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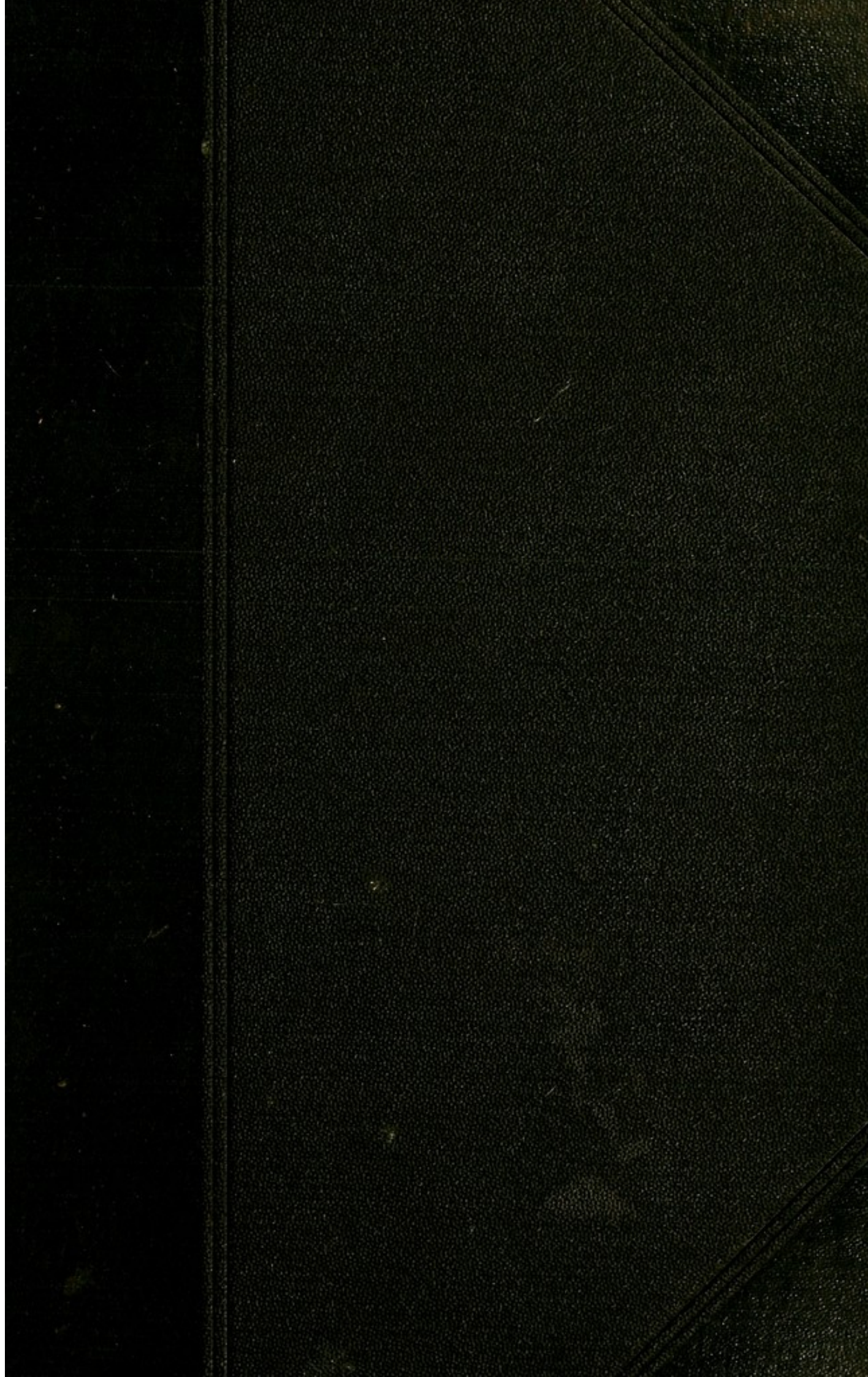
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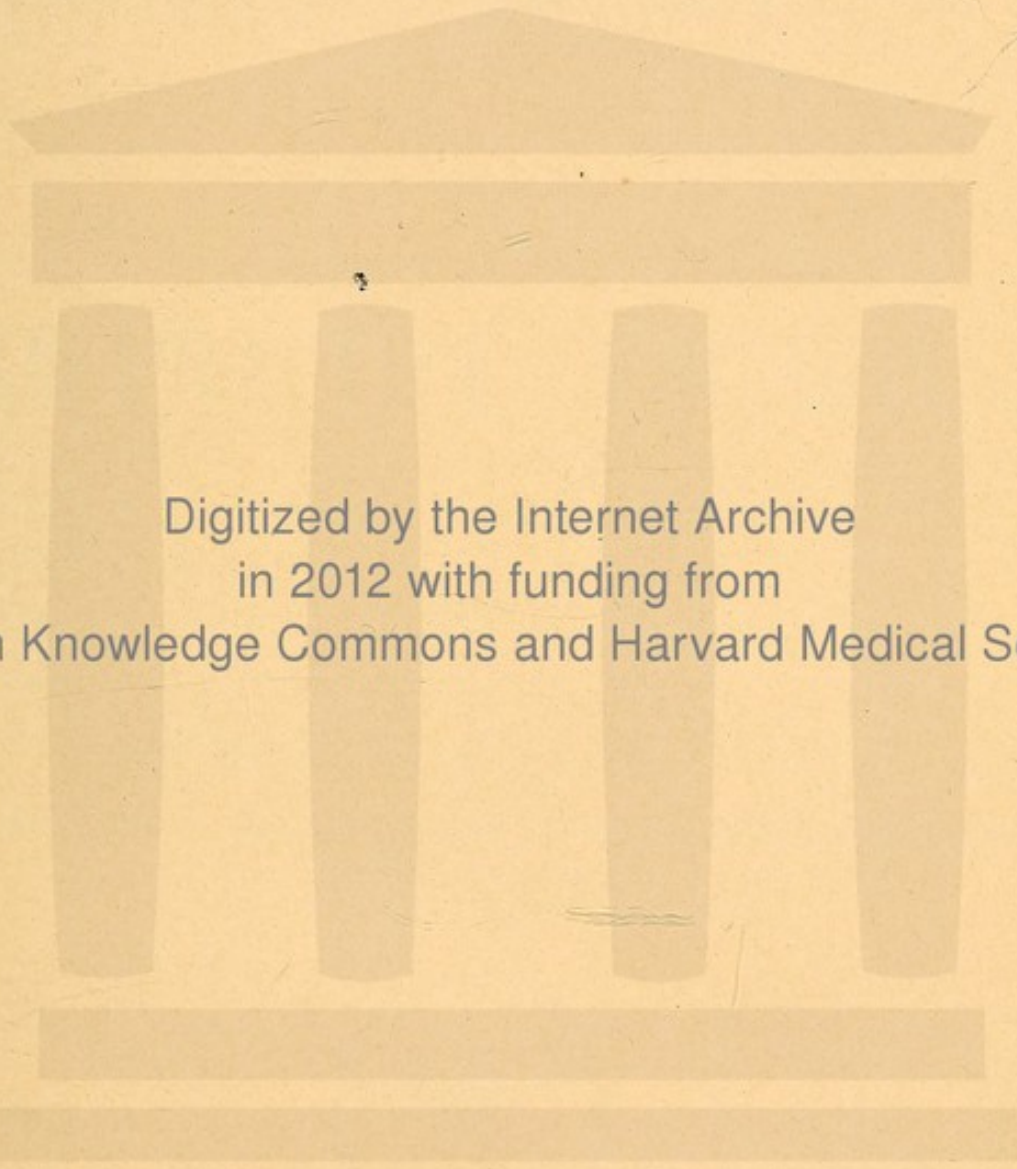
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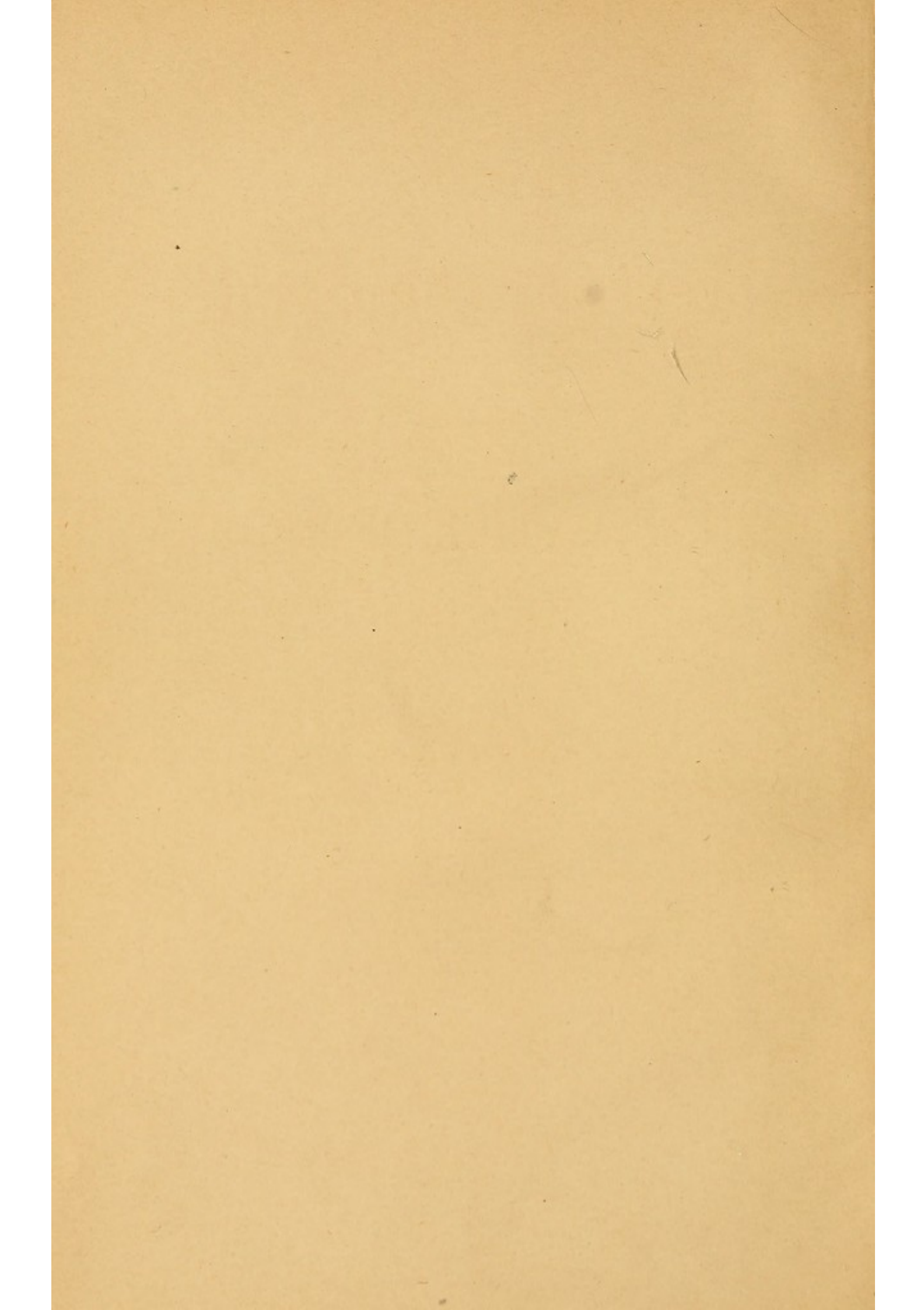
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ECLECTIC MANUAL, No. 3.

A N

ECLECTIC COMPENDIUM

— O F —

THE PRACTICE OF MEDICINE

— B Y —

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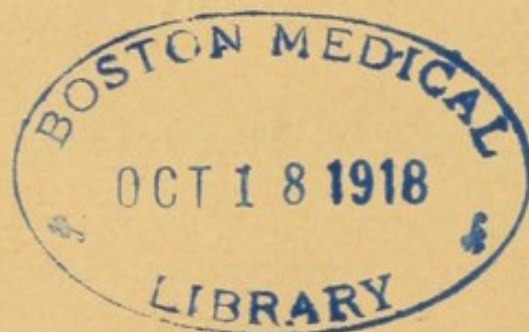
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P R E F A C E.

