (See "Calendula.")

* A resumé of the value of *Arnica* by Dr. Bayes, is reprinted in *The Homœopathic World*, vol iii., from which the above is in part extracted.

Aching and soreness of the feet from excessive walking may be promptly relieved by a warm foot-bath, in which a spoonful of the strong tincture is mixed. For the *muscular fatigue* of *any part*, the internal action of the remedy will be well seconded by the application of a lotion—one part of the strong tincture to about twenty of water.

After the extraction of teeth, the mouth may be rinsed with a little water containing a few drops of *Arnica-tincture.*

Sore nipples are sometimes cured by the use of *Arnica-lotion.* The nipple should be bathed after each nursing, taking care to gently wash the part before again suckling.

To *corns*, *chilblains*, *chapped hands or lips*, and sometimes in *rheumatism*, etc., *Arnica* is also an invaluable application.

In addition to the *tincture*, there are various useful forms in which *Arnica* is prepared;—*Arnica Cerate* and *Arnicated Balls*, for chapped hands or lips, and for chilblains; *Arnica Liniment* and *Opodeldoc*, for rubbing the parts in sprains, rheumatism, etc. (see *Rhus Toxicodendron*); and *Arnica Court-Plaster*, for cuts, *Arnicated Corn-plaster*, for corns, etc.

Caution.—*Arnica* is apt to produce, in some persons, a severe form of erysipelas, when applied externally. In some instances, it produces erysipelas by its mere exposure in the room in which susceptible individuals sleep. Indeed, in consequence of this tendency, we but rarely prescribe the strong tincture for external use; substituting for it *Ruta*, *Calendula*, or *Rhus*. It should always be used with caution, and in a sufficiently diluted form.

Antidote.—The *erysipelas* produced by *Arnica* may be cured by the application of a lotion composed of forty drops of *Spirits of Camphor* in half-a-pint of water, and by the internal use of the drug at the same time. A too strong *Camphor-lotion* we have often known to produce unpleasant results. *Cantharis* is sometimes used as an antidote.

13.—Arsenicum Album—*White Arsenic—Arsenious Acid.*

Taken into the mouth, *Arsenious Acid* has no immediate decided taste, but it soon occasions an acrid sensation. It is prepared for use by solution and trituration.

Pathogenetic Effects.—Its injudicious or prolonged use occasions a general sinking of the vital powers, with derangement of the digestive and nervous systems, a small, quick, often irregular pulse, sleeplessness, and œdema of the face and extremities. Hence, in appropriate doses, it is admirably adapted to feeble and impoverished persons, and to a great number of their maladies. Mr. Hunt states the effects of *medicinal* doses to be—1, irritation of the conjunctiva;* 2, swelling of the face; 3, desquamation of the skin, only observable under a magnifying glass; 4, portions of the skin, protected from light, assume a dirty-brown appearance. Sir Thomas Watson mentions a peculiar silvery whiteness of the tongue as one of the symptoms. The deleterious properties of *Arsenious Acid* are widely known, and the foul deeds which have been committed with it have excited prejudices against its employment as a therapeutic agent. Poisonous doses produce violent *vomiting*, *diarrhœa*, burning *pain* in the stomach, *thirst*, *constricted state of the mouth and throat*, *flushed*, *swollen*, *anxious countenance*, *quick pulse*, *extreme debility*, and, usually, convulsions before death.

Leading Uses.—Affections of persons *debilitated* by excesses, innutritious diet, endemic diseases of *low and marshy districts*, abuse of quinine, etc. It is especially indicated by great, rapid depression of the vital energies, *prostration and emaciation*, irritability of the intestinal track, and a pale, sunken, or bloated countenance, with a hippocratic expression.

* Dr. Ringer says he has not found it necessary to produce smarting of the eyes and swelling of the lids, in order to obtain the good results of the remedy in cutaneous diseases, that Mr. Hunt says should be kept up throughout the treatment.

Asiatic cholera, with cold breath, paralysis of the bladder, etc. General *dropsical swellings*, including the swollen feet of aged and feeble persons; many chronic skin-affections, especially eczema and psoriasis, and *malignant diseases*.

In *cancer* it gives wonderful relief, improves the general health, and often checks the rapid development of the disease. The pains are of a *burning* character, *worse at night*.

Intermittent fever, the three stages not being well-marked, occurring irregularly, or when one of the phases has predominated or been absent. It ranks next to *Quina*. in its power over intermittent fever. *Fevers* of a *low type*—putrid, enteric, etc., with rapid prostration, dry, burning skin, or cold, clammy perspiration; intense thirst; red, irritated tongue; extreme weakness and trembling; rapid, wiry, feeble, intermittent pulse.

Nervous System.—*Intermittent neuralgia*, with burning-pains (some patients compare the pains to a red-hot wire along the nerve); the symptoms are generally worse at night, with mental effort, are not relieved by cold water, and are accompanied by great restlessness and anguish. Persons who have become weakened through long-continued anxiety, over-work, impoverished dietary, etc., are those in whom the *Arsenic* neuralgia is most liable to occur. Depression of spirits; hypochondriac dejection; great weariness and restlessness. Periodic headache; great weight in the head, and stupefaction; *chorea*.

Eyes.—Ophthalmia, with burning-pains and soreness, dread of light, and swelling of the lids.

Circulatory System.—Angina pectoris; some organic affections of the heart; hydrothorax; small, accelerated, and feeble pulse.

Respiratory System.—Swelling, dryness, stoppage, or burning of the nose, with profuse acrid discharge; *influenza;* suffocative paroxysms, especially after lying down at night;

chronic *bronchitis*, with oppressive, anxious, and laboured breathing, and great debility; difficult expectoration, the mucus being sometimes streaked with blood; dropsy of the chest; shortness of breath, especially on ascending a hill, with constitutional debility; inability to lie down, except partially propped up in bed.

Digestive System.—Dryness and bitter taste in the mouth; disagreeable odour from the mouth; aphthæ, ulcerated; coated, cracked, red, and tremulous tongue; dryness and burning in the throat; throat affections of a serous or gangrenous character. Chronic nausea and vomiting, with heat and burning in the stomach and epigastrium, from ulceration; indigestion, water-brash, and vomiting after food; vomiting of drunkards, which usually occurs in the morning, and is generally accompanied with much distress; sensation of weight and anguish, with cold and chilly feeling; great tenderness or violent colic; cancer of the stomach; chronic affections of the liver; diarrhœtic stools, with frequent fœtid discharges; tenesmus, and burning at the anus; diarrhœa from too rapid peristolic action, hurrying the contents of the canal too much for proper absorption. As, however, the diarrhœa caused by *Arsenic* chiefly depends upon "intestinal *inflammation*, this remedy is not called for in merely functional diarrhœa, even if severe. In the various forms of chronic diarrhœa where there is general inflammation, ulceration, or some other kind of disorganization, *Arsenic* is a glorious remedy" *(Hughes)*. *Arsenic* has a special affinity for the mucous membrane of the intestinal canal, and its effects are nearly as great when introduced by injection, or through a wound, as when swallowed.

Generative System *(Female)*.—Premature, pale, profuse menstrual discharge, lasting too long; amenorrhœa, with acrid, excoriating leucorrhœa.

Skin.—Earthy, bluish, cadaverous colour; *burning itching*,

not removed by scratching; *malignant variola;* red pimples, which break and form spreading ulcers; pustules, obstinate ulcers, and cancerous affections; fœtid secretions and tendency to run into mortification; *psoriasis*, *chronic impetigo*, *prurigo*, *urticaria*, and *eczema*. In psoriasis, Dr. Ringer states the first influence of the drug is to make the eruption redder and more inflamed. This fact, if not known, would lead to the suspension of the medicine just when it commenced to do good.

14.—Aurum Metallicum—*Metallic Gold.*

This metal is found extensively in South America, California, and New Holland. The Greeks are supposed by some, the Arabs by others, to have been the first to use it medicinally. It was formerly thought that gold had no curative properties, on the ground that it was not soluble in the gastric fluid; but by the process of *trituration*, as first adopted by Hahnemann, gold can be made perfectly soluble. Of late years the opinions of allopaths have been considerably modified as to the inertia of gold.

Leading Uses.—Syphilitic and mercurial cachexia; caries and exostosis of bone; melancholia. The action of *Aurum* in the male sex resembles that of *Platina* in the female, but its use is not limited to either sex.

Nervous System.—*Hypochondria*, with suicidal tendency, and rush of blood to the head; religious mania; tremulous agitation and oppressive anxiety. Our provings of gold show that it causes melancholy and great depression of spirits, with congestion of the head and liver.

Nose, etc.—*Caries* of the nasal and palatine bones; herpetic pustules, with thick scabs round the nostrils and on the upper lip; purulent discharge from the nose, and fœtid odour; *ozœna*. Dr. Bayes, who lived many years in Cam-

bridgeshire, where ozœna is rather common, reports that he has cured more cases with gold, from the 1st to the 12th dilution, than with any other remedy.

Circulatory System.—Palpitation of the heart; faintness, with a blue *or yellow tinge* of the face.

Sexual.—Chronic *orchitis*, with aching pain; syphilitic sarcocele; sexual excitement; nocturnal erections and emissions.

Osseous System.—Inflammation and ulceration of bone; *exostosis;* severe mercurial or syphilitic pains in the cranial bones; *nocturnal bone pains.* In our practice we have generally found the latter wonderfully relieved soon after commencing a course of this remedy. We have also found exostosis strikingly under the control of *Aurum.*

15.—Baptisia Tinctoria—*Wild Indigo.*

Baptisia, a medicine of great value, is one of the "New American Remedies," and fills a previously-existing gap in our Materia Medica.

Leading Uses.—The ordinary endemic fever of this country—enteric or gastric. Since the last edition of this manual, our experience of its value in this fever has been somewhat considerable. According to Dr. Madden, the "colonial fever" observed by him in Melbourne, is shortened by it in a remarkable manner. It is also useful in some forms of dyspepsia.

Fever Group.—*Gastric or Enteric fever. Bry., Rhus.*, etc., more or less used in enteric and other typhoid conditions, are now superseded by *Baptisia*, which antidotes the toxæmic state, at least in the *early stage.* In advanced typhoid cases, and when disorganizing changes have set in, *Ars.* is a better remedy. But if given early, the nausea and pains are quickly relieved, and the patient often makes a rapid recovery. It is

probably of no value in fevers, not toxæmic; but in scarlet fever, and other diseases with typhoid symptoms, *Bapt.* should be administered as soon as the danger is threatened. Its power in these diseases resembles that which *Acon.* exerts in simple fever. We have repeatedly proved its value in fevers apparently simple, but which failed to yield to *Acon.* It should be given in a low dilution—the 1st dec., or even the strong tincture.

Digestive System.—It is also recommended for chronic dyspepsia with *great sinking at the epigastrium*, and a dry brown tongue in the morning. In dysentery, especially in aged persons, with dark evacuations, or mucus and blood, colicky pains before stool, typhoid tendency, brown tongue, etc., it has been used successfully in almost hopeless cases.

16.—Baryta Carbonica—*Carbonate of Baryta.*

Leading Uses.—*Quinsy*—if administered sufficiently early, the disease may be then checked; *chronic enlargement of the tonsils;* relaxed and easily-inflamed throat, with hoarseness; facial paralysis; paralytic and other affections of old persons, especially men (for old women *Conium* is generally more suitable); wens, and steatoma; depression of the sexual functions—nocturnal emissions, and impotence.

Baryta Muriatica is used for *scrofulous affections*—enlargement of the glands, eruptions, etc.

17.—Belladonna—*Deadly Nightshade.*

This is an indigenous plant, of common growth throughout Europe and most temperate latitudes, flourishing upon a dry soil and the slopes of hills. The leaves of the wild plant are considered more valuable than those of the cultivated.

It has been employed by Parisian women as a cosmetic for the face, and to dilate the pupils.

For medicinal purposes, the stems, leaves, and flowers are used, from which a tincture is prepared.

Poisonous Effects.—The following are the symptoms produced by a poisonous dose:—Dryness and heat of the mouth and fauces, attended with thirst; difficulty of swallowing and articulation; constrictive spasms of the throat; nausea, sometimes vomiting, and at times swelling and redness of the face; dilatation of the pupils; obscurity of vision, or absolute blindness; optical illusions; suffused eyes; singing noises in the ears; numbness of the face; confusion of the head; giddiness; delirium, simulating intoxication, which may be combined with, or followed by profound sleep; scarlet cutaneous eruption; and if the dose have been very large, complete coma, and death.

Leading Uses.—*Delirium*, or perverted brain-function, from active congestion; congestive headache, with scarlet flushings of the face; infantile *convulsions*, etc. *Scarlet-fever*, of the *red*, *smooth*, *shining* variety (*Bell.* is of little or no use in the other forms of the so-called scarlet-fever, in which the eruption is not smooth or bright-red). As a *prophylactic* against simple scarlet-fever, its application is a striking illustration of the principle of *similia*, and was first announced by Hahnemann, and afterwards confirmed by Hufeland, and since has been largely established by facts. Our own experience both in private families and schools, amply illustrates the value of this appropriation of *Bell.* *Erysipelas*, with bright-red flush and great heat, especially if there be head-symptoms, dilated pupils, etc. (vesicular erysipelas with dull eruption, indicate *Rhus;* and excessive swelling *Apis*). *Bell.* is chiefly valuable in inflammatory affections of a violent character, in which the minute blood-vessels (*capillaries*) are almost ruptured by the force of the blood. It has a special and powerful action upon the brain and its membranes; the mucous lining of the throat is also remarkably sensitive to its

action. Its chief characteristics are—stinging or burning pains, aggravated by movement; swelling and shining redness of the affected parts.

It is especially adapted to persons whose brain is in a state of great functional activity, to persons of amiable dispositions, inclined to become fat, with light hair, blue eyes, and delicate, easily-inflamed skin. Women and children, therefore, are specially amenable to its action.

Difference between Belladonna and Aconitum.—*Bell.* resembles the action of *Acon.* in some points, but differs from it in the following respects:—(1.) It produces much more intense congestion; the inflammations occasioned by it attain a higher form and are marked by symptoms of a much more dangerous character—delirium, convulsions, etc. (2.) *Acon.* is adapted to simple fevers, or to the feverish reaction of the arterial system *generally; Bell.* to fevers with symptoms indicating active congestion, or disturbance of the functions of the *brain. Bell.* has also a special affinity for inflammatory affections of delicate organs or tissues—the eye, the ear, the testicle, etc.—and to individuals of a highly refined organism.

Nervous System.—Giddiness; violent *aching in the forehead*, aggravated by stooping and movement; *pulsative headache* from cerebral engorgement, with heat and redness of the face, and tendency to perversion of the brain-function (*gastric* headache is better met by *Iris* or *Nux. V.*); acute inflammation of the brain; nightly delirium, or paroxysmal insanity; *acute hydrocephalus; epilepsy*, with active cerebral symptoms, and deep-red colour of the face during the fit; *chorea; squinting* (recent); *infantile convulsions* of true cerebral origin; intermittent *neuralgia*, recurring in the afternoon, with scarlet redness of the face.

Sleep.—Sleeplessness, restlessness, or drowsiness; frequent waking; startings in sleep or when on the point of falling

asleep, with cerebral excitement; screaming, moaning, or terrifying dreams; sleeping with the eyes open or partially open.

Eyes.—*Dilated pupils;* photophobia; inflammatory redness and burning pain in the eyes; catarrhal and acute strumous ophthalmia; complete or partial amaurosis; perverted or double vision; *muscæ volitantes.* Neuritis optica (diagnosed with the ophthalmoscope).

Ears.—Tingling and roaring noise; catarrhal deafness, with sore throat; deafness following scarlatina or typhus; lacerating pain in the ears; otalgia; swelling of the glands near the ears.

Respiratory System.—*Violent,* dry *cough, worse at night,* cough from tickling in the throat, with headache and redness of the face; pain in the larynx when coughing; spasmodic hooping-cough; *hoarseness.*

Digestive System.—Furred tongue, with red, elongated papillæ appearing through the fur; inflammation of the mouth and tongue; *toothache,* with *red, hot* face, *throbbing pains* in hollow teeth, extending to the temples, aggravated by eating and by hot drinks; redness and tenderness of the gums; catarrhal *sore throat,* with sense of rawness, swelling and difficulty of swallowing, (if the swelling be very great, *Apis* should be alternated with *Bell.);* bright-red appearance of the tonsils and uvula, with flushed face and headache; *quinsy* (with salivation and fœtid breath, *Merc.);* spasmodic constriction of the throat; diarrhœtic evacuations with straining, especially in children, with redness in the face before and during each motion; acute spasmodic pains in the rectum.

Genito-Urinary System.—Involuntary passage of urine, from paralysis of the neck of the bladder; nocturnal enuresis, in delicate, sensitive children; *irritability* of the kidneys and bladder (true *inflammation* requires *Canth.*, etc.); chronic menorrhagia, with colicky pains (in alternation with *Platina);*

toothache, spasms, and colic of pregnant women; prolapsus uteri; childbed-fever, with congestion of the brain.

Skin.—*Scarlet redness*, with heat and dryness; diffused redness and burning swelling of the affected parts; *non-vesicular erysipelas; boils* and *carbuncles*. See also next paragraph.

External Uses of Bell.—*Pleurodynia*, *Lumbago*, and *Neuralgia* are, according to Ringer, much benefited and often cured by *Belladonna plaster*. Painful spots remaining after an attack of lumbago, and excited by certain movements, are also much relieved by the application of the plaster. According to the same authority, *boils*, *carbuncles*, and threatened *abscess of the breast*, are well met by local application of *Belladonna* liniment or ointment. Inflammations of parts, threatening to end in abscesses, have been thus arrested; or commencing suppuration, limited, and the pain subdued by the local use of *Belladonna*. The liniment, the extract or the ointment may be used, or instead, a drachm of the officinal tincture to an ounce of olive-oil.

18.—Bryonia Alba—*White Bryony.*

There are many varieties of Bryony, but the one proved by Hahnemann, is the *Bryonia alba*, indigenous in the north of Europe, Germany, and some parts of France. A deep yellow and very bitter tincture is made from the *root*. *Bryonia dioica—Black Bryonia*, common in the hedges and thickets of this country, is chiefly used as an external application in *bruises*. Professed pugilists employ it in the form of a poultice, and it is said to remove all discoloration in from one to two days.

Leading Uses.—*Rheumatism*, acute and chronic, worse on movement, and when affecting the joints and muscles; in *rheumatic fever*, it is second only to *Acon.; lumbago*, with

acute bruised sensation in the loins, and pains increased by movement; stiff-neck; complaints in which the serous membranes are involved—*pleurisy*, peritonitis, etc.; bronchitis, affecting the large tubes only; pneumonia; bilious-remittent, and relapsing fevers, chilliness being a marked symptom; *dyspepsia;* some affections of the liver; etc.

Head.—*Congestive and rheumatic headache*, and headache increased by movement; giddiness, sense of weight, fulness, and a feeling as if the brain would press through the forehead on stooping. Unlike the *Aconite* headache, it has generally a gastric or rheumatic origin, and the ideas are not disturbed as when *Bell.* is indicated. Bleeding of the nose following headache is a further indication for *Bry.*

Respiratory System.—*Pleuro-pneumonia* and *Pleurisy* (after, or in alternation with, *Acon.);* acute bronchitis, when the disease is not diffused (we have better remedies for capillary bronchitis); common "cold on the chest," consequent on a simple catarrhal affection; dry cough, with constant irritation, little expectoration, stitching or catching pains in the chest, sometimes so severe as to induce retching.

Digestive System.—*Water-brash*, heart-burn, *acid eructations*, bitter taste, sense of weight or pressure at the pit of the stomach, as if a stone were lying there; bilious vomiting; *constipation*, from torpor of the bowels, with congestive headache, the fæces being large, and their passage causing pain; *chronic* constipation, with similar symptoms; congestion of the *liver*, with pain in the right shoulder, dull pain in the right side, and slight jaundiced appearance; (*inflammation* of the liver requires *Merc.*).

Genito-Urinary System.—Red, scanty, and hot urine; premature and profuse menstruation; milk-fever, and threatened inflammation and abscess of the breast from cold, in nursing women, when the breasts are knotty, swollen, and sore: these symptoms may also arise from weaning.

SKIN.—*Suppressed eruptions* are often redeveloped by a few doses of *Bry.*

SPECIAL CHARACTERISTICS.—*Bryonia* is well adapted to persons of firm fibre, dark complexion, bilious and irritable temperament; also to affections brought on by exposure to cold, dry weather, and piercing wind; and when the symptoms are *intensified by movement.*

19.—Cactus Grandiflorus—*Midnight-blooming Cereus.*

This cactus is indigenous to Mexico and the West Indies, and is not found, except in conservatories, in temperate latitudes, where, of course, it is not so vigorous, nor so suitable as in its natural climate for medicinal purposes.

LEADING USES.—*Affections of the heart and large blood-vessels*, in which congestion is dissipated, and irritation removed by the drug; palpitation from nervous or organic disease; heart-complication in rheumatic-fever, with excessive impulse of the heart's action, and intermitting pulse; sense of constriction in the region of the heart, as if the organ "were grasped and compressed by an iron hand."

Headache, with pressure or weight on the top of the head, especially in women with too frequent and copious menstruation; faintness and palpitation; acute congestion of the head, with profuse epistaxis.

In some respects it acts similarly to *Acon.;* but in affections of the heart its action is unique. It is also said to have cured chronic bronchitis, pleurisy, pneumonia, hæmatemesis, etc.

20.—Calcarea Carbonica—*Carbonate of Lime.*

Calcarea Carbonica is found abundantly in the form of chalk, marble, egg-shells, oyster-shells, etc. For homœo-

pathic purposes we employ *oyster-shells*, from which we make triturations.

Leading Uses.—The sphere of this remedy is very wide, and includes *scrofulous*, *tuberculous*, and *rachitic* affections, and others depending upon defective assimilation and nutrition; debility, loss of flesh, etc.; difficult teething; soft condition of the bones (rickets), on account of which the child is late in walking. Scrofulous consumption, with tight cough, oppression, expectoration of yellow or green fœtid *pus*, hæmoptysis, hectic-fever, night-sweats, etc. "It may be laid down that *Calcarea* is best adapted to the disorders of women and children, to persons of leuco-phlegmatic temperament, with tendency to obesity" *(Hughes)*. The flesh is pale, soft, and flabby.

Head.—Chronic nervous headache, with eructations, and sense of *coldness in the head;* dull headache, worse in the morning, as from brain-fag.

Eyes, Ears, Throat, etc.—Ophthalmia and conjunctivitis, especially chronic, and in scrofulous patients; otorrhœa and chronic otitis; chronic yellow or greenish purulent discharge from the nose *(ozœna);* chronic sore-throat, with dryness, and swollen tonsils; glandular enlargements. In these local affections, *Calc.* probably acts chiefly by improving the constitutional condition: it is not adapted to acute manifestations of the dyscrasia. Its external use, in the form of diluted lime-water, is sometimes very serviceable in connection with the internal use of the drug.

Digestive System.—Anorexia; *chronic acid eructations*, with burning sensation in the stomach; chronic diarrhœa, with slimy, foul-smelling stools; diarrhœa of children during dentition, offensive motions, part being light and part dark-coloured; colliquative diarrhœa of consumption; chronic constipation with swelling of the bowels; mesenteric disease in scrofulous children.

Generative System *(Female).—Premature and profuse catamenia;* itching and burning leucorrhœa; chlorosis in scrofulous girls.

Skin.—Chronic urticaria, porrigo capitis, and other chronic eruptions. Warts and polypi, results of disordered nutrition and growth, are curable by *Calc.*

21.—Calcarea Phosphorata *(Phosphate of Lime).*

This salt is one of the most important mineral substances in the animal body, giving firmness and strength to the bony skeleton. Besides solidifying the osseous system, it furnishes nutrition for the soft tissues of the body, and its action in derangements of assimilation, resembles that of *Calcarea Carbonica.*

Leading Uses.—Phosphate of lime is specially valuable in diseases of the osseous system—rickets, curvature of the spine, spina bifida, hip-joint disease, psoas abscess, scrofulous ulcers, chronic enlargements of the tonsils, etc. By some, its good effects in rachitis are supposed to be owing to its supplying a deficiency of this salt in the bones; by others, to its anti-psoric properties.

According to Ringer, this salt will be found of very great use in the anæmia of young, rapidly-growing persons, and to women, weakened by rapid child-bearing, prolonged suckling, or excessive menstruation.

It is of great value for its power to check *chronic tubercular* and non-tubercular *diarrhœa*, and other profuse discharges,—leucorrhœa, chronic bronchitis, and large abscesses; in these states it effects both a general and local improvement. Beneké greatly praises its influence on scrofulous sores. It is also useful in caries of the bones.

Women, who live in towns, have deficiency of this salt, and so both they and their children, if they are suckling, suffer. The mother may be much benefited by this medicine, and, as an increased quantity then finds its way into the milk, the child is also improved.

Both men and women, whose health have been broken by a town

residence, or by over-work, and who, from other causes, are languid and incapable of doing much work, and whose spirits are depressed, may be very much benefited by this medicine.—*See Ringer's Hand-book of Therapeutics.*

Many other valuable therapeutic uses might be mentioned, and those who have used it most abundantly are most enthusiastic in its praise.

22.—Calendula Officinalis *(Marigold).*

The marigold is a native of France, but is now found in cultivated grounds in nearly all parts of Europe. The leaves and flowers are the parts used in medicine.

Leading Uses.—This remedy is used as an external application, and exerts a most favourable influence in promoting the union of wounds with the least resulting scars, and with the smallest amount of suppuration. For *cuts*, or injuries, in which *the flesh is much torn*, and which do not heal without the formation of matter, wounds penetrating the joints, etc., it is much preferable to *Arnica*, especially in constitutions having a tendency to erysipelas. It controls hæmorrhage (but to a less extent than *Hamamelis)*, and relieves the severest pains attending various accidents. In the late civil war, it was largely and beneficially used by our American colleagues in the treatment of injuries. It is invaluable in *ulcers* of the lower extremities—bad legs as they are called—such as often occur in broken-down constitutions, in the decline of life. Mr. Nankivell informs us that *Calendula-lotion*—20 drops to a teacupful of water—is very useful in many chronic affections of the eye-lids: he has never known it to have any repellent or inconvenient effect.

Formula.—For a *lotion* add a teaspoonful of the pure tincture to half or three-quarters of a teacupful of water. When the bleeding is considerable, the lotion may be stronger.

23.—Camphora—*Camphor.*

The Laurus Camphora, from which *Camphor* is obtained in great abundance, is a large, handsome evergreen tree, very common in China, Japan, and other parts of Eastern Asia, where it grows to the size of our tall oak. Through all parts of it, the trunk, root, and branches, Camphor is diffused, and is obtained by sublimation. The odour, appearance, and volatility of Camphor are well known.

Pathogenetic Effects.—"In doses of gr. ij.-v-x, camphor acts as a stimulant; it increases the action of the heart and arteries, exhilarates the spirits, excites warmth of body and diaphoresis; the pulse is rendered softer and fuller. These effects are transitory, and are followed by depression. In somewhat larger doses, it allays spasm and pain, and induces sleep. In poisonous doses, it produces vomiting, vertigo, delirium, and convulsions. It acts chiefly on the nervous system; and, like sulphur, it transudes through the skin, and is exhaled by the lungs. . . . It exercises a powerful influence on the genito-urinary system; occasionally it causes strangury, yet by some it has been advised to relieve the strangury produced by cantharides" *(Waring).*

Leading Uses.—*Asiatic Cholera; choleraic diarrhœa;* sudden and extreme prostration of the nervous system, with severe chills, chattering of the teeth, pallor of the countenance, sense of internal heat, cold sweats, cramps, purging, etc. Lassitude, depression, and frequent yawnings; the *primary chill* of catarrh or influenza, in which stage only it prevents further development of disease. *Fainting-fits* from trifling causes, and *hysteric attacks;* in these cases, *Camphor* may be administered by olfaction.

Head.—Congestion and cerebral irritation, amounting even to delirium; giddiness, wakefulness, and nervous irritability. *Sun-stroke* (the remedy being administered by olfac-

tion); head-symptoms from the retrocession of an acute eruption—measles, etc.

Cholera.—A saturated solution, containing equal parts by weight of *Camphor* and of spirits of wine, recommended and successfully used by Dr. Rubini in several hundred cases of cholera, has excited much attention, and was widely used during the outbreak of Cholera in 1866. Dr. Rubini directs that four drops of the saturated tincture of *Camphor* be given *on sugar* (not in water), every five minutes, to patients seized with cholera, or in very severe cases five to twenty drops; and he states that, ordinarily, in two, three, or four hours, reaction will set in. His statements and successes have been abundantly confirmed in this country.*

Urinary System.—*Sudden strangury*, with burning and great pain; in infants thus suffering, the remedy may be administered by olfaction for a few seconds, every ten minutes. It is also sometimes useful in sexual weakness and impotence, especially when associated with strangury or vesical irritability. *Camphor* removes the urinary difficulties consequent on the use of *Cantharides* (blistering-fly).

Antidote.—*As an antidote* to the excess of medicinal action of small doses of a drug, *Camphor* is very useful: a few doses frequently repeated will be sufficient. The erysipelas produced by *Arnica* is readily cured by *Camphor-lotion* (see "Arnica").

The *evanescent action* of *Camphor* requires that it be given in oft-repeated doses; it is only adapted to sudden diseases.

24.—Cannabis Sativa—*Hemp.*

Leading Uses.—Affections of the *genito-urinary* organs.

In large doses, *Hemp* causes a difficulty of urinating; paralytic weakness of the bladder; symptoms of stricture;

* See *H. World*, vol. i.

burning and stinging before and after urination; discharge of mucus and pus; chordee; etc. Hence it is homœopathic to the symptoms of *gonorrhœa*, and has proved a most successful remedy, in the hands of Homœopathic practitioners, for that disease. In miscarriage and menorrhagia, and consequent conditions, it is sometimes useful; as also in some eye-affections—opacity of, and specks on, the cornea, etc. The effects of *alcoholic intoxication* have also been remedied by this drug.

25.—Cantharis Vesicatoria—*Blistering-Fly—Spanish-Fly.*

We extract the medicinal properties of the Spanish fly by pulverization and maceration of the entire insect. The "fly-blister," so well known in allopathic practice, is repudiated by homœopathic practitioners.

Leading Uses.—Inflammatory affections of the urinary organs; cutaneous diseases, with burning and vesication, and as an external application in burns and scalds.

Urinary Organs.—*Acute inflammatory affections*—simple nephritis, cystitis, urethritis, chordee, etc. Pain in the loins; scanty, high-coloured, bloody, sometimes albuminous urine; but the influence of the remedy is greater over the blood than the albumen. Burning and scalding pain on passing water; tenderness at the lower part of the abdomen; *strangury*, incontinence of urine, both in the aged and in children. *Hæmaturia*, and *suppression* of urine from acute congestion. The sexual organs are probably chiefly affected through continuity of surfaces. It is sometimes useful in dropsy following scarlatina, and in Bright's disease. In hysteric patients, with throat-affection, and partially suppressed urine, followed, in a few hours, by profuse discharge of pale urine, it acts well.

Skin.—*Burns and scalds* with small or large *blisters;* vesicular erysipelas; carbunculous and gangrenous sores;

shingles *(herpes zoster);* eczema, with much *burning.* In these affections it is well to apply a graduated *Cantharis-lotion,* besides taking the remedy internally. Burning in the soles of the feet at night in hysteric patients, with profuse and pale urine.

External Use.—*Formula.*—Ten or twelve drops of the strong tincture to a small teacupful of water. If applied promptly to a burn or scald, it will often prevent blistering. *Cantharadine Pomade* is recommended for *recent baldness* and falling off of the hair after fevers and other exhausting diseases (see also *Phos. Ac.*).

Antidote.—*Camphor-lotion,* as directed for *Arnica,* will correct any unpleasant symptoms from the external use of *Cantharis* (five drops of strong *Camphor-tincture* to one ounce of water).

26.—Carbo Vegetabilis—*Vegetable Charcoal.*

Vegetable charcoal is obtained by burning wood in covered-up heaps or in close vessels, with but a limited access of air. From pulverized charcoal, we make triturations, by which the latent medicinal properties of the crude substance are developed, rendering it a therapeutic agent of great value.

Leading Uses.—*Chronic digestive derangements,* with *flatulence* and *foulness of the secretions;* diseases marked by *loss of vitality* and *imperfect oxydisation of the blood,* as in the cold stage of intermittent fever, when the hands and feet are blue and cold; in enteric, typhus, etc., with similar symptoms, and dry, foul tongue, frequent offensive diarrhœa, and *extreme exhaustion; cold extremities,* arising from deficient vitality in the circulation, and associated with general adynamia.

Respiratory System.—*Chronic* catarrhal *hoarseness; chronic bronchitis* in the feeble, with scarcely sufficient strength to

eject the mucus, which is profuse, and often foul-smelling; threatened gangrene of the lungs.

Digestive System.—Easily-bleeding gums; and offensive *breath; flatulence* distending the stomach, causing oppression, palpitation, etc.; *heart-burn and acidity*, with flatulence, and constipation or diarrhœa. It is specially valuable in the strumous, and when *Mercury* has been abused. *Diarrhœa*, with offensive motions, especially in scrofulous children; chronic diarrhœa in the cachectic, with sallow face, acidity, flatulence, etc.

Skin.—*Foul ulcers* (internal and external use); chronic eruptions, with itching and burning, easily bleeding; inveterate herpes; obstinate sores following burns, with foul, ichorous discharges. *Carbon* should be sprinkled on in very fine powder.

In *poisoning by Arsenic*, charcoal has been found useful; it should be administered in milk or water, and taken in large quantities as quickly as possible.

Charcoal.—In addition to *triturations*, we use finely-powdered charcoal freely, to promote digestion by its favourable mechanical action on the mucous membrane, for its deodorizing and gas-absorbing properties. Our friend, James Richardson, Esq., of Matfen, who has used *Carbon* very extensively for several years, informs us that he finds it very valuable in chronic diseases, not as a direct medicinal agent, but as an article of food, and to assist digestion. This gentleman regards disease not merely as a state of disorder, but as a tendency to decay, and he uses *Carbon* internally, and if necessary, externally, to arrest that tendency. Disease can only exist in certain conditions, and if the circulation is maintained in vigour, and the secretions kept pure, the condition of the system will be uninviting to the attacks of disease, and hostile to its growth. Charcoal acts upon living, much as it

does upon dead, matter, and must be invaluable in almost all chronic cases.

He uses it in bronchial, gastric, and uterine difficulties, to alter existing conditions, by promoting purity where impurity reigned. Thus, he states, in ascarides, *Carbon* would not destroy the worms, but it would alter their conditions, and as they could only exist upon impurity, they would be banished from the citadel by having nothing to live upon.

In all cases, he first gives the homœopathic remedies; but if only partial good results, he administers a course—if necessary a long one—of *Carbon*, and as it is a non-poisonous substance, it may be adopted with impunity. He also gives it largely to nursing women with feeble and unhealthy infants, and thus indirectly benefits, and in some instances, saves the lives of the offsprings.

27.—Caulophyllum Thalictroides—*Blue Colosh.*

Our experience with this remedy is now somewhat considerable, chiefly in *uterine affections* and in *rheumatism.* We attach much importance to its use in connection with *Cimicifuga*, during pregnancy as a *preparation for labour*, and we have the most unqualified testimony of numerous patients, both in our practice and correspondence, to the great benefit they have derived from their administration. As a *uterine excitant*, *Cauloph.* takes the place of *Ergot.*—One to three grains of 1st dec. dil. may be given every twenty minutes, and it brings on regular pangs without the violent jerking ones of *Ergot.* In *suppression* of the menses, and particularly in *menstrual colic*, it is one of the best remedies.

Some forms of *headache*, with dimness of sight and pressure behind the eye, if dependent upon uterine derangements, are readily cured by *Cauloph.*

It is most valuable for rheumatism affecting the phalanges

and metacarpal joints of the hand and foot, and, according to the excellent authority of Dr. Ludlam, is more useful for these complaints when affecting females than males.

We generally use *Cauloph.* in trituration, the 1x to 3x dilution.

28.—Causticum—*Kali Causticum.*

Leading Uses.—Loss of voice; relaxation of the neck of the bladder.

Nervous System.—Neuralgia, or tendinous and muscular pains, with urging to urinate, and discharge of pale urine; some cases of facial paralysis. *Respiratory System.—Loss of voice* from cold or over-use of the voice in speaking or singing; cough, associated with involuntary emission of urine during the paroxysm. *Digestive System.—Constipation*, with solid evacuations, expelled with difficulty, and having a shining, greasy appearance; itching of the anus, when not arising from ascarides *(Bayes)*. *Urinary System.*—Pain and weight in the loins, with urinary difficulties; *enuresis* of children and aged persons; excessive discharges of urine during convalescence from severe disease, with sour perspirations, dejection of spirits, etc.; frequent urging to urinate in hysteric patients. *Skin.*—In *deep burns*, with formation of scabs, it is sometimes used locally with good results.

29.—China—Cinchona Officinalis—*Peruvian Bark.*

The Cinchona-tree, a native of Peru and the adjacent provinces of South America, is one of great beauty, with evergreen laurel-like leaves, which diffuse a delicious fragrance around. It is not found at an elevation of less than 2,500 feet above the sea, and sometimes extends as far up as from 9,000 to nearly 12,000 feet.

We make an alcoholic tincture from the bark, or triturations of its alkaloid *Quina* (Quinine).

Leading Uses.—*Debility from loss of animal fluids*—hæmorrhage, diarrhœa, spermatorrhœa, profuse sweating, expectoration, suppuration, excessive lactation, etc. *Simple intermittent fever; simple remittent fever*, with prostration and variable pulse; *hectic-fever*, from abscess or prolonged suppuration in any part; *periodically-recurring neuralgias*, and other affections marked by periodicity; sensitiveness of the nervous system to physical impressions; *anasarca* when associated with ague or disease of the spleen; *sweating*, in cases of extreme debility, especially after severe fevers, the patient waking up every morning with his linen soaked. Disturbing dreams, causing anxiety and starting, the anxiety or confusion remaining some time after waking. "*Irritation of the spine*, and spinal pain, with imperfect circulation, shown by blueness of the nails, coldness of the extremities, with numbness, etc., is well met by *China*" *(Bayes)*.

Debility, however, is little benefited by *China* so long as its cause remains in operation.

Nervous System.—*Intermittent neuralgia; vertigo*, with dimness of sight, humming in the ears, and flushed face, succeeded by depression, yawning, etc.; tremblings, from debility caused by excessive mental labour.

Head, Ears, etc.—*Periodical* neuralgic and congestive headache and face-ache; headache, with sense of *constriction* over the top of the head, and buzzing, singing, humming, or roaring noises; weight, fulness, and tension in the head, flushing of the face, etc. *Brow-ague* (malarial); nervous *deafness*, with noises in the ears.

Digestive System.—*Diarrhœa* (chronic), or diarrhœa occurring early in a morning or after a meal, without pain; simple summer diarrhœa with severe griping, or absence of pain; passage of undigested food; periodic (malarial) *dysentery*,

with cold extremities, feeble pulse, etc.; *sinking at the stomach*, relieved by eating, but soon recurring; sensation of emptiness with or without hunger; *jaundice*, in feeble persons, with sallow, dirty-yellow complexion, stitches in the liver, slimy-bilious taste, and loss of appetite; drowsiness and oppression after eating, and qualmishness in the stomach; congestion and enlargement of the spleen; ascarides in scrofulous children liable to diarrhœa, with large abdomens.

URINARY SYSTEM.—Scanty and turbid urine, with whitish or brick-dust sediment; periodic paroxysms of *hæmaturia*.

GENERATIVE SYSTEM.—Nocturnal emissions and spermatorrhœa, with debility, depression of spirits, indigestion. Menstruation continuing too long, or being *profuse*, the discharge consisting of *lumps of dark coagula; irregular* menses; irregularity of labour pains; debility from excessive menstruation, leucorrhœa, or lactation.

SKIN.—Unhealthy *ulcers* in cachectic patients of a sallow appearance, with cold and dry or clammy skin; dropsy; moist gangrene.

ANTIDOTES.—The ill-effects resulting from the too free use of *Bark* or *Quinine* are best met by *Arsenic*, *Ferrum*, *Veratrum*, *Belladonna*, or *Ipecacuanha*, according to the symptoms.

30.—Cimicifuga Racemosa—Actæa Racemosa—

Black Cohosh—Squaw-Root.

This plant grows abundantly in shady and rocky woods, on rich grounds, from Maine to Michigan, and in some other parts of America.

In common with most English homœopathic physicians, we have derived our knowledge of this drug chiefly from Dr. Hale's admirable work on the "New Remedies." We have used it largely for many years, and can abundantly confirm the greater part of Dr. Hale's recommendations.

Leading Uses.—The provings of this plant are somewhat full, and point to an extended range of action. Its special sphere of action is in *rheumatic*, *muscular*, *nervous*, and *uterine* affections. The *left* side of the body is chiefly involved. It will be found that those maladies which can be traced to, or are associated with, the uterine system, or rheumatism, are most amenable to its action. Its action on the uterus is similar to that of *ergot*, but its employment endangers the life of the child, and the soft structures of the mother much less.

Nervous System.—Restlessness; apprehensive "nervousness;" nervous weakness and prostration; excitement, followed by irritation, and exhaustion. Facial neuralgia; *pains in the left side, under the breast*, in the back, and lumbar region. Nervous tremors—*chorea*—from cold, or connected with deranged menstruation. Depression of spirits, from over-nursing, or uterine disorder. Weariness, sense of confusion, and heaviness, and dulness from mental labour or want of sleep. *Spinal* irritation, from rheumatic or uterine causes.

Head.—*Rheumatic*, *nervous*, and *menstrual* headaches—severe *aching-pain in the eye-balls*, and over the eyes, increased by movement of the head or eyes; dull pain in the occipital region, *from within outwards*, with shooting-pains down the back of the neck; fulness, heat, and throbbing in the head, and feeling on going up-stairs as if the top of the head would fly off; neuralgia in the forehead and eye-balls. Throbbing, aching pain in the top and back of the head, from the shoulders down the spine, with strange, wild appearance, dilated pupils, delirium, tremors, illusions of visions,—rats, mice, insects, etc.—dull aching in the eye-balls, sense of soreness in the eyes, black specks, diplopia, roaring in the head, etc.; *hysteria*, with similar pains, sensations, and illusions. *Cimicifuga* is well adapted to the "nervous sick-headaches," and headaches generally, of delicate, nervous, and hysteric females,

especially if connected with menstruation, pregnancy, or the critical age; also to the headaches of hard students, and the cerebral confusion and distress of drunkards after alcoholic indulgence. In these conditions the absence of gastric disturbance is a further indication for this remedy.

Circulatory System.—Recent affections of the heart following, or due to, rheumatism, with *irregular pulse*, palpitation, pain, etc.; paroxysms of pain and distress,—the heart's action seeming to cease suddenly, with a feeling as of impending suffocation,—similar to those of angina pectoris, chiefly felt after lying down at night,* especially from rheumatic or uterine irritation; pain or anxiety about the heart, down the left arm to the hand, with palpitation, numbness of the left arm, and exhaustion. Pain in left side, under the left breast, in females (see "Nervous System").

Respiratory System.—The reputed virtues of this remedy in lung-disease are not sufficiently verified to warrant us in recommending it; but we have had ample experience of its uses in some secondary affections of the respiratory system. Nervous cough, and dryness of the throat, or sense as of a dry spot in the larynx, inducing cough in girls and women, from uterine disorder, pregnancy, hysteria, etc.; spasmodic action of the larynx in hysteric patients, with hoarseness, sense of fulness or choking. Pleurodynia, or *stitch-in-the-side*, worse on exertion, and when taking a full breath. Catarrhs of women and children, with acute pains in the limbs, aching

* While these pages were passing through the press, we prescribed the 1st dec. dil. of *Cimicifuga* for a patient suffering from cardiac disease. The first dose was taken a short time before going to bed, and on lying down she experienced the distressing sensation in the region of the heart described in the text, and exclaimed, in great anguish, "I am dying!" In a short time the sensation subsided, and she took another dose of the medicine. After the second dose the distress quickly returned, and in a more intense form. It was clearly the effect of the medicine, and an antidote was administered. She was afterwards put on the 3rd dec. dil. of this drug, and rapidly improved.

in the eye-balls, watery coryza, head-, face-, and tooth-ache, dry, tickling cough, worse at night.

Digestive System.—The *vomiting* and *sinking at the stomach*, caused by *Cimicifuga*, are not gastric, but sympathetic of brain or uterine disturbance. Primary dyspeptic complaints are not within its sphere.

Urinary System.—Pale, profuse urine, from nervous depression, as in hysteria, uterine ailments, pregnancy, etc.

Generative System *(Female).—Amenorrhœa*—from deficient nervous energy in the ovaries, and excess in other organs, manifested by chorea, hysteria, or headache; or from cold, with intense headache, pain in the eye-balls, back, and limbs; uterine cramps, etc. *Delayed menstruation*—with heavy headache, palpitation, and melancholy. *Dysmenorrhœa*—with severe headache before menstruation, and, during the discharge, aching in the limbs, pain in the back, ovarian region, hips, and thighs, with pressing-down, labour-like pains in the abdomen, tenderness in the hypogastrium, and depression, nervousness, etc., the discharge being dark and coagulated; after the menses, the patient feels weak, and has neuralgic pains, with lowness of spirits. *Menorrhagia—from atony of the uterus*—with dark, coagulated discharge. *Leucorrhœa*, also associated with uterine weakness. Neuralgic, rheumatic, and congestive affections of the uterus: the last may require the aid of *Bell.* or *Verat. Vir. Abortion and miscarriage*, even when habitual, is sometimes under the control of *Cimicifuga*, if administered early in threatened abortion, or for some time before the usual period of miscarriage, when the general symptoms correspond. *Disorders of pregnancy*—nervousness, depression, sleeplessness, sickness with uterine disturbance, cramps, and other neuralgic or muscular pains. *Sinking at the stomach*, occurring at the *critical age*, or in connection with other uterine troubles; chilliness, frontal headache, aching in the eye-balls and limbs, dejection. *Intermittent*

labour-pains, and other difficulties attending labour; it acts best as a *preventive*, administered for several weeks or months before labour. *After-pains*, with nervous irritability, sleeplessness, and melancholy, especially when arising from exhaustion of the uterus after prolonged or frequent labours; *prolapsus uteri* from the same causes. *Suppressed lochia*, with uterine spasms, cramps in the limbs, headache, and even delirium; *puerperal mania*—great despondency, etc., especially in rheumatic patients.

Organs of Locomotion.—*Stiff-neck*, *wry-neck*, *crick-in-the-back*, and *lumbago*, of rheumatic origin; the lumbago is worse when the patient is standing or sitting still, and in cold and stormy weather, but better when laid down; *stitches in the side;* sciatica; articular rheumatism of the lower extremities, with heat and swelling. Muscular cramps and pains from rheumatism.

Skin.—Urticaria and other irritations of the skin, due to reflex uterine action.