PLAIN as the teachings of the theory of Specific Medication appear to the majority of Eclectic physicians, there is yet considerable obscurity and misunderstanding upon this point in the minds of practitioners of other schools, and of the public generally. A misconception of the whole idea of Specific Medication which is rife in some directions, and which leads to its discredit and condemnation, is, that we claim to have specifics for diseases, according to the popular nomenclature, when in fact no such pretension has ever been made; and it has never been attempted to adapt the theory to certain combinations of symptoms which have received distinctive names as diseases. So far as we know there is no specific for the cure of pneumonia, or for peritonitis, or rheumatism, or any other disease. It is well known that no one given attack of disease is identical with any other attack of the same disease. Age, condition, idiosyncrasy, and environment, have a modifying influence, and the symptoms vary with these circumstances.

Specific Medication consists in adapting the treatment to the symptoms. We divide the force of morbid conditions and meet each separate manifestation with a remedy. As the symptoms vary, the indicated remedies will also be varied; and

thus, in our philosophy, there is no special remedy specific for the cure of any special disease. It is a law of nature that like causes will produce like effects, other things being equal. This law is so well understood, and so wide-spread in its application, that all ages of men have based their calculations upon its certainty, and have been able to advance in knowledge and improve in the arts and sciences.

It is assumed that there is no abrogation of this law in the vital operations of the human body, and that a remedy which will relieve a certain definite morbid condition at one time will always do the same under like circumstances.

It is evident that, in order to be specific in the administration of remedies, it is essential that a very close observation of the symptoms of disease should be made, and that Specific Diagnosis must go hand in hand with Specific Medication. As our remedies are varied to suit the many different phases presented by morbid states, we must be on the alert to detect these phases, and by study learn to apply the particular specific indicated by them.

In doing this we may have to set aside knowledge previously acquired, and that which has caused us no small amount of labor to obtain; we may have to unlearn much that we have learned with great trouble; we may have to emancipate ourselves from former impressions, and perhaps give up that which, by long association, we have accepted as a matter of course. But all this is ever required from the medical man who desires to keep up with the march of scientific progress.

Physicians of every school are seeking for a more direct method of medication, and the indiscriminate administration of remedies without special reason is falling into disrepute. Methods must be more exact, and medication more direct, before we can place medicine upon a strictly scientific basis.

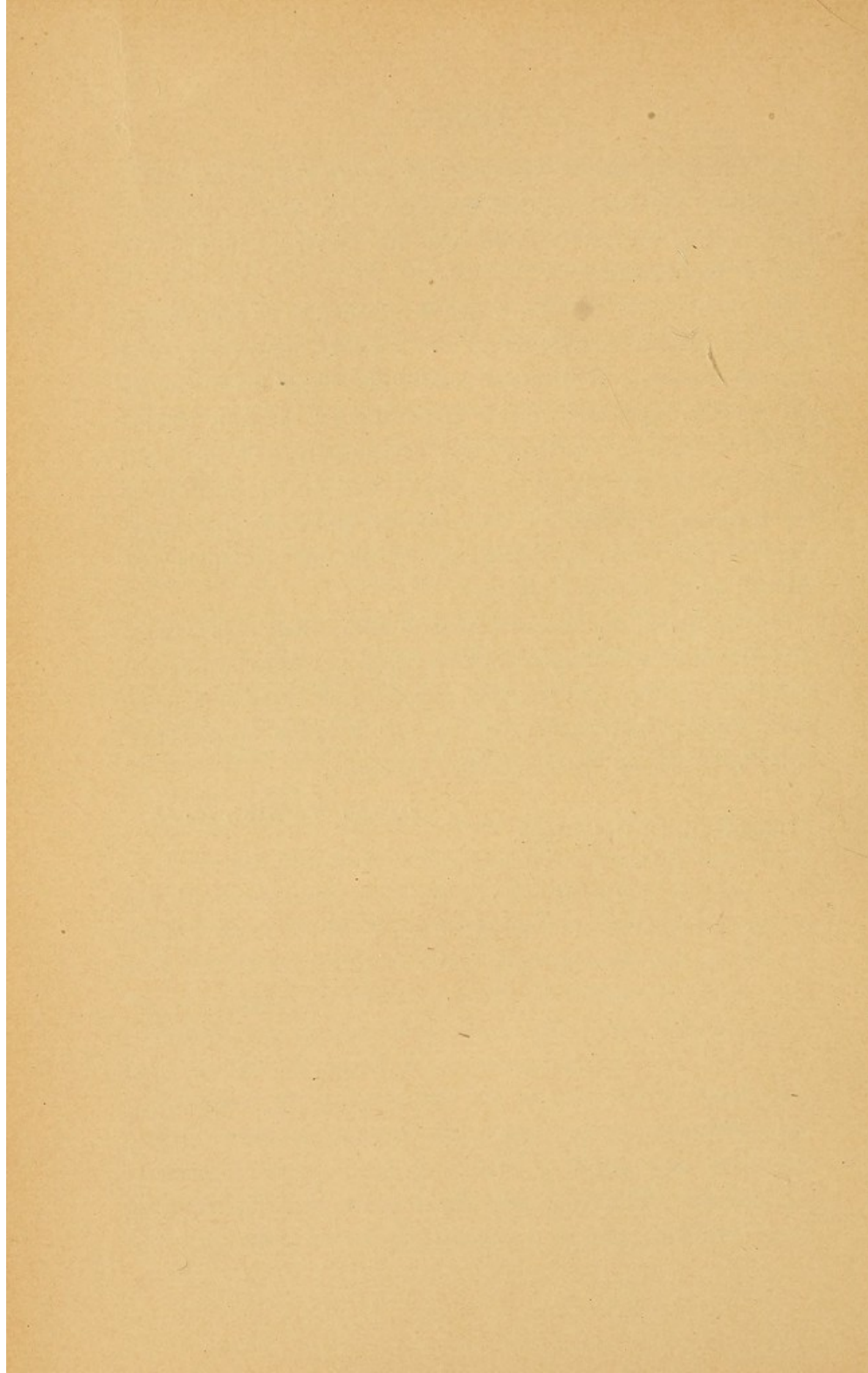
In this compendium we retain the names of diseases, not because they are essential, but merely for the sake of convenience, and as an aid to those who are under the influence of the old nomenclature.

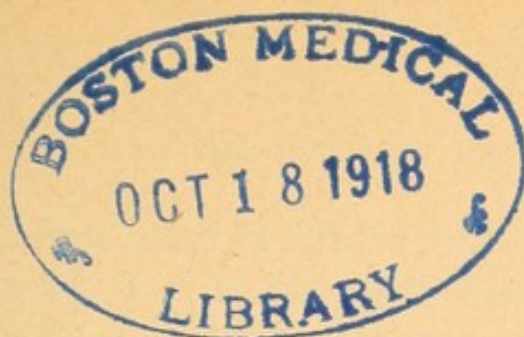
In a work of this nature, which is intended to be concise and brief, a lengthy discussion of the ætiology, pathology, and morbid anatomy of diseased conditions, would be obviously out of place, especially so since these subjects are fully treated of in the various "systems" and "cyclopædias" of medicine, which are available to all physicians. The plea of convenience for reference is offered for the arbitrary alphabetical arrangement of this work, as well as for placing the medicines and their doses in one place together.

In conclusion, the author desires to acknowledge his indebtedness to those noble leaders in Eclecticism who have now passed away, King, Howe, and Scudder; also to those living exponents, Goss, Webster, and Neiderkorn, as well as to the Journals and Publications of the Eclectic School generally.

LYMAN WATKINS, M. D.

Cincinnati, O., July, 1895.





ECLECTIC COMPENDIUM
OF THE
PRACTICE OF MEDICINE.

ABORTION.

ABORTION is defined as the expulsion of a non-viable foetus prior to the seventh month. The causes may be either traumatic or artificial. An abortion may be induced by such constitutional conditions as lower the standard of health—syphilis, scrofula, rheumatism, epilepsy, hysteria, acute fevers, and infectious diseases, as well as uterine and ovarian troubles.

The traumatic causes are accidents, such as blows, bruises, and wounds in the neighborhood of the uterus; violent exercise, severe jars, rough or excessive coition.

Artificial abortion is that which is brought on by the introduction of sounds or other instruments into the uterine cavity, with the intention of causing an expulsion of its contents, or by the internal administration of drugs for the same purpose.

Many circumstances combine to produce abortion; and those which cause abortion in one female may not so affect another.

Abortion is dangerous chiefly on account of excessive hemorrhage; and the danger corresponds to the length of time the foetus has occupied the womb.

Sometimes the ovum is cast off at once, with scarcely a symptom beyond a sharp pain and gush of blood. Should this happen during the first month of conception, it may be unnoticed, or be regarded as a menstrual derangement. No doubt many females habitually miscarry during the first month, and it is thought to be nothing more than painful menstruation. In the first two or three months the hemorrhage is seldom so great as to threaten life; later all the symptoms are more severe.

At the commencement of abortion there is slight fever and nervous excitability, deranged appetite, coldness of feet and legs, dark rings about the eyes, shooting pains in the breast, bearing down feeling in the lower bowels, frequent urination, pain in the back increasing in severity, and presently a discharge of a bloody nature appears, becoming more profuse as abortion progresses. Finally the bag of waters ruptures, and the foetus is expelled. Sometimes it may come away entire, and frequently the first indications are flooding, followed by severe pain, and the speedy expulsion of the foetus.

When hemorrhage and uterine contractions exist together in a pregnant woman, impending abortion may be suspected. However, this is not always the case, because hemorrhage, and many symptoms of a miscarriage may appear, and still the woman will complete her pregnancy.

TREATMENT.—The treatment naturally divides itself into three parts: That which is designed to prevent abortion when possible; that which is directed toward facilitating abortion when it must occur; and the treatment required after abortion.

Women who habitually abort on account of constitutional derangements, should be placed upon a systematic course of treatment for the correction of these morbid conditions.

SPECIFIC MEDICINE IRIS.* Bad blood, imperfect nutrition, enlarged thyroid, skin pallid, anæmia.

SP. MED. PHYTOLACCA. Pallid mucous membranes, pallid tongue with slick coat, soreness of mouth, enlarged lymphatics.

POTASSIUM IODIDE. Syphilitic diathesis, pale leaden-colored tongue, bluish tinge of gums.

SP. MED. RUMEX. Weakness and debility, cough, swellings in the groin, scrofulous diathesis.

SYR. MITCHELLA COMP. Debility and weakness of the generative organs.

When abortion threatens, attempts to prevent it should be persisted in until it is evident that they are futile. The patient should be placed in bed, kept perfectly quiet, and anodynes given to allay pain.

SP. MED. GELSEMIUM. Bright eyes, contracted pupils, flushed face, nervousness and pyrexia, to which Aconite may be added, if the pulse is small and sharp, and Veratrum if it is full and bounding.

SP. MED. MACROTYS. Uterine pains and tenderness, sense of soreness, with dragging pains in back, muscular pains in loins, hips, and thighs.

SP. MED. ŪSTILAGO. Uterine pain, vertigo, constipation, sleeplessness, profuse hemorrhage.

SP. MED. VIBURNUM PRUN. Spasmodic uterine pains. pains in thighs and back, bearing down expulsive pains,

When it becomes evident that the abortion must take place, measures should be adopted to hasten its completion. It is well to refrain from instrumental or manual interference at first, in the hope that the ovum will be cast off entire. So long as rupture of the membranes can be prevented, we have only to control pain and hemorrhage. Opium will relieve the pain, and the introduction

* Hereafter, in this work, this term will be abbreviated to SP. MED.

of a tampon will check the flow of blood. The tampon may be left in position ten or twelve hours, and upon its removal the fœtus is sometimes discharged; or, if this does not occur, and the hemorrhage continues, this treatment should be repeated.

If, unfortunately, the sac of the ovum has been emptied of its contents, retained secundines complicate matters. In this case it is well neither to be too energetic nor too inactive; a middle course is more judicious.

The immediate and forcible removal of the uterine contents is unadvisable, unless there should be extreme hemorrhage or signs of systemic poisoning. If, however, removal of the secundines is thought to be imperative, the patient should be placed in position, with her hips drawn to the edge of the bed, her limbs flexed and widely separated, after which she may be anæsthetized. Attempts should now be made to remove the offending materials with the fingers. This proving unsuccessful, a curette or scoop of some kind will have to be used.

In cases where the os uteri is contracted, the patient should be prepared some hours before the operation by the introduction of a sponge tent for its dilatation.

When the removal is completed, wash out the womb with an antiseptic solution. If there continues to be a passive flow of blood, tincture of the oil of Cinnamon, combined with an equal part of fluid extract of Ergot, will generally check the hemorrhage.

Abortion is sometimes followed by peritonitis inflammation of the womb, sub-involution, and other complications.

While, as a rule, women escape with their lives, very few dying from the direct effects of an abortion, still, it is fertile in the production of uterine diseases.

ABSCESS.

An abscess is the result of an inflammation, and may be defined as a circumscribed effusion of pus. Abscesses are to be treated in their forming stages with cold and anodynes; in their advanced stages, with poultices and fomentations; and in their mature forms, by incision. The constitutional conditions which induce the development of boils and abscesses may be corrected, and their formation prevented in many cases.

Acute abscesses do not generally admit of abortion, but go on rapidly to suppuration. It is useless to attempt to disperse an abscess after pus has formed; but before this stage has been reached, the application of refrigerants, together with the internal administration of sedatives, may result in their prevention.

TREATMENT.—CALCIUM SULPHIDE. Boils occur in successive crops about the eye, ear, nose, and elsewhere.

SP. MED. ECHINACEA. Strumous and syphilitic diathesis, with an enfeebled constitution.

SP. MED. IRIS VERSICOLOR. Abscesses due to retained waste and effete secretions, torpidity of the lymphatic system, imperfect nutrition, or a syphilitic taint.

SP. MED. PODOPHYLLIN. Imperfect digestion, torpid liver, lack of tone in the tissues.

SODIUM PHOSPHATE. Pallidity of tongue and mucous membrane, impaired nutrition, indigestion, abscesses of childhood.

Mammary abscess may be prevented by the local use of Camphor dissolved in Turpentine, and the internal administration of Phytolacca.

Lumbar abscesses, empyema, suppurating cavities and surfaces, must be treated surgically and constitutionally according to symptomatic indications, and where the

pyogenic condition is amenable to local treatment, the application of a dilution of the peroxide of hydrogen will prove of benefit.

ACNE.

Acne is a papular eruption caused by a sub-acute or chronic inflammation of the sebaceous glands. It usually manifests itself in small elevations on the skin of the face, and less frequently upon other parts of the body. It is a very common and exceedingly chronic affection, appearing for the most part about the age of puberty.

Acne has been variously described, according to differences in the appearance and character of the papules or pustules which appear on the skin; but these forms are really stages of the same disease, all of which may exist at the same time in the same patient.

With the exception of artificial acne,—the result of external irritants,—the most frequent causes of the disease are reflex influences and constitutional derangements. They are such as puberty, menopause, scrofula, cachexia, anæmia, chlorosis, dyspepsia, constipation, sexual disturbances, and menstrual irregularities.

The acne of puberty generally continues until adult life is fully established, when it disappears. In like manner that which comes with the menopause may pass away after this period is completed. Masturbation has very little, if anything, to do with the production of acne.

TREATMENT.—The treatment for the relief and cure of acne will be both constitutional and local. The constitutional treatment will be directed towards removing the morbid conditions which give rise to the disease.

ARSENIC. Pale, œdematous skin, flabby muscles, and cachexia.

ACID SOLUTION OF IRON (Howe's).^{*} Pallid mucous membrane, weakness, and debility.

SP. MED. CAPSELLA. Acne with continuous and excessive menstrual flow.

CARBO-VEG. Acne with dyspepsia, acid eructations after eating, with excessive gastric secretion.

CUPRUM. Anæmia with bronzed appearance of skin.

SP. MED. IRIS VERS. Rough, greasy discolored skin, thyroid fullness, scrofulous and cachectic conditions.

SP. MED. MACROTYS. Dysmenorrhœa, muscular pain in back and limbs.

PEPSIN AND HYDROCHLORIC ACID. After meals,—acne with dyspepsia.

PODOPHYLLIN AND HYDRASTINE PILL,—one before each meal. Acne with constipation.

POTASSIUM IODIDE. Pale, leaden-colored, full tongue, weakness and debility.

SP. MED. PULSATILLA. Menstrual irregularities, amenorrhœa, nervousness, dark forebodings, despondency, and tendency to hysteria.

SP. MED. RUMEX. Deposits in glands and cellular tissues, with tendency to break down, feeble recuperative energy.

The external treatment of acne consists in the application of remedies to the affected surface in the form of ointments or solutions.

BICHLORIDE OF MERCURY (a solution of one or two grains to the ounce of rose water). Numerous papules, with itching and subacute inflammation.

HYDROGEN PEROXIDE (fifteen-volume solution). May be applied when there is a tendency to formation of pus.

SODIUM BIBORATE (saturated solution). Is an excellent application with numerous papules and oily skin.

^{*} Howe's Acid Solution of Iron is to be understood hereafter when the term "Acid Sol. Iron" is used.

Although the use of greasy ointments has been generally discontinued by dermatologists in the treatment of acne, still the application of asepsin ointment will be found of considerable benefit in some cases.

ADDISON'S DISEASE.

Addison's disease is an affection of the supra-renal capsules. The characteristic symptoms are prostration and loss of strength, accompanied by a discoloration of the skin. There is but little emaciation, and anæmia is not markedly present. There is a feeling of gradually increasing languidness and weakness, with a drowsy, dreamy condition of mental hebetude, a sense of powerlessness and an indisposition to any kind of exertion. The appetite is impaired or lost, there is sometimes nausea and vomiting, the pulse is small and feeble or soft and compressible. A marked feature of the disease is the discoloration of the skin, which becomes a dingy brown or bronze, and is most frequently observed on the face, neck, arms, back of the hands, axilla, and around the umbilicus. The ocular conjunctiva is of a shining white appearance, which has led to its being called the "pearly eye" of Addison's disease. This is a disease of adult life.

TREATMENT.—Although the disease is generally regarded as incurable, the adaptation of remedies for the relief of the many unpleasant symptoms is not difficult.

ACIDUM HYDROCYANICUM. Nausea and vomiting, with pain and irritation of the stomach.

SP. MED. ACONITE. Pulse small and frequent; pyrexia.

ARSENIC. Pulse soft and feeble, extremities cold.

SP. MED. BELLADONNA. Mental hebetude, dull, drowsy feeling, tendency to sleep.

BISMUTH SUBNIT. Elongated and pointed tongue, with reddened tip and edges.

CALCIUM CHLORIDE. Offensive breath, dirty tongue with pasty coat, enlarged lymphatics.

CASCARA SAGRADA. Constipation, diminished nervous sensibility of the lower bowel, and indigestion.

DIGITALIS. Pulse small and weak, easily compressed, faint heart sounds, tendency to dropsy.

SP. MED. EUCALYPTUS. Diarrhœa with sensations of weight and coldness in bowels, cold extremities, cold perspiration.

SP. MED. EUPHORBIA COR. Elongated and pointed tongue, prominent papillæ, uneasy sensations in stomach.

SP. MED. EPILOBIUM. Diarrhœa with colicky pains, feculent discharges, tenesmus, and contracted abdomen.

SP. MED. HYDRASTIS. Anorexia, profuse gastric secretion, atony of the stomach.

SP. MED. NUX VOMICA. Weakness and prostration, pain of a spasmodic nature in the region of the umbilicus.

PHOSPHORUS. Mental derangement and nervousness.

SP. MED. PIPER MET. Anorexia with vertigo.

SP. MED. PODOPHYLLUM. Constipation with hepatic torpor, general fullness of the tissues, headache.

QUININE. Periodicity in the manifestation of the symptoms.

SP. MED. RHEUM. Constipation with an unpleasant feeling of constriction in stomach and bowels, retracted abdomen.

TR. FERRI CHLOR. Prostration, red shining tongue and mucous membranes.

SP. MED. ZINGIBER. Anorexia, flatulence, borborygmus, spasmodic contraction of stomach and intestines.

AGALACTIA.

Deficiency or absence of milk in the breasts of nursing women is known as agalactia. The causes may be constitutional or local. The constitutional causes are weakness, debilitating diseases, lack of nutrition, unhealthy surroundings, and frequent child-bearing, with excessive lactation. Locally, insufficient milk in the breasts is due to disease or deformity of the mammary glands, or lack of development in the secreting structure of these organs. When the agalactia is due to local causes, such as above, very little can be done to remedy it.

TREATMENT.—The general constitutional treatment will be suggested by the condition of the patient.

AGNUS CASTUS. Irritability of the sexual organs, nervousness and melancholy, with slight dementia.

AMPELOPSIS. Deficient nutrition, scrofulous diathesis, sluggish lymphatic circulation.

ASAFÆTIDA. Hysterical condition, headache, vertigo, nervous irritation, and mental depression.

COD LIVER OIL. Increased temperature in the afternoon.

SP. MED. DULCAMARA. Feeble circulation, cold, purplish extremities, fullness of tissues, with a tendency to œdema.

SP. MED. JABORANDI. Marked dryness of skin, fever, pain in back and limbs; general lack of secretion.

SYR. HYPOPHOSPHITES COMP. Palid, waxen surface; extremities cold; feeble nutrition of nerve centers.

SP. MED. FERRI ACETAS. Pallor of the surface; anæmia; chlorosis; blueness of the tongue; dull, heavy pain in the back of the head.

The drinking of fluids has a tendency to increase the flow of milk.

ALBUMINURIA.

Albuminuria, or the appearance of soluble albumen in the urine, is not always of serious pathological significance, since it may appear temporarily, after dietary derangement, the use of certain remedies, or severe muscular exertion. The presence of pus, blood, or semen in the urine, will also form albumen by decomposition.

Chronic albuminuria is associated with so many diseases that it is doubtful if there is a purely uncomplicated idiopathic albuminuria. In fact the appearance of albumen in the urine may be regarded, in most cases, not as a distinct disease, but as a symptom. Albuminuria is found associated with renal, hepatic, and cardiac affections; pregnancy, acute fevers, or diseases and injuries of the central nervous system.

Dr. Roberts suggests what he calls a rough and ready method for determining the presence of albumen in the urine. This consists in boiling the urine in a test-tube over a lamp, then adding a drop or two of acetic acid. The albumen sinks in flakes, or, if only a small quantity is present, it imparts a cloudiness to the urine at the bottom of the tube.

TREATMENT.—In the treatment of albuminuria it is necessary to remove underlying causes.

ACID SOLUTION OF IRON. Paleness and anæmia, digestion slow, lack of tonicity in the tissues.

SP. MED. APOCYNUM. Eyelids swollen, feet œdematous, urine scanty.

CHLORAL HYDRATE. Extreme nervousness, with inability to sleep, flushed face.

SP. MED. ERGOT. Venous congestion, dullness, indisposition to exercise.

LITHIUM BENZOATE. Bad taste in the mouth, fetid breath, imperfect nutrition.

SP. MED. MACROTYS. Headache, nervousness, pain in back and limbs, weak heart.

ALOPECIA.

Alopecia, or baldness, may arise from a variety of causes, and has received special names according to the circumstances under which it occurs. They are, congenital alopecia, senile alopecia, premature alopecia, alopecia symptomatologica, alopecia pityrodes, and alopecia areata.

Congenital alopecia may be general or local. There is very little relief for this condition, and the individual goes through life devoid of hair. It is caused by a lack of capillary development during intra-uterine life.

Senile alopecia, the baldness of advancing age, is usually confined to the head. The hair first turns grayish or white, and then gradually disappears. This condition is the result of a progressive atrophy and final obliteration of the hair-sacs.

In premature alopecia the pathological state is similar to the above, and it, like the senile form, is rarely benefited by treatment of any kind, such being of little avail after the hair-producing structures have undergone retrograde metamorphosis.

Alopecia areata appears in limited spaces, usually on the head, but sometimes on the face, and may come on suddenly or gradually. It is a chronic affection, but more or less amenable to treatment, the prognosis being favorable.

Alopecia symptomatologica is a shedding of the hair caused by constitutional or local disease. It may be general, but is usually confined to a limited area—the head, breast, or venereal organs.

Diseases of the skin such as acne, erysipelas, psoriasis, eczema, syphilitic eruptions or parasitic affections, may result in a loss of the hair over the involved region, and the hair of the head frequently falls during convalescence from fevers and long continued and prostrating maladies. In such cases the hair will usually, in time, grow again, but occasionally the loss is permanent. In skin diseases of a destructive nature which have healed by cicatrization and ulceration, the loss of hair is, for the most part, permanent, total and final, but ordinarily mild cutaneous affections, and even those of a severe nature, which, in healing, leave no organic derangement of the skin, will presently be followed by a complete return of the hair. After alopecia from continued fevers, pneumonia and like disorders, restoration may be anticipated, although, in many cases, the original color may be changed.