31.—Cina Anthelmintica—*Worm-seed.*

This plant is a hardy perennial shrub of Asia Minor. We make a tincture or trituration from the seed.

Leading Uses.—Intestinal worms, and worm-symptoms, as follows:—

Nervous System.—Grinding of the teeth; starting, restless sleep; twitching of the eyelids; twitchings in various parts of the body; convulsions; epileptic spasms. *Eyes, Nose, etc.*—Dilated pupils, with dimness of sight; some amaurotic conditions, with illusions of colour; *picking and itching of the nose. Circulatory System.*—Pale face; semicircles under the eyes; emaciation; frequent feverishness. *Respiratory System.*—Hooping-cough associated with worms: spasmodic cough, sometimes inducing vomiting. *Digestive System.*—Voracious

or variable appetite; pinching in the abdomen; itching of the anus; diarrhœa; large abdomen; pain below the stomach, worse on first waking in the morning and before meals, and relieved by eating. *Urinary System.*—Wetting the bed; white, thick urine.

Since *worms* in the intestinal canal usually give rise to one or more of the foregoing symptoms, it is clear that *Cina* is homœopathic to *helminthiasis* with similar symptoms: hence it is found curative in nearly all affections arising from, or coincident with, the existence of worms; it does not simply expel them, but corrects the condition on which the development of the parasites depends. *Whenever the above symptoms occur*, whether worms can be detected or not, *Cina* is indicated.

32.—Cocculus Indicus—*Indian Berries.*

Although poisonous, this drug is used in considerable quantities for imparting an intoxicating property to malt liquors: by two writers "On Brewing" (Childe and Maurice), it is openly recommended. It is also used to poison fish and game. We make a brownish straw-coloured tincture from the seeds.

Leading Uses.—Disease of the nervous system involving the motor nerves rather than idealisation.

Nervous System.—*Hemiplegia*, with painful stiffness and creaking of the joints; *paralytic rigidity* of the lower extremities; paralysis following diphtheria; *confused* heavy sensation in the head, with *giddiness*, especially after eating or drinking. *Digestive System.*—*Giddiness*, with hot, flushed face; *sick-headache* (not gastric), like that occurring in sensitive persons from riding in a carriage, etc.; spasms in the abdomen, of a nervous origin, especially after eating; *sea-sickness. Generative System.*—*Menstrual colic*, with dull, indescribable headache, giddiness, and sickness; disordered digestion, flatulent

colic during pregnancy or menstruation, with *nervous* symptoms; serous and purulent leucorrhœa, with great soreness, and flatulent distension of the bowels.

ANTIDOTE.—*Camphor*, in a strong form, frequently administered, antidotes the effects of large medicinal doses.

33.—Coffæa Cruda—*Raw Coffee.*

We make a tincture from the berries of the *Coffee-shrub* indigenous to the elevated regions of Arabia Felix.

LEADING USES.—"*Excitation* of all the organic functions; increased *irritability of the organs of sense*—sight more acute, hearing more sensitive, taste finer, and sensorium more vivid; mobility of the muscles is increased, sexual desire is more excited, and even the nervous activity of the digestive and secretive organs is increased: hence a *morbid sensation* of excessive *hunger*, increased desire and facility of the alvine evacuations and of the emissions of urine" (see *Stapf*). In the sleeplessness, restlessness, and nervous disorders of children and females, it is a sovereign remedy, second only to *Chamomilla*.

Nervous System.—Increased susceptibility to pain; sleeplessness, either from simple nervous wakefulness, or from agitation of mind or body, extreme anxiety, or mental labour; the *wakefulness of children and old people* is especially under its control. In the 3rd to 6th dilution, it is often so effectual in producing calm sleep, that we have sometimes been asked, "Is it an opiate you have been giving?" *Head.—Headache* and *hemicrania* commencing in the morning, with *excessive sensitiveness*, chilliness, nausea, and feeling as if a nail were driven into the parietal bone; *neuralgia* of the right side of the head and face. *Circulatory System.*—Nervous *palpitation*, with irregular, intermittent pulse; oppression of the chest, as during an attack of asthma. *Digestive System.—Toothache*,

with great restlessness, flushed face, relieved by cold water, sometimes recurring every night; pyrosis. *Urinary System.*—Difficulty in passing urine; strangury. *Generative System.*—Extreme sensitiveness and pain during menstruation and labour; irregular, spasmodic labour-pains, with irritability; hysteria, with alternate fits of liveliness and depression, flushes of heat, etc.

A spoonful or two of a strong decoction of *Coffee* will often immediately relieve an *acute indigestion from over-eating*, especially if the stomach remain inactive, and the food causes a painful sense of distension or cramp.

Coffee is also useful as *an antidote* to over-doses of *Opium*, *Aconite*, *Belladonna*, and many other vegetable poisons: for this purpose it may be given in frequently-repeated doses of a strong infusion. Strong coffee helps to keep awake persons poisoned with *Opium*.

As a *beverage*, *Coffee* should not be used more than once a day. In some, it occasions palpitation of the heart, sleeplessness, mental excitement, and indigestion, and by such should not be taken as a beverage at all.

34.—Colchicum Autumnale—*Meadow Saffron.*

Leading Uses.—*Gout* and *gouty affections*, characterised by paroxysms of acute tearing or lacerating pains, with irritated pulse, the rose-colour of the skin of the affected part becomes white on pressure, nodosities; *inflammatory irritation* of the stomach, bowels, heart, or urinary organs of *gouty persons;* asthma, palpitation and tearing pains in the heart, cutting pains in the bowels, etc., alternating with paroxysms of gout; swelling, pain, heat, redness, and lameness in the extremities; *neuralgic pains*, tearing or lacerating, in the chest, abdomen, bowels, or anus, in persons having an arthritic diathesis: there may also be general debility, dropsy, heat and dryness, or perspiration.

Colchicum, in drop-doses of the strong tincture, is one of the best remedies in preventing an immediately-threatened, or arresting a recently-developed *attack* of gout, especially if alternated with *Aconitum* to quell circulatory excitement; but it has little or no *curative* power over the gouty *diathesis*.

35.—Collinsonia Canadensis—*Stone-root.*

This plant is indigenous to the Northern American States, and is one of the "New American Remedies."

Leading Uses.—*Affections of the rectum*—constipation and piles—from congestion. It is also of service in some rheumatic and cardiac affections. The Indians use it for the healing of sores and wounds; it is also domestically used in America as a poultice and wash, much as we use *Arnica*.

Digestive System.—Blind or bleeding *piles and constipation;* indigestion from loss of tone in the stomach, with *flatulence*, colic, and spasms in the bowels; throbbing headache and fulness in the head, and many other disorders from constipation or hæmorrhoids; much straining and dull pain at stool; heat, and *itching of the anus;* "hæmorrhoidal dysentery;" diarrhœa of children, and *cholera infantum*, with colic, spasms, flatulence, and mucous, papescent, or watery discharges.

Generative System *(Female).*—*Dysmenorrhœa*, *menorrhagia*, *prolapsus uteri*, and *leucorrhœa*, when depending on hæmorrhoidal troubles; amenorrhœa, when the hæmorrhoidal discharge is vicarious of menstruation; *pruritus vulvæ*, *constipation*, or *piles*, from pelvic congestion or *during pregnancy*. With the various affections there is considerable concurrent exhaustion; and most of the uterine troubles for which *Collinsonia* is curative, are dependent upon diseases of the rectum or bowels.

36.—Colocynthis—*Bitter Cucumber.*

This plant is a native of Turkey, Egypt, etc. It has been used in medicine from a remote period, and is supposed to be the *wild gourd* of Scripture. The seeds, and the pulpy or medullary matter, yield the medicinal product, from which we make a straw-coloured tincture, or a trituration.

Leading Uses.—*Colic with diarrhœa; neuralgia.*

Nervous System.—*Neuralgic hemicrania*, with sensation as if the head were in a vice, and pressive or burning-cutting pain in the eye-ball; violent stitches in the forehead and eyes, from within outwards; *facial neuralgia*, chiefly on the left side, with *headache and toothache*—the pains being tearing, stitching, aggravated by warmth and motion, and occurring periodically. *Sciatica*—the pain being lancinating, and darting down the leg from the hip to the foot, worse when raising the limb, but better with continued exercise: and especially when diarrhœa and colicky pain also exist.

Digestive System, etc.—Severe griping or *cutting-pains* as from knives, in the abdomen and about the navel, increased by food, with irritability of the bowels, followed by copious diarrhœa, with *straining*, which affords relief: but the symptoms may speedily recur; dysenteric diarrhœa, with severe colic; peritonitis involving the ovaries; colicky and stitching pains in the ovaries and liver.

37.—Conium Maculatum—*Spotted Hemlock.*

The spotted hemlock is the plant with which, it is believed, the great Socrates was poisoned. It grows abundantly along hedges and in waste places. From its resemblance to fool's parsley and common parsley it has been mistaken for those plants and eaten.

Leading Uses.—Paralytic, cancerous, and strumous diseases, affecting old persons, females especially.

Nervous System.—Paraplegia, commencing in the feet, and gradually extending upwards; paralysis following apoplexy. *Eyes, etc.*—Inflammation of the eyelids, with suppuration, ulceration, excessive sensitiveness to light, and violent burning and itching, in scrofulous patients; photophobia and discharge of scalding tears without inflammation; presbyopia, especially the far-sightedness of old people when it comes on prematurely; scrofulous ozœna. *Respiratory System.*—Dry, hacking cough, with constant irritation, scraping in the larynx, worse on lying down and at night. *Generative System.*—Scirrhous engorgements of the mammary and other glands resulting from mechanical causes; atrophy of the breasts and testicles; amenorrhœa; ovarian depression; swelling of the testes from a blow; impotence and sterility. *Skin.*—Scaly and tubercular eruptions.

38.—Cuprum Metallicum—*Metallic Copper.*

When combined with acids, this metal is a violent irritant poison. Even food cooked in untinned copper vessels, by dissolving a portion of the metal, becomes highly poisonous.* For homœopathic uses, it is prepared in the first instance as a trituration.

Leading Uses.—Derangements of the nervous system characterised by *cramps*, *convulsive movements*, and *spasm*.

Nervous System.—*Chorea*, especially of the upper extremities or of one side of the body, with neuralgic pains previous to or during the attack, and followed by paralysis of the affected parts; *epilepsy*, characterised by the violence of the convulsions, and, usually, paleness of the face, vertigo and headache, and muscular tremors; melancholy, debility, very slow pulse, languor, loathing of food, sallow complexion,

* A case of the poison of a whole family, from water from a well in which a copper kettle had been immersed, is cited in *The H. World*, vol. ii., p. 207.

and emaciation from nervous affections; hysteria; angina pectoris; etc. *Respiratory System.*—*Spasmodic* asthma, croup, and hooping-cough. *Digestive System.*—Chronic vomiting and diarrhœa; the *cramps* and *vomiting* of *choleraic diarrhœa* and *Asiatic cholera;* some forms of *enteralgia*, gastritis, and dysphagia. *Skin.*—Some cases of itch are curable by *Cuprum.**

Cuprum Aceticum is also used by homœopaths; but there is no difference in the sphere of action of the two preparations.

39.—Chamomilla Matricaria†—*Chamomile-Flower.*

This plant is indigenous to most parts of Europe, and flourishes in corn-fields, waste grounds, and by the roadside, especially on chalky soils. We prepare a tincture from the plant, gathered when in bloom.

Leading Uses.—*Nervous affections* generally, of women and children; *nervous and biliary* derangements from anger or vexation; chronic abscess. Nervousness, palpitation, etc., from the use of *coffee* or *narcotics*, are met by *Cham.* The pains are worse at night; and after they have somewhat subsided, a sense of numbness remains in the part.

Nervous System.—Extreme sensitiveness to external impressions, without ideal confusion; neuralgia with the same conditions; face-ache, with swelling; sleeplessness, flushes of heat, and palpitation, with bilious symptoms; spasms and convulsions of women and children; restlessness, fretfulness, or convulsions, during dentition, with sour breath; spasms and convulsions during pregnancy.

* "Copper pennies have gone out of circulation, hard bronze coins have taken their place, and *itch* has increased wonderfully, within two or three years. Is this a mere coincidence? Next to *Sulphur*—and in some cases beyond *Sulphur*—*Cuprum* is curative in itch."—*Dr. Bayes in the Monthly Homœopathic Review*, March, 1867.

† By inadvertence *Chamomilla* was omitted from its proper alphabetical arrangement.

HEAD, EARS, FACE, ETC.—*Bilious headache*, with stupifying oppressive pain, stitching and burning distress; nervous headache (on one side), with throbbing, flushes of heat, sensitiveness, and irritability of disposition; facial neuralgia with irritable mood. *Ear-ache*, and cracks and soreness of the lips, in infants, from cold.

RESPIRATORY SYSTEM.—Spasmodic cough, with tightness in the chest; catarrh of infants; hoarseness and cough (nervous) in women and children.

DIGESTIVE SYSTEM.—*Toothache* from indigestion, worse soon after eating, and by drinking warm fluids; toothache with swelling, and pain as if the nerve were scraped. Tongue thickly coated with a yellowish-white fur, and red at the edges; sour breath of children, with pinching pains in the abdomen, greenish motions, and flushed cheek; *diarrhœa*, and many other *affections during dentition;* dyspepsia, with pressure at the stomach, sudden stitches, sallow complexion, and yellow tongue; aching pain and sourness in the stomach after food, with irritability and greenish motions; nausea or vomiting of bile; colic, with extreme soreness of the bowels; affections of the liver from anger, etc.; bilious attack, with heat in the face, thirst, anxiety, and restlessness.

GENERATIVE SYSTEM.—Profuse menstrual discharge,—dark or blackish, and coagulated, with griping or labour-like pains, sickness, frequent urging to urinate, and nervous irritability; pains in the veins of the leg; cramps or painful twitches of the legs of pregnant women, with nervousness; false labour-pains; uterine disturbance from excitement.

SKIN.—*Rash in children*, alternating with diarrhœa; simple intertrigo; ulcers, with burning-pains, and great sensitiveness; ulcers with biliousness, sallow complexion, etc.; in these cases *Cham.* may be used both internally and externally.

40.—Digitalis Purpurea—*Purple Fox-glove.*

For homœopathic purposes we prepare a tincture from the expressed juice of the fresh leaves.

Leading Uses.—Disease of the *heart*, with dizziness, tendency to faint, shortness of breath on exercise, palpitation, slow, *irregular, and intermittent pulse*, or *quickened and feeble* action of the heart; frontal headache, with heaviness and throbbing, dimness of sight, sparks and colours before the eyes, and buzzing in the ears, also nausea and vomiting, associated with heart-disease. *Dropsy* from hypertrophy, dilatation, and enfeeblement of the heart; dropsy of the kidneys, and suppression of urine; *cyanosis*, *ascites*, and even *anasarca*, depending upon, or associated with, vascular derangements—heart-disease, menstrual irregularities, etc.; white or ash-coloured stools, either dry or papescent, with white-coated tongue. We have repeatedly found *Digitalis* of priceless value in removing dropsical accumulations, quieting urgent symptoms, and prolonging life when previously death seemed imminent.

41.—Drosera Rotundifolia—*Round-leaved Sundew.*

This plant is indigenous to elevated situations in Great Britain, and flourishes in mossy, turfy bogs. We express the juice from the whole plant.

Leading Uses.—*Spasmodic cough; hooping-cough* (the *best* remedy after *Acon.* and *Bell.* in uncomplicated cases); *phthisis pulmonalis*, with spasmodic cough, profuse expectoration, hæmoptysis, and gastric irritation, the cough inducing vomiting; coughs, generally, of a *spasmodic* character, coming on suddenly, with retching or vomiting; nervous and sympathetic cough. These uses accord with the pathological effects of the drug, which causes in the healthy a cough with tickling in the larynx, and vomiting of food.

42.—Dulcamara—*Bitter-Sweet—Woody Nightshade.*

It has acquired its name from *dulcis* (sweet), and *mara* (bitter), owing to the transition of tastes which it yields. We employ the young branches and leaves of the plant when it commences flowering.

Leading Uses.—Various affections resulting from *damp, or a thorough wetting*, such as cold in the head, short hacking cough, nausea, *diarrhœa*, catarrh of the bladder, itching and stinging *eruptions on the skin*, glandular enlargements about the neck, mild *rheumatism*, with pains worse during rest, and relieved by movement, and other conditions following a *cold*. If this medicine be taken *immediately* after exposure to damp, it will often prevent the ordinary consequences of a cold.

43.—Euphrasia Officinalis*—*Common Eye-bright.*

The names given to this pretty unassuming plant in different countries, and during several centuries,—"eye-bright," "eye-comfort," "spectacle-breaker," etc.,—all indicate its specific uses in restoring and strengthening the vision.

Leading Uses.—*Simple or catarrhal conjunctivitis*, with *abundant watery secretion*, sensitiveness to light, and irritation of the frontal sinuses and of the lining of the nose, with sneezing, and copious watery discharge; smarting or stinging in the eyes—the effects of light or of cold air; catarrhal inflammation in the first stage of measles; simple *acute inflammation* of the eyes; chronic sore eyes; *amaurotic* conditions from suppressed nasal catarrh; strumous ophthalmia (with *Sulph.*); specks on the cornea. The remedy may also be applied topically as a lotion—ten to twelve drops in a wine-glassful of water.

* Abridged from an article by the author in the *H. World*, vol. iv., p. 30 *et seq.*, in which cases are given illustrative of its curative power.

44.—Ferrum—*Iron.*

Iron is distinguishable in the residue of the combustion of many plants, and it forms an important constituent of the blood and other parts of the animal organism. In homœopathic practice we use either the filings of pure metallic iron, prepared by trituration, or the Acetate of Iron—*Ferrum Aceticum*—which is a convenient solution. Other supplementary preparations are also used—*F. Iodatum*, *F. Muriaticum*, *F. Redactum*, etc.

Pathogenetic Effects.—The first effect of iron may be to cause an apparent stimulation of the vital functions, but the physical condition of those who live near iron springs proves that ultimately iron possesses debilitating properties. We find these people tainted with chronic diseases more than almost any other class of men, even when their mode of life is otherwise unexceptionable. A general or partial debility, bordering upon paralysis, certain violent pains in the extremities, various affections of the abdominal viscera, vomiting of food day and night, pulmonary phthisis, cough with hæmorrhage, want of animal heat, menstrual suppression, miscarriage, impotence, sterility, jaundice, and other symptoms of cachexia, prevail among them (see *Hempel*).

Leading Uses.—*Anæmia* and *chlorosis*, and other associated ailments.

Nervous System.—Neuralgia; chorea; hysteria, with anæmia or uterine obstructions. *Circulatory System.*—Congestive headache; languor; dropsy; cold hands and feet; chilblains and sores in luco-phlegmatic constitutions. *Respiratory System.*—Phthisis; hæmoptysis, with a tickling cough; pneumorrhagia. *Digestive System.*—Loss of appetite, coated tongue (white or yellow), oppression and fulness of the stomach and bowels after eating, frequent vomiting of food, constipation with ineffectual urging, or chronic diarrhœa with slimy, even bloody stools, and straining; colliquative diar-

rhœa; lienteria; ascarides; prolapsus recti in anæmic children.—*Genito-Urinary System.*—Catarrh of the bladder; involuntary urination of children during the day; impotence; sterility; spermatorrhœa; amenorrhœa with anæmia; leucorrhœa.

45.—Ferrum Phosphoricum—*Phosphate of Iron.*

Leading Uses.—*Ferr. Phos.* is valuable in the debility of children with failing appetite, and when from being sprightly, boyish, and gay, they become dull, languid, and listless, refusing to join in out-door amusements that were previously much enjoyed. There is some pain in the forehead or stomach, a tendency to constipation, and slightly furred tongue, but no evidence of worms, or any apparent disease. Although the flesh remains firm, there is loss of weight and strength. In this detail (abridged) there is drawn a picture of symptoms infallibly to be met by *the phosphate of iron (Dr. Cooper)*. Phosphate of iron not only improves the strength, but helps to increase the bodily development in a manner that no other remedy does, and if the bowels are confined, it brings them into proper order. This preparation of iron is valuable in *diurnal enuresis* depending on irritation of the neck of the bladder, which is relieved when the pressure of the urine is taken off by recumbency.

Iron and Sulphur.—The differences between the indications of *Phosphate of Iron* and *Sulphur* are, briefly, as follows:—If the flesh is fairly firm, the complexion delicate, and the hair light and curly, *iron* is indicated; but if, on the other hand, the complexion is *dark*, the muscles *flabby*, the hair long and lank, and the skin moist, then we have our remedy, *cæteris paribus*, in *Sulphur*. Dr. Cooper adds, "I speak from experience gathered in contact with the disease."*

* Abridged from *H. Review*, vol. xv., p. 47.

46.—Gelseminum Sempervirens—*Yellow Jessamine—Woodbine.*

"This is one of the most beautiful climbing plants of the Southern States (America), ascending lofty trees, and forming festoons from one tree to another, and, in its flowering season, in the early Spring, scenting the atmosphere with its delicious odour. On account of its gorgeous yellow flowers, and the rich perfume which they impart, as well as the deep shade it affords, it is extensively cultivated in the gardens of the South, as an ornamental vine" *(Hale)*. We make a tincture from the root.

General Uses.—Affections of the *nervous* and *muscular* systems. Its action seems to come between that of *Acon.* and *Bell.;* and in some respects it is very similar to *Chloroform.* It is useful in acute pain in the muscles, as from long-continued exertion; the head-symptoms arising from heart-disease; cerebro-spinal meningitis; *scarlatina simplex*, especially in children, with great restlessness, tendency to remittency, and when *Acon.* and *Bell.* fail to bring out the eruption fully and bright; simple fevers of women and children when *Acon.* is not sufficient, or when there is a condition of the brain beyond the reach of *Acon.*, yet not demanding *Bell.; infantile remittent fever*, and other fevers having a *remittent* character, the evening exacerbations passing off without perspiration, and without dyspeptic symptoms; nervous fever, "inward fever," etc., without intestinal lesion; measles in the forming-stage, with chilliness, thin watery discharge from the nose, hoarseness, etc.; tendency to convulsions in children about the time of the eruption in fevers; feverish conditions with great restlessness.

Nervous System.—Nervous rigors with chattering of the

teeth, and shivering, *without chilliness*, from fright, mental emotion, or hysteria; neuralgia, with nervous twitchings; feeling of lightness in the body; aches and pains in the back, shoulders, neck, etc., from spinal congestion or irritation; excessive irritability; causeless nervous excitement of hysteric patients; semi-stupor, languor, and prostration, from night-watching, etc.; sleeplessness and mental apathy of drunkards; hysterical insensibility and lock-jaw; catalepsy; spasm of the glottis; *spasmodic croup*, when *Acon.* fails, or the brain is involved; coma, and apoplexy from intense passive congestion; sleeplessness from mental excitement; drowsiness in hot weather, when not arising from deranged stomach or liver. In large doses, *Gels.* so paralyses the muscular system, that while the patient is fully conscious, he lies utterly powerless to open his eyes or his mouth; hence it is very useful in some local paralyses.

HEAD.—Passive, venous cerebral congestion, with dull headache and vertigo; hemicrania—dim sight, double vision—and great sensitiveness to all sounds; nervous headache—the pain commencing in the neck and spreading thence over the whole head; sudden headache, with dizziness, heaviness, dulness, and a state of semi-stupor; sunstroke with similar symptoms; brain-fever, when *Acon.* fails.

EYES, ETC.—Heaviness of the eye-lids; *ptosis*, caused by congestion of the brain; weakness of sight from over-exertion, with *dimness, dryness, and double vision;* heaviness in the head; paralytic squinting; amaurosis, from congestion of the brain, with dilated pupils, or from worms, or from over-doses of *Quinine*, with black spots before the eyes; "thirst for light." Roaring in the ears, with sudden deafness.

CIRCULATORY SYSTEM.—Excessive action of the heart from functional causes, and palpitation, with heavy throbbing; affections of the head and eyes from heart-disease.

Respiratory System.—Nasal catarrh—discharge of watery fluid from the nose, with hoarseness, cough, soreness in throat and chest; spasm of the glottis, and spasmodic croup;* spasmodic affections of the throat, as in hysteria; paralysis of the glottis and other organs of the voice, whether or not after diphtheria; aphonia, from catarrhal paralysis; affections "from relaxation from the return of hot weather after winter;" acute bronchitis and pneumonia in the first stage, when there is not the excitement calling for *Acon.*

Digestive System.—Pure nervous toothache from cold—a drop of the tincture may be applied to the tooth; "painful dentition, with sudden loud outcries, pulsating fontanelles, and feverishness;" sore throat, with pain shooting up to the ears, and deafness; cramps and spasmodic conditions of the stomach; congestion of the stomach—sense of a heavy load, with tension, and dull pain; emptiness, "goneness," or false hunger—a gnawing sensation. Diarrhœa, with bilious, papescent stools, much flatulence, and excess of nervous prostration; dysentery, with inflammatory symptoms, from passive congestion of the liver, inducing languor, drowsiness, dulness, or depression, headache, dimness of sight, etc.; jaundice.

Urinary System.—Enuresis in children and old people, from paralysis of the sphincter; spasm of the bladder; spasm of the ureter from the passage of a calculus.

Generative System.—Involuntary emissions *without* erections; flaccidity and coldness of the genitals; gonorrhœa; seminal weakness from emotional, or local congestive, causes; some cases of spermatorrhœa and spinal exhaustion, from self-abuse. Congestive amenorrhœa from cold; neuralgic or spasmodic dysmenorrhœa; false pains, and after-pains; simple menorrhagia, without other symptoms; spasmodic gastro-

* See two remarkable cases reported by Dr. Stokes in the *H. World*, vol. v., pp. 62-3.

dynia of pregnant women; *rigidity of the os uteri;** puerperal convulsions.

Skin.—Simple erythema and erysipelas, with slight fever; evanescent eruptions resembling measles.

* Our friend, Dr. J. S. Douglas, of Milwaukie, has communicated to us some striking cases of the relaxing influence of *Gels.* in rigid and unyielding *os uteri* in labour, as also in *uterine congestion* and *puerperal mania.* He has had ten years' experience in the use of this remedy in such cases, and states that it never disappoints him, especially in its relaxing influence on the *os uteri.* The following cases, selected from several equally striking, will interest the professional reader.

(1.) "I was called," Dr. Douglas states, "to Mrs. R. in her fourth labour. In each of her former labours she had suffered severe and agonizing pains for five or six days. She had been ill several hours, and the pains were extremely severe. The *os uteri* was undilated, thick, and unyielding. Her friends, who had been with her in former labours, were arranging for alternate days of attendance. I gave her 5 drops *Gels.* ϕ, to be repeated half-hourly, unless the pains became moderate. Called again in two hours, found the *os uteri* fully expanded and soft, and in half-an-hour she was delivered of an average sized child. Probably, but for this remedy, the labour would, as usual, have occupied several days."

(2.) "In the case of a lady of 44 years of age, in her first labour, of firm, compact fibre, and an exceedingly rigid state of the *os uteri,* the effect of *Gels.* was equally gratifying, allaying the distressing but inefficient pains, relaxing the *os uteri,* and producing a labour and delivery in every way gratifying. In this case it seemed to me evident that it also contributed largely to the relaxation of a thick, firm, and very unyielding perineum."

"About the same time I had a similar experience with another lady of 42, in her first labour.

"In addition to its unrivalled power of relaxing the most unyielding *os,* this drug allays the distressing, 'false,' and 'wrangling' pains better than anything I have ever tried.

"In *Uterine Congestion,* so common an accompaniment of retro- and ante-version of that organ, this remedy is invaluable.

"Mrs. W. had, for some weeks, suffered great pain from retro-version. Found the *os* tilted high up under the pubis, and the fundus, pretty large, plainly felt lying down against the rectum. This was so tender that the slightest pressure for rectifying the mal-position could not be endured till the congestion and tenderness were relieved. To accomplish this I prescribed *Gels.* ϕ, one drop every four hours. At the end of two days the pain and tenderness were removed, the fundus much smaller, and the uterus making

47.—Glonoine—*Nitro-Glycerine.*

This is a preparation of Glycerine, and Nitric and Sulphuric Acids. While of great service in excavating, its great explosive properties render it extremely perilous; many serious accidents having occurred through the least mismanagement in the transit or storage of the drug. In the human body it acts as quickly as Prussic Acid.

Leading Uses.—*Glon.* mainly affects the brain and cerebral circulation.

The following are the prominent symptoms: *Congestive headache, fulness, tightness*, and *vertigo; sunstroke*, with sudden falling down, violent dizziness and distress; effects following sun-stroke; congestive headache at the climacteric period and in amenorrhœa from suppression; neuralgia, and puerperal convulsions, with violent cerebral congestion; *nervous palpitation*, as from fright, hysteria, etc.; *rush of blood*, with throbbing in the arteries of the neck, quickened pulse, etc.

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most encouraging progress in self-rectification. A slight force with the uterine sound completed the process; but I am disposed to think that it would have been completed spontaneously in a short time by continuing the *Gels.*

"Many other cases of a similar character furnish the same evidence of the power of this drug in uterine displacements with the accompanying congestion."

In *Puerperal Mania*, *Gelseminum* is most valuable.

"*Case.*—Mrs. M., of nervous temperament, had severe convulsions during and after labour, each followed by long-continued and profound insensibility. When these subsided, they were followed by high nervous excitement and perpetual vigilance, increasing to complete sleepless and violent mania. The ordinary remedies were employed without improvement. At length a few drops of *Gels.* 1x were put in a gill of water, and a teaspoonful given. Within half-an-hour the excitement had subsided, and she was in her first sleep for several days. From this time until complete recovery, whenever the wild, talkative sleeplessness returned, a single dose would bring quiet repose. This is not the only case of similar character and results."

48.—Graphites—*Black-lead—Plumbago.*

This name is from the Greek *(grapheo*, to write), because it it is used for writing with. We first make triturations.

Leading Uses.—Unhealthy condition of the *skin*—chronic eruptions, ulcers, and erysipelas; cracks, and excoriations; tetter. *Constipation*, with large and knotty stools, co-existing with a dry harsh skin; delayed and scanty menses, especially when co-existing with unhealthy states of the skin, and constipation; swelling and indurations of the testicles; etc.

49.—Hamamelis Virginica—*Witch-hazel.*

This is an American plant, and we make a tincture from the bark and leaves.

Leading Uses.—*Varicosis*, *phlebitis*, and *hæmorrhage.*

Head.—Headache, fulness, dull pain, and crowding pressure in the forehead and between the eyes, from venous congestion, especially when leading to epistaxis; blood-shot eyes from hooping-cough.

Circulatory System.—Varicose veins, not ulcerated (internal and external use); varicose condition of the throat, the veins looking blue, with uneasy sensation in the parts, pain, and hawking up of mucus and blood; *inflammation of the veins*, especially if associated with a varicose condition. It has a distinct relation to the coats of the veins.

Digestive System.—Painful and *bleeding piles*, with sensation as if the back would break off, for which it is a prime remedy; intestinal hæmorrhage; dysentery, when the quantity of dark blood is a more prominent symptom than the straining; hæmatemesis, etc., or varicosis, with constipation.

Genito-Urinary Organs.—*Ardor urinæ;* hæmaturia and irritable bladder; neuralgia of the testes and ovaries; ovarian disease, with pain in the loins, ardor urinæ, etc.; vaginal

leucorrhœa, with relaxation of the mucous lining, etc.; *vicarious menstruation;* varicocele.

Hæmorrhages.—Hæmorrhage from the *nose*, mouth, cavity of an extracted tooth, *stomach*, *lungs*, *bowels*, bladder, *uterus*, or *anus*, when the blood is *venous*, steadily flowing in a dark stream; "hæmorrhage with asthenia or anæmia, or from asthenic tendency, is of itself an indication for the use of *Hamamelis*" *(Belcher)*.

Injuries.—Burns of the tongue and lips from hot drinks; *ecchymosis* from a bruise.

External Use.—*Formula.*—One part of the strong tincture to four or five of water. Besides its external use in nearly all affections for which it is given internally, *Ham.*, like *Ruta*, may be substituted for *Arnica* when the latter does not suit the patient.

50.—Helleborus Niger—*Black Hellebore—Christmas-rose.*

Leading Uses.—*Hydrocephalus* from a diseased condition of the serous membranes, or following sunstroke, or as a sequela to an eruptive disease, or from the retrocession of mumps, etc., with pain in the head, drowsiness, stupefaction, paleness of the face, and slight convulsive movements. In hydrocephalus, however, it must be regarded only as an ally to such deeper constitutional remedies as *Calc.* and *Sulph.* *Dropsy* of the chest and abdomen, or even general dropsy resulting from scarlatina, intermittent fever, etc. Puerperal mania, and other mental derangements of women.

51.—Helonias Dioica—*False Unicorn.*

Leading Uses.—Loss of tone in the uterine organs, with deranged stomach. It is described as a *uterine tonic*, and we have separately proved it to be a most precious remedy in

atonic conditions of the womb—amenorrhœa, prolapsus uteri, menorrhagia, sterility, leucorrhœa, etc. At the same time, it improves digestion and assimilation, and its action on anæmic patients resembles that of *Ferrum*. In suitable cases, it is a remedy we prescribe with great confidence.

52.—Hepar Sulphuris Calcareum—*Hepar Sulphur—Liver of Sulphur.*

A combination of *Calcarea Carbonica* and *Sulphur*, effected by heat in a hermetically-closed crucible, and forming *Sulphuret of Lime.*

Leading Uses.—Affections of the *glands*, *respiratory system*, and *skin;* the *scrofulous* and *syphilitic dyscrasiæ;* and the evil effects of *Mercury*. Chronic glandular swellings, especially when abscesses form; scrofulous disease of joints; ulcers, and scaly eruptions due to syphilitic infection; suppuration from any part, in scrofulous persons. It promotes and regulates suppuration in a remarkable manner (second only to *Silicea*).

Head, Eyes, etc.—Headache at the root of the nose; chronic periodical hemicrania, with boring pain; ulcers of the conjunctiva which are apt to return; sore eyes, chronic, with frequent inflammation and free discharge, in scrofulous children; scrofulous ozœna and otorrhœa.

Respiratory System.—Hoarseness, with wheezing breathing; hoarse cough following measles; membranous croup; catarrh of the larynx and trachea, with roughness and hoarseness, severe, deep, dry cough, particularly in the evening, and easily excited by exposure, "sensation as of a clot of mucus, or of internal swelling, when swallowing," and titillation in the throat; cough with those symptoms, at first dry, afterwards moist, and yielding tenacious mucus; chronic bronchitis; phthisis pulmonalis in the scrofulous.

Digestive System.—Acute quinsy; swollen tonsils; salivation, spongy gums, and other conditions of the mouth, from allopathic doses of *Mercury;* chronic dyspepsia, with frequently and easily deranged stomach; chronic congestion of the liver, with abdominal distress, impeding free respiration, and causing a sense of oppression; "obstinate constipation, from a congested condition of the rectum" *(Bayes)*, and piles, from engorgement of the liver.

Skin.—Unhealthy, and chapped or cracked skin; fissures in the palms of the hands; *abscesses*, *whitlow*, *boils*, and threatened *carbuncles;* chronic erysipelas; chronic herpes.

53.—Hydrastis Canadensis—*Golden Seal.*

Hydrastis Canadensis comes to us from America. It grows in different parts of the United States and Canada, and has long been known to the Indian tribes for its medicinal virtues and beautiful yellow dye. Its value has been recognised to a very limited extent by the allopathic school, rather more by the eclectics, still more by homœopaths. Its rugged root is the part used for officinal purposes. In administration it is employed externally as a lotion or a gargle; internally in the form of trituration or tincture, in low and high attenuations.

Leading Uses.—Its special range of action is not extensive, but within that range it is very efficient. It affects chiefly the *mucous tracts*, the *glands*, and the *skin*.

Beginning then with the mucous membranes, the following is a sketch of its symptomatology.

Eyes, Ears, and Nose.—Dr. Hale has observed that the eyes seem to be prominently affected by the pathogenetic influence of the drug; that in *catarrhal conjunctivitis*, after the acute stage has passed, it may be used as a collyrium with unequivocal benefit; that it is more appropriate to a chronic

condition; and that the discharge for which it is indicated proceeds from obstinate catarrhal inflammation, in which ulceration is a prominent symptom. Dr. Palmer, of New Hamilton, remarks that in conjunctivitis he has used it locally and internally with good results. In nasal catarrh, he employs the third decimal dilution, and finds it especially beneficial when there is a constant discharge of thick white mucus from the nose, obstruction of the nasal passages, and coryza with frontal headache. One of the symptoms which indicate its use, is a peculiar roaring in the ears—a whirring roar—especially in a feeble condition of the system. It has been found useful in *tinnitus aurium*, and in *otorrhœa* when the mucus has been thick: a weak solution should be employed as an injection. The constant discharge of thick white mucus from the nose he regards as a leading indication. For several years he has been in the habit of treating chronic nasal catarrhs, ozœna, and diphtheritic affections of the nose with *Hydrastis*—the second dilution in simple catarrh, internally and by injection; the first decimal trituration when there is ulceration; a still stronger form in ozœna.

Mouth and Throat.—An aphthous condition of the mouth yields to this medicine. A yellow stripe down the middle of the tongue, or even over the whole of the organ, which feels large, with a sticky mouth, are indications. In all forms of *stomatitis* of children it is valuable, in simple ulceration, in mercurial sore mouths, and in *stomatitis materna*. We have found obstinate cases, in which other remedies had failed, yield to a wash of *Hydrastis*, used several times a day. Sometimes a peculiar sore throat attends dyspepsia, arising from extension of the irritation of the stomach. For this *Hyd.* is an excellent remedy, given internally. It may also be so given and as a gargle for some cases of diphtheria, being homœopathic to the debility which accompanies that disorder,

as well as to the ulcerous state of the throat. In ulcerous sore throat we have found it to act very promptly.

Dr. Logan reports the successful treatment of more than 200 cases of diphtheria with *Hydrastis* gargle. Dr. Hill states that, used as a gargle in a putrid state of the throat in malignant scarlet fever, it arrests the destructive process at once.

Gastric Affections.—Here it takes rank with our old friends *Nux V.*, *Puls.*, and *Sulph.* Observations point to its use when the dyspepsia is acetous or atonic; when there is great sense of sinking and prostration of the epigastrium, with violent and long-continued palpitation of the heart. As to its action on the liver, the provings are by no means decisive. But there can be no question about its highly beneficial action upon the intestinal tube. Dr. Hale, however, limits its usefulness even here: for he says, "*Hydrastis* is not primarily or directly homœopathic to *diarrhœa* unless it be catarrhal, in which it should be used highly potentised. But it is decidedly homœopathic to the following conditions. (1) Chronic mucous flux of the intestines *(Blenorrhœa):* (2) Erosion, chronic ulceration, etc., with defective absorption; flatulent colic." We draw attention to the term "chronic" as indicative of the character of other symptoms to which the medicine is also applicable.

Hydrastis is indicated in some forms of dysentery; in mucous *enteritis*, when of a catarrhal character [observe how "catarrhal" as well as "chronic" runs through the characteristics]; in *chronic* enteritis, when the discharges are tenacious and slimy; in *ulceration of the rectum;* in fissure and excoriation of the anus, in piles,* etc. In these cases enemata, in addition to the internal use of the drug, are beneficial.

* A professional correspondent (April, 1871) informs us of the cure of a case of hæmorrhoids of twenty years' standing by *Hydrastis*; at the same time the general constitutional symptoms were greatly improved.

Constipation.—But it is in cases of constipation that it has been found especially efficacious. Dr. Hughes remarks, "My chief experience with this drug has been the treatment of constipation; for which it is a precious remedy, far superior to the *Nux Vom.* usually prescribed. It is in cases when constipation stands alone, or is the cause of other ailments, that I find *Hyd.* so valuable." Dr. Bayes says, "In obstinate constipation, tincture of *Hyd.* 1x, in two- or three-drop doses, in a wineglassful of water, is frequently curative. In three-drop-doses *Hyd.* ϕ is a mild purgative. It has the advantage of giving tone at the same time [observe its *tonic* properties]. Its administration needs watching when given in these comparatively large doses, as in very sensitive patients it sometimes induces palpitation of the heart." Dr. Newton records his testimony: "*Hyd.* is a first-class antagonist to simple chronic constipation." He has given it in strong forms, but is now "satisfied with the effects of pilules of the 6th dilution night and morning." Dr. Hastings has found "a drop of the mother tincture in water, first thing every morning, most effectual." Dr. Rogerson has often tried it with great success, and says, "It seems to act most beneficially on those who have resorted to a course of 'opening medicine;' it also seems to act best on those who, after an active life, have become of sedentary habit." The testimony is thus very strong in favour of its use in *torpidity* of the bowels; and though no instance is on record, we should think it especially valuable in the case of old persons who suffer from general atony of the system. From analogy it seems most likely that *Hyd.* would have the same effect upon other mucous surfaces, as it has on those to which reference has been made.

Genito-Urinary System.—In diseased conditions of these organs—gleet, gonorrhœa, incipient stricture, spermatorrhœa, leucorrhœa, inflammation and ulceration of the internal coats

of the bladder, and the consequent debility, it may almost be regarded as specific. Injections of a solution of the *Sulphate* of *Hydrastis* are curative in gonorrhœa after treatment of the acute stage by *Acon.* or *Gels.* Injections, or other local applications are generally necessary in the above diseases.

Glandular and Cancerous Affections.—It operates favourably in some glandular disorders, and in the cachectic condition of cancer it has been long known to have great efficacy. Dr. Hale thinks it may act by assisting the glands to eliminate the poison. Dr. Marston expressed an opinion, "that it is rather through a specific action which it exerts upon the glandular structures than through any specific action upon cancers as such that favourable results depend." Dr. Bayes thinks that its healing influence is confined to its power to give healthy balance to the mucous surfaces and to the glandular system. He has seen cancerous tumours in the breast entirely disappear under the use of this remedy, which he attributed to its powerful influence over the glandular system rather than to any antidotal power against cancer.* He has also had abundant evidence of its beneficial influence in alleviating the pain and improving the character of cancerous ulcerations. Dr. Hale affirms that it is homœopathic to debility, and Drs. Marston and Mc Limont that they "know of no medicine which has caused so great an improvement in the general health of our cancer patients as this; an improvement which, in most cases, has become visible in the bettered expression of the countenances of the patients." If, therefore, it does not effect a cure, it affords most precious alleviation. Judging from our own experience, however, in the debility of cancer, *Hydrastis* must yield the palm to *Arsenic.* Here we have repeatedly witnessed the most decided improvement from a course of *Arsenic.*

Skin.—The value of *Hydrastis* in ulcers, lupus, rhagades, and excoriations, especially in cachectic and enfeebled consti-

* "Applied Homœopathy," p. 101.

tutions, is very great. In excoriation of infants it has been found useful when *Calendula* has failed. A lotion of $\frac{1}{10}$ in water, applied by lint, acts with great rapidity. Glycerine is, however, a better vehicle than water. A dry trituration may be a more convenient form of application. Sore nipples are relieved by it.

In conclusion, ulcerous conditions of any of the surfaces, especially if they be chronic and attended with debility, will yield to *Hydrastis*. Catarrhal and ulcerated conditions are weakening and signs of weakness. This remedy gives tone generally and locally, and thus assists nature in overcoming and eliminating the disease. It will thus be seen to be a medicine of primary importance for the diseases to which it is homœopathic.

54.—Hyoscyamus Niger—*Black Henbane.*

This plant is indigenous throughout Europe, growing in uncultivated places in the neighbourhood of farms, villages, etc. The shrub may be recognised by its fœtid odour when pressed. We make a tincture from the whole plant.

Leading Uses.—Functional diseases of the *brain and nervous system*, characterised by nervous irritability and over-activity of the sensorial functions.

Nervous System.—Delirium, without the congestion indicating *Bell.*, or the fury calling for *Stram.*; "complete loss of sense, urine being passed unconsciously, delirium coming on with occasional fits of excitement, in which the patient tears at the bed-clothes, attempts to fling off everything, or makes motions as if he were at his employment; afterwards he falls asleep for some hours, waking at intervals with fits of excitement" *(Bayes)*; delirium tremens; brain-troubles of children, not requiring *Bell.*; excitement preventing sleep; mild delirium of typhus, enteric, and puerperal fevers;

phrenitis; epileptic and hysteric convulsions, and eclampsia. Fainting fits of hysteria.

Head, etc.—Squinting, stammering, twitching in the face, and other choreaic movements in children; giddiness and stupefaction, dull and haggard expression, excessive dilatation of the pupils, and loss of speech; disturbance of the visual function—a tailor, under the influence of this plant, could not thread his needle, it seemed to have three points.

Respiratory System.—Nervous dry cough, *commencing or aggravated on lying down*, and relieved by sitting up; night cough of children or old persons; spasmodic, nervous coughs of children, the aged, and hysteric persons.

Digestive System, etc.—Vomiting from brain-disturbance; hysterical vomiting; painless diarrhœa, especially in females; involuntary nocturnal urination.

55.—Ignatia Amara—*St. Ignatius' Bean.*

The *Strychnos St. Ignatii* is a climbing bush, which, like the *Strychnos Nux Vomica*, grows on the islands of the east and south-east coasts of Asia. Although the two plants are of one family, the seeds of the former contain more strychnia than the latter, and there is a considerable difference in their respective therapeutic effects. "There is a great correspondence between *Ignatia* and *Phosphoric Acid* in their general sphere" *(Bayes)*.

Leading Uses.—The action of this remedy is mainly in nervous and digestive derangements.

Nervous System.—*Hysteria*, and other *nervous disorders;* sensation in the throat as of a lump there (globus hystericus); epileptiform and other convulsive affections of children, as if from worms or fright; emotional disturbances from grief or fright; hypochondria in the male; alternate gaiety and sadness; acute sensibility of the body; sleeplessness, and

the consequences of *fright* or *grief* in persons of an exalted impressionability, especially women and children; excessive convulsive *yawning;* stiffness of the back from spinal irritation.

Head, etc.—Paroxysms of headache, with sensation as if a nail were pressed into the brain; weight at the back of the head, the patient being continually inclined to lean it back upon something for support; face-ache and tooth-ache, with crushing pain, or digging and soreness in the teeth.

Respiratory System.—Sensation as if a cold in the head were coming on, with aching in the forehead; nervous cough, with irritation in the throat-pit, in females; bronchial catarrh of old people where *spasm* is a prominent symptom; constriction of the chest; dyspnœa.

Digestive System, etc.—Indigestion, with great nervous depression; flatulence; distress in the stomach, and periodical spasms of hysteric persons; excessive perspirations during meals; feeling of weakness at the epigastrium; acute pain in the anus; constipation, with frequent unsuccessful desire for stool, and prolapsus ani, in the aged and in children.

Genito-Urinary System.—Copious discharge of pale urine. Premature and profuse menstruation.