Alopecia pityrodes is due to an affection of the scalp characterized by the formation of crusts and small scales, called dandruff. The furfuraceous desquamation is very profuse, falling from the head upon the shoulders and back, and together with the loosened hairs can be brushed out in large quantities. There is sometimes a pricking, burning and itching of the scalp. This form, like all other varieties, with, perhaps, the exception of alopecia symptomatica, most frequently affects males.

TREATMENT.—By vigorous treatment alopecia pityrodes may be arrested and cured. The scales should be removed by shampooing and cold water douches with active massage and rubbing. The application of stimulating ointments or oils will be beneficial. For this purpose vaseline, containing menthol and a small quantity of chloral hydrate, is of value. Glycerin, with tincture cantharides and capsicum, also bay rum and alcohol, combined with oleum ricini and hemlock, may be used.

There is often a debilitated constitutional condition which will require internal medication.

COD LIVER OIL. Cough, elevated temperature, loss of strength.

JABORANDI. Lack of cutaneous secretion.

PHOSPHORUS. Paleness, unpleasant odor of perspiration, anxiety, nervousness, weakness and debility.

SYR. HYPOPHOSPHITES COMP. Debility with tendency to pulmonary complications.

In alopecia areata the treatment should be of a stimulating character. Moderate and continuous stimulation yields better results than the extremely irritating measures formerly practiced. Prof. Howe's favorite prescription for alopecia was, two drachms each of tincture Cantharides and Fowler's Solution, mixed with four ounces of glycerin, to which was added half a drachm of oil of Bergamot. This should be applied twice daily. Uvedalia ointment is also an efficient remedy in the treatment of alopecia areata. It should be well rubbed into the bald spots once daily. Oil eucalyptus, turpentine, petroleum, tincture capsicum, and alcohol, have each been used with advantage in this form of the disease. The applications should be accompanied by washing with tar or other stimulating soaps, and vigorous rubbing. Internal treatment is also of value.

ARSENIC. Deficient nutrition, sallow, colorless skin, extremities cold.

SP. MED. BELLADONNA. Bare spots bluish in color, capillary circulation sluggish; dullness, hebetude, indisposition to exertion.

SP. MED. IRIS. Dingy skin, deficient cutaneous secretion, want of appetite, debility.

SP. MED. PHYTOLACCA. Pallid skin, irritation and burning in skin, tendency to scale with deep redness beneath scales, enlarged lymphatics.

AMENORRHŒA.

Cessation, suspension, or suppression of the menses may be associated with diverse local and constitutional derangements; chlorosis, anæmia, and pulmonary consumption being especially characterized by amenorrhœa. In debilitating diseases the suspension of the menses is a conservative effort of nature, and in such cases attempts to establish the monthly flux by special remedies must prove futile and harmful, if there is not, at the same time, such improvement in the general health as would render the flow probable and possible. Good health is the best prophylactic against amenorrhœa, and when such prevails the presence or absence of the menses need not be a matter of grave concern.

Sometimes the regular monthly flow does not appear, but a hemorrhage occurs at the menstrual time from the nasal, gastric, pulmonary, or other mucous membranes. These forms of vicarious menstruation have come under the notice of many physicians, and do not appear to be of serious import.

It is in amenorrhœa from pelvic derangements and injuries, exposure to cold, nervous diseases, and excessive emotional excitement, including hysterical conditions, that the best results may be anticipated from remedies directed solely toward bringing about a return of the menses.

TREATMENT.—ACID SOL. IRON. Debility and weakness, anorexia, dyspepsia, anæmia.

SP. MED. ALETIS. General good health, lack of uterine energy, scanty secretions.

ALOE. Constipation, torpidity of uterus, lack of innervation in the sexual organs.

ASARUM. (Hot infusion in connection with hot foot and sitz bath, with patient warmly covered in bed.) Suppression of menses from cold.

SP. MED. ERGOT. Dullness, languor, indisposition to exertion, venous congestion.

SP. MED. GELSEMIUM. Ovarian pain, lumbago, irritability of neck of bladder, hysteria.

SP. MED. GOSSYPIUM. Atonic condition of uterus, with feeling of fullness and heaviness in the pelvis, the flow appearing to be obstructed mechanically as though it needed force to start it.

HEDEOMA. Amenorrhœa from sudden uterine congestion or torpor, exposure to cold, wet feet, night air.

SP. MED. HELONIAS. Mental depression, irritability, vaginal sensitiveness and leucorrhœa, dull pain in uterine region.

LEONTIN. Suppressed menses from cold, scanty menses with pain; efficient emmenagogue for the young.

SP. MED. MACROTYS. Amenorrhœa with rheumatic pain in back and limbs.

SP. MED. POLYGONUM. Suppression of menses from exposure to cold, tensive pain in back with chilly sensations, pain in legs, skin harsh and inactive.

PERMANGANATE POTASSIUM. Amenorrhœa after severe mental exertion, patient plethoric, feeling of weight and heaviness in the pelvis, mental depression, fear of premature age, home sickness, amenorrhœa after sea sickness.

SP. MED. PULSATILLA. Nervousness, despondency, fear that trouble is near, fear of pregnancy, sexual irritation.

SAVIN. Suppressed menses with colicky pains, general fullness of veins, headache.

SP. MED. SENEIO. Profuse leucorrhœa, nervousness, headache, feeling of malaise, weakness and debility, diseases of the reproductive organs.

SEPIA. Leucorrhœa supplanting menstrual flow, swelling of the feet and limbs with dropsical tendencies.

FARADIZATION. Amenorrhœa with diminished nervous energy and vascular inactivity; pass the current through the uterus.

ANÆMIA.

Anæmia is a constitutional condition marked by a deficiency in the quantity and quality of the plasma and corpuscles of the blood. There is a diminution in the density of the blood; it becomes thinner than normal, and the red corpuscles are not only reduced in size, but undergo changes in form, and contain less hæmoglobin than usual. Anæmia may be idiopathic or symptomatic, acute or chronic.

Pernicious idiopathic anæmia is characterized by a general degeneration and disintegration of the blood corpuscles. This form of the disease is fortunately rare, but exceedingly intractable.

Symptomatic anæmia is of frequent occurrence, and is for the most part amenable to treatment. It is met with in many acute and chronic diseases and the treatment will generally be that for the correction of the conditions under which it occurs and by which it is caused. The disease occurs in the female sex by preference, and is more common in youth and old age.

Acute anæmia comes on rapidly and is usually caused by sudden and excessive uterine or traumatic hæmorrhage. The symptoms are extreme paleness, contracted, pinched features, rapid and feeble pulse, thirst, yawning, oppressed breathing, vertigo, nausea, faintness, paleness, and coldness of the extremities.

Chronic anæmia is caused by insufficient nourishment, unhealthy hygienic surroundings, long continued suppurating discharges, excessive menstruation, passive hæmorrhages, frequent sexual intercourse, long continued mental labor, diarrhœa, dysentery, or acute and chronic diseases.

In chronic anæmia there is paleness, emaciation, coldness and œdema of the extremities, weakness, and cardiac

palpitation with dyspnœa upon slight exertion; mucous membranes pale, skin waxy and flabby, and the patient is easily fatigued upon slight exertion. Some cases are marked by a tendency to adipose with anorexia and neuralgia. The "bruit" or venous hum is usually audible in the jugular veins.

TREATMENT.—Strict dietary and hygienic measures are important in the treatment of anæmia. Nourishing food, baths, and exercise adapted to the strength of the patient, are beneficial.

ACID SOL. IRON. Pale, waxy skin, pallid mucous membranes, hurried respiration, weakness.

ARSENIC. Sallow, œdematous skin, flabby muscles, cachectic or marasmic conditions of the body.

CALCIUM PHOS. Excessive menstruation, leucorrhœa, strumous diathesis, malnutrition.

COLUMBO. Feeble digestion, anorexia, debility.

SP. MED. CUPRUM. Anæmia of youth, leucorrhœa, languor, exhaustion, indisposition to exertion, anorexia and emaciation, bronzed skin.

CITRATE OF IRON. Children with pale, transparent skin, pallid mucous membranes, hurried respiration, morbid appetite, nervousness and restlessness.

SP. MED. CINCHONA CALISAYA. Anæmia resulting from chronic discharge of pus, empyema, etc.

SP. MED. DIGITALIS. Weak pulse, faint heart sounds, dropsy.

ANASARCA.

Anasarca, or general dropsy, is a transudation of fluid from the blood vessels into the superficial and deep connective tissue spaces of the body. This condition is caused by engorgement, hyperæmia, or inflammation. In some

cases there is venous obstruction and the walls of the vessels permit an escape of the watery constituents of the blood into the surrounding tissues. Other cases are due to torpidity of the lymphatic circulation, from which cause fluids fill up and dilate the lymph spaces. A watery state of the blood (hydræmia) may give rise to anasarca, or it may be due to a change in the walls of the blood vessels. Heart disease and kidney affections often produce general dropsy.

Inflammatory anasarca arises from alterations in the walls of the blood-vessels during inflammatory fevers and acute infectious diseases, such as typhoid fever, scarlatina, and the like.

In anasarca the parts become enlarged, the natural foldings and wrinkles in the skin disappear, and the skin is stretched, shining and translucent, of a glistening white or bluish tinge. The surface has a doughy feel and persistent pits appear on pressure. When the skin is broken or punctured, the fluid oozes out or can be squeezed out. The skin is anæmic and poorly nourished, abrasions heal slowly, and there is a tendency to the formation of indolent ulcers.

Anasarca, although general, is more apparent in certain parts. The feet and limbs are usually first attacked, the scrotum is markedly enlarged and the eyelids and face become very cedematous, while the swelling is not at first so evident in the body and arms.

TREATMENT.—The treatment will depend, to a great extent, upon the cause of the disease. Rest, alkaline baths, proper diet, and favorable hygienic surroundings are of course essential.

SP. MED. APOCYNUM. Fullness of cellular tissues, fullness of eyelids, swelling of feet, general anasarca.

SP. MED. CACTUS. Impaired heart's action, shortness

of breath upon slight exertion, nervous irritability, feebleness.

CAFFEINE. Dropsy from cardiac insufficiency and renal torpor,

SP. MED. DIGITALIS. (Infusion combined with steam vapor bath.) Anasarca from cardiac weakness, faint heart sounds, feeble pulse.

SP. MED. ELATERIUM. Torpidity of bowels, dyspnœa, diminished urinary secretion, rapid and feeble heart.

IBERIS AMARA. Cardiac hypertrophy, pulse purring, full and tremulous.

ACID SOL. IRON. Anæmia, general debility, anorexia, paleness and weakness.

SP. MED. JABORANDI. Suppressed urine, renal torpor, diminished cutaneous secretion.

MAGNESIUM SULPH. Pendulous abdomen, constipation, dirty, lead-colored tongue.

ANGINA PECTORIS.

Angina pectoris is a neurosis, now generally admitted to be due to organic lesions, either of the heart itself or of closely allied structures. It is a symptom or a collection of symptoms which may be associated with diverse cardiac or aortic diseases. It frequently occurs in connection with coronary obstruction, fatty degeneration of the heart, and valvular insufficiency. Nervous and neuralgic diatheses induce the disease, while rheumatism, gout, diabetes, hepatic and gastric affections may be associated with it. Angina pectoris prevails, for the most part, after middle age, commonly attacking males. The symptoms of the disease are well marked and characteristic. There is a sudden, stabbing, lancinating, and agonizing pain in the

præcordial region, accompanied with a feeling of impending dissolution. The patient is pale, covered with cold perspiration, and the face has a drawn and anxious expression. The character of the pulse varies; it may be weak and fluttering and almost imperceptible, slow, feeble and irregular, or full and bounding with increased frequency; while at other times the pulse is normal. The respiration is usually short and hurried; as a rule the patient is perfectly rational and conscious. Death occurs suddenly by collapse and syncope.

The duration of an attack is from a few minutes to an hour—rarely longer. It may come on at any time without warning, and frequently occurs during sleep; being induced by mental excitement, fatigue, and excesses of various kinds. The general health, during the interparoxysmal period, may be good.