56.—Iodium—*Iodine.*

This is an elementary substance, chiefly obtained from incinerated sea-weed or kelp, named from *Iodès* (violet colour), on account of the beautiful and characteristic colour of its vapour. It also exists in the mineral and vegetable kingdoms. The therapeutic virtues of *Spongia* are due in part to the presence of *Iodine* in that substance; nevertheless, *Spongia* has a sphere of its own apart from that of *Iodine.*

Leading Uses.—Scrofulous affections of the glands; scrofulous inflammation of the joints; goitre; inflammation of the lymphatic glands; general emaciation, with colliquative

sweats and diarrhœa (hectic fever); wasting of the body from non-assimilation of the fatty elements of food, with a tendency to consumption of the lungs, or, in children, of the mesenteric glands; scrofulous caries.

Nervous System.—Tremblings, with emaciation; chorea in scrofulous subjects, with exhaustion, wasting, etc.; marasmus of children and females; mercurial wasting and tremor; paralysis from deficient innervation, with atrophy and loss of vitality, from care, want, etc.; despondency or great and lasting anxiety.

Head.—Pressure in the forehead and back of the head, with confusion, sense of gnawing hunger, followed by thin diarrhœic discharges; chronic nervous headaches from stomachic derangement; congestive headache, with fulness, giddiness, drowsiness, etc., especially in old people.

Eyes, Ears, and Nose.—Scrofulous ophthalmia, with photophobia, obscuration of vision, etc.; chronic catarrhal deafness with, or following, glandular or throat affection; scrofulous or syphilitic ozœna, with fetor, loss of smell, etc.

Circulatory System.—Palpitation, with quickened pulse, and weakness, leading to fainting; fainting-turns; intermittent pulse; constriction about the heart and chest; thin condition of the blood and other secretions.

Respiratory System.—Inflammatory croup (when membrane forms, *Iod.* should be administered internally and by inhalation); chronic laryngitis, with hoarseness, aching, and sore pains; paroxysms of cough with discharge of lumps of hardened mucus; laryngeal phthisis; hoarseness, with fits of deep, dry cough; dry, hard, barking cough; chronic bronchitis, with tearing and suffocative cough, tickling in the throat, constriction, burning sensation, wheezing, and expectoration of blood-streaked or even purulent, mucus; chronic pneumonia, with abscesses; tightness of the chest, with pressing, burning, and palpitation; cough with hæmoptysis,

wasting, and night-sweats; cough and phthisical symptoms following the disappearance of glandular swellings; phthisis pulmonalis, with the general symptoms indicative of this remedy.

Digestive System.—Salivation, especially mercurial, with disorganization of the gums, paleness of the face, emaciation, and small quick pulse; salivation during pregnancy; unnatural hunger, with bad digestion and emaciation; diarrhœic stools, and wasting, the food not being assimilated; thin, fœtid diarrhœa of scrofulous children, with distension of the bowels, pinching and cutting pains, etc.; tabes mesenterica, with cough, and hectic symptoms; disease of the pancreas; congestion of the liver, chronic jaundice, etc., in the scrofulous, with wasting, especially when dependent on organic disease.

Generative System.—Atrophy or induration of the testes, with impotence; hydrocele. Amenorrhœa in girls having a phthisical tendency, emaciation, etc.; falling away of the breasts; amenorrhœa in strumous patients, with oppressed breathing, palpitation, loss of appetite, costiveness, distension of the bowels, etc.; premature and profuse menses, or profuse, thin, watery discharge, with prostration, dizziness, frontal headache, etc.; dysmenorrhœa with similar symptoms; sterility, metritis, and chronic vaginitis, in the scrofulous; fœtid leucorrhœa, with emaciation; inordinate flow of milk, which continues after weaning, with wasting; ovarian cysts, atrophy, etc.

Skin.—Chronic erythematous, papular, and pustular eruptions of scrofulous children; scrofulous ulcers; lepra, with corresponding constitutional symptoms. "A remarkable improvement in the beauty of the hair and cleanliness of the scalp has been observed to follow its use in these subjects" *(Hughes)*.

Glandular System.—Goitre or Derbyshire-neck; its

utility is restricted to simple enlargement of the gland. Strumous enlargement of the lymphatic glands, and scrofulous swellings. Enlargement of the liver.

57.—Ipecacuanha—*Ipecacuanha.*

This is a creeping herbaceous perennial plant, growing plentifully in wooded tracts of South America, particularly in Brazil. Its root is the *Ipecacuanha* of commerce.

Leading Uses.—Paroxysmal or intermittent affections of the *respiratory system* and *stomach*, occurring especially at night; intermittent fever, with predominance of gastric symptoms; hæmorrhages, especially hæmoptysis.

Head.—Hemicrania, paroxysmal, with fine stinging pains, soreness, and nausea.

Respiratory System.—Spasmodic sneezing, with bleeding, or running of watery fluid from the nose, and watering, redness, and smarting of the eyes; spasmodic cough, at night, with tickling in the larynx, retching, and vomiting of mucus; cough with pain in the umbilical region, as if the navel would be ruptured; hooping-cough, during the early stage, with great accumulation of mucus, and vomiting; paroxysmal cough with *hæmoptysis;* bronchial catarrh, with excessive quantities of mucus, causing vomiting in the effort to expel it. Sudden hæmorrhage from the lungs in phthisis; hay-fever; spasmodic asthma, with anguish, deathly paleness, dread of death; nocturnal asthma, coming on suddenly, with similar symptoms, cold extremities, ending in profuse expectoration of mucus.

Digestive System.—*Nausea and vomiting*, with abundant flow of watery saliva, qualmishness, sense of emptiness of the stomach, and *moist*, *yellowish*, or *white-coated tongue;* vomiting of pregnancy, with similar symptoms; *hæmatemesis* (see also "Generative System"), with moist tongue and flow of saliva;

vomiting of blood, mucus, or bile, of a greenish or blackish colour, with straining and retching; loss of appetite; oppression after food, want of tone in the stomach, spasmodic cardialgia, neuralgic and bilious colic, with pinching and cutting pains about the navel; diarrhœa, with nausea, vomiting, and bloody, or foul-smelling stools; dysentery, with moist furred tongue, profuse discharge of mucous and greenish matter and blood; autumnal diarrhœa, with griping, straining, nausea, and vomiting.

Urinary, and Female Generative Systems.—Hæmaturia, with qualmishness and nausea in the stomach and bowels; thick, reddish urine. Sudden discharge of bright-red blood from the uterus, after labour, with sickness at the stomach, dizziness, headache, cold, pale face; menorrhagia, with similar symptoms; *hæmatemesis* associated with *irregular menstruation* or the critical age.

58.—Iris Versicolor—*Blue-flag.*

Blue-flag is an aquatic plant common throughout the United States, presenting blue or purple flowers from May to July. Its value as a remedial agent seems to have been first derived from the Indians, who prize it as a most powerful medicine. In Georgia and Florida it is stated that an artificial pond, constructed for its especial cultivation, is found in almost every village, covered with a luxuriant growth of the *Iris*.

Leading Uses.—Affections of the gastric mucous membrane, also the pancreas and other glands, with abnormal secretion, salivation, vomiting, and purging. Some scrofulous, mercurial, and syphilitic conditions, mercurial salivation; etc. *Iris* similates Mercury to a remarkable degree, stopping short of the great disorganising effects of that drug.

Nearly all the conditions for which *Iris* is applicable are

characterized by unusual lassitude, prostration, and lowness of spirits, these conditions being probably due to the disturbing action which the drug exercises upon the liver and gastric mucous membrane. It is most useful in persons subject to gastric and bilious disorders.

HEAD.—Neuralgia of the right side of the face. *Sick-headache*, gastric or hepatic: in this affection *Iris* is a remedy of prime importance; the pain is generally in the forehead and right side of the head, is aggravated by rest and on first moving the head, but relieved by continual motion, and is often accompanied by vomiting or diarrhœa, and lowness of spirits.

EYES.—Simple inflammation of the eye-lids from cold, especially when associated with diarrhœa.

DIGESTIVE SYSTEM.—Inflammation of the mouth and fauces, with or without ulceration, with burning, and salivation, without fetor; salivation, etc., after diphtheria; burning distress in the region of the stomach and pancreas; "pancreatic salivation;" sour *vomiting*, with headache; acidity, and eructations; indigestion from defective pancreatic secretion, rendering the digestion of starchy and fatty foods imperfect; *severe flatulent colic;* simple affections of the liver; *diarrhœa*, with burning in the rectum and anus; diarrhœa not followed by constipation; looseness of the bowels, with almost constant uneasiness and grinding in the bowels, discharge of fetid flatulence and fæces; periodical diarrhœa occurring at night; cholera infantum, especially when vomiting is very prominent; English cholera, with great pain in the pit of the stomach, around the navel, or low down in the bowels; involuntary diarrhœa, rice-water evacuations, cramps, and choleraic expression of countenance; summer and autumnal diarrhœa, with watery or bilious evacuations, and when *vomiting* is frequent.

GENERATIVE SYSTEM.—Seminal emissions with amorous

dreams; spermatorrhœa, with lowness of spirits. In the nausea and vomiting of pregnancy we have used it with good results.

Skin.—Herpes, especially of the face; vesiculo-pustular eruptions on the skin and scalp.

59.—Kali Bichromicum—*Bichromate of Potash.*

We are indebted to Dr. Drysdale, of Liverpool, for the introduction of this drug into our Materia Medica. Guided by the symptoms which have been observed in the workmen employed in the bichromate-of-potash factories, this drug is now used with success in many important affections. It is prepared for use either as a tincture or trituration.

Leading Uses.—Affections of the mucous membrane, skin, fibrous tissues, liver, and kidneys; ophthalmia; *chronic rheumatism*, with coldness of the affected parts, papular cutaneous eruptions; syphilis; etc. It is probably seldom indicated in nervous or toxæmic conditions.

Eyes and Nose.—Ophthalmia, catarrhal or scrofulous, with redness of the conjunctiva, agglutination of the lids, and discharge of yellow matter. Inflammation and ulceration of the nose, with serous, purulent, and bloody discharge, sometimes coming away in tough, elastic plugs; polypus of the nose (internal use and by olfaction).

Respiratory System.—Acute coryza; chronic cold in the head; influenza, without much nervous prostration; acute and *chronic bronchitis*, with *tough and stringy*, or purulent, *expectoration*, and dyspnœa, especially when there is also indigestion; membranous croup; burning pain in the middle of the sternum; cough, followed by violent dizziness, and *difficult expectoration* of *tough*, blood-streaked mucus.

Digestive System.—Ulcerated sore throat, with accumulation of a yellow, *tenacious*, stringy matter; syphilitic sore

throat, when the ulceration is not deep; indigestion, "from chronic gastric catarrh, with *yellowish* coated tongue;" nausea and vomiting, with sense of coldness in the stomach; ulceration of the stomach, with soreness and tenderness, dryness of the mouth, etc.; ulceration of the intestines; dull pain in the right hypochondrium, and whitish stools; suppression of urine following Asiatic cholera.

Skin.—Pustular eruptions; ulcers of the legs; ulcers with dark centres and over-hanging edges, especially of a syphilitic character; small flat pustular eruptions on the face, nose, forehead, and scalp.

60.—Kali Hydriodicum—*Kali Iodidum—Iodide of Potash.*

This remedy is very largely used by allopathic practitioners; it is also considerably used by homœopaths. Its general sphere of action resembles that of *Iodium.*

Leading Uses.—Secondary and tertiary syphilis, chronic rheumatism and gout; catarrhal affections of strumous patients. The drug is particularly useful for the above affections in broken-down constitutions. It is also useful in Lead-poison (see Chapter on Poisons, Part V).

Nervous System.—Acute and chronic hydrocephalus; epilepsy and paralysis of a syphilitic origin.

Eyes, Nose, etc.—Inflammation of the lachrymal gland, with mucous discharge; syphilitic iritis; fluent coryza,* affecting the mucous membrane of the eye and the nose, the eyes being red and swollen, and the discharge cool and not causing soreness (hot excoriating secretion indicates *Arsenic);* ozœna; chronic deafness.

Digestive System.—Ulcers, swelling and cracks of the

* When iodism occurs from the use of this drug, the mucous covering of the eyes, and the lining of the nose, frontal sinus, and mouth, and skin of the face, are the tissues most frequently and severely affected *(see Ringer).*

tongue; syphilitic ulcers on the soft palate and tonsils; chronic sore throat; sore or fissured anus of infants.

Generative System.—Sub-acute inflammatory condition of the womb in young married women, often with a slightly corroding or irritating mucous leucorrhœa *(Bayes)*.

Osseous System.—Periostitis from an injury, or of a syphilitic character; syphilitic nodes, swelling and caries of bones.

Skin.—Various forms of syphilitic and scrofulous chronic cutaneous disease,—psoriasis, lepra, erythema, lupus, ulcers, etc.; wens on the head; hypertrophy of the thyroid gland.

Characteristics.—The pains which *Iodide of Potassium* removes are almost always worse at night. The pains of syphilis are generally aggravated at night, and in many cases those of chronic rheumatism; this is also true of many other complaints. Such a character of the disease may be accepted as a strong indication for the medicine *(see Ringer)*.

61.—Kreasotum—*Kreasotum.*

The word is derived from *Kreas* (flesh) and *sodso* (I preserve), on account of its antiseptic properties. The statement of M. Teste, that the continued use of *smoked meat* destroys the teeth, and produces foul breath, costiveness, and a bad state of the body generally, coincides with the homœopathic uses of the drug.

Leading Uses.—Sympathetic and chronic vomiting; toothache from decay of the teeth. According to M. Teste, *Kreasote* is most adapted to the ailments of delicate children.

Digestive System.—*Decay of the teeth*, and *toothache* from that cause (compare *Mercurius); morbid dentition*, especially when the teeth decay as they appear, and the patient is cachectic and troubled with constipation (compare *Chamomilla);* obstinate indigestion, with constant nausea and inclination to

vomit, without actual vomiting, with a sense of coldness in the stomach; *sympathetic vomiting*, as in phthisis, cancer of the liver, kidney-disease, pregnancy, etc.; diarrhœa and dysentery, when the discharges are putrid; gastro-intestinal inflammation; diabetes mellitus.

Generative System.—Foul vaginal discharges, malignant uterine ulcerations, premature menstruation with discharge of fœtid blood, nervousness, etc.; *foul, corrosive* leucorrhœa; putrid-smelling lochial discharge.

Skin.—Syphilitic eruptions. To burns, scalds, chilblains, and foul ulcers a lotion may be applied externally—one drop of pure *Kreasote* to about eighty of water.

62.—Lachesis—*Lachesis.*

The substance known in homœopathic therapeutics by this name is the poison of the lance-headed viper *(Trigonocephalus lachesis)*. We have very little personal experience of this medicine.

Leading Uses.—Nervous affections of women at the climacteric period; hysterical troubles; irritable throat; some cases of chronic constipation in females, and when there is alternate relaxation and constipation; etc.

Nervous System.—Globus hystericus; spasmodic stricture of the œsophagus; suffocative fits of cough. *Circulatory System.*—Nervous palpitation from heart-disease, accompanied by anxious, wheezing respiration, asthmatic cough, tendency to vomit, etc.; *flushes*, with headache and sleeplessness; burning pains in the top of the head; pains in the back; melancholy; etc. *Skin.*—Traumatic gangrene, and skin and other diseases, in which, as in cases of the serpent's bite, the blood becomes tainted by the local affection—carbuncle, pyæmia from phlebitis, putrid sore throat—with prostration of the nervous energies.

63.—Lycopodium Clavatum—*Wolf's-foot, Club-moss.*

We use the pollen or powder (Sporulæ Lycopodii), which in its crude state is all but inert; but Hahnemann's process of trituration renders it a potent remedy in many diseases.

Leading Uses.—Affections of the digestive, urinary, and respiratory mucous membrane, and the skin, especially with consentaneous mental and physical weakness, sallow complexion, loss of appetite, slow and depraved digestion, intestinal flatulence, and constipation.

Respiratory System.—*Chronic* catarrh, and, perhaps, bronchitis, with *much general weakness;* "chronic superficial ulcerations, having a tendency to spread, in the throat, soft-palate, tonsils, and pharynx" *(Bayes)*. "Chronic pneumonia, with purulent, foul-smelling expectoration; early stages of phthisis pulmonalis, when supervening on bronchial catarrh, with much free mucous expectoration."

Digestive System.—*Water-brash, acidity, heart-burn;* for water-brash, particularly in elderly persons, it may be considered as a specific. *Flatulence in the intestines*, with tympanitic distension of the abdomen; *constipation* with torpor, sense of warmth and dryness of the bowels, and *gravel* in the urine; enteritis of infants, from indigestible food; chronic congestion of the liver, with pain in the right side and back; "unconquerable sleep after dinner, followed by great exhaustion."

Urinary System.—Frequent or painful urination, the urine being cloudy, depositing a sediment, and sometimes mixed with mucus and blood; excessive urination, disturbing the patient at night, catarrh of the bladder; spasmodic retention or incontinence of urine of children; strangury dependent on the presence of gravel or pus in the urine, or atony of the mucous membrane; *gravel* (lithic acid deposits).

Skin.—Intertrigo; porrigo favus; plica polonica; chronic inflammation of the skin; sallowness; cold extremities.

64.—Mercurius—*Mercury.**

We have several preparations of *Mercury*, the principal of which are—*M. Solubilis Hahnemanni*, the black oxide of Mercury, first prepared by Hahnemann; *M. Vivus*, quick-silver; *M. Corrosivus*, corrosive sublimate or bichloride of Mercury; *M. Iodatus*, or *Biniodatus*, iodide, or bin-iodide of Mercury; and *Cinnabaris*, red sulphuret of Mercury. The general effects of all are so similar, that we have thought it best to describe them under one signature—Mercurius. The main distinctions between different forms or combinations of the drug, are pointed out at the end of the Section.

Leading Uses.—*Unhealthy and liquefied state of the blood*, the secretions being fœtid, the complexion sallow, the skin generally pale and dull, and the system liable to ecchymosis, passive hæmorrhages and effusions; *cachectic conditions of the whole nervous system*, the mind losing its power, the patient becoming irritable, with trembling, wasting, and an ill-nourished appearance; the glands enlarge and tend to suppuration or disorganization, the mucous membranes and the skin are disposed to ulcerations, generally unhealthy, and the secretions from the former are abnormal and excessive, and the perspirations from the latter copious, and sour or fœtid.

Congestions of the head, lungs, liver, bowels, etc., accompanied by chills, and followed by *slight* fever, heat, dryness of the mouth and throat, restlessness, etc., aggravated in the evening and night. *Dropsy* of the extremities, and ascites, when due to jaundice, liver-disease, or general cachexia, with sallow, yellowish-greenish and cold skin, feeble and slightly hurried pulse, thick and foul-smelling urine, constipation, and dry, light-coloured fæces. *Rheumatism*, the pains being hard aching, or crushing pains in the bones, with coldness or

* See *H. World*, vol. ii., pp. 246–7.

chilliness, followed by slight fever; local rheumatism, chronic, or during rheumatic fever, the parts perspiring freely without relief; rheumatism, with profuse, sour sweats, not relieving the symptoms; sub-acute periostitis, in cachectic patients; *scurvy*.

The following are general indications for *Mercurius*. *Impoverished*, *pale*, *sallow*, or *unhealthy appearance*; *bilious or liver derangement*; *offensive breath*; impaired appetite; *liability to derangements of the mucous membrane*—cold in the head, inflammation of the eyes, sore throat, dyspepsia, diarrhœa, etc.—*from a draught of air*, *unfavourable change of weather*, *etc.*; increased susceptibility to impressions; *sensitiveness* to cold and damp, with *chilliness*; in febrile conditions, the *fever* is slight, with somewhat quickened, soft, full, and easily compressed pulse, and the precursory chills are slight; the symptoms generally are *worse* in the evening and at *night*; there is *chronic perspiration*, especially at night, or clammy sweat on the least exertion; also weariness, coldness of the extremities, *depression of spirits* or enfeebled mental power, irritability, restlessness, etc.

Mercurius, however, is not adapted to patients who have been previously drugged with large and long-continued doses of Mercury; *Hepar Sulph.*, *Nit. Ac.*, or some other remedy, is then more suitable.

Nervous System.—Trembling of the hands and feet, or of the body generally, in cachectic individuals, from exposure, want, etc.; imbecility, softening of the brain, paralysis, chorea, and hydrocephalus, from previous impoverishment of the nervous system; syphilitic paralysis; wakefulness at night, and disturbing dreams, with drowsiness by day; sleeplessness with beating at the pit of the stomach, profuse sweats, and depression of spirits.

Head.—*Headache from cold*, as in catarrh, with sense of *tightness* round the head, irritation of the eyes, heaviness over the nose and in the jaw-bones, running discharge from the

eyes and nose, chilliness; *rheumatic headache*, with pains in the bones of the skull, tearing in the scalp, or sensation as if the skin were tightly drawn over the skull, pains in the forehead, and general chilliness, cold hands, hot face; *bilious headache*, the head feeling full, and tight, with sensitiveness, flushed, swollen, hot face, copious flow of saliva, vomiting of bile, etc.

Eyes.—Inflammation of the eyes from cold, with smarting and burning, agglutination of the lids, sensation as of sand in the eyes; chronic sore eyes in unhealthy subjects; scrofulous and syphilitic ophthalmia; conjunctivitis, iritis, and retinitis; chronic inflammation and swelling of the meibomian glands.

Ears.—Otitis, with severe pain, discharge of fœtid pus, or pus and blood, buzzing and fluttering noises, worse at night; earache, and partial deafness, from cold, with much noise in, and muco-purulent discharge from, the ears, swelling of the glands, offensive breath, etc.

Nose.—Swelling and inflammation of the nose, going on to suppuration or ulceration, and discharging foul pus; formation of crusts in the nostrils; muco-purulent running from the nose; syphilitic ozœna.

Respiratory System.—Cold in the head—running-cold—sneezing, lachrymation, tightness of the head, and chilliness; hoarseness, with dryness of the throat; cough, with yellow mucus or muco-pus, of a sweetish or saltish taste; dry, hacking, shaking cough, with dryness and tightness in the chest, worse at night, relieved for a time by drinking cold water, and a sense as though the cough would be altogether relieved if the parts could be lubricated; cough in chronic bronchitis and consumption, with similar symptoms; expectoration of muco-purulent matter and blood, in cachectic patients, and following scarlet fever.

Digestive System.—*Mouth, etc.*—Inflammation and ulceration of the mouth, tongue, fauces, and tonsils, with swelling

of the glands, and slight fever; sore mouth of nursing women; thrush; cancrum oris; low inflammation and swelling of the tongue; scurvy, sponginess and bleeding of the gums; cracks at the corners of the mouth; coppery or brassy taste, or foul taste, whitish or yellowish coating on the tongue, slimy state of the mouth, and offensive breath; salivation, simple, or in pregnant women; mumps; swelling of glands after scarlet fever. *Teeth.—Toothache*—the teeth are *loose* and feel *sore*, the gums swell and are sensitive, the pains are throbbing or jerking, *worse at night*, accompanied by *salivation*, and often perspiration, and a general sense of *chilliness;* gum-boils, with similar symptoms. *Throat.*—Sore throat, with *aching* pain which makes swallowing difficult, or with pain as if a sharp body were sticking in the throat, with dryness, and, occasionally, a sense as of hot vapour rising in the throat; low form of, or chronic, sore throat, with pale or *bluish-red swelling*, great sense of dryness, hawking of tenacious glassy mucus, and tendency to ulceration; syphilitic sore throat, with similar symptoms; sore, ulcerated, putrid, gangrenous throat of scarlatina anginosa, with *swelling* of the glands. *Glands.*—Swelling and induration or suppuration of the parotid, submaxillary, or sublingual glands, from cold, with soreness and heat, and sometimes salivation; mumps. *Stomach.*—Burning in the pit of the stomach, with soreness, oppression after food; dyspepsia, from torpor of the liver, with bilious vomiting, constipation, offensive urine, depositing brownish sediment; acute gastritis. *Pancreas.*—Fulness in the left hypochondrium, with burning pain and tenderness in the region of the pancreas, and increased secretion from the organ—frothy and watery diarrhœa, or whitish, tough, and greenish evacuations. *Liver.*—Chronic congestion, enlargement, and induration of the liver, with aching, dull pain, oppression, soreness, uncomfortable heat, oppressed breathing, the patient being unable to lie on the right side, and general

bilious symptoms; torpid liver, deficient secretion of bile, pale, costive, and offensive motions, loss of appetite, depression of spirits; cirrhosis; chronic jaundice, with constipation, pale and dry fæces, deep-yellow urine, soft and feeble pulse; simple *jaundice, especially in children.* *Bowels.*—Vitiated, coloured, slimy, offensive diarrhœa, excoriating the anus, especially in children; watery diarrhœa from cold, with heat and flatulence, and sensation as if the bowels were loose in the abdomen, chilliness, headache, foul taste, salivation, debility; bilious diarrhœa, with green, dark-brown, or excoriating evacuations, distension and soreness of the bowels; watery diarrhœa, and emaciation; diarrhœa of infants, with green motions, or like stirred eggs, flatulence, etc.; dysentery —passage of bloody mucus, tenesmus or involuntary pressing down—, chilliness or slight fever, with chalky sediment in urine; inflammation of the cæcum, colon, and rectum, with ulceration; pains in the hip and sacrum from hæmorrhoids, dysentery, etc. Constipation, following bilious diarrhœa, the fæces being dark-brown or green, lumpy, and covered with mucus; or constipation, with an occasional attack of bilious diarrhœa. *Anus.*—Soreness of the anus, sharp, sticking pains, with oozing of serous fluid; white piles. Ascarides and lumbrici in patients having the characteristic cachexia indicating *Mercurius.* Peritonitis, with effusion.

Urinary System.—Nephritis, non-desquamative; catarrh of the bladder; albuminuria; suppression of urine from acute inflammation or congestion; frequent and painful urination.

Generative System.—Inflammation of the mucous membrane of the glans penis; swelling of scrotum, with erection of penis; coldness and shrinking of the genitals; spermatorrhœa, and gleet, in cachectic subjects; gonorrhœa; chancre; syphilitic sores; incipient buboes. Purulent and corrosive leucorrhœa, and prolapsus of the vagina, with heat, pain, and soreness; profuse menstruation from liquefaction of

the blood, in patients presenting the *Mercurial* cachexia—general weakness and wasting, œdema, coldness, paleness, short breath, etc.; sore breasts in similar patients.

SKIN.—Chronic *sweating*, sour or fœtid; perspiration on the least exertion; vesicular and pustular eruptions; cracking of the hands; porrigo of the scalp; scrofulous and syphilitic eruptions and ulcers; impetigo, rupia, and other destructive conditions; nightly itching or fine biting sensations without eruption (from approaching jaundice).

According to Bayes, the only practical rule for the administration of *Mercurius* in vesicular, pustular, and papular rashes, in the absence of general indications is, that on pressure over the reddish blush which surrounds these, the colour of the skin remains coppery or yellowish-brown until the blood returns to the surface. In very unhealthy subjects these vesicular and pustular rashes tend to run into sores.

DIFFERENT PREPARATIONS OF MERCURIUS, AND THE DISEASES TO WHICH THEY ARE SPECIALLY ADAPTED.

Merc. Bin-iodatus.—Goitre; glandular swellings; also when such swellings occur during, or follow, scarlet fever; chronic bronchitis in the strumous; polypus of the nose; chronic catarrh.

Merc. Corrosivus.—Ophthalmia, gastritis, enteritis, dysentery, liver-disease, peritonitis, urinary affections, gonorrhœa; impetigo capitis; some of the syphilitic eruptions.

Merc. Sulphuratus Ruber—Cinnabaris.—Chronic gonorrhœa, gleet, chancre, and enlargement of the inguinal glands.

Merc. Solubilis and *Merc. Vivus* are prescribed by many homœopathic physicians indifferently, as the effects of both are nearly identical throughout. It was the *Merc. Sol.*, however, which was proved by Hahnemann.

65.—Nux Vomica—*Strychnos Nux Vomica—Vomit-nut.*

This is the fruit of a tree of considerable size, indigenous to the Indian Archipelago, Southern India, Ceylon, etc. We use the seeds *(nuces vomicæ)*, from which, pulverized, we prepare an intensely bitter tincture or trituration, which, like other bitters, excite an increased secretion of saliva.

Leading Uses.—*Spasmodic affections of the nervous system; dyspepsia, with constipation;* intermittent fever, with predominance of dyspeptic symptoms, crampy pains, etc. It is pre-eminently suited to all affections of the nervous and digestive systems due to *depression consequent on over-stimulation*, as in immoderate straining of the nervous system by the haste and worry of business, excessive study, anxiety, etc., or by the use of *alcoholic drinks, coffee*, and *other stimulants.* Hence its adaptation to the ailments of the city man of business, the sedentary, the studious, and the intemperate.

Special Characteristics.—Persons of spare habit, firm fibre, energetic and irritable disposition, dark complexion, who suffer from constipation, or uneven action of the bowels, and wake up early in the morning with headache and crowding of ideas, falling again into a heavy, unrefreshing sleep, are generally most benefited by *Nux Vomica.* The symptoms generally occur, or are worse, very early in the morning—two or three o'clock,—and are aggravated by food and mental exertion.

Nervous System.—*Tetanus*, without loss of consciousness; tetanic spasms alternating with relaxation and asphyxia; *spasm*, pain, and *weariness*, with sensation in the joints as if bruised; trembling of the limbs as in drunkards; epilepsy, the attacks being preceded by dizziness, and *creeping itching sensations*, as from insects, *in the face*, which are followed by violent jerks of the arms, ending in loss of consciousness; convulsive movements excited by touch; *morbid acuteness of*

the senses; paralysis of drunkards: early stage of *delirium tremens;* tendency to apoplexy; neuralgic affections of the spinal marrow, with tingling, hard aching, sticking pains aggravated by motion or contact, restless sleep, with frightful dreams, night-mare, mental depression, hypochondriasis and other nervous diseases, *associated with indigestion.*

HEAD.—Congestive headache, worse after eating, with throbbing, giddiness, flushed face, aching as if the head would split, and stupefaction, often with nausea, vomiting, or constipation, and increased by coughing or stooping, and especially in strong, plethoric persons; hysteric hemicrania; headache following intoxication; severe headache beginning with dazzling of the sight; luminous vibrations seen a little distance from the eyes.

RESPIRATORY SYSTEM.—"Stuffy" cold in the head; dry, racking, spasmodic cough, causing soreness in the pit of the stomach, and aching of the head as if it would split; cough associated with gastric or liver derangement; chronic bronchitis of old persons, with profuse and difficult expectoration; *spasmodic asthma,* the muscles of the chest being rigid during the attack, the patient oppressed with anxiety, and complaining of a soreness or aching under the breast-bone, the paroxysm ending in copious vomiting of phlegm; shocks and palpitation of the heart during asthma; spasm of the heart.

DIGESTIVE SYSTEM.—Toothache, associated with indigestion or pregnancy; spasmodic hiccough and difficulty of swallowing; *dyspepsia,* "the fore half of the tongue being comparatively clean and the back part coated with a deep fur" *(Bayes);* sour, foul, or bitter taste in the mouth; *flatulence;* heart-burn; rising of a sour and bitter fluid; *water-brash* (see also *Lyc.* and *Bry.);* "eructation of food soon after it is swallowed, without retching or straining, the food tasting much as it did when swallowed;" *cardialgia,* oppression of the stomach after eating, with depression of

the spirits, ill-humour; sense of weight or pressure in the stomach, with soreness and sensitiveness; *acute indigestion* from indigestible food, or after intoxication, with pain, retching, and vomiting; chronic indigestion, with crampy pains, or *spasms of the stomach or bowels*, *flatulence*, and constipation; gnawing and sinking at the stomach; pain after the least food; aching pain in the epigastrium and hypochondrium; spasmodic vomiting and retching; morning vomiting of pregnancy; *spasmodic and flatulent colic* (see also *Coloc.* and *Iris); constipation*, the action of the bowels being "inharmonious and spasmodic," the patient having *frequent ineffectual urging;* spasmodic dysenteric attacks; hernia of women and children; "diarrhœa of infants when artificial food disagrees with them; *blind piles* (in alternation with *Sulphur)*, with congestive headache; prolapsus, or stricture, of the anus, with constipation; chronic liver-complaint, especially in old persons.

Urinary System.—Spasms during the passage of urinary calculi; strangury, from chronic irritation of the lower portion of the spine; incontinence of urine from paralysis of the sphincters.

Generative System. — Irritability of the male sexual organs, with emissions; spasmodic pains in the spermatic cord, with retraction of the testes. Spasmodic menstrual colic, with premature and scanty discharge, cerebral congestion, and chilliness, in persons with dyspepsia and other conditions as above; continual dribbling of the menses; *prolapsus of the uterus and vagina; metritis;* leucorrhœa; *morning-sickness.*

Strychnia—*Strychnine*—the chief alkaloid of *Strychnos Nux Vomica*—is largely used by the allopaths, but much less by homœopaths, since it has not so wide and varied a curative range as *Nux Vomica*, its influence being, it is believed, limited to the cord, and not reaching the brain.

Our use of it is almost strictly limited to the paralytic and the more violent spasmodic and tetanic (traumatic) affections curable by the drug.

Phosphate of Strychnine is valuable in rheumatic affections of the aged, with stiff and weak muscles, and a tendency to painful cramps.

66.—Opium—*Papaver Somniferum—Poppy.*

This plant, and preparations from it, have been used for medical purposes from the remotest antiquity. The *Opium* we use is obtained from Turkey and Egypt. Opium-smoking and eating, when once the habit is formed, soon becomes an all-absorbing passion. Dr. Bayes says that when he resided on the borders of Lincolnshire, he saw a great deal of the opium-eating and laudanum-drinking which is still carried on there. "The chemists in those districts sell immense quantities of Opium, in its crude state, every market-day, rolled into little sticks, in pennyworths and two-pennyworths. I have seen fen-farmers who were in the habit of buying *Laudanum* by the half-pint or even more, on every visit to their market-town. The habit is first commenced to allay the feeling of extreme lowness of spirits and bodily depression which affects the ague-stricken where intermittent fever is fully developed." A cachectic state of the body, and derangement of most of its functions, is generally noticed in those who habitually use the drug; "and in them the slightest scratch often degenerates into a foul and ill-conditioned ulcer" *(Waring)*.

Besides its prejudicial use by adults, we would strongly condemn its employment, in the form of *Paregoric* and *Laudanum*, as a means of quieting young children, in whom it produces most injurious, and very often, fatal results;* its

* See a paper on "Fatal Poisoning by Allopathic Medication" in *The H. World*, July, 1869.

use in such instances, is, moreover, wholly inexcusable now that homœopathy has introduced *Acon.*, *Bell.*, *Cham.*, *Coff.*, etc., as safe and potent means of removing, *not stifling*, the conditions which give rise to infantile troubles.

Leading Uses.—Heaviness with headache, and great sleepiness after meals in apoplectic patients; chronic constipation; torpidity.

Nervous System.—*Apoplexy*, with slow, full pulse, snoring-breathing; certain cases of *delirium tremens; convulsions* of children from *fright;* "acute fevers characterized by a sopor bordering upon stupor, and by absence of any complaint, snoring with the mouth open, half-jerking of the limbs, and burning heat of the perspiring body" *(Hahnemann);* typhus, with partial suppression of urine, and sleepiness; unconquerable *drowsiness*, followed by *sleeplessness*, headache, listlessness, chilliness, etc.; stupifying, unrefreshing sleep, with snoring, half-open eyes, stertorous, irregular breathing; *headache*, with heaviness, throbbing of the arteries, redness of the face, sleepiness after meals, with *contraction* of the pupils, especially in persons predisposed to apoplexy, or who drink alcoholic liquors largely.

Digestive System.—Dyspepsia of drunkards whose digestive organs seem to have lost all tone; *obstinate constipation*, from utter torpidity and inaction of the intestines, and "when little or no inconvenience is felt from the want of action;" *lead-colic* and constipation; incarcerated hernia.

Urinary System.—Paralytic retention of urine, especially in young children and old persons.

Skin.—Sudden retrocession of acute eruptions, inducing brain-symptoms characteristic of the drug.

Special Characteristics.—Torpidity or inactivity stamps the whole system, both mental and physical; medicines indicated seem to be inert till *Opium* has aroused the dormant energies and so rendered the nervous system susceptible.

67.—Phosphorus—*Phosphorus.*

The effects of *Phosphorus* on persons employed in lucifer-match manufactories are very injurious; it often causes necrosis of the lower jaw; gum-boils, falling out of the teeth; melting away of the gums, so that the diseased jaw is seen. When the inflammation extends, the result is not unfrequently fatal.

Leading Uses.—*Organic disease of the liver; inflammation of the lungs;* jaundice in yellow- and other fevers, with black vomit; *fatty degeneration* of the heart, liver, muscles, etc.; adynamic fevers, with prostration, hiccough, cold extremities, clammy sweats in the face, and emaciation; typhoid conditions in various diseases, with parched and cracked, or blackish glazed, tongue; consequences of sexual excesses; marasmus; disease of bone; hectic fever.

Special Characteristics.—A pale, sickly, sallow, or bloated appearance of the face, prostration of the nervous system, pains in the joints, tendency to lung-disease, quiet lowness of spirits, and gradual wasting.

Nervous System.—Functional paralysis, and epilepsy, from debilitating causes—sexual excesses, want, etc.; progressive spinal paralysis, the brain being undisturbed; hemiplegia in old people of a scrofulous constitution, with creepings in the paralyzed parts, thick urine; weakness of children who are late in walking; marasmus, trembling, general debility, and depression of spirits.

Head, Eyes, Ears, etc.—Arthritic hemicrania, with swelling, inflammation, and intense painfulness of the affected part; chronic conjunctivitis; amaurosis, with lancinating pains through the eye-balls, and deep-seated pains in the orbits; deafness in strumous females and children, with humming, whizzing, dryness, and occasional oozing of greenish mucus; chronic catarrh, with inflammation of the nose, fœtid discharge of greenish mucus.

Respiratory System.—Cough with general irritation in the chest; hacking, wasting cough, the lungs feeling crowded and tight, expectoration of rusty-coloured or greenish, and sometimes fœtid, sputa; cough and chest-troubles, with similar symptoms, occurring in, or following, typhoid, typhus, and other fevers; sense of heat or sharp pain during inspiration; chronic cough, with tough, reddish-brown expectoration; chronic bronchitis, with much constitutional disturbance, soreness of the air-passages, frothy and bloody or purulent expectoration, emaciation, hectic fever, etc.; *simple, typhoid, and chronic pneumonia*, the cough causing soreness, expectoration of mucus and blood; broncho-pneumonia (*Phos.* in alternation with *Ant. Tart.*); pleuro-pneumonia (alternately with *Bry.*); phthisis pulmonalis, in the early stage, also during the course of the disease: it relieves congestion, quiets the cough, and moderates diarrhœa, etc.

Digestive System.—*Decay of teeth* in the lower jaw, especially when extending to, or arising from, the jaw itself, with inflammation of the gums, *tendency to gum-boils;* irregularities of teething in the lower jaw, especially in scrofulous children with chronic diarrhœa, tendency to mesenteric disease; cardialgia, with frequent vomiting, sense of heat in the stomach, diarrhœa, with straining; hunger, with emaciation, white-coated tongue, etc.; impaired digestion from sexual excesses, with great weakness; gastro-enteritis, and disease of the stomach involving emaciation of the patient, ulceration, etc.; chronic diarrhœa, watery or colliquative, in nervous patients and children; mild diarrhœa of phthisis; *diseases of the liver* in which the functions of the organ are suspended; acute atrophy of the liver, cirrhosis, obstructive jaundice, etc.; malignant jaundice, burning distress in the stomach, black vomit; acute fatty degeneration of the liver; chronic jaundice.

Urinary System.—Thick, turbid, and scanty urine in

typhoid conditions; high-coloured and frothy urine; fatty pellicles floating on the urine; albuminuria; nephritis.

Generative System.—Emissions weakening the patient; erections with speedy emissions; spermatorrhœa; impotence; satyriasis. Amenorrhœa or scanty menses with pale, sallow, waxy-looking complexion, and strumous constitution; chronic inflammation of the breasts, with fistulous openings.

Skin.—Diseases of the skin in the neighbourhood of the lower jaw; fistulous ulcers, with fever; chilblains, from which a fœtid watery secretion exudes, in scrofulous females.

68.—Phytolacca Decandra—*Poke-weed.*

Poke-weed is another of the new American remedies. The roots, leaves, and berries are the parts used in medicine.

Leading Uses.—Affections of the throat; abscess, fistulæ, and irritability of the mammary gland; chronic rheumatism. There is a remarkable similarity between the effects of *Phytolacca, and Kali Hydriodicum*, *Mercurius*, and *Mezereum.*

Head, Nose, etc.—*Dull, heavy headache* in the *forehead*, vertex, and occiput, with yawning; syphilitic headache; acute coryza; ozœna, and syphilitic ulceration of the nose.

Respiratory System.—*Hoarseness* and *aphonia*,* with great dryness, and sense as of a lump in the throat; cough, day and night, with feeling as of an ulcerated spot in the windpipe, above the breast-bone; incipient catarrhal affections of the throat. In these we have repeatedly found it of the greatest value administered by inhalation.

Digestive System.—Mercurial ptyalism and pains in the teeth; toothache, with inflammation of the gums and mouth; difficult dentition; darkish-red inflammation of the fauces, swelling of the tonsils, with superficial ulcers, and thick white mucus; scarlatina anginosa with glandular enlargements,

* See *H. World*, vol. ii., p. 89.

ulcerated throat, hoarseness, etc.; *diphtheritic inflammation of the throat*, with pains in the head, neck, and back, and high fever, large holes being left when the white patches come away: in all these mouth and throat affections, *Phytolacca* should also be used as a *wash* or a *gargle*—25 drops of the tincture to a quarter-of-a-pint of water. Vomiting, coming on very slowly, preceded by nausea, prostration, yawning, etc.; soreness and pain in the hypochondrium during pregnancy; *constipation* in the aged, or in feeble persons, with weak, intermittent heart's-action, and relaxed muscular frame; ulceration of the rectum; fissure and prolapsus of the anus; etc.

Urinary System.—Urine diminished, afterwards increased, and becoming albuminous; albuminuria, as in scarlet fever, diphtheria, etc.

Generative System.—Loss of sexual desire, relaxation of the genitals, and impotence; obstinate gonorrhœa and gleet; second and tertiary syphilis; nightly pains in the tibia, with nodes. Metrorrhagia; inflammation, swelling, and hardness of the breasts;* *mammary abscess and fistulous openings of the breast;*† morbid sensitiveness and tenderness of the breasts during menstruation or suckling.

Skin, etc. (Internal and external use).—*Boils*, for which a professional correspondent states it to be specific; *chronic ulcers* and eruptions; tinea capitis; whitlow, felon, and chronic syphilitic cutaneous diseases.

Rheumatic Affections.—*Chronic rheumatism*, with heavy aching and coldness in the affected limb, the pain being worse in warmth and in damp weather, with co-existing

* Poke-weed is in constant use in the dairies of America, to disperse "caking" or inflammatory enlargements of the udders, and to regulate abnormalities in the milk of cows; and it has been most successfully used in the human female, even after suppuration of the gland has set in and sinuses have formed.

† See cases in the *H. World*, vol. iv., p. 260; vol. v., p. 66.

glandular enlargements; joints swollen, tender, red, and shining, with extreme pain on movement, worse at night; rheumatism of the hip-joint; stiff-neck, lumbago, and rheumatic and neuralgic affections of the lower extremities.

69.—Platina—*Platinum.*

After being purified, we make triturations of this substance.

Leading Uses.—Nervous affections, with depression, apprehensiveness, and uterine derangement. It holds a similar place in the treatment of ovarian disease as *Aurum* in affections of the testicle.

Nervous System.—Depression of spirits and melancholy even to the fear of death, with anguish about the heart; neuralgia with numbness, hysteria; sleeplessness from nervous excitement; religious melancholy. It is especially suited to dark-complexioned females, of spare habit, and subject to neuralgic headaches, who suffer from profuse or premature menstruation, or watery leucorrhœa. *Digestive System.*—Flatulence and constipation. *Generative System.*—Chronic congestion of the ovaries; induration and prolapsus of the womb; condylomata.

70.—Plumbum—*Lead.*

We use the metal itself—*P. Metallicum;* the Carbonate—*P. Carbonicum;* or the Acetate—*P. Aceticum;* their actions being similar.

Leading Uses.—*Chronic dull headache*, with depressed spirits, weeping mood, tendency to paralysis, and constipation; *blue margins on the gums*, with sponginess and shrinking, as in some cases of *phthisis;* wasting of the body similar to that caused by lead-poisoning, with palsy, epilepsy, neuralgia, or anæsthesia; *melancholy; obstinate constipation*, the fæces being

dry, shaped like balls, and when there is spasmodic constriction of the sphincter ani; *colic*, relieved by pressure on the abdomen, with constipation, like lead-colic; etc.

*Lead-colic** or *Painter's colic* is best treated by Opi., Alum., or Plat., according to the symptoms.

71.—Podophyllum Peltatum—*May-Apple—Mandrake.*

This plant, of the genus *Mandragora*, is probably the same as that of which we read in the Scriptures as the mandrake. Its fruit, which is round and yellow, like a small orange, is very fragrant and luscious, and is eaten in the East by women desirous of offspring. Among the Cherokee Indians the root is used to expel worms; and all Indian tribes are fond of the fruit. The tuberous root is the officinal portion.

Leading Uses.—This drug may almost be regarded as a *polychrest*, for its range of action is very extensive. It very powerfully irritates the *mucous tissues* and their *associated glands*, especially those of the digestive tract; it is therefore homœopathic to enteritis, gastritis, and occasionally to bronchitis and urethritis. In connection with the glandular system it is a close analogue of *Mercury*, *Iodine*, *Iris Vers.*, etc. "When taken up into the circulation, it is eliminated by the glands, and is thus rendered capable of causing irritation, inflammation, and even suppuration of almost any glandular organ or structure" *(Hale)*.

Circulatory System.—Slow, or scarcely perceptible, pulse; chilliness, followed by fever and disturbed sleep. It is well adapted to a depressed state of the heart and arteries, and to a low tone of the vital energies of the whole system. Here it is similar to *Veratrum*.

Fevers.—In bilious fever it acts very favourably, and in typhus and enteric fever it is often indicated, especially when

* See Section 121, pp. 465-6, and the chapter on Poisons, Part V.

Peyer's glands are inflamed. The drowsiness by day and the restlessness by night which attend "bilious attacks," and often precede different fevers, point to *Podophyllum*. In intermittents it is not of much value; though for febrile symptoms which tend to recur in the *morning*, and are therefore remittent in their character, it may be found useful.

Digestive System.—The action on the mouth is very specific and noteworthy. In toxical doses it produces salivation; hence it is homœopathic to that condition, even when it has been produced by the action of mercury. It has also been known to cure nursing sore mouth, canker in the mouth, etc. *The Liver.*—Dr. Hale believes it to be a direct stimulant of the liver, and homœopathic to acute irritation, congestion, and inflammation of that organ, bilious diarrhœa, and hepatic pains. He considers, however, that the dose in these disorders is of great importance, and lays down the following rules:—"(1.) For the primary (acute) conditions, similar to those caused by large doses of *Podophyllum*, give the highest and middle attenuations. (2.) For symptoms and conditions (chronic) simulating the secondary effects, give the lower attenuations. (3.) In a few cases, as in retention of the bile from obstruction of the gall-duct, or in cases of gall-stones, we must have the direct mechanical effects of *Podoph.* In such cases, crude doses are required."