The prognosis of angina pectoris is unfavorable; death results sooner or later, the patient living, at furthest, not more than seven or eight years. The treatment naturally divides itself into that for the paroxysm and that during the interval. The treatment during the interval will consist in careful attention to dietary and hygienic measures, and the administration of constitutional remedies according to indications. Moderation in mental and physical exertion, and in sexual intercourse, good food, well cooked and properly digested, regular habits, and the avoidance of tobacco and alcholic excesses, all tend to ward off the attacks, which, however, inevitably come sooner or later. Chalybeates and tonics are beneficial when indicated. A careful examination should be made of all the organs of the body, and if any lesion is discovered it should be corrected in as far as possible. During the paroxysm remedies must be administered to relieve the intense pain and distress.

TREATMENT.—AMMONIUM CARBONATE. Weak and feebly acting heart, with danger of collapse and syncope.

AMYL NITRITE. (By inhalation during the paroxysm.) Feeble, fluttering, and irregular pulse.

SP. MED. CACTUS. Impaired heart's action, irregularity without abnormal increase in frequency, sense of constriction in præcordial region.

SP. MED. CONVALLARIA. Palpitation and vehement action of the heart, with disordered rhythm.

SP. MED. LOBELIA. Feeling of oppression in præcordial region, full and oppressed pulse.

MORPHINE. (Preferably by hypodermic injection.) Agonizing pain, pulse normal, tongue clean, skin cool.

SP. MED. STROPHANTHUS. Weak, tremulous pulse, irregular, excessively rapid, can not be counted at wrist.

APHONIA.

Aphonia, or loss of voice, may be intermittent or temporary; but even when permanent, it differs from deaf-mutism. In aphonia speech is still possible in whispers, while in complete congenital or adventitious deaf-mutism speech is totally lost. Aphonia is due to an interference with the normal vibrations of the true vocal chords. Thus cold, and acute catarrhal inflammation, affecting the larynx, give rise to hoarseness with aphonia in various degrees. It also occurs in croup and laryngeal œdema. Hysterical aphonia appears, for the most part, in females of a nervous diathesis, and is closely allied to amnesic aphasia. The patient becomes imbued with the belief that she can not speak, hence does not, but the condition may be abruptly recovered from, upon the production of a profound mental impression, sufficient to change the train of the patient's thoughts.

In the chronic form with the exception of paralysis, aphonia comes on slowly and with intermissions before finally becoming permanent. It may be due to laryngeal paralysis, tumors or other morbid growths, disease of the cartilages and articulations of the larynx, thickening of the vocal chords, ulceration, or the result of the acute form.

TREATMENT.—In chronic aphonia, the use of the laryngoscope may be necessary in order to determine the cause. Should there be ulceration of the larynx, the ulcers are to be touched with silver nitrate or iodine in solution. The sulpho-carbolate of zinc spray and the vapor of menthol-iodine may also be used. When morbid growths are situated upon the chords, the treatment will be surgical; they must be removed. Laryngeal paralysis should be treated with nerve tonics, massage, and electricity. Constitutional remedies should not be forgotten and dietary and hygienic measures enforced. In the acute form the stillingia liniment may be applied externally, while counter-irritation with thapsia plaster, the compound tar plaster, or the application of croton oil, will prove of benefit. Warm inhalations of hops and vinegar, turpentine, stillingia liniment, or the vapor of eucalyptus, may be recommended as efficient remedial measures.

AMMONIUM MURIATE. Lack of secretion, subdued cough, sense of heat in the throat.

SP. MED. ARUM TRIPHYLLUM. Burning with a sense of constriction in the throat, sneezing, and thin ichorous discharge from the nose.

SP. MED. GRINDELIA. Laryngeal inflammation, soreness and tenderness in larynx, cough and expectoration.

POTASSIUM BICHROMAS. Cough, with thick, tenacious secretion, subacute inflammation.

SCILLA. Aphonia with lack of secretion.

SP. MED. SANGUINARIA. Scanty secretion, burning and smarting in throat, irritating and tickling cough.

APOPLEXY.

Apoplexy is a disease due to morbid cerebral conditions. It is characterized by sudden loss of consciousness, sensibility, and voluntary motion. It appears more frequently in males past middle age.

Although apoplexy usually occurs with startling suddenness, there may at times be some premonitory indications of its approach. These consist of dull pain with a sense of weight and heaviness in the head, vertigo, obscurity of vision, loss of memory, fullness and redness of the face, and epistaxis.

At the time of the attack the patient falls, becomes unconscious, can not be aroused; respiration is slow, stertorous, and laborious, frothy mucus being blown from the mouth at each expiration. The face becomes bluish and congested, the veins turgid, the head hot, and the body covered with a profuse cold perspiration. The eyes are half open, dull, and irresponsive to stimulus; the pulse may be strong and full, or weak and irregular.

The duration of these symptoms may be very brief, or the patient may continue in a comatose state for several days. Where the attack is prolonged, the patient rarely entirely recovers, returning consciousness revealing physical and mental debility more or less complete. In some instances the first stroke of apoplexy is speedily fatal; occasionally, however, several attacks may be survived.

The manner of onset varies. Thus some patients will be seized suddenly with an entire suspension of sense and motion, and all the usual symptoms, while others will experience an abrupt and severe pain in the head, become pale and nauseated, then pass into a state of unconscious-

ness resembling syncope, with perhaps a slight convulsion. Cases occur in which there is no falling down and only a transitory vertigo with a momentary loss of consciousness.

From any of these forms recovery may apparently take place quickly. But in a few days there is a feeling of oppression, forgetfulness, difficulty of expression, gradual coma and death. Sometimes hemiplegia precedes the attack; at others, follows it.

Apoplexy may appear at any time, but comes on most frequently after a full meal or after excessive mental or physical exertion. Circumstances which induce a determination of blood to the head tend to the production of apoplexy in those predisposed to the disease. Obstruction to the return of blood from the head may serve as an exciting cause of apoplexy by producing distension of the cerebral vessels, or it may come from the pressure of serous effusions in the cerebral cavity. Bright's disease, cardiac hypertrophy, and degeneration of the arteries predispose to apoplexy.

TREATMENT.—Strict dietary and hygienic measures should be urged upon those predisposed to apoplexy. Regular bathing is to be advised, the bowels kept soluble, and the digestive organs in a normal condition. The diet should be light and spare, but nutritious and easily digested, taken at regular intervals, and well masticated. An animal diet should be avoided in summer and used sparingly in winter, stimulants and intoxicants rigidly refrained from, and all violent exercise and excitement forbidden.

When suffering from an attack of apoplexy the patient should be placed in a well ventilated room, constrictions around the neck removed, the head bathed, and measures taken to relieve cerebral congestion, such as sinapisms and stimulating applications to the body and extremities. If

there is evidence of an overloaded stomach, the patient should be made to vomit as soon as possible, and this may be followed by a brisk cathartic of compound powder of jalap and senna.

AMMONIUM IODIDE. Dull pain in the head, with ringing in the ears.

SP. MED. APOCYNUM. Face full, eyelids œdematous.

SP. MED. BELLADONNA. Dullness, hebetude, drowsiness, tendency to coma, face blue and congested.

SP. MED. BRYONIA. Pulse hard and vibratile, with dull pain at base of brain.

SP. MED. ERGOT. Epistaxis, dullness, congestive tendencies.

SP. MED. GELSEMIUM. Bright eyes, flushed face, determination of blood to the head.

SODIUM PHOSPHAS. Tongue white, furred and dry.

SODIUM SALICYLAS. Thin, filmy, white coat on tongue; rheumatic diathesis.

SODIUM SULPHIS. Tongue heavily coated with a grayish, dirty white fur.

APPENDICITIS.

Appendicitis is an inflammation of the appendix vermiformis. It rarely occurs uncomplicated, but is usually associated with typhilitis or peri-typhilitis. Appendicitis, simple and uncomplicated, may result from the detention of foreign substances, such as seeds, beans, shot, or hardened fæces in the vermiform appendix. The disease is more common between the ages of fifteen and thirty.

The symptoms of appendicitis are obscure. In the beginning there is slight pain and tenderness upon making deep pressure in the right iliac fossa, with a small amount of fever and slight nervous disturbances. These symp-

toms will be more marked if the peritoneal covering is involved. There is no appreciable swelling at first, and the symptoms are vague and ill-defined. No alarm may be felt, until the physician and friends are startled by the indications of sudden intestinal perforation. There will now be intense pain in the right iliac fossa, and radiating from that point, accompanied by nausea, vomiting, chills, and fever. An oval or a sausage-shaped swelling with fluctuation and tenderness upon pressure may be felt in the iliac region.

TREATMENT.—The treatment will be medical up to a certain time, after which it will be surgical. When the disease first appears the patient must have absolute rest in bed, and an exclusively liquid diet. Sedatives and anodynes should be administered according to the indications, and saline cathartics given in doses sufficient to produce large watery discharges. This treatment should be continued for forty eight hours, if there is no improvement, laparotomy will be necessary.

APHTHÆ.

Aphthæ, or thrush, is an affection of the mouth, consisting of numerous small transparent vesicles filled with a clear fluid, situated upon a reddened and slightly inflamed base. The vesicles occur singly or in groups, occasionally becoming confluent. They usually first appear upon the tongue, afterwards invading surrounding parts.

The vesicles subsequently become cloudy, finally lose their contents and disappear, leaving a white flocculent patch surrounded by a red margin. Upon removal of the patches, an ulcerated depression remains.

Aphthæ is found most frequently in nursing infants, poorly fed, with unhealthy surroundings, but it may occur in older children, and occasionally in the adult. Aphthæ

is caused by disorders of the digestive apparatus and general debility. The salivary glands of the infant are not functionally active, hence starchy foods should be avoided. There is frequently evidence of abnormal gastric acidity. This condition should be corrected.

TREATMENT.—The treatment will be local and constitutional. The local treatment, during the inflammatory stage, will consist in the use of demulcent and cooling mouth washes, such as mucilage of linseed, elm, or marsh-mallow. The crusts must not be roughly detached, but allowed to loosen and come off without interference, afterwards the patches should be touched frequently with a camel's hair brush or soft cotton probang dipped in borate or tannate of glycerine. If the ulcers do not heal under this treatment, a stronger solution, consisting of ten grains cupri-sulph. to one ounce of water, may be applied in the same manner. Nitrate of lead, ten grains to the ounce of glycerine, will serve a useful purpose. In some cases, where recovery is slow, apparently from lack of recuperative energy in the tissues, the application of silver nitrate, five or ten grains to the ounce of water, will be found effective. In cases where there is reason to suspect the presence of intestinal parasites, santonin will be found beneficial. Sometimes the tongue is heavily coated at the base, the patient nauseated, with a feeling of depression in the epigastric region. In such cases an emetic will be found of signal benefit.

SP. MED. ACONITE. Pyrexia, pulse small and frequent.

SYR. RHEI ET POT. COMP. Tongue coated white, bowels constipated.

SP. MED. IPECAC. Intestinal irritation and diarrhœa.

MILK AND LIME WATER. Stools green, acid eructations, vomiting of curdled milk.

SP. MED. NUX VOM. Face sallow, lips full and white, pain pointing to umbilicus,

SP. MED. PHYTOLACCA. Enlargement of the lymphatic glands about the angle of the jaw and neck, redness of tongue, dribbling of saliva.

QUININE INUNCTION. Debility, malarial infection, periodicity.

ASCITES.

Ascites is the name given to a collection of fluid in the abdominal cavity. It is entirely symptomatic, and is caused by diseases of the lungs, liver, heart, kidneys, or some local disturbances in the circulation of the blood or lymph. Cirrhosis of the liver gives rise to ascites, by obstructing the venous circulation. Compression of the veins and lymphatic vessels by tumors and malignant growths may cause abdominal dropsy.

In ascites the abdomen is uniformly distended in proportion to the amount of fluid present. The natural depression in the umbilical region becomes obliterated, the umbilicus protruding. There is dullness on percussion and the "percussion wave" can be felt. In old cases there is dilatation, and engorgement of the superficial abdominal veins.

TREATMENT.—AMMONIUM BENZOATE. Scanty, dark-red urine, with strong, pungent odor and thick sediment.

SP. MED. APIS. Itching and burning in swollen parts; smarting, stinging pain in the urethra, scanty and frequent urination.

SP. MED. CONVALLARIA. Palpitation and vehement action of the heart, with disordered rhythm.

SP. MED. DIGITALIS. (Infusion with steam vapor bath,) Cardiac weakness, faint heart, feeble pulse.

SP. MED. ELATERIUM. Torpid bowels, dyspnœa, scanty urine, rapid and feeble pulse.

SP. MED. JABORANDI. Suppression of urine, skin harsh and dry, pain in back and limbs, pyrexia, pulse full and strong.

ASTHMA.

Asthma is a disease affecting the respiratory organs, and is characterized by dyspnœa and sibilant rales. The attacks of difficult breathing are very distressing. They come on with a sense of tightness and oppression in the chest, with hurried and panting respiration; and although the body is cold, the face is covered with perspiration. The thorax and abdomen are distended, and the muscles of both ordinary and extraordinary respiration firmly contracted. The patient, in his struggles for air and apparently suffocating condition, creates alarm and sympathy in the minds of spectators, although he may be calm and collected, evincing anxiety but no excitement. The attacks of dyspnœa are usually paroxysmal or intermittent, and occur most frequently in the after part of the night or early morning, the patient often awaking in the throes of a seizure. The paroxysm may continue but a few minutes or it may last, with exacerbations, for several days.

Asthma is a reflex neurosis, due to spasmodic contraction of the muscular tissue in the walls of the bronchi. It may be uncomplicated, and idiopathic, or it may be induced by other morbid conditions, by the suppression of eruptions, by overeating, or by mental or physical fatigue.

Asthma may occur at any age, but usually begins before the tenth year, males being more commonly affected. Heredity is often a potent predisposing factor. In the asthmatic diathesis the cerebral center presiding over bronchial contraction may be excited to extreme action by apparently trivial influences; emotions of a trifling nature, odors, sights, sounds, organic disturbances or

mental and physical depression will so stimulate this center, that the patient will be thrown from a seemingly healthy and enjoyable condition into a most distressing attack of asthma; which, after continuing for a variable time, may as suddenly disappear. The peculiar nervous condition of those inclined to asthma is similar to that of other neurotic states, where hysteria, epilepsy, and like explosions of nerve energy occur.

TREATMENT.—The treatment of this disease consists, first, in measures to relieve the paroxysm, and subsequently in the administration of remedies to prevent or postpone future attacks. In cases where the underlying cause is an organic lesion of the heart, lungs, or other organs, a permanent cure is rarely possible, until the organic trouble has been removed; but in idiopathic asthma a cure is sometimes accomplished. To ward off an attack, attention should be directed towards preserving a normal activity of the bodily functions, all known exciting causes avoided, and fatigue, both mental and physical, guarded against. Asthma is a peculiar disease, governed by no set rules; caused in one patient by that which will relieve it in another; it comes on and disappears so at variance with established rules of disease, that each case must be made a special study, and even then its course will prove bewildering and erratic.

SP. MED. ACHILLEA. During the interparoxysmal period, when there is an atonic condition of the stomach and bowels, with vaginal irritation and leucorrhœa.

SP. MED. ACONITE. Pulse small and frequent, pyrexia.

SP. MED. ÆSCULUS GLABRA. Grasping sense of constriction in the post-sternal region, bronchial irritation, difficult breathing, persistent dyspnœa.

ALCOHOL (large doses). Feebleness, weakness, small, fluttering pulse.

ARSENIC. Chronic asthma in the aged, complicated with emphysema and dyspepsia.

SP. MED. BELLADONNA. Sense of fullness, dizziness, drowsiness, dilated pupils, dull, heavy aching in the head, impaired capillary circulation.

SP. MED. BERBERIS AQ. Tumid and profusely secreting mucous membranes, weakness and debility.

BISMUTH SUB-NIT. gastric acidity, feeling of uneasiness in the stomach, extending downward at completion of digestion, terminating in diarrhœa.

SP. MED. CACTUS. Irregular heart-beat. nervousness, thoracic oppression, fear and anxiety.

CHLORAL HYDRATE. Extreme nervousness and excitement, vigorous circulation, flushed face, pyrexia, strong muscular contractions.

CHLOROFORM, ETHER, AMYL NITRITE—May be used by inhalation to relieve asthmatic paroxysms. These anæsthetics usually give relief quickly and without loss of consciousness, but their effects are transient, the attacks returning when the agent is removed. They are valuable pending the operation of other remedies.

COD LIVER OIL (between paroxysms). Chronic cough and expectoration, pulse rapid, pyrexia, weakness and anorexia.

COMPOUND EMETIC POWDER. Applied externally during paroxysms.

SP. MED. DIGITALIS. Weak heart, chronic dyspnœa, active exercise impossible from lack of breath.

SP. MED. ERIODICTION GLUT. Chronic asthma with cough, profuse expectoration, thickening of bronchial mucous membrane, loss of appetite, impaired digestion, emaciation.

SP. MED. EUONYMUS. (During the inter-paroxysmal period,) Anorexia, weakness, cough, habitual constipation.

SP. MED. EUPHORBIA PIL. Shortness of breath, sneezing, suffusion of eyes, hay asthma.

SP. MED. GELSEMIUM. Bright eyes, flushed face, hot head, pyrexia.

X SP. MED. GRINDELIA ROB. Patient corpulent, lymphatic temperament, feeble cutaneous circulation, hard cough, soreness in chest.

SP. MED. HYOSCYAMUS. Delirium, choking sensations, wakefulness, muscular spasm.

SP. MED. ICTODES. Dryness of mucous membranes, muscular tremor, epileptic tendency.

SP. MED. IPECAC. Weakness and debility, profuse secretion of mucus, overloaded stomach, intestinal irritation.

IRON (between the attacks). Deficiency in quantity and quality of the blood, feeble circulation, nervousness, irritability.

X SP. MED. LOBELIA. Sense of fullness and oppression in præcordial region, oppressed and difficult respiration, sibilant rales.

X SP. MED. PHYTOLACCA (between paroxysms). Enlarged glands, tendency to plethora, patchy tongue, dry and furraceous skin.

POTASSIUM IODIDE (between paroxysms). Syphilitic taint, pale, leaden tongue.

POTASSIUM NITRAS. Attack mild and of short duration. Inhale smoke from paper saturated with the drug.

SP. MED. PULSATILLA. Severe frontal headache, cough, asthma due to menstrual irregularities.

QUEBRACHO. Face livid, lips blue, orthopnœa.

SP. MED. SANGUINARIA. Scanty secretion, burning and smarting in throat, irritating and tickling cough.

SILPHIUM GUM. Spasmodic, dry cough, sensation of dryness and constriction in throat.

SODIUM SALICYLAS (interparoxysmal period). Tongue coated white, intestinal flatus, rheumatic tendency,

SP. MED. STRAMONIUM. Patient irritable, no inflammatory action, attack mild. Inhale smoke from dried leaves.

SULPHUR. Persistent cough, mucous rales, hypersecretion of mucus.

TARTAR EMETIC (3d trit.) Nausea, nervousness, hysteria, dyspnœa, and excitement.

TOBACCO (in those unaccustomed to its use). Paroxysms come on quickly, general health good, patient robust.

ATALECTASIS.

This is a condition in which air is absent from the alveoli of the lungs. Normally, the lungs contain a certain amount of residual air, which is always present, and can not be forced out by respiratory efforts. The infundibuli and alveoli are always more or less distended.

The lungs of the fœtus are not dilated with air until birth, and when a portion of the lung is not filled with air but continues impervious, it is said to be atelectic. Apneumatosiis, or collapse, occurs when the lung or a portion of it has once been filled with air, which subsequently becomes excluded.

Apneumatosiis and atelectasiis rarely involve an entire lung; a lobe, or a lobule, or but a few alveoli, may be implicated. When examined, post-mortem, the affected parts appear of a bluish, violet color, do not crepitate on pressure, impart a soft, somewhat elastic feeling to the finger, and will sink in water.

When the air has been prevented from entering a portion of the lung, certain changes take place in the alveoli; the walls collapse, and, in time, become adherent. The parts solidify, degenerative processes set in, abscesses and purulent granulations occur, and the structure of the lung is destroyed.

Anatomically, the bronchi subdivide, and grow smaller as they branch out on their way to supply the lung with air. Should a bronchus become plugged by mucus or abnormal secretion, or by pressure from tumors, aneurisms, spinal deformities, or constrictions around the chest, the air cannot reach that portion of the lung formerly supplied. This gives rise to apneumotosis. The air retained in the alveoli at this time gives up its oxygen to the blood, and the alveoli become filled with carbonic acid gas which presently liquefies and escapes, leaving them empty. They then collapse.

Atalectasis may exist in small and limited areas without causing distinctive symptoms, the condition remaining undiscovered during life. When of considerable extent certain morbid phenomena appear which may lead to a suspicion of the real state of affairs. The blood is insufficiently aerated, causing more or less dyspnœa, and blueness of the face; the respiratory movements are rapid and shallow, the pause increased, respiratory sounds absent, and the intercostal spaces retracted, with dullness on percussion over the affected localities. The cough is feeble, inefficient, and futile. There is no pain. The pulse is small and frequent, temperature normal or sub-normal, urine scanty, and there is prostration, restlessness, and insomnia.

Extensive atalectasis of long duration is rarely recovered from, generally terminating in some fatal intercurrent pulmonary complaint. Where the affection is recent, complete restoration may be anticipated, especially before structural changes have taken place in the alveolar walls.

TREATMENT.—As the patient is usually debilitated, depressing measures should be avoided, and tonics and stimulants given as indicated; while rest, nourishing diet, and proper hygienic surroundings are to be advised. The object of the treatment will be to cause the return of air

to the atalectic parts. Exercise tending to increase the power and extent of the respiratory movements is to be encouraged and efforts at deep inspiration made in order to produce dilatation of the closed infundibuli. Inhalations of peroxide of hydrogen, eucalyptus or iodine, are of value.

Externally, stimulating lotions should be frequently applied, with massage of the lungs through the thoracic walls. Warm baths with friction are to be recommended, and in some cases the compound tar plaster may be used with benefit over the affected part. When the bronchi are occluded with mucus or pus, emetics may cause dislodgement, should the feebleness of the patient not contraindicate them.

AROMATIC SPTS. AMMONIA. Hacking cough, bronchial obstruction, deficient secretion, respiratory movements accelerated

GLYCYRRHIZA. Short, weak cough, great feebleness and relaxation, coldness of extremities.

SP. MED. IPECAC. Feeling of irritation and burning in chest, cough, mucous or muco-purulent expectoration.

SP. MED. LOBELIA. Sense of oppression and feeling of fullness in the lungs.

SP. MED. PRUNUS VIR. Feeble, inefficient cough; dyspnoea, profuse secretion.

ATHETOSIS.

Athetosis is an affection of the cerebral cortex which manifests itself by peculiar motor derangement of the hands and feet. There is an inability to retain the fingers and toes in a fixed position. The movements are constant and involuntary, consisting of grotesque and unusual variations in flexion and extension. They are neither rapid nor spasmodic, but very slow and deliberate, and exceed

ordinary flexion and extension. They are carried on constantly, even during sleep, and although not rapid are executed with considerable force. The "athetotic" hand, in which the thumb and fore-finger are widely separated, is characteristic of this disease. It is only in rare cases, that parts other than the hands and feet are affected; but there is sometimes a singular forward gliding movement of the head, which is distinctive of athetosis.

Although these movements are incessant and involuntary, they can be temporarily checked by close attention and a strong effort of the will.

In this disease there is a lack of that muscular co-ordination between the extensors and flexors of the fingers and toes which normally leads to regular and harmonious action. There is a lesion of the center controlling these movements. The muscles concerned usually become hypertrophied, although atrophy may exist in the surrounding parts. There is some vaso-motor disturbance, and the parts may be red, livid, moist or cold; but there is very little pain.

The disease comes on suddenly, and those who have inherited a weak nervous organization, are, more than others, predisposed to it. It may follow convulsions, epilepsy, hemi-plegia, sudden fright, and occur during pregnancy, whilst alcoholism, irregular and dissipated habits favor its appearance. It is most commonly found between the ages of thirty and forty, may be unilateral or bilateral, and is often associated with mental deficiencies.

TREATMENT.—AMMONIUM BROMIDE. Epileptiform conditions, sudden bodily movements, facial distortions.

ARSENIC. Flabby and inelastic skin of a dull sallow color, anæmia.

SP. MED. CANNABIS IND. Insomnia, nervousness, unpleasant dreams, bright staring eyes, hallucinations.

SP. MED. ERGOT. Dullness, drowsiness, sluggish circulation, venous congestion.