Podophyllum is secondarily indicated in the diarrhœa which is accompanied by complete jaundice, and that which *alternates* with constipation; also where the stools, though natural, are too frequent. Colitis, dysentery, especially with *prolapsus ani*, cholera, piles, and other inflammatory diseases of the intestinal tract, require this remedy.

Of late years, the drug has acquired a well-established repute among allopaths as a purgative. Indeed, from the character of the motions produced by it, it has been called "vegetable mercury." Allopaths are somewhat divided as to

its action; but where small doses have been administered, its real value has been discovered. "I know of no other substance," writes Dr. Gardner, "which so certainly produces bilious evacuations when the liver is full of bile. Whenever I have deemed it desirable to evacuate or stimulate the liver, as in bronchitis, fever, headache, etc., I have used this medicine with highly-satisfactory results." "In very small doses," Dr. Ramskill says, "it will procure an abundant flow of bile, and often induce its discharge by vomiting, before, or even without, purging."

Dr. Sydney Ringer recommends it in the obstinate constipation which often follows an attack of diarrhœa in hand-fed infants, when "the motions are very hard, crumble when broken, and of a clay colour, often mottled with green." The motions become natural in consistence and colour, the flatulent distension of the belly subsides, the child becomes quieter, and the health improves. Dr. Andrew Clarke values it highly in constipation, which it relieves safely, easily, naturally, and effectually. His experience shows the propriety of diminishing, not increasing, the dose.

According to Rankin's abstract, it has been found by the American allopaths to be of great value, when administered in small doses, as a de-obstruent in scrofula, rheumatism, syphilis, and other chronic diseases. But, on the other hand, when incautiously used and administered in large doses, it has produced an immense amount of injury.

Genito-Urinary System.—Primarily, it cures involuntary urination; secondarily, suppression and scantiness of urine. *Prolapsus uteri*, associated with the rectal symptoms for which the drug is homœopathic.

Podophyllum is now considerably used by practitioners of both schools, and allopaths are beginning to discriminate between primary and secondary effects; and thus making some approach towards the recognition of homœopathy.

72.—Pulsatilla Nigricans—*Wind-flower—Meadow Anemone.*

This perennial flower is indigenous to elevated places in the greater part of Europe, where the soil is dry and sandy, and the situation exposed. It is called "wind-flower," because generally found in an exposed situation.

Leading Uses.—The main spheres of action of *Pulsatilla* are the *mucous membrane* of the *digestive canal*, the *sexual organs*, the *eyes* and *ears;* it also exercises great influence upon the *veins*. "In all the best cases of *Pulsatilla-cure* I have met with, *venosity* has been the prevailing constitutional symptom" *(Bayes).*

Special Characteristics.—*Puls.* is especially suited to the ailments of the female sex, and to persons of a gentle, good-naturedly mischievous disposition, easily excited to laughter or weeping, having pale face, blue eyes, blond hair, freckles, and a tendency to leucorrhœa or other kinds of blenorrhœa, with an inclination to a deposit of fat under the skin, and a tendency to shed tears when the patient is describing her sufferings. There is absence of thirst, frequent chilliness, and the pains are worse with warmth and during rest, but abate in the open air, or during moderate exercise.

Rheumatism.—Here it is only indicated when the symptoms are sub-acute, with swelling of the affected (chiefly the small) joints, and but little inflammatory redness, and when the pains wander from one part to another, with the characteristic dyspepsia; rheumatic gout in females, with periodic irregularities.

Measles, etc.—In *measles*, *chicken-pox*, *remittent fever* (also *Gels.*), and other diseases of children, it helps to clean the tongue, moderates catarrh, and checks diarrhœa. In uncomplicated *measles* it is almost a specific, and is especially valuable after the fever has been modified by *Aconite*. *Puls.* is also

preventive of measles, or administered during the disease, it tends to prevent its sequelæ.

HEAD.—Gastric headache, from rich, fatty, indigestible food, severe pain on one side behind the ear, as if a nail were driven in; headache on the left side; nervous or sick headaches (also *Iris*), particularly in hysteric females, or connected with the menses; hysteria, or dejection of spirits, from milk- or menstrual-suppression.

EYES, EARS, ETC.—Styes; subacute inflammation of the lining membrane of the eyelids, with profuse lachrymation, agglutination, etc., in persons of the temperament described; ophthalmia following measles; twitching of the eyelids, with dazzling of the sight; weak eyes from local rather than from constitutional disorders. Ear-ache of children, with passive purulent discharge; noises in the ear or deafness, recent, following catarrh or measles. Loss or perversion of smell.

CIRCULATORY SYSTEM.—Varicose veins of the legs (also *Hamam.*), and embarrassed venous circulation generally, especially in females, and when caused by pressure from pregnancy; phlebitis in the leg; embarrassed venous circulation in the hands (internal and external use).

RESPIRATORY SYSTEM.—Catarrhal affections of the air-passages, with loss of taste or smell; excessive expectoration of mucus in old cases of bronchitis; "mild hæmoptysis, in bronchitis marked by expectoration of mucus having a fœtid taste and smell;" bronchial relaxation after hooping-cough.

DIGESTIVE SYSTEM.—Viscid, whitish mucus, thickly covering the tongue; bitter, sour, or foul taste; diminished or altered taste, with the *Puls.* characteristics. Dyspepsia, colic, or diarrhœa from the use of pork, pastry, or other fat or rich diet; eructations tasting of food; vomiting of mucus or bile; heartburn; a feeling of distension after a meal, necessitating the loosening of the dress; passive venous congestion of the abdomen. Mucous diarrhœa with sensitiveness of the abdo-

men, especially from rich, indigestible food, or occurring at night.

Genito-Urinary System.—Chronic catarrh of the bladder; difficulty of passing water during pregnancy. Orchitis; prostatitis (also *Thuja*); hydrocele; etc. *Pains in the left side* (see also *Cimicifuga*) in females, between the hip and the lower margin of the ribs or a little above, associated with some derangement of the monthly period; passive congestion of the uterus; uterine irregularities—delayed, suppressed, pale, or watery menses; passive, milky leucorrhœa; false, delayed, or deficient labour-pains *(Secale)*; retained *placenta*; excessive after-pains; suppression of the lochia; painful tension of the breasts, and a deficient secretion of milk. Administered some time previously to labour, it facilitates that process. We have for some years prescribed this or some other remedy, according to the nature of each case, during the latter months of pregnancy, with the happiest results, and have had too many evidences of its value to admit of the supposition that they were mere coincidences.

Skin.—Itching or burning of the skin, with nervous or menstrual disorders; eruption resembling that of measles; varicose, readily-bleeding ulcers.

73.—Rhus Toxicodendron—*Poison-oak—Sumach.*

This shrub is indigenous to North America and some other parts of the world; it abounds on the borders of rivers, or in marshy districts, growing very tall in a congenial soil. We make a tincture from the leaves.

Leading Uses.—Rheumatic complaints, skin affections, and strains of the joints, or of the membranes investing the joints. An interesting case of poisoning by *Rhus* in a man who went to gather the shoots for a homœopathic chemist in Scotland, with a remarkably corresponding case of cure by

the same drug, will be found in *The Homœopathic World*, vol iv., p. 149 *et seq.*

Rheumatism.—Sub-acute and *chronic rheumatism* and *lumbago*, *rheumatic sciatica*, and *rheumatic stiffness* and *lameness*,* chiefly from getting wet, and then taking cold when the body is in a state of perspiration or excitement. Its action is chiefly expended upon the tendons, fasciæ, sheaths of nerves, etc. Hughes thinks it does not control the rheumatic affections of the synovial membranes, but only those of the ligaments external to the capsules of the joints; also that it does not act upon the nerves themselves, but upon their fibrous sheaths. The indications for the use of *Rhus* in this class of diseases, as also in *strains*, are:—*Increase of pain during rest*, at night when warm in bed, on *first moving* the parts, and on *waking up* in the morning; *the pains are relieved* by continued gentle movement, flexion of the limbs, and dry heat. Indeed, these indications are valid in some other conditions, not rheumatic; and some physicians give *Rhus* in any affection in which these symptoms are present. Moreover, the *right side* of the body is chiefly acted upon by *Rhus*.

Paralytic Affections.—*Paralysis* of a *rheumatic* character, with sprain-like pains in the joints and occasional sensations of numbness; paralysis of the lower limbs *(paraplegia)* in young persons and children, from cold—sitting on cold stones, standing in the wet, etc.—with great pain in the paralyzed parts; paralysis of the feet, as from a fall on the back.

Fevers.—In fevers of a typhoid character, *Rhus* is now generally superseded by *Baptisia;* but when rheumatic symptoms develop themselves during scarlet, enteric, or other fevers, *Rhus* is a prime remedy; also when the fever-patient is continually moving himself for change of position as a means of relieving the aching of his back and limbs.

* Many instances of cure illustrative of the kind of cases to which *Rhus* is suitable, and in which the special indications are well marked, may be found in *The H. World*, vol. iii., pp. 188-9.

HEAD, EYES, ETC.—Rheumatic or arthritic hemicrania, the brain seeming to shake in the skull, with burning pains, and swelling of the head and face. *Scrofulous ophthalmia*, with burning pains in the eyes, lachrymation, intolerance of light, swelling and inflammation of the lids. Vesicular erysipelas of the nose and face.

RESPIRATORY SYSTEM.—"Cough, as in the bronchial cough of old people, coming on when first waking or on first moving about, accompanied by the expectoration of small plugs of tough mucus" *(Bayes)*.

DIGESTIVE SYSTEM.—Dyspepsia, with flow of water, dryness of the mouth, capricious or lost appetite, pressure in the stomach, and sense as if it were swollen; diarrhœa of a typhoid character, or diarrhœa ushering in or accompanying the early stage of fever, the evacuations being mixed with jelly-like mucus, blood, etc.

SKIN.—*Vesicular erysipelas*, and erythema, with much burning and itching: for these affections *Rhus* is one of the *best* remedies; *shingles* (herpes zoster); eczema, especially of the palms of the hands; erythema nodosum; tinea capitis, with fœtid yellow matter under the scabs; superficial burns. In susceptible persons contact with the shrub produces an erythematous and vesicular eruption, with itching and burning, going on to more severe results.

EXTERNAL USE.—*Rhus* is an efficacious remedy as an external application in sprains, injuries to ligaments, tendons, etc., especially when the indications above pointed out are present. The injuries generally arise from mis-steps, twists, efforts made in an unusual posture, etc. Bayes remarks that it bears the same relation to a strain that *Arn.* does to a bruise. Extensive *superficial burns*, the *stings* of insects, old chilblains, and sometimes warts, are relieved or cured by the external use of *Rhus*, given also internally. In skin dis-

eases, intolerable *burning and itching* are special indications for its use.

Formula.—Twenty drops of the strong tincture to a half-pint of water.

74.—Ruta Graveolens—*Garden-rue.*

Leading Uses.—Rheumatism, and strains of the *wrist* and *ankle; bruised* pains in the bones, joints, and cartilages, worse during rest; laming pain in the tendo achillis. *Eyes.*—*Weakness of sight from over-exertion of the eyes*, as in reading or sewing. *Digestive System.*—Aching, gnawing gastralgia; worms of children, with vomiting and colic. *Generative Organs.*—Menorrhagia, with hysteric spasms and head-symptoms. *Skin.*—*Ganglion;* bunion.

External Use.—As a lotion to *bruises* instead of *Arnica*, when the latter remedy produces erysipelas in the patient, and when the contusion is more of *bone* than of soft parts. It also assists in the uniting of fracture when that process goes on tardily.

Formula.—Twenty drops of the strong tincture to half a teacupful of water.

75.—Sepia Succus—*Inky Juice of the Cuttle-fish.*

The Sepiæ are molluscæ of the seas. In the abdominal cavity is a sac containing a dark-brown juicy substance, with which the animal darkens the water to elude an enemy, or to capture prey. This liquid, dried, is inert when crude; but powerful properties are developed by trituration.

Leading Uses.—*Chronic* functional diseases of women.

Head.—Periodic congestive headache, with sticking, heavy pain, and sometimes nausea and vomiting; hysteria; flushes of heat. *Respiratory System.*—Cough, with grayish-white

and salty expectoration; some catarrhal affections of the air-tubes. *Digestive System.*—Constipation, prolapsus, and hæmorrhoidal fulness, associated with uterine derangements. *Generative System.*—*Scanty menstruation, leucorrhœa,* and menorrhagia, from venous congestion; amenorrhœa, with gastric derangement, weariness, and palpitation; retroversion, etc., of the uterus; subacute stage of gonorrhœa in females. *Skin.*—Itching pimples, producing a roughness and cracking of the skin, principally affecting the joints; perspiration under the arms and on the soles of the feet, having a peculiar smell, in nervous women; ringworm.

Characteristics.—*Sepia* is best adapted to anæmic and cachectic women of delicate organisation, torpid functional action, who are liable to skin-affections, sensitive to cold air, apt to be chilly, suffer from uterine derangement, mental depression and physical exhaustion, and are of mild disposition, inclined to melancholy and tears.

76.—Silicea—*Silicious Earth—Flint.*

Silica is insoluble in water, acids, and nearly all liquids; hence it is of no service to the physician till trituration has developed its latent great curative virtues.

Leading Uses.—Disorders, generally chronic, affecting the cellular, mucous, lymphatic, and osseous systems. In its influence over suppuration—promoting when necessary, and controlling when excessive—*Silicea* is probably second to no other remedy. *General System.*—Sweat about the head only, and general tenderness of the surface—symptoms of *rickets;* Hahnemann mentions sweat about the head as an indication for the drug. Phthisis pulmonalis and chronic bronchitis, with very profuse expectoration, hectic fever, etc. *Digestive System.*—Decay of the teeth, and toothache from that source, the pain being increased by warm food, and by inhalation of

cold air, and is most violent at night. *Glandular System.*—Cachectic conditions in which the glands not only enlarge, but go on to *slow, torpid suppuration. Osseous System.*—Caries and exfoliation of bone; tabes dorsalis. *Cellular System.*—Enlargement and *white swelling* of joints; enchondroma; ganglia; housemaid's knee; *whitlow* (probably the best remedy); *scrofulous abscesses and ulcers*, spongy and readily bleeding, or torpid, with callous edges, and secreting an unhealthy pus. Teste says it is especially suited to fat people, of a lymphatico-sanguine temperament. *Skin.*—Eruptions from a *diseased condition of the sebaceous follicles*, characterized by a secretion of yellowish lymph, forming incrustations; impetigo capitis; suppressed, or excessive, *perspiration of feet;* etc.

77.—Spigelia Anthelmia—*Animal Worm-grass—Pink-root.*

This plant is a native of the West Indies and South America. We make a tincture from the dried herb.

Leading Uses.—Rheumatic affections of the heart; neuralgic headache, involving the eyes and teeth; and some worm-affections.

*Circulatory System.—Rheumatic inflammation of the heart,** either simple, or as a complication of acute rheumatism; chronic rheumatic affections of the heart with irregular pulse; angina pectoris. *Eyes.*—Conjunctivitis and iritis in children of a strumous diathesis; severe pain in and around the eyes, and on moving them; severe photophobia from

* In a case of cardiac inflammation which occurred recently in our own practice, the patient being an old man who was intensely rheumatic, *Spigelia* acted with marvellous rapidity and curative power, after recovery had been despaired of. The violent "thumping," painful oppression, dyspnœa, etc., declined most satisfactorily, and the patient now follows his usual out-door occupation.

ciliary nervous irritation. *Face, Teeth, etc.*—Darting, stabbing, or lacerating pains in the heart or in the face—*tooth-ache* or *face-ache,—with palpitation;* similar pains down the arms; neuralgic hemicrania, the pain being increased by motion, noise, and stooping. *Digestive System.—Worm-affections*, with vertigo, forgetfulness, depressed spirits, palpitation, *pinching* colic, itching at the anus, enuresis, and lassitude.

78.—Spongia Marina Tosta—*Roasted Sponge.*

This medicinal product is obtained by roasting the best Turkey sponge. *Iodine* is a considerable ingredient in the composition of *Spongia;* nevertheless, the two remedies may not be used indiscriminately; for the former has a much wider range of action.

Leading Uses.—Affections of the larynx, trachea, testes, and ovaries. *Respiratory System.*—Dryness of the larynx, with *dry, hard, barking cough*, worse at night, and excited by a tickling and burning sensation; *hoarseness*, with dry cough, and obstructed breathing; *laryngitis;* laryngeal phthisis; *catarrhal croup* (in alternation with *Acon.);* painful, dry, hoarse, and croupy cough, such as frequently precedes, or follows, croup; bronchocele and *goitrous enlargements* in children and young girls not requiring *Iodium. Generative System.*—Orchitis, and *orchiocele*, the swelling being painful, and aching much, especially when unsupported; menorrhagia in scrofulous females; etc.

79.—Staphysagria—*Staves-acre—Palmated Larkspur.*

We make a tincture from the seeds of this plant.

Leading Uses.—*Nervous System.*—Nervous headache, with constrictive, boring, or pressive pains in the forehead, and acute stitches in the temples; neuralgia of the face and fore-

head, on both sides; neuralgic pains of the shoulder-joints and arms. *Eyes.*—Smarting pains in the eyes, coming on in the evening; some ophthalmic conditions; hordeolum, to prevent recurrence. *Digestive System.*—*Toothache from decayed teeth* or stumps, aggravated by cold air, cold drinks, or eating; the teeth rapidly decay, become black, exfoliate, and the gums easily bleed. *Genito-Urinary System.*—Irritability and catarrh of the bladder; *nocturnal emissions* with sexual excitement; drawing sensation in the spermatic cord, and aching-pain in the testes from walking; impotence.

80.—Stramonium—*Thorn Apple.*

A yellowish tincture is made from the seeds, or a dark-green one from the fresh plant before it flowers.

Leading Uses.—Affections of the brain and nervous system. It resembles the action of *Bell.*, but while the congestion to the head is less, the delirium is more ferocious.

Nervous System.—Dementia, especially of drunkards and epileptics; acute mania, and delirium tremens.* It frequently removes the raving excitement, induces sleep, from which the patients awake quite rational. In epilepsy and chorea it is one of the best vegetable medicines, but often requires, in chronic cases, to be supplemented by one of the mineral remedies—*Zinc.*, *Cup.*, etc. Stammering and stuttering, local forms of chorea, may, according to Teste, be greatly benefited by a prolonged use of *Stram.* *Respiratory System.*—Spasmodic asthma. For this affection it is recommended to smoke *Stramonium*, and to draw the fumes into the lungs. *Generative System.*—Nymphomania; and puerperal mania.

* See cases by Dr. Dalzell in *H. World*, vol. vi., pp. 7-8.

81.—Sulphur—*Sulphur—Brimstone.*

Sulphur is a constituent element of various organic substances, as the albumen of eggs, etc., in some plants, but most abundantly in minerals and mineral waters. The substance is of a pale-yellow colour, is insipid, inodorous, insoluble in water, slightly soluble in alcohol, but more freely soluble in ether. We make a trituration from the washed *Flowers of Sulphur;* also an alcoholic tincture which contains about one per cent. of the drug.

Leading Uses.—*Diseases of the skin and mucous membranes;* affections resulting from *constitutional cachexia—scrofula*, etc.; complications arising from the *non-development* or *retrocession of eruptive diseases;** ill health of children and others without definite disease, especially where associated with alternate constipation and fœtid diarrhœa.

Sulphur is very valuable (1) *in commencing the treatment* of many *chronic diseases;* (2) as an *intercurrent remedy*, during a course of treatment, as of scrofulous diseases of the joints, chronic hydrocephalus, glandular enlargements, chronic gout and rheumatism, phthisis, etc.; (3) when the organism fails to respond to the action of other remedies which are homœopathic to the condition: a dose or two of *Sulphur* will often arouse the dormant energies, and render the system susceptible to the medicines indicated; and (4) *after acute disease* in any organ. "When the part is left gorged with venous blood, and the arterial blood has not recovered its due balance, *Sulphur completes the cure.* In all deep-seated chronic maladies it is of essential service, either as the main remedy, or as an adjunct to others. "Curiously enough, however," remarks Dr. Hughes, "*Sulphur* rarely cures

* On this point Mr. Nankivell thus writes us: "It is most valuable when the exanthem does not readily appear; I have noticed its brilliant effects in the incipient stage of small-pox, when the head was severely affected with intense pain, and in a state threatening coma."

alone. If it be continued above a week or two, the progress made towards cure is generally arrested, and even becomes retrograde, and some other medicine must complete the cure." These remarks we have often verified.

NERVOUS SYSTEM.—Neuralgic shooting-pains, chronic headache, trembling weakness, rigidity of the joints, etc.—arising from repelled cutaneous disease; hot flushes down the spinal column; nightmare with palpitation, in cachectic persons; etc.

HEAD.—Chronic headache, with congestion—aching fulness, and vertigo. Cerebral congestion, or vertigo from *suppressed piles.* The Harrogate waters, if drunk injudiciously, are said to be capable of bringing on apoplexy: hence the homœopathicity of *Sulphur* to some cases of chronic congestive headache; "*excess of venosity*," and consequent diseases. Chronic hydrocephalus.

EYES.—*Scrofulous Ophthalmia*, with superficial corneitis, the pinkish zone well marked around the edge of the cornea, and photophobia *(Merc., Spig.) Angell.* Scurfiness of the eyelids; stye; chronic sore eyelids, with itching and smarting, in unhealthy persons.

EARS.—Sores behind and about the ears, with itching; partial deafness, with roaring noises, and sweating or moisture and frequent itching in the ears.

FACE AND NOSE.—Pimples on the face—*acne* (int. and ext. use). Acute nasitis; erysipelatoid and chronic inflammation of the nose, with swelling and illusions of smell.

CIRCULATORY SYSTEM.—Increased pulsation of the aorta, from the heart to the clavicle, with purring noise; when lying on the back, pulsations are felt in the abdominal aorta; abnormal irritability of the heart, with palpitation, as in hysteric patients of an unhealthy or scrofulous constitution; palpitation from suppressed piles.

RESPIRATORY SYSTEM.—*Catarrh* with confusion of the head, weariness, and prostration of the limbs; catarrh of measles, etc.;

chronic catarrh, and tendency thereto, attacks occurring from the least exposure to unfavourable change of weather, with sneezing, soreness of the nose, hoarseness, tightness of the chest, and acrid, mucous discharge from the nostrils; chronic paroxysmal cough, at night, with expectoration of thick phlegm, excited by tickling in the larynx; chest-symptoms from suppressed eruptions or piles; oppression and anxiety in the chest, with aching, sore spots, dull stitches, and weight and pressure in the chest; *scrofulous consumption* in patients with rough, unhealthy skin, or having itching vesicles; *excessive*, and *foul-smelling*, purulent *expectoration* (see *Acidum Sulphurosum*); mild *hæmoptysis* in bronchitis, with fœtid expectoration; chronic hæmoptysis, and *chronic pneumonia*, in scrofulous and phthisical persons; plastic pleurisy; chronic asthma, alternating with eruptions on the skin, etc.

Digestive System.—Soreness, swelling, and cracks of the lips and corners of the mouth; warty excrescences on the lower lip; sour, bitter, and clammy taste, with yellow coating on the tongue; painful swelling of the tongue; heartburn, sense of weight in the stomach, weariness after eating, and other symptoms of *chronic indigestion* in scrofulous persons; in the obstinate vomiting of hysteric girls, Mr. Nankivell informs us that he has found *Sulphur* (30th potency) often very useful; *chronic constipation* (with *Nux Vom.*), either with or without piles, the fæces being hard, dry, dark, expelled with straining, and sometimes streaked with blood; diarrhœa—fœtid, watery, with fœtid flatulence, and alternating with constipation, in the scrofulous, or from enlargement of the mesenteric glands; *ascarides*, with itching and burning of the anus, in unhealthy children; bearing-down pain about the anus, and *piles*, dependent on abdominal plethora (with *Nux Vom.*), with burning at the anus and tenesmus; *soreness*, *excoriation*, *itching*, or *exudations about the anus*; *bleeding piles*, with hæmorrhage of *dark venous blood*, and constipation.

URINARY SYSTEM.—Frequent desire to pass water during the day, and enuresis at night (compare *Ferrum*), in scrofulous children.

GENERATIVE SYSTEM.—Weakness of the sexual organs, with excitement and swelling, in the scrofulous. Profuse black, clotted, and gluey menstrual discharge; slimy, yellowish leucorrhœa; constitutional tendency to prolapsus, miscarriage, ulceration of the breasts, or sore breasts and nipples.

RHEUMATIC AND GOUTY AFFECTIONS.—Chronic *gouty* (atonic) *and rheumatic affections*, with drawing, tearing, or boring pains, or pains as if the parts were sprained, and *itching about the painful parts;* tensive pains in the joints and muscles; rheumatoid pains, waking the patient early, and preventing sleep again; *chronic lumbago and sciatica*, in persons who suffer from constipation, piles, or varicose veins.

SKIN.—*Scabies*, *acne*, herpes circinnatus, and ringworm (internal and external use); *recent prurigo;* intertrigo, crustea serpiginosa, and *general eruptions in unhealthy children;* chronic erysipelatous inflammation of the skin on various parts—the arms, legs, etc.—with burning and itching, and desquamation; *boils** and *whitlows*, in persons in whom they are apt to recur; liver-spots; chronic ulcers, scrofulous or varicose, with much burning and itching, and discharge of fœtid pus; *corns and warts* which tend to inflame; icy-coldness of the feet, with burning of the face and hands.

CHARACTERISTICS.—*Sulphur* is pre-eminently *indicated* in diseases affecting patients previously troubled with eruptions, ulcers, sores, and in diseases traceable to the scrofulous

* Dr. Hughes gives a good proof of the homœopathicity of *Sulphur* to a chronic tendency to boils, in his *Manual of Pharmacodynamics;* he states that a patient of his who accompanied her husband to Harrogate, and, though in good health, joined him in drinking the waters. When she returned home, she came under treatment, covered with boils.

element. The *symptoms* are *worse at night*, and *in damp* and *changeable weather*. In skin-affections, the following are prominent *indications*,—*itching* with burning, *increased by warmth*, and slight friction, but pleasantly *relieved* for a short time by vigorous rubbing or by scratching.

82.—Terebinthina—*Oil of Turpentine.*

Turpentine is obtained from the pine, the fir, and other trees. We purify it for use by distillation.

Leading Uses.—The mucous membranes of the urinary organs, the kidneys, bladder, and urethra. *Digestive System.*—*Ulceration* of, and *hæmorrhage* from, the bowel, especially in enteric fever, "when the tongue, instead of cleaning gradually from the edges and tips, parts with its fur quickly and in large flakes" *(Wood)*; gastro-enteritis; *tænia*, and other *worms*, with dizziness, pain at the top of the head, irregular appetite, deep-seated soreness, inflation and tension of the abdomen, etc.; scarlet eruption on the skin, with gastric disorder, *from eating shell-fish*. *Urinary System.*—Acute *congestion of the kidneys*, with *suppressed urine*, as from cold; *acute nephritis*, especially the non-desquamative form; *Bright's disease*; inflammation and catarrh of the bladder; *gonorrhœal urethritis*; *post-scarlatinal dropsy*, with inflammation, and *urine smelling of violets*; *hæmaturia*, from congestion: in these affections a group of the following symptoms indicate the use of *Terebinthina*:—Aching pain and weight in the loins, depressed muscular power, vertigo, stupor, irritability of the bladder, difficult or painful emission of scanty red urine, especially when it contains blood, burning in the urethra, sensitiveness of the region of the bladder, loss of appetite, relaxed bowels, and abundant mucous expectoration. *Rheumatic Affections.*—Affections of the nervous system: *mania-à-potu*, *sciatica*, and chronic rheumatism of the lower extremities.

Caution.—The indiscriminate use of *Turpentine* as an external application in rheumatism, burns and scalds, wounds, etc., is frequently productive of most mischievous results.*

83.—Veratrum Album—*White Hellebore.*

This plant is indigenous to the mountainous districts of Europe, and is found in great abundance on the Swiss Alps. We prepare a tincture from the root.

Leading Uses.—*Asiatic cholera*, with violent vomiting and purging rather than with extreme prostration or collapse *(Ars.)*; choleraic diarrhœa; cramps of the *abdomen* or of the *calves*, whether or not occurring during cholera, the muscles being drawn up into knots: third stage of *hooping-cough*; ague, with extreme coldness.

Special Indications.—General *coldness*, with *blueness*, *debility*, sunken and pinched features, *cramps*, faintness and *faintings*, *feeble*, almost imperceptible *pulse*, *cold tongue* and breath, *cold sweats* and *great thirst*; also *watery diarrhœa*—rice-water evacuations—and *dysuria*, with coldness and blueness of the extremities, as in cholera; and excessive vomiting and *black vomit*, as in yellow fever.

Nervous System.—Hypochondriac depression of spirits; confusion of mind, dementia, and absurd fancies; or furious mania. It is probably only suited to mental diseases due to some functional irregularity elsewhere than in the brain, as in mania from menstrual derangement, nymphomania, puerperal mania, etc.

Circulatory System.—Thready, intermittent, and irregular pulse, with feeble action of the heart, occurring in weak

* At the time of writing we have under treatment a patient, who, in alighting from a carriage, slipped, and slightly abraded the surface over the shin-bone; *turpentine* was promptly applied, the wound inflamed, and now the whole anterior aspect of the limb is in a low ulcerated condition.

persons disposed to fainting, with coldness and blueness of the extremities; palpitation and angina pectoris, with similar symptoms, and great anguish.

Respiratory System.—Spasmodic suffocative cough, with blueness of the face, and great retching; hooping-cough; chronic bronchitis in old persons, and spasmodic asthma.

Digestive System.—Pain after food, and waterbrash, with coldness of the face and extremities; excessive retching and vomiting, and involuntary watery diarrhœa, with cramps in the abdomen, or nocturnal diarrhœa, with coldness, pinched appearance, etc.; *autumnal diarrhœa*, the evacuations being expelled in forcible gushes, with vomiting, and great prostration.

84.—Veratrum Viride—*Green (American) Hellebore.*

A plant indigenous to the United States, known by the common names of *Indian poke* and *Itchweeed.* We prepare a tincture from the root.

Leading Uses.—*Simple fever*, without local inflammation, but accompanied by vertigo, headache, dimness of sight, nausea, weakness, and restlessness; *infantile remittent fever*, with drowsiness, throbbing of the temporal arteries, *hard, quick pulse*, vomiting of mucus and bile, and constipation; the *invasive* stage of *scarlatina*, and other *toxæmic fevers*, with much involvement of the head, high fever, and the symptoms above mentioned: in these cases, the circulatory excitement and gastric irritation being beyond the scope of *Acon.*, *Verat. Vir.* is an excellent substitute, especially when the typhoid conditions calling for *Baptisia* are not threatened. As an anti-spasmodic, it has great power over the muscles and nerves of motion. In many points, the pathogenetic effects of *Verat. Vir.* resemble those of *Verat. Alb.*, and in others, *Aconitum.*

Febrile Conditions.—It is specially indicated in fevers complicated with cerebral excitement. "In all *inflammatory conditions*, where there is a *complication with the stomach*," Dr. Peterson writes, "I prefer *Veratrum Viride* to *Aconitum*. Thus in *catarrhal fevers* we often have nausea and, perhaps, vomiting at the onset." *Rheumatism* of the *left side* of the body—shoulder, back of the neck, arm, side, hip, knee, and leg—with fever, white-coated tongue, restlessness, and great pain, especially on movement: profuse perspiration and refreshing sleep frequently follow its use in these cases. In *pneumonia*, Dr. Hale considers it better than *Acon.*, administered in alternation with *Phos.;* but the *Verat. Vir.* should be discontinued immediately the pulse falls to its normal rate.

Head.—In *congestive headache*, Dr. Hale says it is "superior to any other known drug" when the congestion arises from plethora, sun-stroke, alcoholic stimulants, *teething*, etc., or from suppressed discharges. The symptoms are:—A sense of fulness and weight, throbbing, sometimes with stupefaction; increased sensitiveness to sound, with buzzing and roaring; double, partial, dim, or otherwise disordered vision; nausea and vomiting; tingling and numbness in the limbs; mental confusion; etc.

Circulatory System.—Cardiac debility, with fainting and collapse therefrom; palpitation with faintness, or dyspnœa. Piles, with neuralgic pains in the rectum and anus.

Digestive System.—In general *gastric affections* it is superior to *Verat. Alb.*, especially if there be much *irritability* of the stomach—vomiting—not purging—*pyrosis*, etc., and when the last-named symptoms occur during pregnancy.

Genito-Urinary System.—*Puerperal fever*, *metritis*, and *Mania;* hysterical convulsions; acute nephritis and cystitis; orchitis, etc.

Skin.—In *vesicular erysipelas* it is of great service, and may

also be used externally—thirty drops of the strong tincture to half-a-pint of water—constantly applied to the inflamed surface: in this disease, the presence of arterial and cerebral excitement indicates this drug in preference to *Rhus Tox.* Its *local use*, in a diluted form, is reported to have dispersed local inflammations, cured scabies, shingles, and chronic skin-affections; and Dr. Dalzell informs us that a compress saturated with a lotion of Keith's concentrated tincture—℥j ad aq. destil. ℥vj—is valuable in inflammation of the cæcum; also that *inflamed corns*, *bunions*, etc., are greatly benefited by being touched with the strong tincture.

85.—Zincum—*Zinc*—*Spelter.*

We use either the metal itself—*Z. Metallicum*, its sulphate—*Z. Sulphuricum*, or its oxide—*Z. Oxydatum.*

Leading Uses.—Chronic headache; nervous depression, etc.

Nervous System.—Melancholia; hysteria; chronic atrophy of the brain; incipient paralysis of the brain; paralysis of the brain in scarlatina, or acute hydrocephalus; infantile convulsions, with a depressed fontanelle *(Hughes);* chorea; epilepsy; chlorotic cephalalgia;* aversion to labour, vacant expression, silly and even idiotic talking, defective memory, dimness of sight, and weakness, heaviness, or jerking, of the limbs; neuralgic pains; dry atrophy, without hectic; somnambulism; etc. *Head.—Chronic headache*, with violent, obstinate pain, and depression of spirits. *Fever Group.*—Ague, with repeated rigors, malaise, nausea, and constriction of the chest, followed by a short hot stage, and profuse sweating. *Respiratory System.*—Dry, spasmodic cough, and pneumonia, with violent stitches in the chest on taking an inspiration, and expectoration of blood-streaked, tenacious mucus; convulsive asthma. *Digestive System.*—Cardialgia,

* See *H. Review*, p. 213, 1871.

chronic vomiting of food, with little retching, and obstinate constipation, in delicate and nervous females. *Generative System.*—Chronic gleet; eruptions following suppressed gonorrhœa. *Skin.*—Obstinate pimples, with soreness; chronic and ulcerated herpes; etc.

Antidotes.

In the event of an over-dose of any of the medicines prescribed in this work having been administered, two drops of the *Tincture of Camphor*, or a strong infusion of *Coffee*, will arrest any unpleasant consequences. For the general treatment of cases of poisoning, the chapter on "Poisons," Part V., in the larger edition of this work, may be consulted.

PART V.

CHAPTER I.

Clinical Directory.

In the preparation of this enlarged edition of the Clinical Directory, we have to acknowledge the valuable aid of several homœopathic physicians, whose names will give weight to the numerous prescriptions included.

We are especially indebted to the following gentlemen: Dr. H. C. Angell, Boston, U.S.; A. C. Clifton, Esq., M.R.C.S., Northampton; Dr. Geo. Clifton, Leicester; Dr. D. B. Dalzell, Malvern; Dr. J. S. Douglas, Milwaukie, U.S.; Dr. E. M. Hale, Chicago, U.S.; Dr. Marston (the late), Devizes; Dr. Hull, Chicago, U.S.; J. H. Nankivell, Esq., M.R.C.S., York; Dr. M. A. Reed, Philadelphia; Dr. Richards, Orange, New Jersey; Dr. Geo. Shipman, Chicago.

In the next edition, we hope to render this portion of the manual much more complete; and in the meantime shall much value notes and practical hints, results of the *personal experience* of practitioners using it. Such notes should be sent early as convenient to the author, who will be happy to send copies of the present edition, printed on suitable paper for marginal notes, to any who are willing thus to co-operate with him.

It will be at once obvious that a ready and successful use of this Clinical Directory necessitates a previous knowledge of Materia Medica, as well as professional skill in diagnosing disease, and can only be of service *to refresh the memory of the initiated.* Varied knowledge, observation, and tact, are essential in the art of prescribing, the perfection of which lies in the power to concentrate the attention on individual cases, and to bring into one focus the circumstances of descent, habits of life, tendencies to diseased action, idiosyncrasies, etc., that may surround the separate cases. To the qualifications just mentioned must be added that of *long practice.* The Clinical Directory will, however, be found generally useful if consulted in connexion with the preceding Materia Medica.

As a set-off to many short-comings, we may state that the Clinical Directory includes prescriptions that have been abundantly tested and confirmed by long and varied experiences.

A few abbreviations are used, the chief of which are the following:—*alt.*, for *alternately*, or *in alternation with; int.*, for *internally*, or *internal use; ext.*, for *externally*, or *local use;* the letter F., with a number attached, refers to the Appendix of Formulæ which follows the Directory, as (F. 28).

A list of the medicines prescribed, with the names in full, their abbreviations, and the dilutions in most general use, follow the Appendix of Formulæ.

The Clinical Directory.

Abdomen: DISTENDED—Sil., Sulph. 1x trit., Ars. 3x trit., (*in scrofulous children*); Cin. (*from worms*); Iod., Phyto., Ferr.-Mur. mij. ter die, Calc., Merc.-Iod., (*mesenteric*); Bapt. (*typhoid condition*); Dig., Tereb., Ars. (*dropsy:* see **Ascites**); Chin., Carbo V. 3x trit., Iris, Coloc., *or* Nux V. (*tympanitis*).

PAIN IN—*see* **Bowels.**

Abscess: ACUTE—Acon., *or* Bell. alt. Hep., Sil.; Arn. (*early stage, and from an injury*); Merc. Sol. Also tomato or other poultices.

CHRONIC—Sil. alt. China ϕ (in 3 to 5 drop doses), Phos., Sulph., Hep., Calc.; Phos. Ac., Sil., *or* Aur. (*from diseased bone*).

OF LIVER—*see* **Liver.**

MAMMARY—*see* **Breast.**

SCROFULOUS — Calc.-Iod., Calc., Sil., Sulph., Aur. 3x, Ars.-Iod., Carbol. Ac.

Acidity (*Heartburn*): Nux V., Bry., Puls., Carb. V.; Lyc. (*in elderly persons*); Calc. *or* Robinia (*chronic acidity*). *See also* **Dyspepsia.**

Acne (*Pimples*): HARD—Bell. (*in the plethoric*); Kali Brom., Kali Hyd.; Borax *or* Sulph. int. and ext., Calc., Sepia 3x trit.; Phos. Ac. (*from onanism*); Baryt. *or* Calc. (*maggot-pimples*). Mr. Clifton recommends Rumex ϕ int., and Rumex and Sulph. ointment ext. (F. 36.)

ROSACEA—Ant. Crud., Rhus Rad., Apis, Carbo An.; Agar. int. and ext., Nux V. *or* Opi. (*if from spirit-drinking*); Bell. Ars., (*severe and chronic cases*).

STROPHULOSA (*white gum-rash*)—Ant. Crud., Puls., Hep., Calc.

After-pains: *see* **Labour.**

Ague: China *or* Sulph.-Quin. 1x trit.; Ars. (*chronic and undefined cases*); Ced., Nat.-Mur., Carbo Veg.; Ipec. (*much gastric disturbance, with nausea*); Ars. alt. Ipec. (*dumb-ague*).

Albuminuria: *see* **Bright's Disease.**

Alcohol: EFFECTS OF—Nux Vom., Bell., Capsicum (in large doses), Agar., Opi., Ars.; Dig., Kali Brom., Strych., *or* Sulph.-Quin. (*with tremors*); Ant.-Tart. (*gastric irritation*); Chloroform int. See also **Delirium Tremens** in Chap. on POISONS.

Alopecia (*loss of hair*): *see* **Hair.**

Amaurosis: ORGANIC (*blindness with a sluggish or immoveable pupil*)—Zinc., Merc.-Cor., Bell., Phos., Cann.; Solanum Nig. (*desire for light*).

Amblyopia (*impaired vision from any cause except that of optical defect; incipient amaurosis*); Phos. Ac., Chin., Ferr., Ars., Anacard., *or* Phos. (*from debilitating causes*); Arn., Ruta, Nux V. 1x, Gels. 1x, *or* Macrot. 1x trit. (*from over-use of the eyes*); Cimic. (*aching in eye-balls*); Spig. (*great pain in the eyes*); Bell., *or* Spig. (*congested appearance of the eyes*); Cactus (*hyperæmia of the optic nerve*). Warm fomentations at night relieve the discomfort in and about the eyes. Besides appropriate remedies, a nourishing diet and sufficient rest and sleep should also be prescribed (*Dr. Angell*).

See also **Sight.**

Amenorrhœa (*delayed, suppressed, or deficient menstruation*): *see* **Menstruation.**

Anæmia: Ferr.-Red., Chin. (*from hæmorrhage*); Helon. 1x, Phos. Ac., Ars., Iod., Merc., Macrot.

Anasarca: *see* **Dropsy**: GENERAL.

Aneurism: Kali Hyd. in large doses, Calc.-Phos., Iod., Lyc.; Acon., *or* Ver.-Vir. (*for arterial excitement*). Surgical treatment is often necessary.

Anger: EFFECTS OF—Acon. (*palpitation and arterial excitement*); Cham. (*bilious derangement*); Bry. (*headache*); Bell. *or* Hyos. (*brain disturbance*).

Mr. Nankivell, of York, has communicated to us a case of partial paralysis of the tongue, with thick speech and slow utterance, the effect of anger, rapidly cured by *Acon.*

Angina: *see* **Throat, Croup,** *etc.*

Angina Pectoris: Ars., Cac., Dig., Verat.-Vir., Verat.-Alb., Strych., Naja, Chin.

PAROXYSM OF—Hydrate of Chloral, grs. x to xx, Chloric Ether, Hydroc. Ac., Acon., Cimic., Spig.

Ankles: SWOLLEN—Apis, Ars., Puls., Ferr., Chin. Also REST in the horizontal posture.

WEAK—Calc.-Phos. 3x trit., Calc., Phos., Sulph.

Antigalactics (*medicines for diminishing the secretion of milk*): Bry., Bell., Phos.

Anus: CONSTRICTED—Plumb., Bell., Graph.

FISSURED AND SORE—Æsculus 3x, Sulph., Graph. 1x–3x trit., *or* Nit. Ac. Glycerole of Hydrastis (F. 9), or Calend., locally.

FISTULA OF—Silic., Caust. 3, Graph. 3x and 12, Sulph. 3 and 12, Calc.; Ham. with Glyc. (F. 3) ext.; Injection of Ham. lotion (F. 29), if associated with piles; Merc. Precip. Rub. 3x and Glycerole of Starch (F. 1) medicated with the same (F. 2).

ITCHING OF—Sulph., Nit. Ac., Ign. 6x, Thuja, Ars. Also for ext. use, to be applied three or four times daily, Formula 4, 23, 40, *or* 9.

ITCHING OF, FROM WORMS—Cin., Ign. 6, Teuc. *See also* **Worms.**

PAIN IN—Æsculus.

PROLAPSED—Podoph. (*at each stool with squirting diarrhœa*); Ruta *or* Nux V. (*with constipation*); Graph. (*with constipation and piles*); Aloes (*with piles and great irritation*); Ign. (*in children*); Merc., Nit. Ac., Æsculus, Ham. extract with Glyc. and water (F. 3), *or* Phyto. 1x int. and Phyto. ℥j. and Glyc. of Starch (F. 1).

Anxiety, Care, Grief, etc.: EFFECTS OF—Ign., Phos. Ac., Anacard., Chin., Acon., Gels., Nux V.

Aphonia: Caust., Kali Hyd. (*syphilitic*); Phyto. (*complete or partial loss of voice*); Acon., Bell., Merc., *or* Carbo V. (*catarrhal*); Ant.-Tart. (*from cold, with bronchial râles*); Ign., *or* Nux V. (*nervous and hysterical*).

CHRONIC—Phos., Carb. V., K. Bich., Hep. (*wheezing*).

FROM OVER-USE OF THE VOICE—Caust. (*high voice*), K. Bich. (*tenor*), Phos. (*bass*), Arn., Baryta C.

Aphthæ: Bor., Kali Chlor., Merc.; Ant.-Tart. (*with vomiting of milk after nursing*); Ars. (*ulcerous*). Borax, Hydrastis, Carbolic Ac. 1x, *or* Sanguinaria, one part of any, to about twelve to fifteen parts of water, as a wash; *or* (F. 6); Sulphurous Acid Spray; *or* (F. 7) (*ulcerous aphthæ*).

Apoplexy: EARLY SYMPTOMS—Glon. (*throbbing headache in temples and full sensation*), Acon., Nux V., Gels. 1x.

FIT OF—Acon. (*full, quick, strong pulse*); Bell. (*great redness of the face, and convulsive movements*); Opi. (*bloated, dusky-red face, stupor, and stertor*); Phos., Cocc., Rhus, Lyco. *or* Arn. (*after-effects*).

TENDENCY TO—Nux V., Acon., Phos., Merc.; *also*, Avoidance of stimulating food and drink (especially beer), over-eating, excitement, haste, exposure to the hot sun, heated rooms, etc.

Ophthalmoscopic examination of the nervous tissues of the eyes is serviceable in diagnosis.

Appetite: DEPRAVED—Ars., Chin., Calc., Ferr., Nux V., Nit. Ac.

EXCESSIVE—Cina (*from worms*); Chin. *or* Phos. Ac. (*after illness*); Merc., Sil., Calc., Gels., Ign. Patients with excessive appetite should eat slowly.

LOST OR DEFICIENT—Chin., Ferr., Macrot. 1x trit., Phos. Ac., Stillingin 1x trit., Nux V. 1x, Ars., Merc., Puls. The *cause* should be removed.

VARIABLE—Cina, Chin., Iod., Calc.

Arteries: DISEASE OF—Phos., Lyco.

Arthritis: *see* **Gout.**

Articular Rheumatism: *see* **Rheumatism.**

Ascites: Apocy. C. 1x, Digitaline 1x with caution, Apis, Ars., Eupat.-Pur. as an infusion,* Dig., Nux V., Chin., Lyco.

Asiatic Cholera: *see* **Cholera:** MALIGNANT.

Asthenopia (*weak-sightedness from muscular fatigue; temporary asthenopia may occur after severe fevers, or other exhausting diseases*): The use of proper concave glasses. Good air and food, cold-water douche, frequent rest of the eyes, and one or more of the remedies prescribed under **Amblyopia**, if from exhausting causes.

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* INFUSUM EUPATORII.

℞. Rad. Eupator. Purpur. ℥j.
Aq. Ferventis Oj.

Infuse in a covered vessel for one hour and strain.

Asthma: Ars., Nux V., Ipec., Cocc., Plumb., Cact., Lob., Cup.-Met,

PAROXYSM OF—Acon. (*arterial excitement; and when arising from cold*); Ipec. (*spasmodic, with retching*); Bell. (*nightly spasm*); Nux V. alt Carbo V. (*with dyspepsia, flatulence, etc.*); Cup., Hydrocy. Ac., Lob. in large doses. Nux V. *or* Ars. (*between the attacks*).

CHILDREN'S—Samb. (*profuse perspiration*); Ipec. (*retching or sickness*); Ant. T., Ars.

Atrophy: GENERAL—Ars., Zinc., Iod., Calc., Phos., Sulph. Also frictions, and exercise alternated with perfect rest.

Back: ACHE—Arn. (*from over-exertion*); Rhus, Bry., Nux V., Gels.

PAIN IN—Cimic. (*crick-in-the-back*); Ant.-Tart., Acon., Canth., *or* Tereb. (*from the kidneys*); Ham., Acon., Nux V., *or* Æscul.-Hip. (*from piles*); *see also* **Lumbago, Menstruation:** PAINFUL.

WEAKNESS OF—Sil., Rhus, Phos., Ign., Chin. (*from nervous exhaustion*).

Baker's Itch: *see* **Lichen.**

Balanitis: Merc. *or* Cann., Gels. ϕ or 1x, Calend. ext., *or* Phyto. int. and ext.

Baldness: *see* **Hair:** FALLING OFF.

Barber's Itch: *see* **Beard:** ACNE OF.

Beard: ACNE OF—Lyco., Graph. 2x trit., Merc. S. 3x trit., Ant. T., Merc.-Iod., *or* Sulph. int. and as an ointment or lotion (F. 24, 27, 41).

Bed-sores: Glycerine-cream, *or* Calend.-lotion; Calend.- *or* Arn.-plaster for protection. In tedious cases, a water or air bed if possible.

Dr. M. A. Reed writes,—I object to water and air beds: they are really *heating*. A bed of *fine* sweet hay is best.

PREVENTION OF—Frequent wash-

ing of the parts exposed to pressure with soap-and-water, and after drying with a soft-towel, a little Glycerine or Glycerine of Starch (F. 1) should be gently rubbed over the parts. If redness of the skin appear, the parts should be bathed with brandy and water in equal proportions.

Belching: *see* **Eructations.**

Bilious-Fever: *see* **Remittent-Fever.**

Biliousness: Leptand. 1x trit., Nux V., Merc., Bry., Podoph., Hep., Ipec., Iris, Leptand. alt. Podoph.

Attack of—Bry., *or* Puls. (*from indigestible food; vomiting of bile and mucus*); Acon. (*from cold or excitement*); Cham. (*in females, and from worry or passion*); Iris (*"sick-headache," with vomiting or diarrhœa*); Nux V. (*from stimulants, over-feeding, etc., with constipation*).

See also **Liver, Constipation, Diarrhœa,** etc.

Bites of Insects, etc.: *see* **Stings.**

Black-Eye: Tinct. Arn. ext. (*if the lotion can be applied immediately*); Ham. (*broken skin, and if discoloration has taken place*).

Bladder: Catarrhal Inflammation of—Acon. alt. Canth. (*from cold*); Dulc., Uva Ursi 1x (*from damp*); Cann., Canth., Apis, K. Hyd., Chim.-Umb. (*with much mucous discharge, or albuminous*); Eupator.-Purp. 2x, Amm.-Mur., Ant. C., Puls., Tereb., Zinc., Eryng.-Aquat., Sulph.

Irritability of—Ferr. (*diurnal*); Bell., Canth. *or* Sulph. (*nocturnal*); Nux V. (*with spasm, and in gouty persons*); Lyco. (*with gravel*); Benz. Ac. (*strongly scented, high-coloured urine*).

Paralysis of—Cann., Bell., Bary. C., Acon., Nux V.

See also **Calculus, Hæmorrhage, Strangury, Urine,** etc.

Bleeding: *see* **Hæmorrhage.**

Blindness: *see* **Amaurosis, Amblyopia, Sight,** etc.

Blister: *see* **Burns and Scalds.**

Blood: Spitting of—*see* **Hæmorrhage from the Lungs.**

Vomiting of—*see* **Hæmorrhage from the Stomach.**

Bloody-Flux: *see* **Dysentery.**

Blotches: Ant. C., Graph., Lyc., Clem., Ars., Apis.

Boils: Bell. *or* Arn. alt. Acon. (*when forming*); Sulph. alt. Bell., and hot poultices (*when formed*); Sil., Hep. (*when suppuration has occurred, but is torpid*); Muriate of Calc. lotion (F. 25) (*when very painful*).

Tendency to—Sulph., Hep.

Bone: Contusion of—Ruta, Symph., Phyto. 1x int. and (F. 8) ext.

Exostosis—Merc.-Iod., Sil., Kali Hyd. in large doses, Aur.

Inflammation and Caries or Ulceration of—Asaf. 12, Merc., Aur., Arg.-Met., Fluor. Ac., Sil., Phos. Ac., Phos.; *also* Phyto. and (F. 8).

Necrosis—Sil., Fluor. Ac., Symph., Phos., Ars., Asaf.

Nodes—Sil., K. Hyd., K. Bich. (*cranial*); Staph., Aur.-Met.

Pain in—Aur., Asa., Merc., Ruta, Nit. Ac., Fluor. Ac., Phos. Ac., Staph., Phyto.

Periostitis—Acon. alt. Mez., Sil., Merc.-Prot.-Iod. 3x trit., K. Hyd., Merc., *or* Phyto.

Softening of—Calc., Sil., Phos.-Ac., Calc.-Phos., Phos., Merc., Sulph.

Bowels: *see* **Constipation, Diarrhœa, Hernia, Anus, Enteritis,** etc.

Consumption of—*see* **Tabes Mesenterica.**

Pain in—Camph. (*severe, with chilliness*); Acon. (*feverishness or excitement*); *see also* **Colic.**

Brain: Concussion of — Arn. alt. Acon. *or* Bell, Cicuta Vir.

Congestion of — Acon., Bell., Nux V., Glon., Bry.; Sulph.-Quin. (*intermittent*).

Dropsy of—Hell., Dig., Merc., Calc., Sulph., Ferr.-Iod., Arnica 1x, Apis, Apoc. Can., Sil.

Inflammation of—Acon. alt. Bell. *or* Bry.; Stram. (*from tubercular deposit, with convulsions*); Verat.-Vir., Gels., Sulph. In cerebral congestion, with much *mental excitement*, flushed face, etc., great and speedy relief may frequently be given by *packing* the legs (from the loins to the feet inclusive) in large towels wrung tightly out of mustard ("mustard bran") and hot water for twenty to thirty minutes, the towels well covered with blankets. Plenty of mustard should be used, and after the pack the parts should be quickly wiped down with tepid damp towels (*Dr. Dalzell*).

Softening of—Merc. alt. Bell.; Phos. Ac., Nux V., Zinc., Ars., Phos.

Brain-fag: Nux V., Phos. Ac., Gels., Strych. Phos. $\frac{1}{200}$, Calc., Sil., Anac., Asar.-Europ.

Brain-Fever: *see* **Typhus-Fever**; *or* **Brain**: Inflammation of.

Branny-Tetter: Ars., Graph., Lyco., Sulph.

Breast: Abscess of—Bry., *or* Bell. (*for earliest symptoms*), alt. Phos. int. and Phos. ϕ gtt. v. to gill of hot water ext. (*during formation*); Phyto. 1x int. and (F. 8), and spongio-piline over the breast, if Bry. and Phos. fail; Sil. *or* Hep. (*for torpidity*, or *imperfect suppuration*).

Contusion of—Coni.

Excoriation of—Sulph.; Hydras. *or* Calend. ext. Glycerole of Starch and Phyto (F. 2) are also recommended.

Hardness, Painfulness, or Swelling of—Bry.; Bell. (*shining-red swelling*).

Breast-Pang: *see* **Angina Pectoris.**

Breath: Fœtid—Merc., Carbo V., Ant. C., Aur., Nit. Ac., Acon., Carbolic Ac.

Breathing: Short or Difficult—Acon., Ars. (*tightness and debility*); Ipec. (*wheezing, [dry] and with nausea*); Ant. T. (*rattling [moist]*); Iod. (*emaciation*); Ferr. (*anæmia*); Hep., Cup., Squill., Spong. Friction over the chest with cod-liver-oil, or with Glycerine, often relieves difficult breathing. *See also* **Croup.**

Bright's Disease: Ars., Phos., Canth., Kreas., Nux V., Phos. Ac., Tereb. Dr. Donkin relates in the *Lancet*, May 6th, 1871, some striking cases of cure from an exclusive diet of skim-milk, six to eight pints daily, not boiled, no medicine whatever having been prescribed. See *H. World*, June, 1871.

Bronchial Catarrh ("*cold on the chest*"): Bry., Acon., Ars., Kali Hyd.; Camph. *or* Kreas. (*at the outset*).

Bronchitis: Acute—Acon., K. Bich., Bry., Ipec., Phos.

In Children—Acon., Phos., Puls., Ant. T., Ipec., Verat.-Vir.

In Old Persons—Ant. T., Carb. V. 12, Phos., Hydras., K. Bich.

Chronic—Ant. T., K. Bich., Ars., Merc., Hydras., Phos., Scilla, Senega, Sulph., Kali Hyd.

See also **Cough.**

Bronchocele: *see* **Goitre.**

Brow-Ague: Sulph.-Quin., Bell., Nux V., K. Bich., Cheli., Ars.

Bruise: *see* **Contusion.**

Bubo: Merc., Nit. Ac., Merc.-Bin-iod., Aur.-M.; Phyto. int. and ext. Calendula on poultices.

Bunion: Arn., Ruta; Verat.-Vir. ext. (*if inflamed*); Hep. *or* Sil.; *and* Calend. *or* Acet. Ac. lot. ext. (*if suppurating*).

Burns and Scalds: Cotton-wool saturated with Lotion of Urtica-Ur (*simple injury*); Canth. (*blisters*), *or* Krea. Olive oil and Carbolic Acid (F. 28) to be applied on cotton wool. On renewing the application, the lowest layer should not be removed, but resoaked. Or a thick lather made with soft water and Castile soap, often applied, is excellent.

ULCERS FROM—Calend. *or* Glyc. Cerate ext., *and* Sulph., Phos., *or* Ars. int.

Calculus: Phos. Ac., Lyco., Berb. ϕ, Canth.

SPASM WHILST PASSING—Nux V., Gels., Acon., Cham. Morphia or Chloroform is also recommended.

See also **Gravel.**

Cancer: Ars., Phyto., Hydras. (large doses), *or* Coni. (*of the breast*); Phos. (*of the stomach*); Thuja (*epithelial*); Aur. (*of bone*). Hydras. locally. Several cases of cancer of the lip have been cured by *Hydrastis*, with *Ars.* administered internally at the same time.

PALLIATIVES IN—Acon. Rad. ϕ, int. and ext., Ars. (*for pain*); Coni. ext., Verat. Vir. int. and ext.; Carbo An., Carbol. Ac., Condy's Fluid, *or* Charcoal (*as deodorisers*).

Cancrum Oris: *see* **Mouth**: CANKER OF.

Carbuncle: Bell. alt. Sulph. *or* Carbo V. (*forming-stage and simple cases*); Apis (*much erysipelatoid swelling*); Sil. (*indolent*); Ars. *or* Lach. (*severe or malignant*). Tomato poultice.

Carcinoma: *see* **Cancer.**

Cardialgia (Mordens): *see* **Heartburn.**

Carditis: *see* **Heart**: INFLAMMATION OF.

Caries (*unhealthy inflammation of bone, with softening, and molecular disintegration, from scrofula, syphilis, mercury, etc.*): *see* **Bones, Teeth, Jaw,** etc.

Catalepsy: Cann.-Ind., Opi., Cup. Met., Cicuta.

Cataract: Bell. (*from inflammation*); Calc. (*in the strumous*); Sil., Coni., Euphr., Phos., Sulph.

Catarrh: *see* **Cold.**

Chafing: *see* **Excoriation.**

Chancre: Merc., Nit. Ac., K. Hyd.; Phyto. int. and ext.

Chapped-Hands: *see* **Hands.**

Chest: ACHING, BURNING, OR WEAKNESS OF—Acon., Ars., Phos., Phos. Ac., Sulph., Bry.

DROPSY OF—Bry., Apis, Arn. alt. Hep. *or* Ars. (*following pleurisy*); Iod. (*in the scrofulous*); Dig. *or* Apocy. (*consequent on heart-disease*).

PAINS IN—Arn. (*stitch-in-the-side when walking*); Bry. (*pain catching the breath*); Phos. (*slight, wandering pains*); Acon. (*shooting and severe*); Puls. *or* Cimic. (*in women, left side*).

SORENESS, RAWNESS, OR EXCORIATION IN—Ars., Phos., Bry., Sulph., Kali Hyd.

TIGHTNESS, OPPRESSION, OR WEIGHT—Ars., Acon., Crotalus, Ign., Phos., Bry., Ipec., Sulph., Camph.

See also **Lungs, Heart, Pleurisy, Breathing, Cough,** etc.

Chicken-pox: Acon. alt. Rhus; Bell. (*head-symptoms*); Apis (*excessive itching*); Merc.

Chilblain: SIMPLE—Agar., Tamus, Rhus, Arn., *or* Puls., int. and ext. Glycerole of Sulphurous Ac. (F. 10); Ham. lotion (F. 24); *or* Carbolic Ac. ext.

Inflamed—Bell., Rhus, *or* Verat.-Vir. int. and ext.

Broken — Petrol., Agar., Rhus; Calend. ext. *or* Glycerole of Starch and Calend. (F. 2).

Ulcerated—Ars., Petrol., Phos., Kreas., Nit. Ac. A cerate or lotion of Arn., Rhus, Petrol., or Glyc., is a beneficial adjunct.

Tendency to — Sulph., Phos., Calc. C.

Child-bed-Fever: *see* **Puerperal-Fever.**

Child-Crowing; *see* **Croup.**

Chilliness *and* **Coldness:** Fits of—Camph., Acon., Bry.

Constant — Chin., Merc., Sep., Sulph., Hep.

See also **Shiverings.**

Chin-Cough: *see* **Hooping-Cough.**

Chin-whelk: *see* **Sycosis.**

Chlorosis: Ferr., Ferr.-Iod., Puls., Calc., Sep., Nat.-Mur., Helon.

See also **Menstruation:** Scanty.

Cholera: Simple, English, or Sporadic—Camph. (*strong chills*); Chin. (*simple, with griping*); Verat.-Alb., Acon. ϕ, Ars. (*sudden and violent vomiting and purging*); Iris (*bilious motions, and colicky pains*); Cup., Verat.-Alb. (*cramps and blueness*); Acon. *or* Ars. (*collapse*).

Asiatic, Malignant, Choleraic Diarrhœa, Cholerine, *or* Cholera Morbus—*Rubini's* Camph. (*early stage*), *or* Acon. in drop-doses of the strong tincture; Ars. (*when developed*); Verat. (*vomiting and diarrhœa predominant*); Cupr. (*severe cramps*); Phos., Ars., *or* Carbo V. (*typhoid conditions*); Chin. *or* Phos. Ac. (*convalescence*); Acon., Ars., *or* Verat.-Alb. (*collapse*).

Infantum — Apoc.-Can., Calc.-Acet.

Chordee: Acon. int. and ext., Gels.,* Canth., Bell., Hydrate of Chloral,† *or* Camphor lotion.

Chorea: Cup., Bell., Agar., Stram., Ars., Ign. (*from fright; recent and simple*); Cina, Merc. (*from worms*); Verat.-Vir., Strych. (*from cerebral irritation*); Aur. (*with otorrhœa after scarlatina*); Cimic. *or* Spig. (*in rheumatic patients*); Ars., Zinc., *or* Iod. (*chronic cases*).

Circulation: Languid — Leptand. (*from liver disease*); Dig. (*from enfeebled heart*); Sep. *or* Ferr. (*females with scanty or deranged period*); Sulph., Bell. Also daily active exercise in the open air, the morning bath, and *vigorous frictions.* Ling's specific movements — active and passive — (Swedish movement cure). Icy-coldness of the legs and feet has been quickly relieved by the *spinal ice-bag*, used half an hour to an hour *once* or *twice* a day.

Cirrhosis: Merc.-Iod., Dig., Nit. Ac., Ars., Phos., Phyto.

Clap: *see* **Gonorrhœa.**

Clergyman's Sore Throat: *see* **Throat.**

Cold: In the Head—Camph., Gels., (*incipient cold with chills*); Acon. (*early stage with feverishness*); Dulc. (*from damp, wet, etc.*); Ars. (*thin acrid discharge, with*

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* Dr. Douglas has communicated to us several cases of violent painful nocturnal erections, in which relief was rapid and permanent after a short course of Gels. ϕ, in drop-doses, repeated hourly, for several times.

† In a desperate case of chordee, occurring in the first stage of gonorrhœa, in which there was much hardness and congestion of the penis, and the pain so severe as almost to drive the patient to desperation, Dr. E. M. Hale, gave 15 grs. of chloral, which produced immediate relief and sleep; the dose was repeated on the following evening, and the chordee did not return.

influenza taint); Merc. (*sneezing, thick discharge, sore throat, chilliness and perspirations*); Kali Hyd. (*sneezing, and simple fluid discharge*); Puls. (*in females and children, thick fœtid discharge, and loss of taste and smell*); Nux V. ("*stuffy-cold*"); Euphr. (*acrid fluent coryza, and profuse lachrymation*); K. Bich. (*chronic catarrh, with tough sputa, digestive derangement, etc*).

On the Chest—*see* **Bronchial Catarrh**, *also* **Bronchitis.**

Sensitiveness to—Camph., Rumex, Hepar, Kali Hyd., Sulph., Sep. (*females*); Dulc., Ars., Merc., Sil., Nit. Ac. (*habitual*); Gels., Nux V., Phos., Sabad.

Colic: Coloc. (*paroxysmal with diarrhœa*); Dios. (*constant*); Plumb. (*with constipation*); Iris, Collin. (*obstinate cases, with flatulence*); Nux Vom. (*tendency to colic; also from indulgence in food; and from fatigue*). A hot sitz-bath (deep), 98° to 100°, for ten to fifteen minutes, followed by friction of the abdomen for a minute or two with a cold wet hand, is very useful.

In Children—Cham., Bry., Coloc., Cina, Nux V., Ipec.

In Nervous Females—Cocc., Plat., Sec., Cauloph., Ign., (*uterine*).

From Lead—*see* **Lead-Colic.**

Coma: *see* **Sleep**: Comatose.

Concussion: *see* **Brain, Spine,** etc.

Condylomata (*syphilitic warty excrescences*): Thuja, Nit. Ac., Merc., *or* Sabin., int. and ext. *Also* Phyto. and Glycerine (F. 8); or Iodide of Potash ointment (F. 42), ext.

Congestion: *see* **Brain, Liver, Lungs,** etc.

Conjunctivitis: Arg.-Nit., Merc.-Cor., Bell., Euph., Ars., K. Bich., Sulph., Gels., int. and ext.

See also **Eyes**: Inflammation of.

Constipation: Chronic—Sulph. 6; Nux V. 6 (*irregular action*); Bry. *or* Opi. (*torpor*); Plumb. (*obstinate cases, with passage of hard and small balls*); Lyco. (*with flatulence*); Hydras. (*simple cases with debility*); Æscul. (*with piles and much pain*); Collin. 1x trit., (*simple cases, and those complicated by piles or uterine disturbance*); Alum., Graph., Podoph., Nat.-Mur., Sep. Also shallow sitz-baths for five to ten minutes, cold or 60° to 75°, according to reactive power.

Recent—Acon. (*with fever*); Bry., Nux V., Sulph.

In Children—Bry., Sulph., Nux V., Caust., Æsculus, Kreas. (*in emaciated children with teething troubles*); Alum., Opi., Sil., Collin.

In Old Persons—Ant. C., Opi., Hydras., Collin.

During Pregnancy: *see* **Pregnancy.**

Consumption: *see* **Phthisis Pulmonalis.**

Of the Bowels—*see* **Tabes Mesenterica.**

Contusion: Arn. lot.; Coni. (*of the female breast*); Ruta (*of the tibia*); Ham. (*with discoloration*).

Convulsions: Infantile—Bell. alt. Acon., frequently; Bell. (*red, swollen face*); Cham. (*from indigestion, colic, etc.*); Ign. *or* Cina (*from worms*); Cupr., Verat.-Alb. (*with cramps*); Opi. (*from fright*); Gels. (*rigidity*); Verat.-Vir., Hyd.-Chloral. Also a warm bath, and, above all things, enemata of warm water.

Epileptic—*see* **Epilepsy.**

Hysteric—*see* **Hysteria.**

Cornea: Specks on the—Sanguinaria, gr. ss., blown into the eye twice a day.

Corns: Hard—Arn. *or* Ruta int. and ext.; Sulph., Calc. int.

INFLAMED—Verat.-Vir. as a paint.

SOFT—Arnica-plaster.

Corpulency : *see* **Obesity.**

Coryza (*Cold-in-the-head*) : *see* **Cold.**

Cough: DRY—Bell. (*spasmodic, with cerebral congestion*); Bry. (*irritating, shaking the whole body, with burning soreness under the breast-bone, and stitches in the chest*); Caust. (*with hoarseness, and involuntary urination*); Lauro., Hyos. (*worst at night, on lying down*); Sulph., Iod., *or* Spong. (*laryngeal, with tickling*); Lach. ("*throat-cough*"); Rumex (*worse when talking and in cold air, with soreness under breast-bone*); Ipec. (*wheezing, dry, with nausea or vomiting*); Phos. (*short, with tendency to lung-disease, and soreness in the chest*); Graph. (*with gruff voice*); Acon. (*recent, with burning dryness in the throat, and feverishness*); Gels. (*severe, in children*); Senega, Coni., Verbas (*short, hard*).

MOIST—Ant. T. (*profuse and easy expectoration*); K. Bich. (*tough, stringy mucus, expectorated with difficulty*); Puls. (*loose, in females and children*); Merc., Stan. (*chronic, with purulent sputa*); Hep. (*chronic, with chronic indigestion*); Phos. (*from lung-disease*); Sulph. (*following the disappearance of eruptions, asthmatic cough*); Ars. (*with debility, tightness of chest, asthmatic symptoms, difficult breathing at night*); Stan. (*profuse, green, and sweet-tasting sputa, with night-sweats*); Sep., K. Carb., Lyco., Coccus, Scilla, Crotalus, Naja, Samb., Senega, Sticta. *See also* **Hæmoptysis.**

SPASMODIC—Dros. (*with tickling retching, worse at night*); Ipec. (*with vomiting*); Nux V. (*causing headache as if bruised*; "*stomach-cough,*" *coming on after meals*); Coral., Nit. Ac., Cupr., Verat., Bell. *See also* **Hooping-Cough.**

NERVOUS and HYSTERIC—Hyos., Ign., Ambra, Agar., Coral., Coni., Cup., Rum., Nux V.

Coup-de-Soleil : *see* **Sun-stroke.**

Courses: *see* **Menstruation.**

Cracks in the Skin: OF THE HANDS AND FINGERS — Merc.-Cor.,* Petrol., Caust., Graph., Sil., Hep. Glyc. Starch (F. 1), *or* Calend.-cerate (*if deep and bleeding*); Glyc. Aloes (F. 11).

LIPS AND NOSE—Merc., Graph., Calc., Ars., Ant.-T., Sep. Glyc. Starch (F. 1) or Aloes, (F. 11).

Cramp: *see* **Spasm.**

Crick-in-the-Back: Acon., Arn., (*recent*); Ant.-Tart., Rhus (*chronic*); Cimic., Bry., Nux V. *See* **Lumbago.**

NECK—Acon. (*from cold*), either alone *or* alt. Bell.; Dulc. (*from damp*); Bry., Nux V., Phyto.

Critical Age: *see* **Menstruation**: CESSATION OF.

Croup: CATARRHAL — Acon. alt. Spong., *and* hot-water applications to the throat.

MEMBRANOUS — Iod., Hep., Kali Bich., Brom. Inhalation of vapour from slaking lime; *or* drop tinct. of *Iod.* or *Brom.* in *hot* water, and let the patient inhale the vapour.

SPASMODIC — Acon. alt. Spong., Bell., Gels., Kali Brom. (*with convulsions*); Cupr., Coral.

Crusta Lactea: Viola Tric., Crot., Sep., Sulph., Calc., Rhus.

Cuts: *see* **Wounds**: INCISED.

Cyanosis: Dig., Cupr., Lach., Ars., Verat., Laur. The treatment can only be expected to be palliative.

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* A professional correspondent informs us of the cure of an old-standing case by *Merc.-Cor.*, 3x trit., after *Ars.* and *Hep.* had done nothing; avcidance of scrubbing and washing clothes was forbidden till the cure was effected.

Cynanche Tonsillaris: *see* **Quinsy.**

Cystitis: *see* **Bladder**: INFLAMMATION OF.

Dandriff: Ars., Graph., Sulph., Lyco., Rhus. Lotion of Borax, with Camphor, etc. (F. 26).

Deafness: RECENT, FROM COLD (*especially when caused by draughts while travelling*)—Acon., Bell., Merc., Gels., Dulc., Puls.

CHRONIC—(*from enlarged tonsils*)—Merc.-Iod., Iod., Bell., K. Hyd, Calc.-Phos., *or* Bary.-Carb.

AFTER ERUPTIVE FEVERS—Sulph., Bell., Merc., Chel. (*with deranged liver*).

FROM NERVOUS CAUSES—Phos., Petrol., Phos. Ac.; Chin. *or* Sulph.-Quin. (*periodic, or with roaring and buzzing noises in the head*).

Debility: CONSTITUTIONAL—Iod., (*with tendency to faint or glandular enlargements*); Ars., Merc., Phos. Ac., Calc., Ferr. Phos. (*debility, especially of children*).

FROM LOSS OF ANIMAL FLUIDS—Chin., Phos. Ac.; Ferr. (*anæmic*). Glycerine, or Cod-liver oil.

NERVOUS—Phos. Ac., Ign., Nux V. (*from bad habits*); Chin.

Delirium Tremens: Opi., Bell. ϕ, Agar., Stram.,* Nux V. ϕ, Hyos., Ars., Kali Brom. ϕ ℥ss. Capsicum *or* strong coffee in large doses.

Dentition: DISORDERS DURING—Cham. (*fretfulness and sour diarrhœa*); Acon. (*feverishness*); Bell., Verat.-Vir., *or* Gels. (*head symptoms, and convulsions with redness of the face*); Kreas. (*emaciation, great irritability, wakefulness, and constipation*); Calc. (*too early or too late*); Phyto.

Depression of Spirits: Ars. (*with emaciation*); Merc. Nux V. *or* Podoph. (*with biliousness or liver derangement*); Ign. (*from nervous causes and mental emotion*); Plat. *or* Cimic. (*in females, with deranged menstruation*); Aur., Kali Brom. (*suicidal tendency*); Phos. Ac. (*with nervous debility*); Sulph., Chin., Lyc.

Derbyshire-Neck: *see* **Goitre.**

Diabetes: Uran.-Nit., Phos. Ac., Ars., Nux V., Merc., Helon., Gentian.

Diarrhœa: FROM INDIGESTIBLE FOOD—Puls., Ant. C., Ipec.

FROM COLD—Camph. (*sudden, with chilliness*); Acon., Merc., Dulc.; Coloc. (*with colic*).

CHRONIC—Chin., Ars., Merc. C., Podoph.; Puls. (*nocturnal*); Leptand., Aloes, (*dysenteric with piles*). Ol. ric. ϕ gtt ij.

DYSENTERIC—Leptand., Merc.-Cor; Aloes (*with piles*); Merc.-Dulcis 1x trit. iii-v grs. for adults. (*from disease of the liver*).

MORNING—Rumex, Phos. Ac., Nuphar.

SUMMER—Chin., Iris, Verat., Ars.

IN CHILDREN—Cham., Merc., Rheum, Calc., Iod., Iris., Ars.; Chin., Ferr. *or* Pepsin ϕ (*passage of undigested food*). *See also* **Tabes Mesenterica.**

IN THE AGED—Ant. C., Phos., Ars.

Diplopia: *see* **Sight**: DOUBLE.

Diphtheria: Bell., Phyto.; Bapt. (*typhoid symptoms*); Merc.-Iod. (*much swelling of the glands*); K. Bich., Iod., Mur.-Ac.; Ars. alt. Am.-Carb. (*great prostration and severe typhoid condition*); Mur. Ac. *or* Nit. Ac.; Gargle of Phyto., *or* K. Permang. Sulph^{s}.-Acid spray; *and* inhalation of vapour of slaking lime continuously. Alcohol applied by brush or atomizer. Gargle:—Brom. ℥j., Glyc. ℥j., mixed with water, or as a paint to the throat.

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* Dr. Dalzell says, *Stram.* 1x, in drop doses, every 1 or 2 hours, has acted splendidly in two very bad cases, characterised by *violent, noisy* delirium, and *complete nsomnia.*

SEQUELÆ—Phyto. (*hoarseness, etc.*); Dig. (*enfeebled heart*); Gels., Ign., Coni. *or* Strych. (*paralysis*); Chin. *or* Sulph. Quin. (*debility*); Phos., Rhus, Sulph., Secale (*diarrhœa*); Ars. (*albuminuria*).

Dizziness: *see* **Vertigo.**

Dropsy: GENERAL—Dig. (*from heart disease*); Ars., Apis, Hell., Chin.; Acon. (*recent febrile*).

LOCAL—Apocy., Ars., Apis, Eup.-Pur., *or* Chin. (*in the abdomen*); Ars., Bry., Dig., *or* Hell. (*in the chest*); Ars., Apis, Ferr., Sulph. Quin., *or* Chin. (*in the extremities*); Apis *or* Ars. (*in the face*); Hell., Apoc., Bell., Sulph., Calc., *or* Silic. (*in the head*); Acon., Iod., Puls., *or* Bry. (*in the joints*); Iod., Rhod., Aur. (*in the scrotum*). Dropsy from kidney-disease is said to be greatly helped by skim-milk diet, as recommended in Bright's Disease.

POST-SCARLATINAL—Ars., Apis, Apoc., Canth., Tereb., Sulph., Zinc.

Drowsiness: *see* **Sleep**: MORBID DESIRE FOR.

Dumb-Ague: Ipec., Carbo V., Cedron.

Dysentery: ACUTE—Acon., Merc.-Cor., Ipec., Podoph.; Ars. (*great prostration*); Coloc. *or* Iris (*severe colic*).

CHRONIC—Aloes (*much straining, also when piles are present*); Sulph. Quin. (*periodic*); Nit. Ac., Merc.-Cor., Nux V.

Dysmenorrhœa: *see* **Menstruation**: PAINFUL.

Dyspepsia: ACUTE—Nux V. (*from indigestible food; pain, spasms, etc.; or after mental exertion*); Puls. *or* Ant. C. (*from rich, fatty food, especially in children, the aged, and females*); Ipec., Coff., Acon., Bry.

CHRONIC—Nux V. (*pain after food, headache, flatulence, and constipation with urging, piles, etc.*); Bry. (*sense of pressure, as of a stone in the stomach, with tenderness; congestive headache; head and stomach symptoms, worse with every movement; constipation without inclination to stool*); Puls. (*nausea, heart-burn, flatulence, and vomiting of mucus, or diarrhœa*); Carbo V. (*oppression of the chest, with "fluttering" or palpitation of the heart from excessive flatulence,* —12th dil.; *foul flatulence, acidity, and offensive diarrhœa*); Lyco. (*weakness, much flatulence, sleepiness after even light meals, and chronic constipation; acid risings, especially in old persons; lithic acid depos. in urine*); Merc. (*depraved taste, offensive breath, waterbrash, oppression after food, "biliousness," costiveness, pale stools, and depression of spirits*); K. Bich. (*chilliness, sense of coldness in the stomach, yellow-coated or red tongue, heat of the hands, dryness of the mouth, etc.*); Robinia (*acidity with gaseous eructations*); Ign., Nux V. (*from grief, care, etc., with nervous symptoms*); Cham. (*in children and in females, from worry, or from cold, with "bilious" headache, irritability, etc.*); Hydras. (*atonic dyspepsia, flatulence, torpidity of the liver, constipation, and languid circulation; sense of "goneness,"* also Gels.); Sulph. (*chronic constipation, piles, eruptions, etc.; strumous dyspepsia; also as an intercurrent remedy, and frequently* alt. Nux V.); Hep. (*obstinate cases; also when* Mercury *has injured the patient*); Chin. *or* Sulph. Quin.; (*flatulence, anorexia, drowsiness, and oppression after eating*); Ant. Tart., Ipec. (*retchings and vomitings*); Acon. *or* Ars. (*from cold*); Arn. (*from over-exertion*); Ars., Rhus, Bismuth, Arg.-Nit., Zinc. The abdominal wet compress is a valuable adjunct.

CONSTITUTIONAL *or* DYSCRATIC—Calc. alt. Puls. *or* Robinia (*chronic acidity, etc., with tendency to diarrhœa*); Sulph. alt. Nux V. (*flatulence, biliousness, and tendency to constipation*); Ferr., Helon. (*anæmic patients*); Phos., Iod., Ars., Sil.

Dyspnœa: *see* **Breathing**: DIFFICULT.

Ear: ACHING OF — Puls., Bell., Cham., Merc.-S., Verat.-Vir., Gels. (*with toothache*); China (*periodic*).

INFLAMMATION OF — Acon. *alt.* Bell., *or* Puls., Bell., Merc. S.

DISCHARGE FROM AND SORENESS OF—Merc., Carbolic Ac. locally (*thick, bloody, and fœtid discharge*); Puls., K. Bich. (*thin discharge; and when it follows measles*); Aur. (*yellow, fœtid discharge*); Mur. Ac. (*eczema, with burning itching; and when following scarlatina*); Calc., Ars., Hep., *or* Sulph. (*chronic cases*).

NOISES IN—Sulph. Quin., *or* Phos. Ac. (*with deafness*); Nux V. *or* Ign. (*sensitiveness to sound*); Bell., Mosch., Puls., Acon., Macrot., Graph. (*roaring thundering*).

Ecchymosis (*discoloration from extravasation of blood under the skin, as from a bruise*): Arn. (*when quite recent*); Ham. (*much discoloration*); Rhus, Ruta; Mur.-Ac. (*petechiæ*). *See also* **Purpura Hæmorrhagia.**

Ecthyma: Ant. T., Ars., Merc., Rhus.

Eczema: SIMPLE—Acon. alt. Rhus, Ledum, Croton *or* Sulph. (*"heat-spots"*).

RUBRUM—(*great redness and burning*)—Ars., Ant. T., Juglans, Cin., Rhus, Crot. Tig., Merc., K. Bich.

SCALLED HEAD *and* MILK-CRUST—Viola T., Ant. T., Calc., K. Bich., Sil., Hep., Nux Jug.

Emaciation: Ars., Iod., Ferr., Merc., Chin., Kali Hyd., Calc. C.

Emissions: *see* **Spermatorrhœa.**

Encephalitis (*inflammation within the cranium*): Acon. alt. Arn. (*if from an injury*); Bell., Ver.-Vir., Hyos., Opi. (*for the brain symptoms*); Bry., Hell., Apis (*effusion*). Cold applications to the head.

Endocarditis: *see* **Heart**: INFLAMMATION OF ITS MEMBRANES.

Enteralgia: *see* **Bowels**: PAIN IN; *also* **Colic.**

Enteric-fever (*Typhoid Fever*): Bapt. (*earliest symptoms*); Ars. (*developed disease*), alt. Ipec. (*excessive diarrhœa*); *or* Ver.-Alb. (*involuntary diarrhœa*); Ars., Mur.-Ac., *or* Rhus (*extreme prostration*); Tereb. *or* Nit. Ac. (*intestinal hæmorrhage*); Phos., Bry. (*lung complication*); Hyos., Bell., *or* Opi. (*brain disturbance*); Phos. Ac., Ferf., Chin., *or* Nux V. (*debility following*).

Enteritis (*Inflammation of the bowels*): Acon. alt. Merc.-Cor., Coloc., Ars. Also *hot* fomentations, and a wet compress.

Enuresis: *see* **Urine**: INCONTINENCE OF.

Epilepsy: RECENT—Ign. (*in children and females*); Hydroc. Ac., K. Hyd., Bell., Verat.-Vir.

CHRONIC—Bell., Cup., Hyos., Arg.-Nit., Stram., Zinc., Calc., Sulph.; Opi. (*fits in sleep*); Cina, Teuc. *or* Ign. (*from worms*); Nux V., Agar., Opi., *or* Cocc. (*from alcohol*); Phos., Phos. Ac., Chin., Nuph.-Lut., Arg.-Nit. *or* Ferr. (*from sexual excesses*); Plumb., Ars., Cicuta, Zizia, Scutel. Kali Brom. is palliative when other remedies fail.

Epistaxis: *see* **Nose**: BLEEDING FROM.

Erections: ABNORMAL—Phos. Ac., Lyc., *or* Nuphar *(feeble and painful)*; Acon., Bell., *or* Gels. *(spasmodic)*. *See also* **Chordee.**

Eructations: Nux V., Bry., Puls., Arn., Robinia, Iris, Sulph. Ac., Ars., Carbo V. *See* **Dyspepsia.**

Eruptions: GENERAL—Rhus *(vesicular, with much itching)*; Sulph. *or* Merc. *(non-vesicular, with excessive itching, worse in warmth)*; Bry. *(papular, burning-itching)*; Acon. *(recent burning itching with dryness of the skin)*; Ars., *or* Phyto. *(chronic, with much burning, and the formation of scales)*; Ant. T., *or* Senicio *(pustular)*; Apis with Ledum *(similar to bee-stings, with stinging itching, and œdematous swelling)*; Canth. *(patchy eruption, with superficial redness, and burning)*; Bell. *(bright red patches)*; Puls. *(similar to measles)*; Calc., Rhus, Viola T., *or* Graph. *(formation of scabs)*; Hep., Sil., Sep., Phyto., Lyco., Staph., Phos., Clem.

SUPPRESSED—Sulph., Bry. 12, Ant. T., Camph., Puls.

See also **Eczema, Psoriasis, Herpes, Acne, Nettle-rash,** etc.

Erysipelas: Acon. *or* Verat.-Vir. int. and ext. *(at the commencement, and occasionally during its course)*; Bell. *(bright redness with very little swelling; also when the brain is involved)*; Apis *(much swelling)*; Rhus *(simple vesicular)*; Canth. int. and (F. 21) as a lotion *(vesicular with much burning; also for* Arnica-*erysipelas)*; Verat.-Vir. *(vesicular, with severe head symptoms)*; Ars. *or* Lach. *(much prostration; and when the disease assumes a low type)*; Sulph. *(chronic cases)*. Also Verat.-Vir. ϕ ext., 10 to 20 drops to eight ounces of water, or the pure tinct. as a paint.

Erythema: Bell., Acon., Apis, K. Bich., Nux V., Ferr., Rhus, *(E. nodosum)*.

Excitement: MENTAL—EFFECTS OF—Acon. *or* Bell. *(headache and palpitation)*; Coff. *(sleeplessness)*; Cham. *(with bilious derangement)*; Nux V.

Excoriation: Cham. *(in infants)*; Lyc., Sulph. *or* Calc. *(unhealthy subjects)*; Calend. *or* Hydras. ext.

PREVENTION OF—Tepid washing, careful drying, and Calend. Lot., morning and night for the earliest symptoms. Starch powder, or a weak solution of Borax (F. 28).

Excrescences: IN WOUNDS, ETC.—Nit. Ac., Carbo An., Sil., or Carbolic Ac. ext. *(for "proud flesh")*; Ars., Ant. C., Phos., Lach., Thuja, Phyto. *See also* **Warts.**

Expectoration: *see* **Cough:** MOIST.

Exhaustion and Fatigue: MENTAL—Phos. Ac., Nux V., Gels., Calc., Ign., Anac., Sil.

MUSCULAR *or* PHYSICAL—Arn., Ruta, Rhus, Hydras.

Exophthalmic Bronchocele: *see* **Goitre.**

Extremities: *see* **Hands, Feet,** etc.

Eyes: ACHING OF, *and* PAIN IN—Ruta, Euphr., Spig., Cimic., *or* Arn. int. and ext. *(from over-use)*; Nux V. *(over-use, especially by artificial light)*; Gels. *(pain in the eyes with dizziness, profuse lachrymation)*; Acon., Bell. *(burning in eye-balls, with frontal headache)*.

BLACK—Arn. *or* Ham. ext.

BLEAR-EYES—*see* **Eyelids:** GRANULAR.

BLOOD-SHOT—Acon. *or* Bell., *(recent, from cold)*; Arn. *(from mechanical causes—sneezing, laughing, etc.)*; Ars. *(chronic cases;*

also with ulceration of cornea); Spig., Cactus, Sulph. (*scrofulous ophthalmia*).

Inflammation of—Acon., Euph., Merc., Arg.-Nit., Macrot., *or* Sulph. (*catarrhal*); Merc. Cor., Bell., Con., Nux V., Spig., *or* Gels. (*great intolerance of light*); Ant. Tart. (*great intolerance, with strumous ophthalmia*); Clem., Calc., Hep., Iod., Hydras., *or* Sulph. (*chronic and strumous*). In strumous ophthalmia, the installation of Atrophine—gr. j. ad aq. des. ℥j.—giving Bell. internally at the same time, and afterwards Sulph. *or* Ars. is almost invariably successful. Merc., Nit. Ac., Aur., *or* Thuja (*syphilitic*); Arg. Nit. *or* Calc. (*in infants*); Ars. (*corneal ulceration*), Puls., Bell., Merc., Ant. T., *or* Sulph. (*following the eruptive fevers*). *Also* Calend. ext. (*for soreness*); Euph. (*profuse discharge of tears*).

Over-use of—*see above.*

Specks *or* Spots floating before—Hyos., Bell., Cocc., Coni., Merc., Ruta, Chel., Solanum (*rings and gauze before the eyes*).

Weakness of—Ruta int. and ext.; Sulph., Phos., Iod.

Wounds of—Acon. alt. Arn.; Arn. *or* Calend. ext.—in *weak* lotion.

See also **Sight.**

Eyelids: Agglutination of—Merc.-Cor., K. Bich., Calc., Hep. 2x, Sulph., *or* Puls.; *see also* **Eyes**: Inflammation of.

Granular—Merc.-Cor., Ars., K. Bich., Graph., Hep., Sulph., Calc., Puls., Phyto., Zinc.

Stye on—Puls. alt. Acon.; Hep., Sulph., Calc., Apis, Merc. Iod. and ointment of (F. 39); Thuja (*chronic*); Sulph. *or* Staph. (*to prevent return*).

Vesicles on—Rhus, Hep. *Also* Calend. *or* Euph. ext.

Face: Ache—Acon. (*from cold or depressing influences*); Bell. (*with redness of the face and brain-disturbance*); Cham. 3x and Merc. S. 5x alt. every two or three hours (*one-sided face-ache from cold*); Coloc., Cimic. (*severe neuralgic shooting or cutting pains*); Ars. (*periodical*); Spig. (*pain extending to the orbits*); Gels. (*with twitching of the face*); Chel. (*morning neuralgia; or from hepatic disorder*); Cimic. (*with uterine derangement*); Cham. (*with swelling and irritability*). *See also* **Gumboil, Toothache,** *and* **Neuralgia.**

Pale and Sunken—Ars. (*emaciation*); Ferr., Helon. (*anæmia; see also* **Anæmia**); Calc., Iod., Phos. Ac.; Chin., *or* Cina (*from worms*).

Redness of—Nux V. (*flushing after meals*); Acon. (*from excitement*), *or* Bell. (*scarlet redness*); Sepia (*flushes*); Ferr.

Sallow—Merc., Chin., Bry., Podoph., Ars.

Swelling of—Bell. (*with bright redness*); Cham. (*with tooth-ache*); Apis (*puffy swelling*). Local applications of hot and moist chamomile flowers in flannel. *See also* **Gum-boil.**

Fæces: Bry. (*very large*); Merc. (*pale and costive, with depressed spirits*); Nux V., Collin. 1x trit. (*hard and large, and expelled only after frequent effort*); Sulph. (*knotty*); Plumb. (*dark, hard, small balls*); Opi. (*dark and knotty, with great torpor of the bowels*); Alum. (*soft but difficult*); Dig. (*white*); Graph. (*hard and knotty*); Ars., Chin., *or* Ferr. (*containing undigested food*); Ars., Verat., Sec., Phos., *or* Phos. Ac. (*passed involuntarily*); Puls., Cham., Caps., *or* Merc. (*mucous*); Leptand. (*black*). *See also* **Diarrhœa, Dysentery,** etc.

Fainting: Mosch. *or* Camph. by olfaction; Acon. *or* Opi. (*from fright*); Nux V., Nux Mosch.

Tendency to—Iod. (*from constitutional causes*); Chin. (*from loss of fluids*); Ars. (*great debility*); Verat.-alb. (*coldness and blueness of the skin, with clammy sweat*); Cham., Coec., *or* Ign. (*hysterical*).

Falls *and* **Stuns**: *see* **Contusion** *and* **Concussion.**

Famine-Fever: *see* **Relapsing-Fever.**

Fatigue: *see* **Exhaustion.**

Fear *or* **Fright**: Effects of—Acon. (*palpitation* or *quickened circulation*); Coff. (*extreme nervous irritability*); Opi. (*stupor*); Hyos. *or* Bell. (*brain disturbance*); Ign. (*convulsive movements*); Gels. (*affecting the bowels or bladder*); Anacard., Cham., Nux V.

Feet: Aching, Blistered, *and* Sore—Arn. int., and ext. as a bath (*from over-walking*); Arg. M.

Burning in—Canth. (*in the soles at night in hysteric females*); Calc., Graph., Phos., Phos. Ac., Led.

Chilblains on—*see* **Chilblains.**

Coldness of—Sulph. (*with hot hands and face*); Ferr., Sil., Nat. M., Sep., Puls., Graph. Daily use of the skipping-rope, walking, or other active exercise; also sufficient meat and other stimulating diet.

See also **Circulation**: Languid.

Gout in—Rhus, Led., Rhod., Sulph., Sab., Arn., Lyc.

Pains in—Bry. *or* Led. (*rheumatic or gouty*); Rhod. (*neuralgic*).

Perspiration of—Sil. (*suppressed or excessive*); Calc., Graph., Petrol., Nit. Ac.

Swelling of (Œdematous)—Ars. (*with emaciation*); Chin. (*with simple debility*); Ferr. (*with anæmia*); Sil., Apis, Phos., Puls., Caust., Euph., Sulph.