SP. MED. PHOSPHORUS. Nervous atrophy with increased irritability, mental weakness.

Nerve stretching and electricity have been used with advantage in some cases.

ATONY OF THE BLADDER.

Atony of the bladder is due to a lack of contractile power and a deficiency of expulsive force in the muscular coat of this viscus.

Incomplete and difficult urination may occur independently of either cystic atony or paralysis and a stricture or an enlarged prostate may impede the flow of urine. In this event a differential diagnosis can be made by the introduction of a catheter from which, in atony, the urine *will flow slowly and sluggishly, receiving an impulse at each respiration and merely falling from the distal end, while in constriction of the urethra the flow through the instrument is full, rapid and forcible, and extends some distance.

The causes of atony of the bladder are: over distension by neglect, retention of urine from morbid conditions, enlarged prostate or stricture of the urethra, delirium, coma, and diseases which diminish the sensibility of the vesical neck.

Atony is a condition common in old men who are afflicted with prostatic enlargement, and in such cases, although there may be a constant dribbling of urine, the bladder is never emptied. The retained urine becomes ammoniacal, decomposition sets in, giving rise to an irritation which frequently results in acute or chronic cystitis. Cystic atony is usually amenable to treatment.

TREATMENT.—In this disease local treatment is of primary importance. The retained urine, of which there is always more or less, should be drawn with a catheter. After the bladder has been emptied it should be washed out and kept clean with anti-septic solutions of asepsin, borax, listerine or carbolic acid. If the bladder has been much distended for a considerable length of time, it should not be allowed to remain empty in the beginning, but a small quantity of antiseptic wash should be introduced and left in situ.

When using the catheter the operation should be performed carefully and gently, and the instrument, when not in use, kept sweet and clean in a solution of asepsin. The bladder should be cleansed once daily or oftener according to the severity of the case and the comfort afforded by the measure.

SP. MED. BAROSMA. Constant desire to urinate, scanty urination without relief, highly acid urine.

SP. MED. CUBEBA. Scanty urination, muco-purulent sediment, burning and smarting in urethra.

SP. MED. EPIGEA REPENS. Debility and relaxation of the bladder, irritable mucous membrane, incontinence.

STRYCHNINE. Tardy and feeble urination, enuresis, lack of expulsive force.

SP. MED. THUJA. Dribbling of urine worse at night, prostatic enlargement.

BRIGHT'S DISEASE,

Bright's Disease is the name usually given to various renal diseases. Any lesion of the kidneys accompanied by albuminuria and dropsy may be properly called Bright's Disease. The name is now generally taken to include acute parenchymatous nephritis, chronic parenchymatous

nephritis, contracted kidney and amyloid kidney, while active and passive hyperæmia, the renal affections of pregnancy, and many intermediate and mixed forms will also be correctly designated as Bright's Disease. In this connection the terms acute and chronic Bright's Disease will be used as comprising all those renal affections.

Acute Bright's Disease, or acute parenchymatous nephritis, may occur at any time of life, but is rare after middle age; it most frequently affects children and males. It may be caused by exposure to cold, by the administration of certain drugs, such as cantharides, carbolic acid or turpentine, and is very common as a sequel to diseases, especially scarlatina. Acute parenchymatous nephritis may come on suddenly, but its approach is usually gradual. Occasionally it is ushered in by a chill followed by fever of a temporary duration, and pain in the loins.

There is violent vomiting at first, the urine becomes scanty, high colored, brown, blackish, or red, of high specific gravity, and contains blood corpuscles, tube casts, epithelium and renal detritus. Albumen is also present in greater or lesser quantities. The face becomes swollen and puffy, the feet dropsical, and presently anasarca and ascites set in. The dropsical manifestations vary in extent and degree, and danger is to be apprehended from œdema of the glottis, brain and lungs. There is distressing pain in the head characteristic of this disease. As a rule the pulse is hard and the arterial tension increased; there may be dilatation of the heart, cardiac weakness and dyspnoea. A complication to be feared, anticipated, and prevented is uræmia. This announces its presence by increased headache, dullness, stupor, dyspnoea, delirium, and convulsions.

When acute Bright's Disease proves fatal, death generally occurs in ten or fifteen days. Should the patient live beyond this time, the chances for recovery are good.

Acute Bright's Disease rarely terminates in the chronic form, and while the prognosis is not altogether favorable, recovery may be anticipated in many cases.

TREATMENT.—Careful nursing is important; warm baths should be administered, rest in bed secured, draughts of cold air carefully excluded and the clothing adapted to guard against rapid changes of temperature.

SP. MED. ACONITE: Pulse small and frequent, pyrexia, numbness and tingling in the throat and tongue.

AMMONIUM BENZOATE: Urine cloudy, pain in back and limbs, headache, drowsiness.

SP. MED. APIS: Burning and stinging sensations over the body, urine scanty, voided frequently with burning and smarting in urethra.

SP. MED. APOCYNUM: Irregular heart beat, anasarca and ascites, scanty urine.

SP. MED. ARNICA: Feeling of soreness over entire body.

SP. MED. ASCLEPIAS: Pulse full and soft, scanty perspiration, pulmonary œdema, pleuritic pains.

SP. MED. BELLADONNA: Dullness, drowsiness, cerebral congestion.

CAFFEINE: Cardiac insufficiency, scanty urine, dropsy.

SP. MED. CONVALLARIA: Palpitation and vehement action of the heart with disordered rhythm.

SP. MED. DIGITALIS: Weak heart, feeble pulse, dropsy.

SP. MED. ERGOT: Dullness, indisposition to exercise, congestion.

SP. MED. ERYNGIUM: Scanty and frequent urination, pains in bladder extending to loins.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, nervousness.

SP. MED. JABORANDI: Complete anuria, pulse full and strong, pain in back and limbs, suppressed perspiration.

LITHIUM BENZOATE: Continuous irritation of the urinary passages.

SP. MED. MACROTYS: Pain in back and limbs, muscular pains.

NITRIC ACID: Tongue and mucous membranes bluish or violet.

SODIUM BI-CARB.: Tongue coated a filmy white.

SP. MED. STROPHANTHUS: Feeble and frequent cardiac contractions without pyrexia.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, fullness of tissues.

Chronic Bright's Disease. Chronic Parenchymatous Nephritis.

This form of the disease may be the result of an acute attack, but it is, for the most part, essentially chronic, and usually comes on about middle age or later.

The causes are at times obscure. It may, however, be induced by exposure, fatigue, or bad hygienic surroundings, or may complicate chronic, pulmonary, cardiac, or rheumatic diseases. Although Chronic Bright's Disease comes on slowly, without marked symptoms at first, acute manifestations, such as chills and fever may be present in the initial stages.

As in the acute form, albuminuria and dropsy are the distinguishing features.

There is a peculiar pallid appearance of the face which, when once seen, is easily recognized. There will be persistent headache, loss of memory, melancholy, indigestion, weakness, scanty urine—voided frequently, with tube casts, albumen, and renal epithelium.

The patient gradually grows worse, treatment proving apparently futile; in a certain time, however, there is a change for the better; the urine increases in quantity, the amount of albumen diminishes, and the condition is in every way more comfortable.

This state is presently interrupted by a return of the dropsy, and other distressing symptoms; then again there is a change for the better, and thus the disease progresses for some years.

In the chronic interstitial or cirrhotic form of Bright's Disease there is an increase in the intertubular structure of the kidneys, and a diminution of secreting elements.

It frequently occurs in the course of or follows gout or chronic rheumatism, is found in connection with lead poisoning, and may come on from exposure to cold. Active brain workers past middle life are especially subject to renal cirrhosis. The symptoms are not, at first, well marked. There may be frequent urination, but there is no albumen in the urine and no marked dropsy or definite nervous manifestations. The disease may be suspected when a patient past middle age complains of increasing weakness and feebleness without apparent cause. There are, perhaps, some symptoms of dyspepsia which have led him to consult a physician, and upon inquiring it will be found that he is passing a larger quantity of urine than normal, and also that there is a swelling of the feet in the evening which is absent in the morning, after a night's rest in bed. As the disease progresses, the complexion becomes pallid and muddy; there is a loss of memory, irritability, nervousness, insomnia and failing vision. Albumen may not be discovered in the urine until several tests have been made. These symptoms gradually increase in severity and gravity until after some sudden and unusual exertion, the patient will be attacked with a convulsion, pass into coma and die.

Amyloid Form, Waxy Kidney, Lardaceous Kidney.

In this phase of the disease there is no acute stage. The morbid condition very often comes on in the course of chronic and debilitating diseases, such as syphilis,

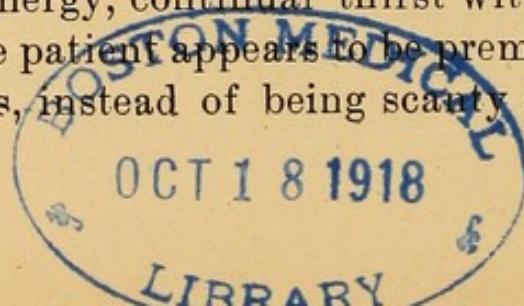
phthisis, gout or rheumatism. There are no distinctive symptoms at first in waxy kidney. A patient who has been afflicted with some exhausting disease will complain of increased weakness, does not recover his usual vigor, is feeble, short of breath, and in his face may be observed the peculiar pallor of Bright's Disease. He passes more than the normal amount of urine, being under the necessity of arising in the night to micturate. There is some abdominal fullness, splenic and hepatic enlargement, with dyspnœa on slight exertion, and moderate œdema of the feet and ankles, while the perspiration is scanty and has a uriniferous odor.

As the disease progresses these symptoms increase, and others are added. There is indigestion with vomiting; headache is present, though not so severe as in the other forms of Bright's Disease. The urine contains albumen, hyaline tube casts, and renal epithelium. There is more or less dropsy, but it is never so great as that in the parenchymatous form.

The progress of the disease is slow—may extend over a number of years—and although recovery is rare, the life of the patient is in no immediate jeopardy. The urine, however, is never entirely free from albumen, and death ultimately occurs from uræmic poisoning or some intercurrent malady.

The insidious approach of the chronic forms of Bright's Disease may be suspected when the urine is found to contain albumen, although there is no well-defined feeling of pain in the region of the kidneys, and the dropsy may be but slightly marked.

Headache, anorexia, and restlessness are not so prominent as in the acute form. Further along there is anæmia, loss of flesh and energy, continual thirst with scanty perspiration; and the patient appears to be prematurely aged. The urine at times, instead of being scanty and high-col-



ored, will be copious, of high specific gravity, but still containing much albumen, and many tube casts; the patient gradually growing worse, uræmic poisoning sets in, brown sordes appear upon the lips and teeth, the pulse becomes low, there is muttering delirium, sometimes a diarrhea sets in, and the condition may be mistaken for typhoid fever.

The prognosis of chronic Bright's Disease is grave, and while the patient may live very comfortably for several years, the disease will finally prove fatal, either directly or through some complication.

TREATMENT.—By careful treatment the patient may be made comfortable, and life prolonged for some time, perhaps years. Occasionally the disease may be kept in abeyance until extreme old age. On account of defective nutrition and general debility there is a strong inclination to intercurrent maladies which must be guarded against.

The diet should consist of nourishing and easily digested food, such as milk, eggs, beef, with bread and light wines. The body should be protected with flannels worn next to the skin; over-exertion and excitement of all kinds avoided; dry, equable and non-malarial climate is best adapted to those affected with this disease.

ACID SOL. IRON: Anæmia, shortness of breath on slight exertion, weakness, lips pale, skin alternately flushed and pale.

SP. MED. APOCYNUM: Œdema, sluggish circulation, constipation, scanty urine.

SP. MED. ARALIA: Extensive anasarca and œdema, shortness of breath, pain in back, torpid liver.

ARSENIC: Soft, doughy, pallid skin; contracted and pointed tongue, soft and compressible pulse.

SP. MED. CHIMAPHILLA: Scanty urine, frequent urination with pain in the penis, vesical tenesmus.

COD LIVER OIL: tissues soft and flabby, frequent pulse, evening fever.

SP. MED. CONVALLARIA: Rapid, irregular pulse, diminished arterial pressure, rapid respiration, dyspnœa, dropsy, scanty urine.

SP. MED. DIGITALIS: Urine scanty, pulse feeble, circulation weak.