Weakness of—Chin., Sulph.; *see* **Ankles.**

Felon: Sil., Carbolic Ac. 3x, Apis; *see* **Whitlow.**

Fœtid Breath: *see* **Breath**: Offensive.

Fever: Simple, and Simple Continued—Acon. (*full, bounding, quick pulse, aching-pains in the limbs, without brain-symptoms*); Verat. Vir. (*same as* Acon., *but with brain and gastric disturbance*); Bell. (*brain-disturbance,—red face, throbbing temples, etc., and moderate pulse*); Gels. (*with remittency, or passing off without perspiration; "inward fever"*); Bry. (*heavy stupifying head-ache, shooting pains in the limbs*); Ars. (*prolonged cases, occurring in feeble patients*); Bapt., Ars., Mur. Ac. (*"low fever;" typhoid symptoms*). In simple continued fever, *Bapt.* should be given early, especially when *Acon.* does little good.

Finger: Gathered—*see* **Whitlow.**

Fissures: *see* **Cracks.**

Fistula: Sil., Calc., Fluor. Ac., Caust., Sulph., Phyto., Lyc. Surgical measures are sometimes necessary. *See* **Anus**, etc.

Fits: *see* **Epilepsy, Hysteria, Fainting, Apoplexy, Convulsions**, etc.

Flatulence: Nux V., Carbo V., Chin., Lyc., Tereb., Collin., Arg.-Nit. *See also* **Dyspepsia.**

Flooding: *see* **Menstruation** and **Labour.**

Fluor Albus: *see* **Leucorrhœa.**

Flushing of Heat: Nux V. (*in the face after meals*); Acon. *or* Bell. (*from excitement*); Cimic., Sep., Apis, Lach. (*flushes at the climacteric period; see* **Menses**: Cessation of.) Flushes should suggest enquiry for irritation of the spine.

Fracture: To promote adhesion in—Ruta, Symph., Calc., Sil.

Freckles: Phos., Graph., Sulph., Nit. Ac., Sep., Natr., Canth.

Fright: *see* **Fear.**

Frog: *see* **Thrush.**

Frost-bite: Rubbing the part with snow, afterwards with cold water, and avoiding exposure to heat, to prevent too sudden reaction.
See also **Chilblain.**

Fungus: *see* **Excrescences.**

Furunculus: *see* **Boil.**

Gall-Stones: Podoph., Merc., Nux V. Chel. ϕ expels and prevents. Berb. ϕ *or* Acon. (*during their passage*); Sulph. (*to prevent re-formation*). ℥ij. to ℥iv. of olive oil expels. Dr. Richards states, in a note, that *China* effectually dissolves gall-stones, and prevents their re-formation.

Ganglion: Ruta, Arn., Sil., Calc., Benz. Ac., Hep. Also (F. 41, 43, or 45) ext.

Gangrene: Ars., Chin., Carbo Veg., Sec. Carbol. Ac. int. and ext., or a yeast poultice.

Gastric-Fever: *see* **Enteric-Fever.**

Gastritis: *see* **Stomach**: INFLAMMATION OF.

Gastrodynia *and* **Gastralgia**: Ars. 2x. *See* **Stomach**: PAIN IN.

Gathering: *see* **Breast, Whitlow, Boil,** etc.

Giddiness: *see* **Vertigo.**

Gin-Colic: Acon., Merc., Bry.

Glandular Swellings: CHRONIC—Merc.-Iod., Iod., Calc., Calc.-Phos., K. Hyd., Sulph., Baryta Carb., Phyto. int. and ext. (*hard swellings*); Coni.

ACUTE—Bell., Rhus;* Hep., Merc. *or* Sil. (*when suppuration is threatened*); Hot fomentations or poultices.

Gleet: Cinnabar, Cann., Canth., Ferr., Puls., Nux V., Sulph. 3x trit. Injection of Glycerine and Hydras. (F. 16).

Glossitis: *see* **Tongue**: INFLAMMATION OF.

Goitre: Spong., Merc.-Iod., Iod., Brom., Sulph. Merc.-Biniod. ointment (F. 41) to the goitre, and a hot iron held close to scorch it in.

EXOPHTHALMIC—Bell.; Ferr. (*anæmia*); Ars., Chin., Phos. Ac.

Gonorrhœa: Cann., Gels. ϕ (drop-doses), Merc., Canth., Thuja, Bell. Injections: Sulphate of Zinc (F. 18); Glycerine of Tannin (F. 15); Permang. Pot. (F. 14) is said to cure in two or three days. The testicles should be supported by a suspensory bandage.

Gout: ACUTE—Acon., Colch., Lyc., Arn.; *also* Arn., Acon., Led., *or* Acet. Ac. ext.

CHRONIC—Puls., Sulph., or Led. (*rheumatic gout*); Nux V., Bry., Rhod., Rhus.

Gravel: Lyco., Sarsap., Phos. Ac., Bry., Nux., Eup.-Pur.

Green-Sickness: *see* **Chlorosis.**

Grief: *see* **Anxiety.**

Gripes: *see* **Colic.**

Grubs: *see* **Maggot-Pimple.**

Gum-boil: Acon. alt. Bell. (*first symptoms*); Merc., Sil., *or* Hep. (*suppurative stage*); Sulph. *or* Phos. (*to prevent recurrence*).

Gum-rash: Cham., Ant. C., Puls., Calc.

Gum-scurvy: Merc. Cor., Nit. Ac., Kali Chlor., Carbo V., Ars., Sulph., Staph. *Also* Carb. Ac. wash.

Gutta Serena: *see* **Amaurosis.**

Hæmatemesis: Acon. (*flushed face, full pulse, and in plethoric per-*

* In a recent case, *Rhus* 3x dispersed a very hard glandular swelling, with much surrounding puffiness, in three days, after *Merc.-Iod.* and *Bell.* had been fruitlessly employed for six days.

sons); Ipec. (*bright-red blood, with much sickness*); Ham. (*venous blood*); Ham. 1x alt. Acon. 2x, *or* Puls. and Hip baths (*vicarious menstruation*); Arn. (*from external violence or exertion*); Nit. Ac., Acaliph. In. 5x. The stomach should *rest*, and the patient be fed by the rectum. Beef-tea and cream, essence of meat, etc., form nourishing enemata. Iced-water may be sipped.

Hæmoptysis: Ipec., Phos., Ham., Acaliph. In. 5x, Apoc., Ferr., Acon.; Arn., *or* Bry. Absolute rest of mind and body. Rest on a mattrass with the head and shoulders a little raised.

Hæmorrhage: From the BLADDER or KIDNEYS—Canth., Tereb., Millef., Ham. ϕ.

BOWELS—Tereb., Ham., Ferr.-Phos., Erig. C. *See also* **Hæmorrhoids** and **Dysentery.**

LUNGS—*see* **Hæmoptysis.**

NOSE—*see* **Nose**: BLEEDING FROM.

STOMACH—*see* **Hæmatemesis.**

UTERUS—Croc., Sab., Sec., Ham. V., Caul., Ipec., Plat., Trill. *See also* **Labour**, and **Menstruation.**

Hæmorrhoids: Nux V. alt. Sulph. (*for persons of sedentary habits*); Sulph., Æsculus, *or* Nux V. (*from, or with, constipation*); Collin. (*constipation with uterine difficulties*); Acon. ϕ (*when inflamed*); Aloes, Collin., *or* Nux V. (*during pregnancy*).

BLEEDING—Ham. int. and ext.; Trill., Sulph. (*dark blood*); Acon. (*excessive, bright blood, with much pain*).

CHRONIC—Ars. (*with emaciation*); Ferr., Helon., *or* Hydras. (*cachectic individuals*); Nit. Ac., Sulph., Hep.

SUPPRESSED—Acon., Puls., Sulph.

In the treatment and prevention of piles, the use of wooden- or cane-bottomed chairs, instead of soft cushioned seats, is an important adjunct.*

Hair: FALLING OFF OF—Canth. int., and ext. in pomade; Phos. Ac. (*after illness, or from general debility*); Iod., Ars.; Calc., Sil., *or* Sulph. (*with chronic headache*).

Hands: CHAPPED—Arn.-, Calend.-, *or* Glyc.-cerate, or Glyc. Starch (F. 1); Petrol. 12, int., and Petrol. Soap ext., or Sulph. Ac. and Glycerine (F. 10) ext. *See also* **Chilblains.**

COLDNESS OF—Acon., Sep., Baryt. Carb., Puls., Nat. M., Sulph.

CRACKS IN—*see* **Cracks.**

DRYNESS AND BURNING OF—Phos., Sil., Sang., Lyc., Trill.

PAINS IN—Bry., Colch., Led. *or* Caul. (*rheumatic or gouty*); Rhod. (*neuralgic*); Arn. (*aching from over-use*); Ruta, Puls. *See* **Gout,** *and* **Rheumatism.**

PERSPIRATION OF—Calc., Nat. M., Sulph., Thuja.

PSORIASIS, ROUGHNESS, AND REDNESS OF—Merc., Phyto., Bell., Hep., Graph., Bary., Ars., Alum.

SWELLING OF—Bell. (*with much redness*); Apis (*acute œdema*); Ars., Iod., Chin. *or* Ferr. (*from constitutional debility*).

TREMBLING AND WEAKNESS OF—Phos., Sulph., Anac., Opi.,

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* The course of the arterial circulation of the buttocks and thighs appears to be so arranged that when sitting on hard seats the pressure is sustained by the bones; on the contrary, on cushioned seats the weight of the body is chiefly sustained by the soft parts, and, consequently, pressure is made on the blood-vessels; hence soft seats favour the production of piles, as also of uterine disorders, by pressure on the arteries as they emerge from the pelvis, and so tend to drive the blood into the interior of that cavity. This is well demonstrated by Mr. Holden in St. Bartholomew's Hospital Reports, vol. vi., art. *Medical and Surgical Landmarks.*

Merc., Nux V., Sil., Arg. Nit. 2. —(*non-mercurial*); Bell., Nux V., Nit. Ac. (*mercurial*).

Hay-Asthma: Sabad., Ipec., Hydroc. Ac., K. Bich.; Euphr., Gels. (*profuse lachrymation*); Ars. (*great debility*); K. Hyd. The inhalation of Sulph^{s}. Ac. or Anthoxanth. is recommended. Also residence by the sea or on a barren common.

PROPHYLACTICS—Sabad., Ars., K. Bich.

Headache: BILIOUS and SICK—Cham. (*in females, from cold or worry*); Iris (*much vomiting of bile*); Bry. (*worse with every movement; vomiting of bitter fluid*); Nux V. (*nervous and sick, with constipation*); Ipec. (*intense sickly feeling, with much retching*); Verat. (*pain in eye-ball, coldness of the skin, and prostration*); Acon. (*followed by vomiting of bile, or from cold: see under Cham.*); Sulph. 12, Cimic., Lach. (*at the critical age*); Cocc., Merc., Puls., Sep., Stan.

CATARRHAL—Acon. (*chills and flushes of heat, throbbing temples*); Euphr., Gels. (*profuse lachrymation*); Bry., Merc. S. (*in rheumatic patients*); Merc., Nux V., Cimic.

CONGESTIVE—Bell. (*redness of the face, throbbing of arteries, and sensitiveness to noise, light, etc.*); Bry. (*frontal, with giddiness, inclination to vomit, and torpor of the bowels*); Verat.-Vir. (*with plethora*); Nux. V. (*pain at the back of the head, with irregular action of the bowels*); Hell. (*at night, in occiput and nape of neck*); Sulph.-Quin. (*periodic*); Glon. (*more in the morning, with excessive throbbing*); Gels., Cact. (*aching in eyeballs, and giddiness*).

NERVOUS—Ign. (*weight at the back of the head; sense as if a nail were driven into the skull*); Nux V. (*in persons of sedentary habits, who study much*); Bell. (*see indications above*); Coff. (*with sleeplessness*); Gels. (*with giddiness*); Sulph.-Quin. 2x (*periodic*); Ars. (*periodic, in forehead and orbits*); Hell. (*stunning, stupifying*); Cham., Spig., Coloc., Sepia, Cimic.; Chin., Phos. Ac., *or* Ferr. (*from debilitating losses*).

RHEUMATIC—Acon., Bry., Cimic., Nit. Ac., Rhus, Spig., Phyto.

CHRONIC AND OBSTINATE—Arg. N., Calc., Phos., Plat., Plumb., Sil., Stan., Zinc.

FROM HEART-DISEASE—Cact., Lilium Tig., Acon., Dig., Gels., Bell.

FROM MENTAL CAUSES, OVER-STUDY, ANXIETY, etc.—Nux V., Phos., Phos. Ac., Anac., Cimic., Gels., Ign., Sil., Calc.

Hearing: HARDNESS OF—*see* **Deafness.**

MORBIDLY SENSITIVE.—Ign., Nux V., Cann.-Ind., Cup. M., Coff., Bell., Aur., Chin., Cham.

Heart: CONGESTION OF—Acon., Verat.-Vir., Opi., Puls., Sulph.

DISEASE OF—Dig. (*slow, or quickened and feeble, irregular, and intermittent pulse*); Cactus (*sensation as if the heart were grasped firmly*); Acon. (*violent palpitation, as in hypertrophy*); Lilium Tig. (*with uterine disorder*); Spig., Verat. Vir. (*cardiac debility, with diarrhœa, faintness and collapse*); Arn. (*induced by overexertion*); Collin. (*with dyspepsia or portal congestion*); Phos. (*fatty degeneration*); Ars. (*great debility, dyspnœa, dropsy, etc.*); Apis (*threatened dropsy*); Camph. (*for various paroxysmal sufferings*); Naja, Lach.

INFLAMMATION OF, AND ITS MEMBRANES—Acon. alt. Spig., Cimic. (*violent action of the heart; rheumatic peri- and endo-carditis*); Acon., Bry., Asclepias-Tub. (*pericarditis*); Bry. (*rheumatic patients, and when serous effusion is threatened*); Colch., Apis

(*gouty patients*); Ars. (*great debility, dropsy, etc.*).

PALPITATION OF—Acon. (*from excitement, and organic disease*); Mosch. *or* Camph. (*simple nervous*); Ign. (*from grief*); Coff. (*from joy, with wakefulness*); Cham. (*in children and females, from worry or anger*); Opi. *or* Verat.-Vir. (*from fright, etc.*); Bell. (*pulsation extending to the head*); Chin., Phos. Ac., Verat.-Vir., *or* Ferr. (*from debility*); Nux V., Gels. (*from spinal irritation*); Cact., Spig., Gels., Dig., Puls., Iod.

See also **Angina Pectoris, Dyspnœa,** etc.

Heartburn: Puls., Iris, Bry., Caps., Nux V.; Carbo V. 12, Calc. 12-30 (*with chronic acidity*).

Heat-Spots: *see* **Eczema**: SIMPLE.

Hectic-Fever: Chin., Phos. Ac., Gels., Phos., Ars., Hep., Sil., Sulph.

Helminthiasis: Cina, Santon., Merc., Teuc., Ign., Chin., Ferr., Ant. C. *See also* **Worms.**

Hemicrania: Bell., Nux V., Ign., Coff., Puls., Aur., Ars., Chelid., Calc. *See also* **Headache**: NERVOUS.

Hemiplegia: Bary., Nux V., Lyc. (*right side*); Arn., Cocc. *See* **Paralysis.**

Hepatitis: *see* **Liver**: INFLAMMATION OF.

Hernia: ACUTE PAIN FROM—Acon. alt. Nux V., Bell. ϕ. A proper truss should be worn.

Herpes: Acon. (*fever, neuralgia, etc.*); Rhus (*simple cases*); Ars. alt. Merc. (*with neuralgia and debility*); Phyto., Iris, *or* Graph. (*ulcerous*); Phos. (*in phthisical constitutions*); Ran.-Bulb. (*pleurodynia*); Graph., Juglans (*chronic*).

CIRCINNATUS—Tellur., Iris, Sep., Nit. Ac.

ZOSTER—Rhus, Ran.-Bulb., Cistus, Ars.; Canth. lot. (*for itching*).

Hiccough: Nux V. (*simple spasm, and in hard drinkers*); Sulph. Ac., Robinia (*acid eructations*); Acon., Ars., Bell., Gels., *or* Hyos. (*in brain affections*); Hydrate of Chloral, in five-grain doses in solution, is palliative and often curative, where other treatment is unsuccessful.

Hip-Joint Disease:* Sil., Calc.-Phos., Calc., Ferr.-Iod., Hep.; Coloc. Rhus, *or* Bell. alt. Merc. S. (*pain*); Acon. (*fever*). Immediate and perfect rest.

Hoarseness: *see* **Voice**: HOARSE.

Hooping-Cough: Acon. (*at commencement*); Ipec. (*with gastric symptoms, vomiting of mucus, sometimes hæmorrhage*); Dros. (*severe paroxysms of hoarse cough, even with hæmorrhage and vomiting*); Cup. (*croup-like cough, with convulsive movements; threatened death from collapse of air-cells of the lungs*†); Bell. (*sudden and violent paroxysms, with sore throat, brain symptoms, worse at night*); Petrol. 1x (*great sickness—also* Ipec.); Phos. (*lung complication*); Cina (*worm symptoms*); Coral., Verat., Gels. alt. Verat.-Vir., Nux V.

Hordeolum: *see* **Eyelid**: STYE ON.

Housemaid's Knee: Arn., Rhus, *or* Ruta int. and ext.; Sil., Kali Hyd.

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* An important element in the diagnosis of this disease is furnished by a comparative examination of the nates. In health they are firm and globular from a large accumulation of fat over the great muscle of each buttock. Wasting of one compared with the other is an early symptom of hip-joint disease.

† In this condition Dr. Dalzell recommends FRICTION over the chest and back with a cold wet towel every two or three hours, for from three to five minutes at a time.

Hunger-pest: *see* **Relapsing-Fever.**

Hydrocele: *see* **Scrotum**: DROPSY OF.

Hydrophobia: Bell., Stram., Scutel. [The likeliest remedies to prevent the development of the poison: one of them should be administered in a low dilution directly after infection, and the patient kept under its influence for some time.]

Hydrocephalus: *see* **Brain**: INFLAMMATION OF, and DROPSY OF.

Hydrothorax: *see* **Chest**: DROPSY OF.

Hypochondriasis: Aur., Nux V., Anac. (*chiefly in males*); Cimic., Ign., Plat. (*chiefly in females*); Ars., Arg. M., Lyco., Sulph.

Hysteria: Ign., Puls., Gels., Cimic., Ign., Plat., Cocc., Asaf., Caul., Zinc.-Val., Hyos., Bell., Nux M.

Hysteric Convulsions or Fits: Camph. *or* Mosch. int. or by olfaction; Acon. *or* Opi. (*if caused by fright*). Cold douche to the face.

Impetigo: Viola T., Ant. T., Hep., Ant. C., K. Bich., Clem., Ars. Carbolic Ac. and Glycerine ext. *See also* **Eruptions.**

Impotence: Phos., Coni., Chin., Phos. Ac., Nux V., Ferr., Bary. C., Agnus, Sulph.; Iod. (*atrophy of the testicles*); Caladium. (*with coldness of the organs*); Nuphar.

Incontinence of Urine: *see* **Urine.**

Indigestion: *see* **Dyspepsia.**

Influenza: Acon. *or* Gels. (*at first*); Gels. (*first and second stages*); Ars., Kali Hyd. (*second and later stages*); K. Bich. (*troublesome cough*); Sulph. *or* Phos. (*tedious cases, with chest symptoms*); Rhus, Caust.

Insolation: *see* **Sun-stroke.**

Intermittent-fever: *see* **Ague.**

Intertrigo: *see* **Excoriation.**

Iritis: Arn. (*traumatic*); Bry., Gels., Merc.-Cor., Bell., *or* Acon. (*rheumatic*); Cinnab., Merc., Clem., Merc.-Iod., Kali Hyd. *or* Aur. (*syphilitic*). *See also* **Eyes**: INFLAMMATION OF.

Irritation: *see* **Itching.**

Itch: *see* **Scabies.**

Itching of the Skin: Acon. (*great itching, with feverishness*); Sulph., Aur., Petrol. (*with dry harsh skin, worse in bed or in warmth*—Rhus Rad.); Ars. (*burning-itching, with debility*); Ign. (*fine pricking-itching*); Rumex (*worse in bed*); Rhus, Nux V., Arg. N., Mez., Merc., Iod. Cold compresses are recommended.

Of the SEAT: *see* **Anus**: ITCHING OF.

Jaundice: ACUTE — Acon., Merc., China 2x alt. Merc. S. 3x, Nux V.; Cham. (*from anger*).

CHRONIC — Phos., Lep., Chelid., Podoph., Hydras. alt. Nux V., Dig., Ars.; Chin. (*from miasm; also in children*); Hep. *or* Nit. Ac. (*from* Mercury); Merc. (*from* Bark *or* Quinine).

MALIGNANT—Phos., Ars.

Jaws: CARIES OR NECROSIS OF—Phos., Sil., Phos. Ac., Aur. M.

SPASM OF—*see* **Tetanus.**

PAINS IN—Acon.; Merc., Cimic., Bell. (*with rigidity*); Spig. (*neuralgic or rheumatic*); Petrol. (*as though dislocated*).

Joints: ACHING AND STIFFNESS OF—Arn. (*from exertion*); Rhus (*from a strain*); Bry., Rhus., Phyto. (*rheumatic*); Ruta, Caust., Nux V., Petrol., Macrot.

DROPSY OF—Iod., Bry., K. Hyd., Canth.

INFLAMMATION OF (*Synovitis*)—Acon. (*febrile symptoms*); Bry. (*rheumatic patients*); Ledum (*with constant chilliness*); Merc.-Prot.-Iod. 3x (*chronic and painful*); Puls. (*females and chil-*

dren); Sil. *or* Hep. (*suppuration*); Merc. (*chronic cases*); Phyto. int. and ext. (*strumous*); K. Hyd. (*syphilitic*).

RHEUMATISM OF—*see* **Rheumatism**: ARTICULAR.

SWELLING OF—Sil., Calc.-Phos. ("*white-swelling*"); Merc., Hep., Puls., Bell.; Phos. Ac.; Sulph. *and* Calc. (*as constitutional remedies*).

WEAKNESS IN—Calc., Ruta, Caust., K. Carb., Merc., Lyc., Sulph.

See also **Gout, Rheumatism,** etc.

Joy: EFFECTS OF EXCESSIVE—Coff., Puls.

Kidneys: INFLAMMATION OF—Acon., Gels., Bell. (*fever*); Tereb. (*suppressed, or scanty, smoky, thick, fœtid, or even bloody, urine*); Erigeron (*with copious albuminous discharge*); Canth. (*desquamative*); Ars., Apoc.-Can., Apis, Hep. (*post-scarlatinal nephritis, with scanty, albuminous, or suppressed urine, debility, dropsy, etc.*); Cann., Apis, Chelid., Ferr., Nux V., Puls., Benz.-Ac., Zinc. (*pains in the kidneys*).

See also **Bright's Disease.**

Knee: INFLAMMATION IN—Acon. alt. Puls.; Rhus, Bry., Sulph.

See also **Joints.**

Labour: TO PROMOTE NORMAL—Cimic., Caul., Puls.

FALSE-PAINS—Puls., Cham., Sec., Nux V. *See also* **Miscarriage.**

ABNORMAL CONDITIONS OF—Gels.,* Bell., *or* Caulophyllum (*rigidity of the os uteri*); Chin. (*intermittent pains*); Puls. (*irregular*); Cham., Gels., *or* Coff. (*excessive*); Ign., Bell., *or* Hyos., Chloroform inhaled (*convulsions and delirium*); Cocc., Nux V. (*spasms, etc.*); Puls., Sec. ϕ, Cimic. ϕ, Caul. 1x, three or four grains repeated as often as required (*pains ceasing, or too weak*); Cocc., Caul. (*paralysis*).

RETAINED PLACENTA—Arn., Puls., Sec., Ign.

AFTER-PAINS—Arn., Gels., Cimic., Sec., Cham., Coff., Puls.

HÆMORRHAGE DURING OR AFTER—Sec., Sab., Ipec., Eryng., Arn., Puls., Ign., Cimic.; Chin. *or* Ferr. (*for consequent debility*). Also injections of cool or cold water. *See also the Medicines under* **Menstruation:** PROFUSE.

RETENTION OF URINE AFTER—Acon., Bell., Canth., Hyos.

CONSTIPATION AFTER—Collin.; Bry., Opi., *or* Plumb.; *or* enema of tepid water. *See* **Constipation**; *also* **Hæmorrhoids.**

DIARRHŒA—Puls., China, Hyos.

LOCHIA ABNORMAL—Acon. (*too profuse and bright red, in plethoric patients*); Bell., Cimic. (*scanty*); Ver.-Vir. (*scanty, with headache*); Kreas., Carbo An., *or* Sec. (*offensive*); Sabina, Cimic. (*continuing red too long*); Cauloph., China, *or* Calc. (*too prolonged*); Acon. (*suppressed*); Hydras. (*offensive, with suppressed or scanty urine*).

PUERPERAL-FEVER—Acon. alt. Bell. *or* Ver.-Vir. (*brain symptoms*); Bry. *or* Merc., alt. Acon. (*peritonitis*); Coloc., Tereb. (*much tympanitis*); Hyos., Bap., Ars., *or* Lach. (*very bad cases*). Repeated fomentations are valuable in puerperal-fever.

PUERPERAL MANIA—Hyos., Opi., Kali Brom., Stram., Cann.-Ind.; Cimic., Plat., Aur., Ars., Bapt. (*melancholy*).

Lactation: FEVER—Acon. alt. Bry., *or* Bell. alt. Bry.

ABNORMAL CONDITIONS OF—Agnus C., Asaf., Puls., Calc. C.

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* Dr. Douglas remarks, in a note,—"No remedy can at all be compared with Gels. ϕ, one to five drops every thirty minutes, to produce relaxation of a rigid, unyielding *os uteri*."

(*absent, late, or scanty*); Calc., Sulph., Sil., Merc. (*deteriorated*); Nux V. (*from the use of spirits*); Cham. (*from anger*); Calc. C., Kali Hyd., Bry., Phos., Sil., Iod. (*excessive or too long-continued flow*); China (*consequent debility*); Cimic. (*mental dulness and melancholy*); Calc. C., Iod., Sulph., Chin., Phos. Ac. (*menses occurring during lactation*). Under this last condition, the child should be weaned. *See also* **Breast, Nipples**, etc.

Laryngismus Stridulus: *see* **Croup**: SPASMODIC.

Laryngitis: ACUTE — Acon. alt. Spong.; Hep., *or* K. Bich.; Apis (*œdema of the glottis*). Laryngotomy is sometimes necessary.

CHRONIC—Spong., K. Bich., Hep., Caust., Carbo V., Selen.; Merc.-Bin.-Iod. *or* Nit. Ac. (*syphilitic*).

Lead-Colic: Plat., Opi., Alum., Bell., Sulph. Ac.

Legs: CRAMPS IN—Verat., Nux V., Cupr., Cham., Calc.

PARALYSIS OF—Cocc., Rhus, Coni., Phos. 1x, Bell., Nux V. *Also* Electricity.

SWELLING OF—*see* **Dropsy**

ULCERS ON—Bell. (*erysipelatous*); K. Bich. (*chronic*); Merc. S. (*eczematous*); Phos. (*debilitated patients*); Ham., Puls., Sil., *or* Nit. Ac., Fluor Ac. 5. (*varicose*). *See also* **Varices.**

WEAKNESS OF—Rhus Rad., Arg. Nit., Nux V.; Phos., Sulph., *or* Bell. (*trembling*). Electricity.

WHITE-LEG: *see* **Phlegmasia Dolens.**

Lepra and Leprosis: *see* **Psoriasis.**

Leucoma: (*white speck on the cornea*): Bell., Cann., Calc. C., Euphr., Puls., Phos., Coni.

Leucorrhœa: Puls., Helon., Sep., Iod., Senec., Ferr., Merc., Collin., Aloes, Xanth., Hydras., Caul. alt. Cimic., Kreas., Coni.; Calc. *or* Iod. (*in scrofulous females; also in children*). Frequent local ablutions; injections of Hydrastis, etc. Sea bathing.

Lichen: Sulph., Ant. C., Petrol., Ars., Nux Jug.; Apis *or* Ledum ("*prickly-heat*"). *Also the use of* Petrol. soap.

Lienteria: Chin., Ferr., Phos., Phos. Ac., Puls.

Lips: SORENESS, CRACKS, ETC., OF—Merc., Graph., Sulph.; Calend.-cerate, *or* Sulphurous.-Ac., Glyc.

Liver: CONGESTION AND CHRONIC ENLARGEMENT OF—LIVER-COMPLAINT—Merc., Leptand., Merc.-Iod., Phos., Nit. Ac., Agar., Nux V., Sulph., Podoph., Chelid., Agar., Carbo V., Lyc., Ars.; Chin. *or* Sulph.-Quin. (*consequent on Ague*). The Abdominal Compress is a valuable auxiliary. *See also* **Biliousness**, etc.

HOB-NAILED—*see* **Cirrhosis.**

INFLAMMATION OF — Acon. alt. Bry. *or* Merc.; Hep. (*threatened abscess*).

Liver-Spots: Sulph., Sep., Borax, Lyc.

Lochia: ABNORMAL: *see under* **Labour.**

Lock-Jaw: *see* **Tetanus.**

Locomotor Ataxy: Bell., Ars.

Low-Fever: *see* **Typhoid-Fever.**

Lumbago: Acon. (*recent*); Rhus. Rad. (*pains worse during rest and at night; from a cold; chronic*); Arn. (*from severe exertion*); Ant.-Tart. (*according to Dr. Newton, the best and most rapidly curative remedy*). Acon., Arn., *or* Rhus liniments (F. 20, 21), rubbed in before a fire, or medicated compresses, are very useful.

Lungs: ABSCESS IN—Iod., Ars., Chin., Sil., Hep.

CONGESTION OF—Acon., Bell., Ant.

T., *or* Verat.-Vir. (*from cold*); Phos.

CONSUMPTION OF — *see* **Phthisis Pulmonalis.**

GANGRENE OF—Ars., Chin., Lach.

HÆMORRHAGE FROM—Acon., Ham., Kreas., Ipec., Ferr., Erige. Can., Millef.; Arn. (*if from injury*); Bry. (*vicarious of menstruation*). Inhalation of Perchloride of Iron Spray.

INFLAMMATION OF — Acon. alt. Phos. *or* Bry.; Ant. T. (*broncho-pneumonia, and in children*); Sulph. ϕ, Chelid—*see* **Pneumonia.**

PARALYSIS OF—Phos., Opi., Ant. T., Baryt., Lach.

Lupus: Ars., Phyto., *or* Hydras., int. and ext.; Marsden's Arsenical Mucilage.

Lymphatic Glands: ENLARGED — Merc.-Iod., Dulc., Bell., Aur. M., Coni.; Rhus. (*indurated*); Sulph., Sil., Calc., *or* Iod. (*as constitutional remedies*).

Maggot-Pimple: Bary., Phos. Ac., Calc.

Mammary Abscess: *see* **Breast.**

Masturbation: *see* **Self-Abuse.**

Measles: Acon. (*fever*) alt. Puls.; Euph. (*profuse lachrymation*); Gels. *or* Bry. (*when the eruption does not come out well*); Bell. (*sore throat or brain-symptoms*); Bry. (*troublesome cough*); Merc. (*glandular swellings*); Phos. (*chest-symptoms*); Sulph. (*deficient eruption, intense headache, and tendency to coma; also during convalescence*).

FALSE—(*Roseola*)—Acon. int. and ext.; Rhus, Bell.

Megrim: *see* **Hemicrania.**

Melancholia: *see the Remedies under* **Hypochondriasis.**

Memory: WEAKNESS *or* LOSS OF— Phos. Ac., Anac., Zinc., Alum., Aur., Ign., Verat.

Meningitis: NON-TUBERCULAR— Acon. alt. Bell. *or* Bry.; Hyos., Phos., Glon., Opi.

TUBERCULAR*—Bell., Sulph., Ver.-Vir., Bry., Hell., Calc.-Phos., Apocy.

Menopausia: *see* **Menstruation:** CESSATION OF.

Menorrhagia: *see* **Menstruation:** PROFUSE.

Menstruation: DELAY OF THE FIRST —Puls., Ferr., Sep., Cycla., Sulph., Phos.; Acon. (*disturbed circulation*).

MEMBRANOUS—Borax grs. v. ter die (*profuse discharge at one time and scanty at another, with severe labour-like pains in the back, hips, and hypogastric region*).

PAINFUL—Sec. (*expulsive, forcing pain, with dark, coagulated, or absent discharge*); Collins. (*with piles, constipation, etc.*); Senecio (*for many days preceding menstruation*); Gels. *or* Cauloph. (*spasmodic pains*); Cimic. (*rheumatic patients*); Cham., Coff., *or* Xanthox. (*neuralgic pains*); Cocc. (*colicky pain*); Ham. (*ovarian irritation*); Bell., Ign., Plat., Sab.; Macrot. 3x *or* Cimic. 2x for a fortnight before the period (*habitually painful*).

IRREGULAR *or* INFREQUENT—Chin. (*when profuse and consisting of dark lumps*); Puls., Cycla. (*scanty*); Iod. *or* Phos. (*gradually diminishing*); Sep., Nux V., Bell., Sulph., Senecio.

SCANTY—Puls. (*simple cases*); Ferr.,

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* A professional correspondent informs us of the successful treatment of a case of this almost incurable malady in an infant of six months old, in whom effusion had taken place before he was called in. *Hell.* 3x alt. *Calc.-Phos.* 3x, with an occasional dose of *Sulph.* 12, were the remedies. The constitutional symptoms gradually declined, and the patient recovered. At present, four months since, the child is plump, active, and strong.

Helon. (*with anæmia*); Bell, *or* Acon. (*in full-blooded patients*); Merc. (*sallow complexion, liquefaction of the blood, liver derangement, etc.*); Arg. N. (*watery discharge*); Graph. (*constipation, and unhealthy skin*); Sep. (*chlorotic appearance, leucorrhœa, etc.*); Phos. (*constitutional delicacy; chronic diarrhœa; tendency to chest-disease*); K. Carb., Dulc., Sulph., Cycla., Plat., Nat. M., Bary.

EXCESSIVE—Sec. (*dark or foul discharge, in lumps, with severe pains previous to their expulsion*); Croc. (*dark and clotted, especially in patients with dim sight*); Sab. (*bright red, with pain chiefly at first*); Calc. C. (*too early*); Acon. *or* Bell. (*in plethoric patients*); Ham. (*profuse venous*); Ipec. (*simple profuse bright-red discharge, with or without nausea*); Hyos. (*nervous and hysteric patients*); Phos. (*mental and sexual excitement, sensitiveness, etc.*); Senecio, Ferr., Iod.; Chin. (*after excessive discharges*).

RECURRING TOO LATE—*see* INFREQUENT.

RECURRING TOO EARLY OR LASTING TOO LONG—Calc. *or* Calc.-Phos. (*profuse*); Sec. Sab. (*painful*); Iod. (*with emaciation*); Trill. *or* Plat. (*every two weeks*); Nux V., Ferr., Ign.

VICARIOUS—Bry., Ham., Ferr., Senecio.

CESSATION OF—CRITICAL AGE—Chin. *or* Ferr. (*pressure and burning on the top of the head; profuse discharges*); Lach. (*headache and sleeplessness; also flushes*); Glon. (*rush of blood to the head, with throbbing and noises in the head or ears, giddiness, etc.*); Cimic. *or* Hydroc. Ac. (*sinking at the stomach*); Sulph. (*piles; flushes of heat; mental depression, etc.*); Sang., Sulph. Ac., *or* Lach. (*flushes*); Ambra (*numbness and stinging in the arms*); Sep., Plat., Gels., Cocc., Apoc.-Cann.

See also **Uterus, Miscarriage,** etc.

Mentagra: *see* **Beard:** ACNE OF.

Mental Weakness: Nux V., Sulph., Phos. Ac., Anac., Gels., Ign., Plumb., Zinc. *See also* **Memory, Hypochondriasis, Brain-fag,** etc.

Mesenteric Disease: *see* **Tabes Mesenterica.**

Metritis: *see* **Uterus:** INFLAMMATION OF.

Metrorrhagia: *see* **Uterus:** HÆMORRHAGE FROM.

Miliaria — Miliary Fever: Acon., Bry., Merc.

Milk-crust: Viola Tri., Iris, Rhus; Sep., Phyto., Clem.; Calc. *or* Sil. (*chronic cases*).

Milk-Fever: Acon. alt. Bry.; *see* **Lactation:** DISORDERS OF.

Milk-leg: *see* **Phlegmasia Dolens.**

Miners' Elbow: *see the Remedies for* **Bunion.**

Miscarriage: TO PREVENT—Caul., Sab., Sep., Helon., Sec.; Nux V. (*associated with constipation producing straining, etc.*); Calc. *or* Sulph. (*for those of scrofulous constitution*). The remedy should be taken once or twice a day for one or two months previous to the period corresponding with that at which the former miscarriage occurred.

THREATENED—Sab. (*free discharge of blood*); Caul. *or* Sec. (*severe expulsive pains*); Cham. (*if caused by anger, fright, etc.*); Arn. (*if from a fall, or other mechanical injury*); Acon., Puls., Cedron. A dose every twenty or forty minutes till the symptoms decline. Also rest on a mattress in a cool room, with quiet, avoidance of hot drinks, excitement, etc. Special care to be exercised at the times when, had not pregnancy existed,

menstruation would have occurred.

Morbus Coxæ: *see* **Hip-joint Disease.**

Morning-Sickness: *see* **Pregnancy**: DISORDERS OF.

Mortification: *see* **Gangrene.**

Mouth: INFLAMMATION OF—K.Chlor. (*simple cases, with exudation*); Merc., Bapt., Phyto.

CANKER OF—Merc., Ars., *or* Mur. Ac. (*idiopathic*); Nit. Ac. *or* Carbo V. (*mercurial*); Phyto. (F. 22) or Carbolic Ac. (F. 31), as a wash, or Glycerole of Mur. Ac. (F. 7).

ULCERS—Merc., with Nit. Ac. as a wash; Ars.; Hydras. lot. *or* gargle (F. 22).

Mumps: Acon. (*fever*); Merc. Iod., *or* Merc. S (*swelling of the glands*); Bell., Puls. (*affections of the brain, and of the testicles and breasts*).

Muscæ Volitantes (*The debris of cells, shreds of tissue or fibre, chiefly caused by over-use of the eyes, and appearing like transparent beads or shreds, or as dark, singular-shaped bodies, floating about in the vitreous and changing their position with every movement of the eye*): Hyos., Bell., Cocc., Merc., Coni. Rest of the eye is necessary, and the general health should be improved. Blue glasses may be worn to render the spots less visible, if they are very troublesome. *See also* **Amaurosis, Sight, Eyes,** etc.

Myalgia (*pain in the muscles*); Gels. (*with feverishness, etc.*); Arn. (*from over-exertion*); Bry., Gels., Rhus (*with inflammation*); Cimic.

Myopia (*near-sightedness*): Bell., Spig., Macrot., *or* Acon. (*irritability, congestion, or inflammation*) Suitable glasses should be worn.

Nævus: Thuja ϕ ext.; *or* Kreasote-water—one drop of Kreas. ϕ to 80 of water. Ferr. Perchlor. Sol., applied daily.

Nails of the Fingers and Toes: DISEASE OF—Merc., Sil., Graph. For the local treatment of an *ingrowing nail*, a piece of cotton wool, saturated with Hydras. should be pressed into the ulcer under the nail, and renewed as often as necessary. Or an *ingrowing nail* may be remedied by softening it in warm water, and then paring very thin those parts which are most dense, and where the nail begins to become vertical; but the ingrowing portion should not be cut. The daily application of a solution of Ferr. Perchlor., according to Mr. Clifton, never fails.

Nausea: Ipec., Nux V., Kreas., Ant. T., Cocc., Lob., Iris, Tabac. *See also* **Dyspepsia, Vomiting,** etc.

Neck: STIFFNESS OF—Acon. (*from a draught*); Dulc. (*from damp*); Bry., Cimic., Bell., Phyto. *See also* **Crick-in-the-Neck** *and* **Wry-Neck.**

Necrosis: *see* **Bone.**

Nephritis: *see* **Kidneys**: INFLAMMATION OF.

Nervous Debility: *see* **Debility.**

Nervousness: Coff. (*with sleeplessness*); Cham. (*restlessness, irritability, and sensitiveness, without ideal disturbance*); Ign. (*extreme sensitiveness, pains in various parts, hemicrania, sensation as of a ball in the throat, etc.*); Hyos. (*perverted brain-function; restless, dreamful sleep, or sleeplessness*); Agar. (*pains as from icy-cold points; twitchings, tremors, etc.*); Borax (*noise intolerable*); Acon. *or* Nux V. (*from anxiety, night-watching, etc., with palpitation, indigestion, etc.*); Puls., Bell., Ars., Phos. Ac., Gels., Scutell., Cimic., Cyprid., Kali Brom., Zinc. Val., Ambra.

See also **Hysteria, Hypochondriasis,** etc.

Nettle-Rash: Acon. (*feverishness*); Rhus, Apis; Puls. (*from food which disagrees*); Ant. C., Copaiba, Hydras.; Bry. (*sudden retrocession*).

Neuralgia: In the Face and Head—Bell. (*redness of the affected part, sensitiveness to noise, light, etc., and ideal confusion*); Ars. (*burning and tearing pains, intermittent or periodic, worse at night or during rest, with extreme restlessness and anguish; especially in weak persons*); Verat.-Vir. (*from cold*); Acon. (*facial neuralgia, from cold, anxiety, etc., with palpitation, quickened full pulse; and in plethoric persons*); Spig. (*head, face, eyes, and orbits involved, aggravated by stooping and movement*); Coloc. (*sudden, violent lancinations, extending from the point of origin to a distance, chiefly on the left side*); Cham., and Merc. S. alt. (*extreme sensitiveness and irritability, especially in children and females*); Coff. (*nerve-pains, with restlessness and sleeplessness*); Chin. *or* Sulph.-Quin. (*from malaria, loss of animal fluids, etc.*); Chelid. (*with liver derangement*); Cimic., Gels., Sticta, Nitrate of Strych., Nux V., Staph., Coni. *See also* **Toothache.**

Intercostal—Cimic., (*infra-mammary pain, especially in females*); Ars. (*in debilitated patients*); Ranun., Arn.

In the Bones—Zinc.

Of the Extremities—Rhod., Ars.

See also **Sciatica, Hemicrania, Lumbago,** etc.

Nightmare: Nux V. (*from indigestion*); Chin. (*with oppression*); Sulph. (*with palpitation*); Acon. Puls. Also a light digestible diet, out-of-door recreation, and a quickly-taken sponge bath, with vigorous friction, daily; at the same time, suppers or very late dinners, stimulants, fatigue, and too many or heavy bedclothes, are to be avoided.

Night-Sweats: Phos. Ac., Calc. C., Chin., Ars., Hep., Samb., Sulph.; Merc. (*profuse sour perspiration, not hectic*). Sponging with tepid water and vinegar. Dr. Douglas, in a note, recommends *Bry.* and *Gels.*, for continued and profuse sweats, and adds, "Nothing has answered so well with me in the colliquative sweat of phthisis as the two remedies above named.' *See also* **Hectic-Fever.**

Nipples: Sore—Sulph., Cham., Sil.; Phelland. (*pain after each suckling*); Crot. Tig. (*shooting-pains from nipple to shoulder-blade*); Calend. *or* Arn. lot. ext.; or Glycerole of Verat.-Vir. (F. 13), *or* Hydras. (F. 9), or Tinct. of Benzoin, P. B., Benzoic Ac. lotion (F. 32), frequently applied, and not removed till next nursing: the nipple to be washed before applying the child.

Nodes: Sil.; K. Bich. (*soft nodes on the scalp*); K. Hyd., Phyto. (*syphilitic nodes, with nightly pain*); Aur.

Noise: In the Ears and Head—Bell., Sulph.-Quin. *or* Chin. (*with deafness*); Nux V., Gels., Caust., Petrol., Graph., Sulph.

Sensitiveness to—Bell., Cham., Coff., Ign., Cann.-Ind., Nux V.; Borax (*extreme cases*).

Nose: Bleeding from—Ipec.; Sulph. Ac., Arn. (*from a blow*); Acon. (*full pulse, and in the plethoric*); Croc. (*stringy blood*); Bry. (*preceded or accompanied by severe headache*); Ham., Millif., Chin. (*frequent recurrence of*); Phos.

Catarrh of—Merc., Ars., Nux V., Puls.; Teuc. by inhalation; five drops into the hollow of the hand, add a little water, and inhale this preparation two or three times a day. *See also* **Cold in the Head.**

Fœtor from—Iod. (*putrid ulceration of the lining membrane in scrofulous patients*); Elaps Coral., Merc.-Iod., Aur., K. Bich. *See also* **Ozœna.**

Inflammation of—Phos. *or* Bell., alt. Acon. *or* Merc.; Sulph. (*chronic cases*). *See also* **Ozœna.**

Redness of—*see* **Acne**: Rosacea.

Soreness of—Ars., Merc., Graph., Sulph., Aur. *See also* **Coryza.**

Obesity: Ars., Calc., Ferr., K. Hyd. *or* Sulph., as auxiliary to a suitable dietary, the most important feature in which is the exclusion of articles of food and drink which contain an excess of *starch* or *saccharine elements.*

Œdema: *see* **Dropsy**: Local.

Offensive Breath: *see* **Breath**: Fœtid.

Onanism: *see* **Self-Abuse.**

Ophthalmia: *see* **Eyes**: Inflammation of, etc.

Otorrhœa: *see* **Ears**: Discharge from.

Ovaries: Dropsy of—Iod., Apis, Sep., Sulph., K. Brom.

Inflammation of—Acon., Bell., Merc.-Iod., Puls., Ham., Coni.; Plat. (*with induration*).

Neuralgia of—Zinc. Val., Ham., Caul., Coloc.

Ozœna: Aur., K. Hyd., K. Bich., Phyto., Elaps Coral 6, Ars., Merc.-Iod., Sang., Nit. Ac., Zinc. Injections of Permanganate of Potash.

Painter's-Colic: *see* **Lead-Colic.**

Palpitation: *see* **Heart**: Palpitation of.

Pancreatitis: Iod., Merc., Iris., K. Hyd.

Paralysis: Agitans (*Shaking-palsy*): —Merc. and Rhus 1x alt.; Nit. Ac. *or* Nux V. (*when caused by* Mercury).

Diphtheritic—Gels., Ign. ϕ, Coni. Electricity.

Facial—Caust., Acon., Ign.

General—Phos., Coni., Gels., Cocc., Baryt.

Glosso-Laryngeal—Bell., Hyos., Caust.

Hysterical—Ign.

Infantile—Gels., Bell., Sec.

Of one side—Bary., Nux V., Cocc., Arn.

Of the lower extremities—Phos., Strych., K. Bich., Coni., Arg. N., Rhus, Cauloph. (*uterine*); Cocc. Also Electricity.

In several forms of paralysis *Gels.* is very serviceable.

Painter's—Opi., Iod., Cup., Ars.

Rheumatic—Acon., Rhus, Arn., Strych., Sulph.

Wasting—Bell., Phos., Plumb. Also active friction.

Parturition: *see* **Labour.**

Pericarditis: *see under* **Heart.**

Periostitis: *see under* **Bone.**

Peritonitis: Simple—Acon. alt. Merc. C. *or* Bry. Linseed poultices over the abdomen.

Puerperal—*see* **Puerperal-Fever.**

Tubercular—Ars., Calc., Sulph.

Pertussis: *see* **Hooping-Cough.**

Pharyngitis: *see* **Throat.**

Phlebitis: *see* **Veins**: Inflammation of.

Phlegmasia Dolens (*milk-leg, white-leg*): Acon. alt. Puls., (*simple cases*), *or* Ham. (*varicose condition*), int. and ext.; Phos., Ars., Lach.

Photophobia (*intolerance of light*): Bell., Euphr., Merc.-Cor., Nux V., Coni., Ars., Sulph. *See also* **Eyes**: Inflammation of; **Sight,** etc.

Phthisis (*to waste away*) **Pulmonalis**: For the Cachexia—Sulph., Hydras. ϕ, Calc., Iod., Ars., Phos., Ferr., Calc.-Iod. Cod's-

liver-oil, in suitable cases, a teaspoonful twice a day.

Hæmoptysis—Ham., Ipec., Dros., Ferr. Acet., Trill., Arn., Acalipha I.

Indigestion—Calc., Lyco., Hydras., Merc., K. Bich., Puls., Nux V.

See also **Cough, Breathing, Dyspepsia, Hectic-Fever,** etc.

Phymosis: Wrap the organ in a strong *Hamamelis lotion* (F. 29).

Piles: *see* **Hæmorrhoids.**

Pimples: Sulph., Calc., Bell., Hep., K. Bich., Ant. C. *See also* **Acne.**

Pityriasis (*Branny Tetter—Dandriff*): Ars., Graph., Lyco., Canth.

Placenta: Retained—Puls., Sec., Arn. *See* **Labour.**

Plethora: Ferr., Ars., *or* Calc., in the higher potencies. Acon. *or* Bell. (*for sufferings from*).

Pleurisy: Acon., Bry., Verat.-Vir., Iod., Ant.-T., Sulph., Ars.

False—Pleurodynia—Ranun.B., Cimic., Arn., Acon.

Plica Polonica: Vinca M., Bor., Branc.

Pneumonia: Phos. (*simple, typhoid, and in children*) with or without Acon., Bry.; Verat.-Vir., Lyc. (*pleuro-pneumonia*); Ant.-T. (*broncho-pneumonia*); Sulph. ϕ (*scrofulous patients*); Chelid. (*liver derangement*).

Polypus: Calc., Merc.-Iod.; Teuc. (by inhalation, as for catarrh of the nose), K. Bich., Thuja, Phos. Sang. int., and powder of it applied.

Porrigo: Capitis—Calc., Sulph., Viola-T., Sil.

Decalvans *and* Favosa—Sep., Calc., Sulph. Shaving the head, cleanliness, etc.

Pregnancy: Disorders of—Cham. (*nervous restlessness, irritability, "fidgets," etc.*); Acon. (*circulatory disturbance, palpitation, etc.*); Coff. (*sleeplessness*); Gels.

Colic—Nux V., Cham., Puls., Coloc.

Constipation—Nux V. alt. Sulph.; Alum., Collin., Aloes, Sep., Bry. *See also* **Hæmorrhoids.**

Convulsions—Bell., Ign., Cicuta, Coff.

Cough and Difficult Breathing—Bell., Coni., Hyos., Nux V. *See also under* **Cough.**

Cramps—Verat., Cham., Nux V.

Depression of Spirits—Cimic., Ign., Puls., Plat.

Diarrhœa—Puls., Phos. Ac., Phos.

False Pains—Cham., Puls., Sec., Caul., Cimic.

Headache—Bell., Bry., Nux V., Ver.-Vir., Puls., Cocc.

Heartburn—Caps., Puls., Iris, Calc., Nux V., Sang.

Morbid Appetite—Calc., Chin., Natr., Carbo V.

Morning-Sickness, Nausea, etc.—Nux V., Ipec. ϕ, Sep., Kali Brom. 1x, Kreas., Puls., Cocc.

Piles—*see* **Hæmorrhoids.**

Pruritus Vulvæ—Collin., Sep.; Borax int. and ext.

Salivation—Iod., Merc., Hep. S., Sulph., Natr. M. Dr. Shipman states that he has known the chewing of coffee berries to cure when all other remedies had failed.

Toothache and Neuralgia—Cham. *or* Coff. (*during the attacks*); Sep., Cimic., Nux M., *or* Nux V. (*in the intervals*); Merc., Kreas. *or* Staph. (*from decayed teeth*).

Urinary Difficulties—Bell., Hyos. (*suppressed urine*); Camph., Nux V., Canth., Cocc.

Varicose Veins—*see* **Veins.**

Presbyopia (*far sight, from diminished power of accommodation, and an indication of advancing age*): Convex glasses should be worn directly vision fails for ordinary work. It is convenient to have two pairs of glasses, using the stronger for evening work. Constitutional treatment is often necessary, and, locally, cold water douches.

Prickly-heat: *see* **Lichen.**

Prolapsus: *see* **Anus** *and* **Uterus.**

Prosopalgia: *see* **Toothache** *and* **Neuralgia.**

Prostatitis: (*inflammation of the prostate*): Puls., Thuja, K. Hyd., K. Brom. Opiate suppositories, fomentations, and hot hip-baths, are useful adjuncts.

Proud-Flesh: *see* **Excrescences,** etc.

Prurigo: *see* **Itching.**

Pruritus Ani: *see* **Anus**: ITCHING OF.

Psoriasis: Merc., Iod., Nit. Ac., Phyto., Sulph., Ars., Petrol.

PALMARIS—Hep., Caust., Graph.

Pterygium: Rhatan. 1x.

Ptosis (*paralysis of the eyelid*): Gels., Bell., Stram., Spig.

Puerperal-Fever: Acon. alt. Bell.; Hyos., Stram., Merc., Bry., Ars.

Purging: *see* **Diarrhœa.**

Purpura (*a morbid state of the blood and capillary vessels*): Verat.-Vir., Acon. (*simple cases*); Chloral Hyd., Bell., Arn., Merc., Sulph. Ac., Rhus.

HÆMORRHAGICA—Ham., Merc., Ars., Phos., Sulph. Ac., Tereb.

Purulent Ophthalmia: Hep., Nit. Ac., Arg. Nit., Phos., Rhus, Sulph.

IN INFANTS—Arg. Nit. (*locally*); Merc., Sulph., Puls.

Pyrosis: Carbo. V., Lyc., Sulph. Ac., Nux V., Ars., Bry., Puls. *See also* **Dyspepsia, Heartburn,** etc.

Quinsy: Bary.-C., Hep., Calc., Arum-Triph., Phyto., Phos., Bell., Merc.-Iod., Ars.

Rabies: *see* **Hydrophobia.**

Rachitis: Phos. Ac., Sil., Sulph., Calc.-Phos., Asaf.

Ranula (*a cyst under the tongue, of variable size, containing albuminous fluid, perhaps a dilated orifice of a sublingual duct*): a thread of silk or wax passed, by means of a much-curved needle, through the *centre* of the tumour. In a few days the ranula will be found much reduced in size, leaving the thread at some distance from it. The thread should then be removed, and another applied through the centre of the remaining tumour (Skey).

Rash: *see* **Nettle-rash, Itching, Roseola,** etc.

Red-gum: Cham., Puls., Calc., Ant. C.

Relapsing-Fever: Bry., with or without Acon.; Bapt., Gels., Eup.-Per., Podoph.

Remittent-Fever: Gels. *or* Camph. (*invasive stage*); Acon. alt. Bell. (*hot stage*); Cin. (*during exacerbation*); Ipec., Bry. (*gastric disturbance*); Bapt. *or* Ars. (*typhoid symptoms*); Hyos. *or* Bell. (*brain symptoms*); Merc. V. (*during remission*).

Retching: *see* **Vomiting.**

Rheumatism: ACUTE (*Rheumatic fever*)—Acon., Bry., Bell.; Cimic. (*mild cases*); Colch. (*when the smaller joints are affected*).

CHRONIC—Rhus, Bry., Arn., Lyc., Sulph., Phos., Cimic., Caust., Merc., Nit. Ac., Phyto., K. Iod., Iod., K. Bich. Sulphur springs.

OF THE CHEST (*intercostal muscles*)—Bry., Arn., Rhod., Rhus R., Cimic.

HEART—Spig., Dig., Acon., Verat.-Vir., Cimic., Cact., Bry.

JOINTS—Bry., Rhus, Ruta, Rhod., Lyc., Colch., Led., Caust., K. Hyd.; Puls. (*wandering pains*).

RHEUMATIC GOUT—Sab., (*in females with irritation of the uterus, bladder, and bowel*); Puls., Acon., Coloc., Macrot 1x trit.

See also **Lumbago, Stiff-neck,** etc.

Rickets: *see* **Rachitis.**

Rigors: Acon.; *see* **Shiverings.**

Ringworm: OF THE SCALP—Sep., Sulph., Sulph^{s}. Ac. ext. (F. 10).

VESICULAR (*Herpes cincinnatus*)—Iris, Tellur., Rhus, Sulph.

Roseola: (*Rose-rash*)—Acon., Rhus, Bell.

Rupia: Merc. (*simple*); Nit. Ac., Kali Hyd., *or* Iod. (*from Mercury*).

Rupture: *see* **Hernia.**

Salivation: Merc., Kali Chlor. (*idiopathic*); Nit. Ac., Iod. (*mercurial*).

Scabies (*The Itch*): Sulphur-ointment (F. 39) or Sulphur-baths; Rumex-ointment (F. 37); and Sulph. int.

Scald-head: Viola T., Hep. S., Ars., Staph., Calc., Rhus, Lyc., Sulph.

Scalds: *see* **Burns.**

Scarlatina: SIMPLE—Acon. alt. Bell., Apis; Sulph. (*during decline*). Before desquamation begins, inunction with Carbolic Ac. and olive oil (F. 19) once or twice daily.

ANGINOSA—Merc., Arum-Triph. (*ulceration of throat*); Apis (*much swelling*).

MALIGNANT—Ailanthus Glandulosa, Ars., Bapt., Phyto., Apis, Carbolic Ac., Mur. Ac.; *also* Spray of Sulphurous Ac., or Condy's Fluid diluted—one part of either to about twelve of water.

PROPHYLACTIC—Bell. ϕ.

Sciatica: Coloc., Acon. (*recent rheumatic*), Rhus (*chronic rheumatic*), Ars. (*neuralgic*); Nux V.; Phyto. (*chronic*).

Scirrhus: Ars., Hydras.-Can., Coni., Thuja, Phyto. int. and ext.

Screams of Infants: Cham., Acon., Verat.-Vir., Bell.

Scrofulous Affections: Iod., Calc.-Iod., Merc.-Iod., Sil., Phos., Sulph.

See also **Glands, Hip-joint-disease, Ophthalmia**: SCROFULOUS; etc.

Scrotum: DROPSY OF—*see* **Dropsy**: LOCAL.

Sea-sickness: Petrol., Cocc., Tabac., Nux V.

Self-abuse: *see* **Spermatorrhœa.**

Sensitiveness: Ign., Bell., Cham.

Serpent-bites: Ammonia, Ars. (*rapid prostration*). A handkerchief should be tied tightly above the wound, between it and the heart, to arrest the circulation of the poison; the wound forcibly sucked by a person whose mucous surface is perfect; and, according to Hill, alcohol largely drank by the patient, as an antidote.

Shingles: *see* **Herpes Zoster.**

Shiverings: Camph., Acon., *or* Bry. (*cold*); Gels., Ign. (*nervous, without coldness*).

Sick-headache: Iris, Bry., Nux V., Verat., Ipec., Puls., Sep. *See* **Headache.**

Sickness: Ipec. (*simple*); Puls. *or* Ant.-Crud. (*from rich food*); Nux V. (*from alcohol*); Krea. (*chronic*). *See also* **Vomiting,** *and* **Sea-Sickness.**

Side: LEFT—PAIN IN—Cimic., Puls. (*hysterical or uterine*); Bry. (*right side, from liver or rheumatic*); Ranun., Ars. (*neuralgic or anæmic*); Arn. (*muscular*).

Sight: Dim—Sab., Gels.; *see the Remedies under* **Amblyopia.**

Double—Bell., Hyos., Nat.-M., Cic., Gels.

See also **Eyes.**

Sinking at the Stomach: Hydroc. Ac., Gels., Hydras., Apoc.-Can.; Sep., Cimic. (*at the critical age*); Murex (*with prolapsus uteri*).

Skin: *see* **Eruptions.**

Sleep: Comatose—Opi., Bell., Hyos., Hell., Gels.

Sleepiness: Opi., Bell., Lyc., Acon.

Sleeplessness: Coff. 3x *or* 6x, Gels., Glon., Bell., Ign., Hyos.; Acon. (*from pain*). In simple sleeplessness, one or two drops of Gels. ϕ is invaluable. In cases with great *restlessness* a teaspoonful of good strong coffee every 15 minutes for several times is occasionally successful. Hydrate of Chloral is a justly favourite hypnotic; and, in doses of 15 to 20 grains, generally succeeds, if administered coincident with the usual hour of sleep, and other favourable conditions. It should only be used exceptionally.

Small-pox: Ant.-Tart., Merc., Bell., Kali Brom., Acon., Sulph.

Smell: Loss or perversion of—Acon. (*recent*), Puls., Merc., Sep., Calc., Plumb.

Sneezing: Merc., Euphr., Ars., Kali Hyd., Ipec. *See also* **Cold.**

Softening of the Brain: *see under* **Brain.**

Soreness of Infants: *see* **Excoriations.**

Somnambulism: Zinc., Opi. (*heavy sleep*), Acon., Cup. M., Phos., Kali Brom. 1x, 5 grains at bedtime. Wearing a copper wire from the body to the ground is very successful.

Spasms: Coloc. (*of the bowels*); Nux V. (*of the stomach and bowels*); Verat., Gels., Cocc., Camph.

Specks before Eyes: *see* **Muscæ Volitantes.**

Spermatorrhœa: Argent. Met., Chin., Ferr., Gels., Dios. (*with impotence*); Nuphar, Phos., Phos. Ac., Staph., Iris.

Spina Bifida (*cleft spine*): Calc.-Phos. The tumour should be protected by a piece of leather or gutta percha moulded to the part.

Spinal Irritation: Chin., Ign., Agar., Cimic., Nux V., Gels., Macrot.

Spine: Concussion of—Arn., Dios., Hypericum, Cic. V.

Congestion of—Acon., Verat.-Vir. (*acute*); Rhus (*rheumatic*); Gels., Nux V., Bell., Agar.

Spitting of Blood: *see* **Hæmoptysis.**

Spleen: Enlargement of—Merc. Biniod., Chin., Ferr., Agar.

Sprain: Rhus Tox. int. and as a compress or liniment. Ruta (*of ankles*): Acon. lot., if applied immediately after a sprain generally cures at once. Dr. Dalzell recommends *kneading* the part, softly at first, and more vigourously as the pain subsides, using a little oil to prevent the friction from irritating the skin. Also rest, and sometimes a roller and splint.

Squinting: *see* **Strabismus.**

Stammering: The patient should be taught anew the use of language, and deliberately to form his mouth into the requisite shape. Medicines according to the general condition. *See also* **Chorea.**

St. Vitus' Dance: *see* **Chorea.**

Sterility: In the Female—Coni., Sep., Plat., Borax, Calc., Iod., Helon., Cimic.

Stiff-neck: Acon. alt. Bell. (*from cold*); Cimic., Bry., Bell., Dulc. (*from damp*); Phyto.

Stings: Liq. Ammoniæ, Led., *or* Rhus, diluted, ext. The application of a fresh slice of onion to a wasp or bee sting gives instant and often permanent relief.

Stitch in the Side or Chest: Bry., Ran. B., Cimic., Acon., Arn.

Stomach: Acidity of—Calc., Robinia, Lyc. *See also* **Dyspepsia.**

Inflammation of—Acon., Ant. T., Ars. Ice to suck, and fomentations and a compress.

Pain or spasm of—Acon., Nux V. or Cham. (*spasm*), Bism. (*dull, pressing pain*), Ars. (*pain and vomiting*). See also **Dyspepsia.**

Stomatitis: Merc. Cor., Hydras., Bapt. (*with much saliva*); Kali Chlor. int. and as a wash (F. 33), or Hydras. Mur. (F. 34) every three hours.

Stone: *see* **Gravel.**

Strabismus: Gels., Bell., Hyos., *or* Stram. (*from cerebral causes*); Cina (*worms*); Bry. (*rheumatic*); Nux V. (*over-use of the eyes*); Spig. or Phos. (*undetermined causes*). For optical defects, spectacles are required.

Strain: *see* **Sprain.**

Strangury: Camph. (*urgent and painful*), Nux V. (*spasm*), Bell. (*nervous, and in children*), Acon. (*from cold*), Canth., Apis, Copaiba 1x (*in old women*); Chin.

Strophulus (*red gum rash*): Cham.; Puls. *or* Ant. C. (*gastric derangement*).

Stye: Puls., Merc.; Thuja, Sulph. (*to prevent recurrence*); Merc.-Iod. and Merc.-Iod. ung. (F. 41) ext.

Suffocation: Feeling of—Ign. *or* Cimic. (*nervous*); Acon., Dig., Cact., Lilium-T., Hydroc. Ac. or Samb. (*from heart disease*).

Sunstroke: Bell., Camph., Glon., Gels., Verat-Vir.

Suppuration: Silic., Hep., Merc. Calc.; Chin. ϕ (*for debility*), alt. Silic. (*profuse discharge*); Calc. Phos. (*strumous cases*).

Sweat: Phos. Ac., Phos., Verat., Samb., Calc.; Merc. (*sour*); Petrol. *or* Carbo Veg. (*fœtid*).

Tendency to—Chin., Merc., Verat., Carbo V. *See also* **Night-sweats.**

Sweating-Fever: Acon., Bry., Samb.

Swellings: *see* **Glands, Gumboils, Dropsy,** etc.

Swooning: *see* **Fainting.**

Sycosis: *see* **Beard**: Acne of. *For* Syphilitic "Sycosis," *see* **Condylomata.**

Syncope: *see* **Fainting.**

Synovitis: (*inflammation of the synovial membrane*); Merc.-Proto.-Iod. 3x (*very painful and chronic cases*).

Syphilis: Merc., Thuja, Kali Hyd., Nit. Ac., Still., Kali B., Phyto., Arg. Nit., Aur.

Tabes Mesenterica: Iod., Hydras., Sulph., Agar., Ars., Calc. In cases of great accompanying atrophy, inunction with olive oil over the whole body every evening. For constipation, the abdominal wet bandage, changing it two or three times a day.

Tabes Dorsalis (*wasting of posterior columns of spinal cord, causing paralysis*): see under **Paralysis.**

Tape-worm: *see* **Worms.**

Tarsal Ophthalmia: Hep., Euph., Clem., Sulph.; Merc.-Precip.-Rub. int. and ointment of (F. 44).

Taste: Loss of—Puls.; Merc. (*depraved*); Plumb., Sil.

Teeth: Caries and Decay of—Merc., Kreas., Phos., Staph., Ars.

Soreness and Sensitiveness of—Merc., Bell., Mang., Sulph.

See also **Toothache** *and* **Dentition.**

Tenesmus (*straining, difficult evacuation*): Merc., Merc.-Cor. *or* Aloes (*dysenteric or with diarrhœa*); Sulph., Nux V., Alum., Podoph., Plumb. (*with constipation*); Arn.

Testicles: Enlargement and Inflammation of—Acon., Puls., Spong., Arn., Clem. *Also* the use of a suspender.

Wasting of—Iod., Coni.

Tetanus: Acon. (*from cold*); Cham., Ham., Coni., Rhod.; Cin. *or* Ign. (*from worms*).

Traumatic—Nux V. *or* Strych., Acon., Bell., Hydroc. Ac.

Tetter: Dry—*see* **Psoriasis**; Moist—*see* **Herpes**; Branny—*see* **Pityriasis.**

Thecal Abscess: *see* **Whitlow.**

Thread-worms: Cina, Teuc., Merc., Sant., Chin., Urtica; Ign. (*nervous irritability*).

Throat: Sore—Acon. and Bry. (*simple acute, with dryness*); Bell. (*scraped sensation, and bright redness of the part*); Kali B. (*dark red*); Aurum Tri. (*burning roughness and stinging*); Merc. (*swollen sensation, salivation, etc.*); Hep. (*chronic cases*); Phyto. int. and as a gargle (F. 22), or Tannin (F. 22), when much mucus adheres to the membrane, seems to expedite the cure. Hot water gargles are also useful.

Relaxed or Clergyman's Throat—Calc., Phos., Phyto. (int. and by inhalation), Kali Hyd., Kali B., Nit. Ac., Carbo V. In a note Dr. Dalzell remarks:—"The majority of cases of clergyman's sore throat are cured by learning to use the vocal organs properly; that is, speaking with the mouth, and not in the throat with half-empty lungs. According to V. Grauvogl, *Arn.* is a most excellent remedy.

See also **Cold in the Head, Quinsy,** etc.

Throat-Deafness: Puls. (*recent*); Iod. (*chronic*).

Thrush: *see* **Aphthæ.**

Tic Douloureux: *see* **Neuralgia**: Facial.

Tongue:* Coated—Ant. C. (*milky-white; offensive breath*); K. Bich. (*yellowish*); Puls. (*roughish white*); Nux. V. (*fore part clean, back part thickly furred*); Rhus *or* Bry. (*brownish*); Merc. (*thick, whitish, slimy fur, offensive breath*).

Cracked or Fissured—Merc., Nit. Ac., Tarax., Ars.; Hydras. int. and as a wash.

Dryness of—Acon, Ars., Bell., Tereb., Bry., Merc., Phos.

Inflammation and Swelling of—Acon. alt. Merc. (*from cold*); Lach., Bell. alt. Hep. (*mercurial*); Apis, Arum.-Triph. (*œdema*). In acute glossitis, with great swelling, Mr. Nankivell states in a note that he has found scarification necessary.

Ulcers on—Merc., Merc. Cor., Merc. Iod. (*simple, non-mercu-*

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* The following arrangement is by Mr. Clifton, Northampton, and Dr. Clifton, Leicester:—

Tongue: Arum-Triph., Bell., Ant.-T. (*red all over, with considerably raised papillæ*); K. Bich. (*red and glistening*); Gels. (*thick red*); Phyto. (*red tip, white coat, blistered sides*); Sulph., Rhus-Ven., Zizzia (*red sides, white centre*); Rhus T. (*triangle redness*); Rhus T., Bapt., Mur. Ac. (*red in centre patching with white sides, symptoms of relapse*); Ars., Gymnocladus-Can., Dig., Mur. Ac. (*bluish*); Bry., Dios., Eup.-Per., Ham., Iris, Phos. (*white middle*); Rhus (*white on one side*); Caust. (*white on both sides*); Podoph., Bry., Ant. C. (*thick white*); Nat.-Mur., Lach., Sep. (*cracked and indented with lines*); Æscul., Asclep., Hydras., Xanth. (*yellow*); Bapt., Rhus T., Kali Bich. 3x (*dry, heated, soft, and flabby*); Merc.-S., Hyd., Stram. (*with marks of teeth*); Lach. (*dry, red, cracked at tip*); Bapt. (*large at back*); Bry., Puls. (*dry without thirst*); Acon., Dig. (*clean and bright*).

rial cases) ; Nit. Ac. (*mercurial*); Bapt. as a wash ; Hydras. int. and as a wash ; Phyto.

Tonsils : INFLAMMATION OF (ACUTE) *see* **Quinsy.**

CHRONIC ENLARGEMENT OF—Bary.-Carb., Calc.-Phos., Calc.-Iod., Merc.-Iod., K. Hyd.

Toothache :* Acon. *or* Bell. (*burning throbbing*); Merc. (*gnawing, aching, swollen gums, decayed teeth, flow of saliva, gum-boil, etc.*) ; Kreas. (*from decayed teeth*) ; Bry. 1x, Merc. V. (*worse at night, and tender to touch*) ; Glon. 3x (*pains extending to back of head and stiffness*) ; Cham. (*neuralgic, the pains being unbearable, with swelling of the face, especially in females and children*) ; Coff. (*relieved by cold; nervous excitability, etc.*) ; Puls., Staph. ; Phos. *or* Ars. (*tendency to*).

DURING PREGNANCY — Bell., Cham., Coff., Nux V.

See also **Face-ache, Neuralgia, etc.**

Tooth-rash, *see* **Strophulus.**

Torticollis : *see* **Wry-Neck.**

Tracheitis (*inflammation of the trachea*) : *see* **Croup.**

Tremors : NERVOUS—Acon., Ign., Coff., Bell., Chin., Gels.

Trismus : *see* **Tetanus.**

Tuberculosis : Iod., Phos., Calc. C., Fer.-Iod., Calc.-Iod.

Tympanitis (*distension of the bowels with air*) : Coloc., Chin., Hyos., Iris, Tereb., Nux V., Ars., Lyc., Carbo Veg.

Typhoid-Fever : *see* **Enteric-Fever.**

Typhus-Fever : Acon., Bry., Bapt. (*most stages; bewilderment; sinking of the vital forces,* [*also* Ars.]) Ver.-Vir. (*invasive stage*); Hyos., Bell., Opi., *or* Rhus (*brain-symptoms*) ; Phos. Ac., Ars. (*extreme exhaustion*) ; Phos. (*lung-complications*) ; Merc.-Iod., Phyto. (*glandular enlargements*) ; Ars., Bapt., Rhus., *or* Mur. Ac. (*much toxæmia*).

Ulceration *and* **Ulcers** : K. Bich., Hydras., *or* Rhus, int. and ext. ; Ars. *or* Phos. (*chronic, and with debility*) ; Bell. (*erysipelatous appearance*) ; Caust., Sil. (*of lower extremities*) ; Ham. int. and ext. (*varicose*) ; Ars. (*varicose, with burning, debility, etc.*) ; Merc., Merc.-Iod., Kali Hyd., Nit. Ac. ; also local applications of Nit. Ac. lotion (F. 35) (*syphilitic*) ; Sil. (*torpid*) ; Merc.-Iod., Phos., Sulph., *or* Calc. (*scrofulous*). Carbolic Ac. wash (F. 31), weak (*torpid ulcers*) ; or Carbolic Ac. wash, strong (*fungous ulcers*).

Urethra ; INFLAMMATION OF—Cann., Gels., etc. *See also* **Gonorrhœa.**

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* We are exclusively indebted to Dr. Clifton of Leicester for the subjoined arrangement :—

Toothache : Bell., Chin. (*upper teeth*) ; Phos., Spig., Arn., Caust., Sil., Cham. (*lower*) ; Cham., Merc. (*left side*) ; Bell., Staph. (*right side*) ; Merc.-V. 2x trit. in tooth, Ant. C. 2x trit. in tooth, Cham 6x, Staph. (*hollow teeth*) ; Arg. Nit. (*sensitive*) ; Staph. (*feeling of tooth growing into jaw*) ; Caust., Acon. (*sensation as if too long*) ; Merc. (*loose feeling*) ; Bell., Gels., Hyos., Spig. (*jumping pains*) ; Ars. 3x, Puls. 3x (*intermittent*) ; Merc., Phos. (*worse at night*) ; Acon., Bell. (*worse cold*) ; Puls., Phos. (*better cold*) ; Ars., Chin., Phos. (*better after wine*) ; Nux V., Ferr.-Mur. (*worse after wine*) ; Puls., Nux, Ant.-C. (*worse aftereating*) ; Phos. Ac., Staph. (*better after eating*) ; Phos., Phyto. (*better whilst eating*) ; Puls., Chin. (*women*) ; Puls., Chin. (*before eat.*) ; Cimic., Cham., Bell., Verat.-Vir. (*at time*) ; Cimic., Merc.-V. (*pregnancy*) ; Cham. 6x, Acon., Cina *or* Spig. with worm symptoms (*children*) ; Puls., Staph., Phos. (*better from cold or drink*) ; Nux V. (*better from warmth*) ; Phos., Staph. (*better from rest*) ; Phyto. (*pressing on teeth*).

When an abscess forms at root of tooth and discharges, or if there is periodical swelling of the gums, *extraction* is necessary. In such cases, always look for stomach derangement.

STRICTURE OF (*spasmodic*)—Painting under surface of urethra with Bell. ϕ; Gels., Camph. (*especially when caused by blistering-fly*); Canth. (*urging, with cutting and tearing pains*); Nux V., Acon., Clemat.; also a hot-bath, fomentation, or injections per rectum. Cann., Hydras. ϕ (*organic stricture, and after repeated attacks of gonorrhœa*). When passing catheter the patient should sit on hot sponge.

Urine: ABNORMAL CONDITIONS OF—Canth., Tereb., Ham. (*bloody*); Tereb., Dulc., Nit. Ac. (*fœtid*); Lyco., Nux V., Ant. C. (*gravelly*); Lyco. (*lithates*); Acon. (*with fever*); Bry. (*high coloured*); Phos. Ac. (*milky looking, especially in children*); Aur., Iod., Eup.-Pur., Dulc., Ant. C., Nit. Ac., Puls. (*mucous*); Uva-Ursi (*thick and ropy*); Canth., Clem., Puls., Chimaphila, Sab. (*purulent*); Lyc., Puls. (*purulent, with nauseous smell and gastric derangements*); Cina (*thick and turbid, whitish, worms, etc.*); Merc., Phos. Ac. (*symptoms worse in the morning*); Sabad., Rhus, Chin., Phos.

EXCESSIVE—Scilla (*pale and watery*); Ign. *or* Hyos. (*hysteric patients*); Ars. *or* Phos. Ac. (*diabetic*); Bell., Phos.

BURNING OR SCALDING DURING PASSAGE OF—Canth., Cann., Merc.-C., Gels., Acon., Bell., Apis, Lyco., Nux V.

INCONTINENCE OF—Cina (*from worms*); Phos. Ac. (*especially in old men*); Podoph. (*in women with sense of prolapsus*); Benzoic Ac. (*in children with dry, rough skin*); Uran. Nit., Gels., or Benzoic Ac. (*in the aged*); Sulph., Phos. Ac. (*nocturnal in children*); Ferr. (*diurnal only*); Ars. (*when caused by iron*); Acon., Canth., Arg.-Nit., Apis, Bell., Eup.-Pur., Lyc.

SCANTY—Acon., Bry., Canth., Apis, Colch., Dig., Hell., Ruta, Staph. *See also under* **Dropsy.**

RETENTION OF—Camph. (*sudden spasmodic*); Nux V. (*spasmodic*); Gels., Ign. (*hysterical*); Canth., Opi., Arn., Hyos. (*in typhoid*).

SUPPRESSION OF—Tereb. *or* Acon. (*from cold*).

Urticaria: SIMPLE—Apis, Rhus, Urt.-Ur.

FROM COLD—Acon.; Dulc. (*from damp*).

FROM GASTRIC DISORDER—Ant. C., Nux V., Puls.

CHRONIC—Ars., Sulph.-Quin., Apis, Sulph.

Uterus: ANTIVERSION OF—Lilium-Tig.

RETROVERSION OF—Ferr.-Iod., Sep., Aletris.

CONGESTION OF—Bell., Murex, Lilium-Tig., Verat.-Vir. and lotion over the abdomen, *or* Sab. (*arterial*); Coni., Puls., or Sep. (*venous*); Gels., Caul., Cimic.

HÆMORRHAGE FROM—Ham., Ipec., Trill., Sab. *See also* **Menstruation**: PROFUSE.

INDURATION OF—Merc.-Cor., Plat., Aur.

INFLAMMATION OF—Acon., Bell., Nux V., Iod.; Merc.-C., Sep., *or* Ars. (*ulceration of the cervix*). Also local application of Glyc., Hydras. (F. 9), or injections of Calend. lotion (F. 22).

IRRITABILITY AND NEURALGIA OF—Acon., Cimic., Bell., Plat., Xanth., Gels., Verat.-Vir., Caul.

PROLAPSUS OF—Bell., Sep., Arn., Stan., Sec., Nux V., Podoph., Aletris, Merc.-S.

SPASM OR COLIC OF—Cocc., Caul., Nux V., Ign., Sec., Cham., Gels.

Varices: *see* **Veins**: VARICOSE.

Varicocele: Puls., Ham.

Variola: *see* **Small-pox.**

Veins: INFLAMMATION OF—Acon. alt. Puls.; Ham. (*varicose condition*); Phos., Lach. *Also* Arn. ext. (*for pain*); *or* Ham. ext. (*varicosis*).

VARICOSE—Ham., Puls., Fluor. Ac., Sil.; Ham. ext.

See also **Ulcers**: VARICOSE.

Venereal-Disease: *see* **Gonorrhœa, Syphilis**, etc.

Vertigo: Gels., Nux V., Puls., Bell.,* Bry., Acon.; Hydroc. Ac. (*with headache*); Cact. (*from heart disorders*); Cocc. (*with sickness*); Iod. (*in old people*); Dig. (*from feeble heart's action*); Glon., Sulph.

Vesicles: *see* **Eruptions**; **Erysipelas**: VESICULAR; etc.

Vicarious Hæmorrhage: *see* **Menstruation**: VICARIOUS.

Voice: HOARSE, LOSS OF, WEAKNESS OF, etc.—Caust. (*recent, from cold, or over-use of the voice*); Arn. (*from over-use*); Acon. (*acute cases, with dry hard cough*); Phyto. (*constant dryness and roughness, with cough, and dark redness of the fauces*); Hep. (*chronic hoarseness, wheezing breathing, loose cough, etc.*); Nux V. (*from spinal irritation*); Graph. (*dry, rough voice, cough, etc.*); Ant. C. ("*when heated*"); Kali B. (*especially in tenor voices or in beer drinkers, with dark redness of fauces*); Phos., Carbo V., Spong.

See also **Aphonia.**

Vomiting: CHRONIC—Kreas. *or* Ipec. (*with retching*); Cocc. *or* Petrol. (*from the motion of a carriage; see* **Sea-sickness**); Hydras., Kreas., *or* Ars. (*from ulceration or cancer of the stomach, with wasting; gastritis, etc.*); Zinc. (*without retching*); Sulph. Ac. (*empty retching*); Coni. (*chocolate-coloured in cancer symptoms*); Arg.-Nit. (*with great sourness*); Lyc. (*greenish masses*); Ant.-T. (*whitish rice-water vomit, with diarrhœa of similar fluid*); Nux V. (*from gastric causes preceded by spasmodic pains*); Verat. (*prostration, and cold sweats*); Puls. (*mucous*). In obstinate vomiting from spinal irritation Dr. Dalzell has found Chapman's spinal ice-bag give speedy and permanent relief, applied an hour or more morning and night.

OF BILE—Iris, Podoph., Ipec., Bry., Merc.

OF BLOOD—Ipec., Ham., Kreas.; *see* **Hæmatemesis.**

OF MILK IN CHILDREN*—Nux V. 1, Sulph$^{s.}$ Ac., Ipec. CURDLED—Æthusa.

See also **Dyspepsia**; **Sickness**: MORNING, etc.

Vulva (*laceration of the posterior commissure from labour, especially from instrumental delivery*): Glyc. of Hydras. (F. 9) should be applied to the parts several times a day.

Walking: DELAY OF THE POWER OF—Calc., Sil., Phos., Ver.-Vir., Caust., Sulph., Calc.-Phos.

Wakefulness: *see* **Sleeplessness.**

Warts: Calc., Sil., Sulph. Thuja ϕ *or* Rhus. ϕ ext.

Wasting: *see* **Emaciation.**

Water-Brash: Lyc., Nux V., Iris, Bry., Carbo V., Rob., Ars. *See* **Heartburn, Dyspepsia**, etc.

Weakness: *see* **Debility.**

Water-in-the-Head: *see* **Brain**; DROPSY OF.

Wens: Bary., K. Hyd., Silic., Calc., Lyco. Dr. Clifton informs us of

* When *Bell.* is indicated, but fails to give relief, *Atropin* should be administered.

* The prescriptions in the text are not for vomiting from overfeeding.

the cure of a wen by *Coni.* 3x, which was administered for a uterine ailment. He has also cured several by puncturing with a sub-cutaneous needle, letting out a little of the contents, and then filling with *Phyto* ϕ.

Wetting-the-Bed: *see* **Urine**: INCONTINENCE OF.

Whites: *see* **Leucorrhœa.**

White-Swelling: Iod., Sil., Calc., Sulph.; Bry. *or* Arn. (*early stage*).

White-Leg: *see* **Phlegmasia Dolens.**

Whitlow: Sil. alt. Bell. *or* Acon.; Hep., Merc. Touching with *Nit. Ac. Fort.* is said to remove the pain at once and to blight the whitlow. The thorough application of a thick slice of lemon around the whitlow is also curative. But if administered early, *Sil.* 3x. generally prevents the development of a whitlow. Hot fomentation or poulticing is useful.

Whooping-Cough: *see* **Hooping-Cough.**

Wind: *see* **Flatulence.**

Womb: *see* **Uterus.**

Worms: LONG *or* ROUND—Merc., Sant., Ign., Spig., Sulph.

TAPE—Fil.-Mas ϕ in drop-doses, morning and night for two or three weeks; Kousso, Cin., Sulph., Haustus Filicis Maris.* The draught early in the morning after fasting or taking only liquid nourishment during the previous day.

THREAD—Cin. (*children*); Samb., Fil.-Mas, Teuc. (*adults*); Ign., Sulph. Lime-water injections for a week are recommended.

Wounds: Calend. (*lacerated and incised*); Led. (*punctured*); Arn. (*contused*); Ham. (*much discoloration*)—all ext.

Wry-neck: Cimic., Macrot., Ign., Bell., Nux V., Merc.

Yawning: Ign., Plat., *or* Rhus (*convulsive*); Acon. (*exhausting, with chilliness, and excessive and continually-recurring flatulence*); Nux V., Lyco., Zinc.

Yellow-Fever: Camph. (*chill-stage*); Acon. alt. Bell. (*fever*); Phos.; Bry. *or* Ipec. (*gastric symptoms*); Canth. (*suppressed urine*); Arg. Nit. (*black-vomit*).

Zona: *see* **Herpes**: ZOSTER.

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* HAUSTUS FILIC. MARIS.

℞. Ol. Filicis Maris ℥ss.
Mucilag. } a. a. ℥j.
Glycer. }
Aq. Dest. ad ℥j. M.

For the expulsion of tape-worms.

Appendix of Formulæ.

Glyceroles, Injections, Liniments, Lotions, and Ointments.

I.—GLYCEROLES.

1. Glycer. Amyli.

℞. Pulv. Amyli opt. ℥j.
Glycer. ℥viij.

Rub together till intimately mixed; then transfer the mixture to a porcelain dish, and apply heat, gradually raised to 240° F., stirring constantly until the starch particles are completely broken, and a translucent jelly is formed.

Used for broken chilblains; fistula; prolapsus ani; prevention of bed-sores; irritation of the skin from any cause; etc.

2. Glycer. Amyli Medicat.

℞. Glycer. Amyli ʒj.
Trit. vel. Tinct. ϕ ʒj. M.

3. Glycer. Extracti Hamam.

℞. Extracti Hamam. ʒj.
Glycer. } a. a. ʒiiss. M.
Aq. Dest. }

Fistula of anus; prolapsus.

4. Glycer. Amyli *c.* Ac. Tannic.

℞. Glycer. Amyli ʒj.
,, Acid. Tannici ℥j. M.

Itching of anus, etc.

5. Glycer. Acidi Tannici.

℞. Ac. Tannici ℥j.
Glycer. ℥iv.

Rub together in a mortar, then transfer the mixture to a porcelain dish, and apply a gentle heat until completely dissolved.

6. Glycer. Boracis.

℞. Pulv. Boracis ℥j.
Glycer ℥iv. Solve.

Thrush; pruritus vulvæ.

7. Glycer. Ac. Mur.

℞. Acid. Hydrochlor. P.B. gtt. v.
Glycerin. ℥ss. M.

Ulcerous thrush; ulcerated throat.

8. Glycer. Phytolaccæ.

℞. Tr. Phyto. Decand. Baccæ ϕ ʒj.
Glycerin. ad. ℥ss. M.

Inflammation of bone; condylomata; excoriation of breast, etc.

9. Glycer. Hydrast.

℞. Tr. Hydrastis Can. ϕ ʒj.
Glycerine ad. ℥ss. M.

Inflammation of uterus; sore nipples; fissured anus; etc.

10. Glycer. Ac. Sulphurosi.

℞. Ac. Sulphurosi ʒij.
Glycer. ℥iss. M.

Chapped hands; chilblains; ringworm; etc.

11. Glycerin. Aloes.

℞. Tr. Aloes ϕ ʒj.
Glycerin. ʒix. M.

Cracked skin, lips, nose, hands, etc.; fissured and sore anus.

12. Glycer. Ac. Mur. Fort.

℞. Acid. Mur. Pur. gtt. x.
Glycer. ℥ss. M.

Ulcerated throat; thrush; etc.

13. Glycer. Verat. Virid.

℞. Tr. Verat. Vir. ϕ ʒj.
Glycer. ʒix. M.

Sore nipples.

II.—INJECTIONS.

14. Injectio Pot. Permang.

℞. Pot. Permang. Crysllls. grs. v, vel. x.
Aq. Dest. ℥j. Solve.

Gonorrhœa.

15. Injectio Glyc. Ac. Tann.

℞. Glyc. Ac. Tann. (F. 5) ℥iij.
Ol. Oliv. ℥j.
Mucilage ℥j. M.

Gonorrhœa.

16. Injectio Glycer. Hydrast.

℞. Hydrast. Can. ϕ ʒj.
Glycerine ad. ℥ss. M.

Gleet; inflammation of the womb.

17. Injectio Liq. Plumb.

℞. Liq. Plumbi Diacet. ʒss.
Aq. Dest. Oj.

18. Injectio Zinci Sulph.

℞. Zinci Sulph. grs. viij.
Aq. Dest. ℥viij.

Gonorrhœa; gleet.

III.—LINIMENTS.

19. Lin. Acid. Carbol.

℞. Acid. Carbol. Pur. ʒj.
Ol. Oliv. opt. ℥iv. M.

To facilitate desquamation in scarlet fever, measles, etc.

20. Lin. Rhois Tox.

℞. Tr. Rhois Tox. ϕ ʒjss.
Lin. Saponis P.H.B. ℥jss. M.

Lumbago, and other forms of local rheumatism; strains; stiffness of joints; etc.

21. Lin. Acon.

℞. Tr. Acon. Rad. ϕ ʒj.
Lin. Saponis ℥j. M.

Neuralgia; local forms of rheumatism.

IV.—LOTIONS.

22. Lotiones Medicat.

℞. Tr. ϕ ʒj.
Aq. Dest. ad. ℥vj. M.

23. Lotio Carbonis Deterg.

℞. Liq. Carb. Deterg. ℥ss.
Aq. Dest. ad. ℥viij. M.

Porrigo; eczema.

24. Lotio Sulphuris.

℞. Tr. Sulph. ϕ ʒj.
Aq. Dest. ad. ℥j. M.

25. Lotio Calc. Mur.

℞. Tr. Calc. Mur. lx ʒj.
Aq. Dest. ℥j. M.

Boils.

26. Lotio Boracis *c.* Camph.

℞. Pulv. Boracis ʒj.
Spt. Camph. ℥j.
Lin. Saponis ℥ij.
Glycer. ℥ss.
Aq. Dest. ℥xii. M.

Ringworm, dandriff, etc.

27. Lotio Ant. Tart.

℞. Ant. Tart. Pulv. gr. j.
Aq. Calid. ℥ss.
Glycer. ℥ss.

Dissolve the Antimony in the warm water, and add the Glycerine.

Acne of the beard.

28. Lin. Acid. Carbol. Fort.

℞. Acid. Carbol. Pur. ʒij.
Ol. Oliv. opt. ℥iss. M.

Burns and scalds; to prevent excoriations, etc.

29. Lotio Hamam. Fort.

℞. Tr. Hamam. ϕ ʒij.
Aq. Dest. ℥j. M.

Chilblains; fistula; phymosis.

30. Lotio Boracis.

℞. Pulv. Boracis gr. xx.
Aq. Dest. ℥ij. Solve.

Excoriations; pruritus vulvæ.

31. Lotio Acid Carbol.

℞. Acid. Carbol. Pur. gr. x.
Aq. Dest. ℥vj. Solve.

Ulcers; inflammation of the mouth.

32. Lotio Acid Benz.

℞. Acid. Benz. Pur. grs. xv.
Aq. Dest. ℥viij. Solve.

Sore nipples.

33. Lotio Potassæ Chloratis.

℞. Potass. Chlor. ʒss.
Aq. Dest. ℥vj. Solve.

Stomatitis.

34. Lotio Hydrast. Mur.

℞. Hydrast. Mur. grs. iij.
Aq. Dest. ℥iij. Solve.

Stomatitis.

35. Lotio Acid. Nit.

℞. Acid. Nit. Fort. gtt. xxiv.
Aq. Dest. ℥vi. M.

Ulcers.

V.—OINTMENTS.

36. Ung. Rumicis *c.* Sulph.

℞. Ung. Rumicis ℥j.
Sulph. Hypochlor. ʒij. M.

Acne of beard.

37. Ung. Rumicis.

℞. Extracti Rumicis ʒj.
Cerat. Simpl. P.H.B. ℥j. M.

Itch.

38. Extractum Rumicis.

℞. Rad. Rumicis recentis ℥iv.
Glycerin. ℥iij.
Aq. Dest. ℥xxvij.

Exhaust the root by percolation with the glycerine and water mixed together, and evaporate to the consistency of syrup.

39. Ung. Sulphuris.

℞. Sulph. Sublimat. ℥j.
Adipis Præparatæ ℥iv. Misce bene.

Itch; fissured and sore anus; stye; etc.

40. Ung. Hydrarg. Nit. Dil.

℞. Ung Hydrarg. Nit. P.B. ʒj.,
Cerat. Cetacei ℥j. M.

Itching of anus.

41. Ung. Merc. Biniod.

℞. Biniod. Merc. grs. ij.
Adipis Præparatæ ℥ij. M.

Stye; goitre; acne of the beard.

42. Ung. Potassii Iod.

℞. Potassii Iod. grs. lxiv.
Potass. Carb. grs. iv.
Aq. Dest. ʒj.
Adipis Præparatæ ℥j.

Dissolve the Iodide of Potassium and Carbonate of Potash in the water, and mix thoroughly with the lard.

Condylomata.

43. Ung. Hep. Sulph.

℞. Hep. Sulph. Pur. grs. iij.
Adipis Præparatæ ℥j. M.

Ganglion.

44. Ung. Merc. Precip. Rub.

℞. Merc. Precip. Rub. Trit. 3x ʒj.
Cerat. Cetacei ℥j. M.

Tarsal ophthalmia.

45. Ung. Acid Benz.

℞. Acid. Benz. grs. iij.
Adipis Præparatæ ℥j. M.

Ganglion, etc.

List of Remedies and Attenuations.

List of the Chief Remedies prescribed in the Clinical Directory, their Abbreviations, and the Attenuations in most frequent Use.

Name.	Abbreviation.	Attenuation.
Acidum Benzoicum	*Benz. Ac.*	2, 3x (see F.F. 32 and 45).
,, Carbolicum	*Carbol. Ac.*	1x int. (see F.F. 19, 28, and 31).
,, Fluoricum	*Fluor. Ac.*	3x, 6x.
,, Muriaticum	*Mur. Ac.*	1x, 1, 3; ϕ as a gargle or paint in affections of the throat.
,, Nitricum	*Nit. Ac.*	1x, 1, 3x, 3.
,, Phosphoricum	*Phos. Ac.*	1x, 1, 3x, 3.
,, Sulphuricum	*Sulph. Ac.*	1, 6—12.
,, Sulphurosum	*Sulph^{s}. Ac.*	1x.
Aconitum Napellus	*Acon.*	1x, 3x, 3, 6 (see F. 21)
Æsculus Hippocastanum	*Æscul.*	2x or 3x is best according to our experience, but Dr. Hale states that it acts well in almost any dilution.
Agaricus Muscarius	*Agar.*	ϕ, 1x, 2x.
Ailanthus Glandulosa	*Ailan.*	1x, 1.
Aloes	*Aloe.*	1x, 1, 6 (see F. 11).
Alumina	*Alum.*	3x, 6x.
Ammonium Carbonicum	*Ammon. Carb.*	1x, 2x.
,, Muriaticum	*Ammon. Mur.*	1x, 3x, 3, 30.
Anacardium	*Anac.*	1x, 1, 3.
Antimonium Crudum	*Ant. C.*	3, 5.
,, Tartaricum	*Ant. T.*	1, 3x, 3, 5.
Apis Mellifica	*Apis*	ϕ, 1x, 3x, 3.
Apocynum Cannabinum	*Apoc.*	ϕ (one to 5 drop-doses in dropsy); 1x (catarrh).
Argentum Metallicum	*Arg. Met.*	3x, 6.
,, Nitricum	*Arg. Nit.*	1, 3x.

Arnica Montana	*Arn.*	1x, 3x, 3, 6 (6 *said to be best for hæmorrhage from the lungs*).
Arsenicum Album	*Ars.*	1, 3x, 3, 6, 200. The lower dilutions act best in cancer, cholera, low fevers, and skin affections; the 6 in nasal catarrh, influenza, etc.; and the 6 to 12 for neuralgia, asthma, etc.
Asafœtida	*Asaf.*	1x, 3x (hysteric disorders); 6 to 12 (diseases of bone).
Asclepias Tuberosa	*Asclep. Tub.*	ϕ, 1x.
Atropia	*Atrop.*	2, 3x.
Aurum	*Aur.*	1, 3x, 5, 6.
,, Muriaticum	*Aur. Mur.*	1, 3x, 3.
Baptisia	*Bapt.*	ϕ, 1x, 3x.
Baryta Carbonica	*Bary. Carb.*	3, 12.
Belladonna	*Bell.*	1x, 1, 3x, 6—12.
Berberis	*Berb.*	ϕ, 1x, 3x.
Bismuthum	*Bismuth.*	1, 3x.
Borax	*Bor.*	1x, 1, 3x.
Bovista	*Bovis.*	3x, 12.
Bromium	*Brom.*	1x, 1.
Bryonia Alba	*Bry.*	1x, 1, 3x, 6.
Cactus Grandiflorus	*Cact.*	ϕ, 1x, 3x, 6.
Calcarea Carbonica	*Calc. C.*	3x, 3, 6, 12.
,, Muriatica	*Calc. M.*	1x, 1.
,, Phosphorica	*Calc. Phos.*	1x, 3x, 3.
Calendula	*Calend.*	ϕ (for external use).
Camphora	*Camph.*	ϕ, 1x.
Cannabis Indica	*Cann. Ind.*	ϕ, 1x, 3x.
,, Sativa	*Cann. Sat.*	ϕ, 1x, 3x.
Cantharis	*Canth.*	1x, 1, 3x. (For external use, one part of the ϕ tincture to about twenty of water.)
Capsicum	*Caps.*	1x, 3x, 3.
Carbo Animalis	*Carbo An.*	1x, 1, 3x.
,, Vegetabilis	*Carbo Veg.*	1, 3x, 6, 12.
Carbolic Acid	*Carbol. Ac.*	1x int. (one part of ϕ to 100 of water for external use).
Caulophyllum Thalictroides	*Caul.*	1x, 2x, 3x, 6.
Causticum	*Caust.*	3x, 6; 2x for external use.
Cedron	*Ced.*	1x, 3x.

Chamomilla	*Cham.*	3x, 6, 12.
Chelidonium Majus	*Chel.*	1x, 3x, 3.
Chimaphila	*Chim.*	ϕ.
China	*Chin.*	ϕ, 1x, 3x.
Chininum Sulphuricum (Quinine)	*Chin.-Sulph.*	1—6
Cicuta Virosa	*Cic.*	1, 3x.
Cimicifuga	*Cimic.*	ϕ, 1x, 3x.
Cina	*Cina*	1x, 3x, 6.
Cistus Canadensis	*Cist. Can.*	1x, 1.
Clematis	*Clem.*	1x, 1, 3x.
Cocculus Indicus	*Cocc. Ind.*	ϕ, 1x, 3x.
Coffæa	*Coff.*	3x, 3, 6.
Colchicum	*Colch.*	ϕ, 1x, 3x.
Collinsonia Canadensis	*Collin.*	ϕ, 3x.
Colocynthis	*Coloc.*	1x, 3x, 6.
Conium	*Coni.*	ϕ, 1x, 3x, 6, 12.
Copaiba	*Copa.*	1x, 1.
Corallia	*Coral.*	6, 12.
Crocus Sativus	*Croc.*	3x, 3.
Croton Tiglium	*Crot. Tig.*	1, 3x.
Cuprum Metallicum	*Cup. M.*	3x, 3, 6.
Cyclamen	*Cycla.*	3x, 3.
Digitalis	*Dig.*	ϕ, 1x, 3x.
Dioscorea Villosa	*Dios.*	ϕ, 1x, 3x.
Drosera	*Dros.*	ϕ, 1x, 3x, 3.
Dulcamara	*Dulc.*	1x, 3x, 3.
Elaterium	*Elat.*	1, 3x.
Elaps	*Elaps.*	7 or 8 (lowest procurable).
Eupatorium Perfoliatum	*Eup. Per.*	ϕ, 1x, 3x.
,, Purpureum	*Eup. Pur.*	1, 3x.
Euphorbium	*Euphor.*	3x.
Euphrasia	*Euph.*	1x, 3x, 6; ϕ ext. use.
Ferrum Metallicum	*Ferr. M.*	5.
,, Muriaticum	*Ferr. Mur.*	ϕ, 1x, 3x.
,, Phosphoricum	*Ferr. Phos.*	1, 3x.
,, Redactum	*Ferr. Red.*	ϕ, 1x.
Gelseminum	*Gels.*	ϕ, 1x, 3x. In facial neuralgia, the ϕ tincture acts very quickly.
Glonoine	*Glon.*	3x, 3.
Graphites	*Graph.*	2, 6, 12.
Hamamelis Virginica	*Ham.*	1x, 3x; ϕ. ext. (see F.F. 3 and 29).

Helleborus Niger	*Hell.*	1x, 3.
Helonias Dioica	*Helon.*	ϕ, 1x.
Hepar Sulphuris	*Hep.*	2x, 3x, 3, 6.
Hydrastis Canadensis	*Hydras.*	ϕ, 1x, 3x, 3 (see F. 34).
Hyoscyamus Niger	*Hyos.*	ϕ, 1x, 3x, 3.
Hypericum Perforatum	*Hyper.*	1x.
Ignatia Amara	*Ign.*	ϕ, 1x, 3x, 3, 6.
Iodium	*Iod.*	1x, 1, 3x.
Ipecacuanha	*Ipec.*	ϕ, 1x, 3x.
Iris Versicolor	*Iris.*	ϕ, 1x, 3x.
Kali Bichromicum	*K. Bich.*	1, 3x, 3.
,, Bromidum	*K. Brom.*	ϕ, 1x.
,, Carbonicum	*K. Carb.*	6, 12.
,, Chloratum	*K. Chlor.*	1, 3x, 3.
,, Hydriodicum	*K. Hyd.*	ϕ, 1x.
,, Nitricum	*K. Nit.*	1x, 3x.
,, Permanganicum	*K. Permang.*	(The salt as an injection—F. 14; and as a gargle—F. 22.)
Kreasotum	*Kreas.*	1, 3x, 6, 12. For external use, one drop of pure tincture to 80 of water.
Lachesis	*Lach.*	6, 12.
Laurocerasus	*Lauro.*	1x, 3x.
Ledum Palustre	*Led. Pal.*	1, 3x; ϕ ext.
Leptandra Virginica	*Leptand.*	1x, 3x.
Lobelia Inflata	*Lob.*	ϕ, 1x, 3x.
Lycopodium	*Lyc.*	3, 3x, 5, 6, 12, 30.
Manganum	*Mang.*	1x, 3x, 3.
Mercurius Biniodatus	*Merc. Biniod.*	1, 3x.
,, Corrosivus	*Merc. Cor.*	2, 3x, 3.
,, Solubilis	*Merc. S.*	1, 3x, 5, 6.
,, Vivus	*Merc. V.*	1, 3x, 5, 6.
Mezereum	*Mez.*	1x, 3x.
Millefolium	*Mill.*	ϕ, 1x.
Moschus	*Mosch.*	ϕ, 1x, 3x, 6.
Murex Purpurea	*Murex*	3.
Naja	*Naja*	6.
Natrum Carbonicum	*Nat. Carb.*	5, 12.
Natrum Muriaticum	*Nat. Mur.*	6, 12.
Nuphar Lutea	*Nuph.*	1x, 3x.
Nux Moschata	*Nux Mosch.*	3x.

Nux Vomica	*Nux V.*	1x, 1, 3x, 3, 6. The 6th dil. is much prescribed for flatulence, constipation, etc., and 6 to 12 for asthma.
Oleander	*Olean.*	ϕ, 1x, 3x.
Opium	*Opi.*	1x, 3x, 3, 30.
Petroleum	*Pet.* or *Petrol.*	3x.
Phosphorus	*Phos.*	3x, 3, 6.
Phytolacca Decandra	*Phyto.*	ϕ, 1x, 3x.
Platina	*Plat.*	3x, 5, 6, 12.
Plumbum	*Plumb.*	3x, 3, 5.
Podophyllum	*Podoph.*	ϕ, 1x, 3x.
Pulsatilla	*Puls.*	ϕ, 1x, 3x, 3, 6.
Quinine, *see* Sulphas Quinæ		
Ranunculus Bulbosus	*Ran. Bulb.*	ϕ, 1x, 3x, 3.
Ratania	*Ratan.*	1, 3x.
Rheum	*Rheum*	1, 3x.
Rhododendron	*Rhod.*	1, 3x, 3.
Rhus Toxicodendron	*Rhus*	1x, 3x, 3; ϕ ext. (see F. 20).
Robinia	*Rob.*	1x, 3x.
Rumex Crispus	*Rumex*	ϕ.
Ruta Graveolens	*Ruta*	1, 3x; ϕ ext.
Sabadilla	*Sabad.*	1, 3x, 3.
Sabina	*Sabi.*	1x, 3x.
Sambucus Niger	*Samb.*	ϕ, 1x, 3x, 3.
Sanguinaria Canadensis	*Sang.*	1x, 1, 3x.
Santoninum	*Sant.*	1x, 1.
Sarsaparilla	*Sars.*	ϕ, 1x.
Secale Cornutum	*Sec.*	ϕ, 1x, 3x, 3.
Senecio	*Senec.*	ϕ, 3x.
Senega	*Seneg.*	ϕ, 1x, 3x.
Sepia	*Sep.*	3x, 6, 12.
Silicia	*Sil.*	3x, 6, 12.
Spigelia	*Spig.*	1x, 3x, 3, 6.
Spongia	*Spong.*	1x, 3x, 3.
Stannum	*Stann.*	5, 6, 12.
Staphysagria	*Staph.*	1x, 3x, 3, 6.
Stramonium	*Stram.*	ϕ, 1x, 3x, 3.
Strychnia	*Strych.*	1, 3x, 6.
Sulphas Quinæ	*Sulph. Quin.*	1x, 2x.
Sulphur	*Sulph.*	ϕ, 3, 6, 12.
Tabacum	*Tabac.*	3x, 3, 6.
Taraxacum	*Tarax.*	ϕ.

Tellurium	*Tellur.*	5, 6, 30.
Terebinthina	*Tereb.*	ϕ, 1x, 3x.
Teucrium	*Teuc.*	1x, 3x; ϕ ext. Also the dried herb, finely powdered, taken as snuff in polypus, etc.
Thuja Occidentalis	*Thuja*	3x, 6, 12; ϕ ext.
Uranium Nitricum	*Uran. Nit.*	1x.
Urtica Urens	*Urt U.*	ϕ, 1; ϕ ext.
Uva Ursi	*Uva*	ϕ, 1x, 3x.
Valeriana	*Val.*	ϕ, 1x.
Veratrum Album	*Ver. Alb.*	1x, 3x, 3.
,, Viride	*Ver. Vir.*	1x, 3x, 3; ϕ ext.
Verbascum	*Verbas.*	ϕ, 1x, 3x, 3.
Vinca Minor	*Vinca M.*	ϕ, 1x, 3x.
Viola Odorata	*Viola O.*	ϕ, 1x, 3x.
,, Tricolor	*Viola Tric.*	ϕ, 1x, 3x.
Xanthoxylum Fraxineum	*Xanth.*	ϕ, 3x.
Zincum Metallicum	*Zinc.*	3x, 5.

CHAPTER II.

Poisons *(Venena)*.

List of Poisons.

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Poisons are substances which, introduced into the body, derange or destroy its vitality: those called *deadly* being rapidly fatal in small doses. Poisons have been classified by Dr. Christison, according to their action upon the animal economy, into three groups, as follows:—

I. Irritant Poisons, or those which produce irritation or inflammation; as, the mineral acids, oxalic acid, arsenic, mercury, copper, antimony, zinc, lead, baryta, and cantharides.

II. Narcotic Poisons, or those which produce stupor, delirium, and other affections of the brain and nervous system; as, opium, hydrocyanic acid, and poisonous gases.

III. Narcotico-acrid Poisons, or those which produce sometimes irritation, sometimes narcotism, sometimes both together; these are chiefly derived from the vegetable kingdom, as, strychnia, monkshood, and poisonous fungi.

But it is to be remembered that the chief irritant poisons have, like the narcotics, a specific remote poisonous effect upon the blood, nervous system, and body generally, besides their local irritant operation upon the part to which they are immediately applied.

In our observations on the most common poisons, our aim has been to embody such practical points as are most necessary to be remembered, taking the poisons in the order in which they occur in the *Nomenclature of Diseases*.

1.—Arsenic (*Arsenicum*).

White Arsenic, or Arsenious Acid, is an intense irritant poison, two grains having been known to destroy life. When criminally employed, it is more commonly used for murder than for suicide, is generally taken crude in some article of food, and, in small quantities, has no appreciable taste. It is sparingly soluble in cold water, two and a half parts only being taken up by 1000 parts of water.

Symptoms.—These come on, if the dose has been moderately large, in about an hour after the poison is taken; but the time and also the severity of the symptoms vary according to the state of repletion of the stomach at the time, and the digestibility of the vehicle in which it is swallowed.

There is great pain and burning heat in the stomach, an incessant desire for cold drinks, and violent vomiting. By vomiting, much of the poison may be ejected, together with the common contents of the stomach, and a great deal of mucus, which is probably secreted as a defence. In fatal cases the countenance becomes pale, sunken, and expresses great torture and anxiety; the pulse becomes small, feeble, rapid, and soon imperceptible. The pain spreads over the abdomen, which becomes tense and tender, sometimes swollen, sometimes drawn in at the navel; diarrhœa comes on with severe tenesmus, and sometimes bloody evacuations; there is also strangury, priapism, and congestion of the testicles. Finally, difficulty of breathing supervenes, the conjunctivæ become dry, red, and injected, and delirium, stupor, or convulsions precede death, which usually occurs on the third day, unless a large quantity has been taken, when the patient sinks in twenty-four hours, and suffers much less.

If the patient survive the third day, or has had small doses frequently repeated, he will suffer from muco-enteritis and gastritis. Even if he finally recover, he will long suffer from pain in the abdomen, imperfect digestion, sickness, emaciation, falling off of the hair, and other symptoms of chronic arsenical poisoning.

Treatment.—Evacuate the contents of the stomach by an emetic (℥j zinci sulph.); this is better than the stomach-pump, because arsenic is heavy and insoluble, and would not probably be washed up. If, however, vomiting be already severe, fluids *(cold, never warm)* are only necessary to be given to assist in clearing the stomach; the best being milk, which is bland, and may partly coagulate in the stomach and envelope the poison. This may be given both before and after the vomiting has begun. A dose of castor oil, to clear away any of the poison that has left the stomach and entered the bowel, may be of service. Linseed tea and other farinaceous decoctions are also

useful: they may be thickened with magnesia, with which arsenic forms an insoluble compound. A chief source of danger in arsenical poisoning is the want of any effectual antidote; the *Hydrated Peroxide of Iron*, which may be produced in a moment by addition of Liq. Ammoniæ to Tincture of Iron, has the most repute, but is so little to be depended on that it should be postponed until after the stomach has been cleared as far as possible by vomiting. Poultices and fomentations should be applied over the abdomen.

Arsenical Wall-Papers.—This subject is occupying much public attention; and unquestionably a very large number of affections have of late been clearly traced by the profession to this cause, while Dr. Stenhouse and others have, on analysis, discovered in these papers quantities of arsenic, varying from a trace to 14 grains to the square foot. Flannels and other fabrics are also said to be coloured by means of arsenic. The prominent symptoms induced are: *Eyes*—bloodshot, sore, smarting; *Nose*—irritation of mucous membrane; *Mouth*—soreness, ulcers; *Face and Teeth*—neuralgic pains; *Throat*—soreness, dryness; *Lungs*—bronchial affections; *Stomach and Bowels*—indigestion, thirst, retching, vomiting, diarrhœa, dysentery; *Skin*—irritation, eruptions, boils; *Muscles and Bones*—sufferings simulating rheumatic; *Brain and Nervous System*—irritation, occasioning great irritability of temper; depression of spirits; neuralgia; general prostration, and slow emacition. The Turkish-bath is said to be a valuable agent in eliminating the poison, but medical advice should be sought.*

2.—Mercury *(Hydrargyrus)*.

The most common mercurial poison is the bi-chloride—*corrosive sublimate*. In its action it differs from arsenious acid

* *Vide H. World*, May, June, and July, 1871.

by being a chemical corrosive, combining with the albumen of the tissues; but it has also, like arsenic, a specific remote poisonous effect.

Symptoms.—A horribly nauseous metallic taste, detected at the time of swallowing, and great constriction of the fauces and œsophagus, rendering even the swallowing of the antidote most difficult; the epithelium of the mouth and throat becomes white, shrivelled, and detached. The pain in the stomach, and vomiting, come on earlier than from arsenic, and blood is more likely to be brought up; the countenance becomes turgid and congested, whereas from arsenic it is pale, contracted, and ghastly. Strangury, too, is a more marked symptom, because the corrosive sublimate, being more soluble, enters the circulation freely, and reaches the kidneys; whereas arsenic, remaining in the alimentary canal, causes its chief sufferings there; and, passing down to the rectum, renders tenesmus a more prominent symptom. If recovery take place from mercurial poisoning, salivation first occurs. There is but little difference in the fatality of corrosive sublimate and arsenic—two or three grains of either may destroy life.

Treatment.—This differs radically from that of arsenic, inasmuch as we have an effectual antidote, which should, therefore, be administered immediately: this is the whites and yolks of eggs, beaten up together. They convert the bichloride of mercury into a double chloride of mercury and albumen. If eggs cannot be had, a thin paste of flour and water may be substituted,—the gluten acting for albumen. Milk may also be given as a substitute. Afterwards, bland fluids, and other treatment, according to the requirements of the case.

For the *Salivation* which follows, we have several remedies: *Nitric Acid* (two drops of the dilute acid in a little water, two or three times daily; also gargles of lukewarm

water, acidulated with the acid); *Sulphuric Acid* (also internally and as a gargle); *Alum* in solution (℥ij of the powder to ℥iv of water, sweetened with a little honey) for a gargle. The patient should be warmly covered; and have all the nourishment he can take in the way of bread-and-milk, broths and soups. *Chlorate of Potash* is also recommended for its beneficial influence in salivation, and is used both internally and as a gargle. *Hepar Sulph.* is an efficient remedy for chronic mercurial eruptions and ulcers; *Nux V.* for mercurial tremor and paralysis; *Ars.*, *Iod.*, etc., for the affections of the bowels; *Aurum* for mercurial cachexia, bone disease, etc.

The latter symptoms are those of chronic mercurial poisoning, such as occurs in looking-glass makers, or from any other continued exposure to mercurial vapours.

3.—Lead *(Plumbum).*

The most common form of Lead-poisoning is the chronic, as seen in house-painters, glaziers, and others who use lead in their trades, or work in lead mines, or who habitually drink water, cider, or other liquids contaminated with it. In the case of painters, that variety of paint which gives a dead or non-glistening surface is the most poisonous, from its being mixed with a large quantity of turpentine, which, passing off by evaporation, carries with it a portion of the lead; this becomes inhaled or mixed with the saliva, received into the stomach, or, settling on the skin, is absorbed. In such cases the source of the lead may be little suspected. Cases are not unfrequent among ships' cooks, who stand constantly with naked feet on a sheet of lead before the galley fire; and charwomen may be affected from frequently washing stairs covered with sheet-lead, as in some inferior hotels.

Symptoms.—Habitual constipation, and occasional severe colic; paralysis of the extensor muscles of the forearm, so that

the hands hang down by their own weight *(drop-wrist)*, the patient having no power to raise them; there is also general chilliness, pallor, and emaciation; the vessels are contracted, and the blood becomes deficient in red corpuscles. The palsy is at first local, but if the cause be not avoided, the patients fall into a state of general cachexia, become miserable cripples, and eventually sink under disease of some vital organ. A striking diagnostic sign of lead poisoning is the existence of a dark blue line round the edges of the gums, most marked in the lower jaw. This line is probably caused by a deposit of sulphuret-of-lead in the gum tissue, the sulphuret being produced by the sulphur evolved from fragments of food becoming decomposed in the clefts of the teeth, and acting on the salt of lead in the blood.

On dissection and analysis, the lead may be found in the tissue of the nerves and muscles.

Treatment.—*Iodide of Potassium* is useful to remove the lead from the system in the form of the iodide in the urine; for although iodide of lead is insoluble in water it is soluble in urine and other fluids of the body. Another method is to give frequent doses of *Mag. Sulph. (Epsom Salts)*, with excess of *Sulphuric Acid.* For *lead-colic—Opium*, *Alumina*, *Plat.*, *Bell.*, or *Sulph. Ac.*, with the warm bath, is the best treatment.

Preventive Measures are, chiefly, *great cleanliness*, using soap and water at frequent intervals, especially for the face, hands, and nails; and avoidance of taking food in the work-rooms or mines; or food which has been allowed to remain therein. The entrance of the poison into the air-passages should be guarded against by working with the mouth closed, or wearing a fine respirator; and the habitual use of a drink resembling lemonade, but acidulated with *Sulphurous Acid*, as provided for the artizans in some lead works, are probably the best means of correcting the morbid influence *via* the stomach.

The same antidote may also be used against *Sugar-of-lead*—a salt not infrequently used for poisoning—the *Magnesia Sulphas* in this instance forms an insoluble and inert sulphate of lead.*

4.—Copper *(Cuprum).*

Poisoning from this metal usually occurs from food cooked in imperfectly-cleaned copper or brass vessels; the metal becomes oxidized, and then, not only the vegetable acids, such as vinegar and pickles, but also oils and fats of greasy foods, as hashes and stews, from the fatty acids they contain, dissolve the metal, and form acrid, irritant, poisonous compounds, such as *Verdigris*—the diacetate of copper, etc.

Symptoms.—They resemble those caused by arsenic and corrosive sublimate, with some peculiar to the metal itself, especially violent headache, then vomiting, and cutting pains in the bowels, and afterwards cramps in the legs, pains in the thighs, etc. Death is generally preceded by convulsions and insensibility. A chronic form of poisoning has occurred from the water on shipboard being contaminated by copper: in such cases the perspiration of the infected person has stained the linen of a greenish hue.

Treatment.—The best antidote in acute poisoning is *albumen*—the whites and yolks of eggs, beaten up, and administered, to form an insoluble compound with the copper salt. In the absence of eggs, a thin paste of flour and water may be used.

* It is important to remember that all substances which are *insoluble* are not also *inert;* for although insoluble in water, they may be dissolved in the fluids of the mouth, stomach, or other parts of the body. Of this, Calomel may be cited as an illustration.

5.—Antimony *(Antimonium)*.

Poisoning with antimony is uncommon, but it does sometimes occur in the allopathic employment of *Tartar Emetic;* or from the antimonial wine being accidentally swallowed. In consequence of the largest doses of antimony being powerful emetics, the poison in this form is generally rejected, and little harm follows; it is the chronic form of poisoning, the metal being continually taken in small doses, that is most to be feared; and this insidious plan has sometimes been adopted by slow poisoners, to produce symptoms analogous to those of internal visceral disease, so that, when they finally destroy their victims by arsenic or some other more deadly means, less suspicion may arise. Suspicion should therefore be always entertained when a patient is, without evident cause, constantly sick on receiving his food or medicine through the instrumentality of one particular individual.

Symptoms.—From moderate doses, a strong metallic taste in the mouth; great heat and constriction of the throat, violent burning pains in the stomach, followed by violent vomiting and purging and extreme depression of the circulation.

Treatment.—Large draughts of warm water, and tickling the throat to induce vomiting; at the same time a decoction of cinchonæ, oak-bark, tannin, or even strong tea, should be prepared and diligently administered, to decompose the poison.

6.—Phosphorus *(Phosphorus)*.

Vermin-poison is often a compound of *Phosphorus* and common grease, and may be taken accidentally or by design.

Symptoms.—Phosphorus is an irritant poison, speedily producing pain in the stomach and vomiting, the matters ejected having a garlicky smell, and if thrown up in the dark

are luminous. The pain spreads over the body, and, after much suffering, the person usually dies within a few days. On *post-mortem*, the liver is found in a state of fatty degeneration.

Treatment.—A speedy emetic, and directly afterwards magnesia in linseed tea or other bland fluids, to neutralize the phosphoric acid which is liable to form in the bowels; with poultices to the region of the stomach and liver. It should be observed that neither for phosphorus nor for cantharides should oils be given, as both are soluble in oils; although, as a rule, olive-oil is one of the blandest of fluids that can be taken in cases of irritation of the bowels, and is also slightly laxative.

The *fumes of phosphorus* sometimes cause, in lucifer-match makers, necrosis of bone, especially of the lower jaw. In these cases the fumes act through the blood, and not, as some have fancied, through a hollow tooth. The treatment of this and other forms of *chronic* poisoning should be confided to professional skill.

7.—Acids *(Acida)*.

The chief of the strong mineral acids are the sulphuric, often called oil of vitriol, the nitric, and the hydro-chloric or muriatic *(aqua fortis)*.

Symptoms.—When attempted to be swallowed, the strong acids are usually ejected spasmodically from the pharynx, just as boiling water is; but they may still be quickly fatal from asphyxia, caused by swelling of the larynx from effusion under the mucous membrane; or the patient may die, after weeks or months, from stricture of the upper part of the œsophagus. If the acids reach the stomach they will produce horrible pain, and vomiting of dark, altered blood, and fœtid eructations. They are corrosive poisons, decom-

posing the tissues, causing rapid, small pulse, and such great depression that the patient sinks and dies. They have, however, no remote specific poisonous effect, and the symptoms and fatal effects are consequent on local injury.

If nitric acid have been taken, there will be yellowish stains on the lips; if sulphuric, brownish, and the teeth will be blackened; and in any case there will be a white, shrivelled, and detached state of the epithelium of the mouth and fauces, and probably dark red, corroded stains on the clothes.

Treatment.—Slaked lime, chalk, or magnesia; or, in default of these, the plaster of the apartment may be scraped down and made into thin paste with water. Afterwards bland, mucilaginous, and oily fluids, and a poultice externally.

8.—Oxalic Acid (*Acidum Oxalicum*).

This is a common rapid poison, often mistaken for Epsom salts and zinci sulph.; but it may be useful to know that the three are readily distinguished by their taste—a crystal or two, or a drop or two of the solution, being placed on the tongue; for sulphate of magnesia is bitter, sulphate of zinc is styptic, and oxalic acid is sour and nauseous. It is used as a cleaner and bleacher, and to remove ironmould, etc., and is far too readily sold in the shops to any purchaser. As a poison it is usually taken, like Epsom salts, in large doses—ʒss or more, partially dissolved in water.

Symptoms.—Excessive irritation, burning pain, and, generally, violent vomiting, by which often blood is brought up; feebleness or total failure of the pulse; cold, clammy skin; great anxiety, and occasionally convulsions, the patient dying sometimes in half-an-hour, and generally within seven or eight hours, suffering dreadfully all the time. It has a remote specific poisonous effect.

Treatment.—Although a rapid and deadly poison, many

recover on account of the largeness of the dose, which leads to a speedy and copious vomiting, so that much of it is ejected. The antidote, too, is well known, readily available, and effectual. It is carbonate of lime in any form it can be obtained —creta preparata, plaster scraped from the ceiling, or common whitening, given mixed in a *small* quantity of water. It should be observed that the limit to the quantity of water is important, and applies to nearly all poisons, for too much dilutent drink tends to dissolve a poison, to spread it over the stomach, and to promote its absorption. In the absence of carbonate of lime, magnesia might be used, but not the alkalies—potash or soda—which would only form *soluble* salts, that would enter the circulation and prove poisonous. After the antidote, bland mucilaginous fluids may be given, and the abdomen covered with a poultice.

9.—Opium *(Opium)*.

It is important to distinguish between opium-poisoning, and primary apoplexy. The chief differences are tabulated as follows:

Opium-poisoning.	*(Primary)* Apoplexy.
1. Occurs chiefly in *young persons*, especially females, of violent passions.	1. Occurs mostly in persons *advanced in life*, of full habit.
2. If taken with a meal, as in beer, the symptoms would not arise for *half-an-hour*.	2. Is often the *immediate* consequence of over-repletion of the stomach.
3. The symptoms come on *gradually*.	3. The symptoms occur *suddenly*.
4. The patient can be *roused*.	4. The patient *cannot be roused*.
5. The face may be very *pale* and sunken or bloated.	5. The face is turgid and *congested*.
6. The breathing is deep but *quiet*.	6. The breathing is *stertorous*.
7. Pulse small and of natural frequency.	7. Pulse slow, full, and labouring.
8. Is usually fatal between the seventh and twelfth hours.	8. Is usually fatal earlier or later than opium.

Morphia, the alkaloid of opium, acts similarly.

DIAGNOSIS is also to be made from *Intoxication*, which produces similar symptoms, but the odour of the spirit can generally be detected in the breath; also from the narcotism of *uremic poisoning* from diseased kidneys; in the latter case puffiness of the eyelids, and albumen in the urine, will distinguish the cases.

One of most common uses of opium is for the quieting of children: for this purpose it is usually given as *Laudanum*, *Paregoric*, or soothing-syrup. Any mother, nurse, or baby-farmer, using these substances, ought to be treated as a criminal; if it were so, hundreds of children would be saved who are now more or less slowly poisoned, either by design, mistake, or over-dosing. The nervous irritability, fretfulness, and sleeplessness for which these drugs are given, find in homœopathy certain and harmless remedies.

SYMPTOMS.—In addition to those stated in the table, the person lies quite still, with free perspiration, insensibility to external impressions, closed eyes, increasing slowness of respiration, the whole expression being indicative of deep and perfect repose. The differences just tabulated are most marked in the *beginning* of a case of poisoning by opium, for afterwards congestion of the brain and effusion come on, with even stertorous breathing, and the case then more resembles one of apoplexy. If the patient recover, the sopor is attended by prolonged sleep—twenty-four to thirty-six hours—after which nausea, vomiting, giddiness, and loathing of food, take place.

TREATMENT.—The primary object is to remove the poison from the stomach, and is best accomplished by washing it out by the stomach-pump. This treatment is better adapted to opium than to any other poison, because it is usually taken in the liquid state of *Laudanum;* which narcotizes the nervous system, and renders it almost insensible to emetics. A gag

should first be placed between the jaws, and the tongue pressed back to place the epiglottis over the larynx, and then a *flexible* but not elastic pipe, previously softened in warm water, and lubricated with butter, passed down. About a pint of warm water is to be pumped into the stomach, and then nearly as much withdrawn; this should be repeated till the water returns clear. In default of a stomach pump, or where solid opium has been taken, a *non-nauseant emetic* should be given, as ℥ss *Zinci Sulph.* It may be here mentioned that a suitable emetic may be readily found in common mustard-flour, a dessert spoonful of which may be given in cold water; for this, as well as sulphate of zinc, is a direct emetic, acting quickly, and without the preceding nausea that antimony and ipecacuanha usually produce. For children, however, the proper emetic would be tartarized antimony, about grss in a little water, and sweetened with syrup. The next object is to *keep the patient constantly roused*, by dashing cold water over the head and face, and by keeping him walking between two strong persons; this both keeps him awake, and, by promoting respiration and circulation, expedites the elimination of the poison from the system. Considerable time must elapse before the patient is allowed to sleep, and then he should be wakened up as soon as he snores.

In desperate cases, artificial respiration (see pp. 583-4) has properly been resorted to. When the poison has been removed, a decoction of *coffee*, in oft-repeated doses, is useful to revive the patient, and to mitigate sickness and headache. Coffee is an excellent anti-narcotic, and helps to keep awake patients poisoned with opium.

10.—Alcohol *(Alcohol)*.

It is important to be able to detect poisoning by large potations of alcohol from poisoning by opium, and from apoplexy, as the immediate treatment differs in each case. The odour of the breath, and the history and circumstances of an unconscious patient, may point to drunkenness as the cause; but it should always be remembered that a drunken person may have sustained an injury and ruptured his cerebral blood-vessels; or a drunken debauch may coincide with the final break-up of the vessels within the cranium.

Treatment.—Narcotic poisoning from large doses of alcohol or spirits-of-wine require the use of the stomach-pump, cold affusion over the face and head, and warmth to the cardiac region and the stomach; the circulation in the extremities should also be promoted. If bad cases are neglected, they may prove fatal.

One of the chief symptoms of poisoning by alcohol is *Delirium Tremens*, which requires a fuller notice.

Delirium Tremens.—The physical action of alcohol, whether taken in large, or in frequently-repeated small, doses, induces changes partly of a chemical and partly of a vital nature; the general nutrition of the body suffers, and if the habit be long persisted in, an incurable cachexia results. The multiform evils which the use of alcohol produces are so great that it may truly be stated, if alcohol had never been known, a vast amount of sin and crime, and a yet larger proportion of the poverty and misery now in the world would never have existed. It may be observed that although the sugar and consequent production of wine is a natural phenomenon, due to ordinary causes alone, the art of distillation, by which the ardent spirit is educed, is a purely human invention.

Symptoms of Delirium Tremens.—The disease may only

appear after a long course of alcoholic stimulation, or it may be suddenly developed after a protracted debauch. The earliest symptom is one of great mental and physical depression. The patient fancies he is haunted by spectres, and is afraid to be alone. A state of excitement and delirium follows, in which he becomes the victim of various painful delusions, chiefly having reference to his business, which he thinks is irretrievably ruined, or to his friends, whom he believes to be plotting against him. Haunted by spectral illusions and imaginary horrors, he desires to get up, and often makes violent efforts to escape from foes and danger. Sleep almost wholly forsakes him; he becomes restless, trembles, and is frequently endeavouring to change his posture; he declares that rats, mice, beetles, etc., are about his bed, that strangers are in the room, or that listeners are at the door or concealed behind the curtains. The patient is, however, easily subdued, and indued to remain quiet for a time. His eyes are restless, and the conjunctivæ red and injected; the face usually pale, but sometimes flushed and wild-looking; the skin is commonly moist or clammy; the pulse weak and compressible, the action of the heart is often violent, the tongue foul, with entire loss of appetite.

Pathological Cause.—The delirious affection is caused by the direct action of alcohol upon the nervous system, and not the result of the sudden withdrawal of the accustomed stimulant. The experience derived from hospital practice, or from prison discipline, abundantly proves that a person who indulges very freely in stimulants may suddenly abandon them without any risk. Indeed, as with other poisons, the great danger to be feared arises from their continued employment.

"I dare say you are all impressed with the general belief that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that; but what

is more certain is, that it is much more likely to ensue when a person who is largely addicted to the use of stimulants leaves off food. So long as a man keeps up both the eating and the drinking, he is in little risk of delirium tremens. When either suddenly he leaves off eating and takes to drinking, or when gradually he diminishes his food and increases his drink, he is in the greatest danger of that disease. So that we come to this—which may seem paradoxical and immoral too,—that a man who both eats and drinks too much is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single : the eating counteracts the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess ; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little."—*Clinical Lecture, by James Paget, F.R.S., at St. Bartholomew's.*

Treatment.—The immediate cause of danger is exhaustion; hence the importance of supporting the strength by nutritious, digestible diet, in a fluid form,—beef-tea, soups, yolk-of-egg, cocoa, etc., in small quantities frequently repeated. "The stimulus of such a spice as *cayenne pepper*, given in soup, on the atonic stomach, will have a favourable influence on absorption" *(Aitken)*. A cup of *coffee* is sometimes useful to quiet the nervous excitement. The patient should remain in a quiet, darkened room, and everything be done to induce sleep, and obviate mental irritation. Skilful nursing is of great importance. If nourishments are not administered, and sleep does not succeed, the patient will sink from exhaustion.

The following remedies are useful at different stages of the disease according to the symptoms present:—*Stram.*, *Hyos.*, *Bell.*, *Opi.*, *Nux. V.* Except in the homœopathic form, *Opium* is not to be administered.

11.—Chloroform, Ether *(Chloroformi, Ætheris).*

If during the inhalation of chloroform, especially at the commencement, the vapour be not well diluted with atmospheric air, dangerous symptoms may arise, as syncope or apnœa, or both at the same time.

Treatment.—Immediate exposure of the patient to currents of *fresh air* and *cold affusion*, the tongue being drawn forwards to open the windpipe. If not quickly successful, *artificial respiration* should be performed (see pages 583-4). If this be commenced whilst the pulse is perceptible it is nearly always successful; even if the heart be too feeble for its impulse to be felt in the pulse at the wrist, it is often sufficient to restore its *failing energies*. If chloroform have been swallowed, the stomach pump is necessary; and afterwards Ammonia should be given, or ten minims of Liq. Ammonia, diluted with forty minims of water, may be injected into a vein of the arm, as is now done in Australia after bites from the most venomous serpents.

Vegetable Poisons *(Venena Vegetabilia).*

Our English vegetable poisons produce, in different degrees, two classes of symptoms:—1st, Irritation of the stomach and bowels; and, 2nd, Disorder of the nervous system; as, insensibility, delirium or convulsions, or palpitation of the heart, etc. The most important are Aconite, Belladonna, etc., as follows:

12.—Monkshood—Aconite *(Aconitum).*

This poison may be taken accidentally, as when the root is dug up and eaten by mistake for horse-radish; it differs, however, by being a smaller root, sooner breaking up into fibres, and being externally of a brownish colour.

Symptoms.—The first effects are numbness and tingling in the lips, mouth, and fauces; tingling and loss of all proper sensation soon extends to the limbs and body generally, for Aconite and its alkaloid, *Aconitia*, are sedatives to the nerves of sensation; then constriction of the throat comes on, with difficult and hurried breathing, and convulsions often precede death.

Treatment.—In all cases of poisoning by Aconite, and most other vegetables, the stomach is to be first cleared out by an *emetic*, and then *castor-oil* or other purgative to clear the intestines. Subsequent treatment must be regulated by the symptoms, and may include *coffee* as an anti-narcotic, bland fluids and poultices for abdominal irritation.

13.—Deadly Nightshade—Belladonna *(Belladonna)*.

The berries of this plant are often gathered and eaten by children, or even cooked in tarts.

Symptoms.—Dilatation of the pupils, indistinct vision, a gay delirium like intoxication, an unsteady gait, an eruption on the skin resembling that of scarlet fever, and then constriction of the fauces and other symptoms follow.

Treatment.—Same as for *Aconite*.

14.—Foxglove—Digitalis *(Digitalis)*.

Poisoning is most likely to arise from too long persistence in the use of this drug, under allopathic medication.

Symptoms.—Faintings; irregular, intermitting, or slow and feeble pulse; headache and vomiting, etc.

Treatment.—Similar to Aconite. If a large dose have been swallowed, an emetic should be speedily given, and in any case, the patient must be kept perfectly horizontal, and wine or brandy given him.

15.—Colchicum *(Colchicum).*

Cases of poisoning by this medicine are most likely to arise from taking too large doses of the wine or other preparations of the drug, or from continued doses, producing gradual toxication.

Symptoms.—These much resemble those of tartarized antimony, there being great nausea, sickness, purging, and depression of the heart's action. Both these drugs are used for insidious poisoning, because the symptoms closely resemble those of natural illness.* Antimony might, however, be detected in the urine by Sulph. Hydrogen, which throws down an orange-coloured precipitate.

Treatment.—Same as for *Aconite.*

16.—Prussic Acid *(Acidum hydrocyanicum).*

Symptoms.—This acts as a direct sedative, and is the most rapid of all poisons, producing almost immediate insensibility, and very speedy death, with or without convulsions, and without producing marked effect on any special organ. The scream or shriek usually heard in animals directly its effects begin have not been noticed in man. Death occurs by paralysis of the muscles of inspiration, the heart struggling to beat to the end. It is a potent sedative to the brain and spinal cord, and especially on the respiratory ganglion and tract; the former being in the Olivary bodies of the medulla oblongata,† and the latter extending thence through the

* Slow poisoners have often begun with Antimony or Colchicum, and then finished off their victims with Arsenic.

† A proof of the action of this acid being mainly on the medulla oblongata and pneumogastric nerve—the incident nerve of inspiration, supplying the stomach as well as the lungs—is its use in allaying hooping-cough and other nervous coughs, too rapid breathing, and those palpitations of the heart or arteries which are symptomatic of indigestion. It is, however, no direct sedative to the heart, and would be useless, or have a mere evanescent action, in organic cardiac disease, or aneurism.

upper part of the spinal marrow. The poison reaches these bodies through the circulation, little more than a quarter of a minute being sufficient to diffuse it over the whole body by the blood. It is also extremely volatile, and becoming instantly gaseous by the heat of the stomach, it immediately enters the blood by endosmosis.

On a *post mortem*, the eyes have a remarkably bright life-like appearance, and on first opening the abdomen the odour of the acid, which resembles that of bitter almonds, may be perceived; the blood is fluid, as after most sudden deaths, and the mucous-membrane of the stomach is found of a rosy appearance.

Treatment.—It is exceedingly rare for a person to recover from a really dangerous dose; and the smallest fatal dose is said to have been 40 minims; but if present when it is taken we should immediately perform *cold affusion* by dashing water over the face and head, and pouring it from a height from a jug on the back of the head, neck, and spine; at the same time *Ammonia*, in any form, should be administered; it acts physiologically, counteracting the sedative effect of the poison, and as the heart is not paralysed, if respiration can be restored, the patient may survive. A chemical antidote is *Aqua Chlorinii*, or the watery solution of Chlorine, which decomposes the acid by taking its hydrogen; another is, probably, the Sulphate of Iron. Emetics are of no use, in consequence of the volatility of the poison, which becomes a gas by the heat of the body directly it enters the stomach, and so instantly penetrates the blood.

The volatile oil of bitter almonds, and the cherry-laurel water *(Aqua Laurocerasi)* contain Hydrocyanic Acid, and also the *Cyanide of Potassium*—a white salt used in photography—is a deadly poison, yielding *Hydroc. Acid* directly it touches water. For this, a solution of Sulphate of Iron has been found to be an efficient antidote.

17.—Nux Vomica—Strychnia *(Nux Vomica).*

Next to Prussic Acid, this is the most energetic of poisons, except perhaps that of some venomous reptiles, as the Cobra.

Symptoms.—A condition of spasm resembling tetanus, but more convulsive and paroxysmal, with distressing sufferings, opisthotonous, rigidity of the abdominal muscles, and death in from twenty minutes to two hours, from spasm of the diaphragm and other respiratory muscles.

Treatment.—If the patient be seen before the spasms set in, the stomach should be cleared by an emetic; after the spasms have commenced this will be scarcely possible, and sedatives must be used—the inhalation of *Chloroform*, or *Tobacco* enema, or extract of *Indian Hemp*, or of *Calabar Bean*. *Powdered Charcoal*, it is said, will combine with the particles of the alkaloid *Strychnia*, and prevent its absorption; and cold may be applied to the spine by pounded ice in a bullock's gut or an elastic tube.

18.—Poisonous Fungi *(Fungi Venenati).*

Poisoning from these substances is not often difficult to detect: the symptoms occurring after a meal at which some suspicious substance, as mushrooms, have been eaten; and if several persons are attacked at the same time, after partaking of some common meal, the suspicion of poison scarcely needs further confirmation.

Symptoms.—Chiefly those of bowel irritation, with great depression. The symptoms do not often come on for several hours after the poisonous substance has been eaten; the active principle apparently not being digested till it reaches the duodenum, so that it is absorbed by the bowels, and not by the stomach.

Treatment.—If a patient be seen soon after the poison has

been ingested, emetics are of great value; if not till the poison has passed the stomach, purgatives, to expedite its removal from the system. Poultices, etc., may be applied to the abdomen.

19.—Spanish Fly *(Cantharis)*.

Symptoms.—Poisonous doses of cantharides produce strangury, bloody urine, priapism, sometimes aphrodisia, diminution or suppression of urine, and, finally, convulsions and death.

Treatment.—If vomiting have not already taken place, an emetic should be given, but no oils. To relieve the strangury, oleaginous and demulcent injections into the bladder are useful; a warm bath is also a valuable auxiliary. Subsequently, the administration of *Camphor* will remove the urinary difficulties consequent on an over-dose of cantharides.

INDEX:

GENERAL AND GLOSSARIAL.

The meanings of many words, not found in common dictionaries, are given between brackets, when such words are not explained in the text.

Many Conditions and Symptoms, not specified in this Index, are referred to in the MATERIA MEDICA, and, more particularly, in the CLINICAL DIRECTORY, Part V.

See also *Hints to the Reader*, pp. ix. to xi., and the *Preface.*

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-itis (*a termination of many words, denoting inflammation, as, Gastritis —inflammation of the stomach*)

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