SP. MED. DULCAMARA: Diminished perspiration with uriniferous odor, deficient cutaneous circulation, feet and hands cold and bluish.

SP. MED. ELATERIUM: Excessive anasarca and ascites, pulse strong, urine scanty, bowels constipated. Depletion is rarely advisable, but in some cases elaterium may be cautiously used.

SP. MED. ERGOT: Tendency to hemorrhage, sluggish circulation, dropsy with dullness and wakefulness.

SP. MED. EUONYMUS: Anorexia, indigestion, torpid liver, weakness.

SP. MED. EUPATORIUM: Dropsical effusions, dry skin, scanty urine with mucus.

GLONOINE: Faint heart, dyspnœa, oppression from hydro-pericardium, spasmodic pain in cardiac region.

HYPOPHOSPHITES COMP.: General debility and weakness, loss of appetite, tuberculous tendencies, cough and expectoration.

SP. MED. HYDRASTIS: Atonic conditions of kidneys and bladder.

SP. MED. JABORANDI: Suppression of urine, lumbar pain, pain in limbs and joints, pulse full and bounding, dropsy, threatened uræmia, convulsions.

POTASSIUM ACETATE: Retained secretions, deficient nutrition.

POTASSIUM IODIDE: Syphilitic taint, pale, leaden-colored tongue, chronic eruption on the skin.

SP. MED. PULSATILLA: Headache, vertigo, loss of memory, melancholy.

SP. MED. RHUS TOX.: Scanty urine with dribbling, smarting pain in passing urine, short, sharp pulse, strawberry tongue, itching and tingling in skin, pain over left orbit.

SCILLA: Urine scanty and high-colored, skin dry, dropsy.

BRONCHITIS.

Inflammation of the bronchial mucous membrane may be either general or local, acute or chronic. It occurs in diverse grades of severity from simple hyperæmia to intense inflammation and tumefaction of bronchial structures, is confined to no age, sex, or condition, but is more commonly fatal in early and late life. The causes of bronchitis are numerous, the most frequent being exposure to cold and sudden changes of temperature; while insufficient clothing, abrupt suppression of perspiration, variable climate, and the inhalation of irritating gases, tend to produce it. It may also come on during the course of rheumatism, typhoid fever, erysipelas, phthisis, pneumonia, or cardiac affections.

The acute form of bronchitis presents variations in the symptoms according to its extent and severity. It usually begins with chilliness and a feeling of soreness in the post-sternal region, a dry, harsh cough with sore throat, sneezing, and pain in the head which is increased by coughing. The temperature is elevated, urine scanty and high colored, the vesicular murmur dry, growing moist as secretion is established, with here and there areas of dullness on percussion, moist rales are marked, especially in infancy and old age. The expectoration, at first scanty, in three or four days becomes profuse, opaque, yellowish, and is easily raised; the cough is then free, less painful,

the soreness in the chest abates, the fever disappears, the patient is more comfortable, and in the course of a week or ten days, convalescent. In the severer forms, the disease may continue longer, at times becoming chronic. It is more liable to become so, should the patient, at the same time, be afflicted with some chronic affection.

Mechanical bronchitis, so-called because it results from irritating vapors and the presence of particles of stone, steel, dust, and acrid substances in the air, has about the same course and symptoms as acute bronchitis from other causes.

Capillary bronchitis is an affection of the smaller bronchi and is to be feared on account of the restricted lumen of these air passages and the limited amount of swelling and tumefaction required to obstruct them. It more frequently attacks the very young, and the aged. In capillary bronchitis, there is dyspnoea and thoracic oppression; respiration is frequent, with, at first, dry whistling rales, followed by moist rales and mixed respiratory sounds. When the stage of exudation is reached, the secretion thrown out into the tubes tends to still further obstruct them, causing increased dyspnoea. At this period mucous rales are quite perceptible to the unaided ear, the lips become blue, extremities cold, pulse feeble and very rapid. There is restlessness, anxious countenance, fluttering nostrils, gasping for air, bloated face, frequent and inefficient cough, and the patient, being unable to raise the super-abundant secretion, dies from suffocation. In favorable cases, the expectoration, which is at first scanty, soon becomes profuse, is easily dislodged by coughing, and in the course of ten days or two weeks recovery takes place. One attack of capillary bronchitis tends to induce another, and the disease may assume a chronic form.

Chronic Bronchitis may be such from the beginning, may follow the acute form, or occur with infectious, pul-

monary, cardiac, and other constitutional maladies. In the chronic stage, a high degree of fever is uncommon, but there is usually some slight feverishness, with loss of flesh and strength. The pain, soreness, and oppression in the chest are not so marked as in the acute form. There is a characteristic harsh, explosive cough, more severe in the evening upon retiring and in the morning. The expectoration, muco-purulent for the most part, varies considerably in quantity and character, being, in some cases, clear and white, in others opaque, or it may be profuse, frothy, and easily discharged. Exposure to cold always causes a temporary increase in the severity of the symptoms. The disease, when uncomplicated, rarely proves fatal. In the summer, and in mild climates, it almost entirely disappears, but returns when the climatic conditions become unfavorable; consequently, a mild and equable climate is best adapted to this affection.

In its pathological features, inflammation of the bronchial mucous membrane consists of hyperæmia and tumefaction, followed by secretion, and does not differ essentially from inflammatory conditions in other like structures. Acute and chronic bronchitis incline to recovery; capillary bronchitis, however, is frequently fatal.

TREATMENT.—The objects aimed at by the treatment in the different forms of bronchitis are, to diminish the excitability of the parts, reduce the hyperæmia, lessen the secretion, aid in its removal, and to restore perverted renal, intestinal, and cutaneous functions.

Favorable dietary and hygienic conditions are important. In acute cases the patient should be kept warmly covered in bed and the room at a uniform temperature. A warm bath, hot foot-bath, or a vapor bath, may be given in such a manner as to induce sweating, while at the same time the patient should drink plenty of water, exposure

to cold being avoided. Sinapisms applied to the back and chest will afford relief.

ACIDUM HYDROCHLORICUM: Brown tongue, sordes on teeth, nervous prostration, pungent heat of skin.

SP. MED. ACONITE: Pyrexia, restlessness, pulse small and frequent.

SP. MED. ÆSCULUS: Spasmodic, asthmatic cough, oppressed breathing, scanty expectoration.

AMMONIUM CARB.: Scanty, viscid expectoration, severe cough, especially in the aged.

AMMONIUM MUR.: Harsh cough, scanty expectoration, dry rales, dusky redness of surface, easily effaced by pressure, and returning slowly.

SP. MED. AGRIMONIA: Cough with pain under floating ribs, extending to lumbar region; thick, profuse, and offensive expectoration.

SP. MED. ASCLEPIAS: Cough, lack of secretion, moist skin, pleuritic pain.

SP. MED. BAPTISIA: Dull-red tongue and skin, fissured tongue, bleeding easily, oppressed pulse, skin dry and harsh, muco-purulent expectoration.

SP. MED. BELLADONNA: Pyrexia, dullness, drowsiness, blueness of face and extremities, deep mucus rales, throat dry.

SP. MED. BRYONIA: Sharp and acute pain in right side, pleuritic pain increased by coughing.

CALCIUM SULPHIDE: Copious purulent expectoration, easily raised.

SP. MED. CHELIDONIUM: Dyspnoea, mucous rales, torpid liver.

CODEINE SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing.

SP. MED. COLLINSONIA: Laryngeal and bronchial irritation, sore throat.

COD LIVER OIL: Purulent expectoration, lymphatic enlargements, paleness and emaciation, constant cough.

CORALLORHIZA: Hacking cough, loss of weight, anorexia, weakness, pleuritic pains.

SP. MED. DROSERA: Paroxysmal cough, pain in the chest, intense irritation, dryness of air-passages, uncontrollable cough.

SP. MED. EUPATORIUM PER.: Full pulse, pain in chest, hoarseness, shortness of breath, sweating.

SP. MED. GRINDELIA ROBUSTA: Feeble circulation, asthmatic respiration, rawness and soreness in chest, hard, dry cough, harsh rales, patient inclined to be fleshy.

SP. MED. HYOSCYAMUS: Nervousness and irritability, pupils dilated, sharp, irritable cough.

SP. MED. IRIS: Cough, enlarged thyroid gland, scrofulous taint, chronic skin disease.

SP. MED. IPECAC: Oppressed breathing, diminished expectoration, mucous rales, hypersecretion in bronchioles, weakness, feebleness.

SP. MED. JABORANDI: Dryness of mouth and throat, dryness of skin, irritating cough, lack of secretion in bronchial tubes, pleuritic pains.

SP. MED. LOBELIA: Feeling of fullness and oppression in the lungs, tendency to perspiration.

SP. MED. LYCOPUS: Frequent and irritating cough, rapid respiration, fever, scanty secretion.

POTASSIUM CHLORATE: Bad smelling sputa, offensive breath.

POTASSIUM BROMIDE: Pain and soreness in the head, aggravated by coughing.

POTASSIUM IODIDE: Syphilitic diathesis, enlarged lymphatics, asthmatic cough with scanty expectoration.

SP. MED. PRUNUS: Deep, constant, harrassing, cough, copious muco-purulent expectoration, pyrexia, anorexia.

SP. MED. MACROTYS: cough with pain in back and loins, rheumatism.

QUININE: Cough with periodic chills and fever, malarial cough.

LUPULIN: Constant and irritating cough, pain in chest, insomnia.

SP. MED. RHUS: Cough with burning pain in chest, sharp quick pulse, pain over left eye.

SP. MED. RUMEX: Cough with pain and dyspnoea, mucous rales, scanty expectoration, stitching pains in larynx.

SP. MED. SANGUINARIA: Irritating, tickling cough, burning sensation in throat, expectoration of purulent sputa streaked with blood.

SP. MED. SENECA: Paroxysmal cough, nausea with occasional vomiting.

SPONGIA: Dry, harsh cough with whistling respiration.

SP. MED. STICTA: Cough with pain in back and shoulders extending to occiput.

STILLINGIA LINIMENT (One drop on sugar every hour): Frequent pulse, difficult respiration, irritating cough.

SODIUM SULPHITE: Pallid tongue with dirty white coat.

SULPHUR: Hyper-secretion of mucus with harsh rales, sputum tough and hard to raise.

TARTAR EMETIC (3rd. trit.): Cough with sub-crepitant rales, subacute inflammation, capillary bronchitis.

TOLU: Fever, cough, scanty expectoration.

SP. MED. VERATRUM: Pulse full and strong, increased temperature, throbbing of carotids.

BRONCHIECTASIS.

Dilatation of the bronchial tubes, either local or general, is usually associated with chronic bronchitis, but may occur with fibrous pulmonary induration or with emphysema. The dilatations vary in shape, being, for the most part, sacculated or fusiform. In some cases, the areas of

dilatation will be connected by bronchial tubes of normal caliber, constituting the moniliform phase of the disease.

Upon making a physical examination, the following symptoms will be observed: Inspection reveals restricted inspiratory movements, with prolonged and labored expiration. By palpation, the vocal fremitus will be detected, but it is variable, while occasionally the bronchial fremitus may be felt. When the stethoscope is applied to the chest, a confusion of rales, chiefly sonorous, will be heard.

TREATMENT.—In the treatment of bronchiectasis, climatic conditions are of the greatest importance. The patient should be advised to reside for a considerable time in a high and dry climate. A permanent residence in such a climate may be necessary. A nourishing diet, warm clothing, and regular bathing, should be a part of the treatment. Constitutional remedies consisting of tonics and restoratives must be administered. Medicated sprays and inhalations will be found of benefit. They may consist of creasote when the expectoration is profuse and glairy; carbolic acid, sputa offensive and putrid; eucalyptus, profuse secretion, greenish in color, raised without effort; hamamelis, general relaxation and want of tone in the bronchial mucous membrane. Internally:

COD LIVER OIL: Tissues soft and atonic, with aplastic and caceplastic deposits, frequent pulse, increased temperature.

SYR. HYPOPHOSPHITES COMP.: Enfeebled circulation, emaciation, no fever, extremities cool, anorexia.

BRONCHOCELE.

Bronchocele, or goitre, is a non-malignant enlargement of the thyroid gland. It may be either acute or chronic; it sometimes becomes epidemic, and is endemic in certain localities. Pathologically, the condition of the thyroid varies, and the growth may be parenchymatous, fibrous, vascular, colloid, or cystic. The goitre may be large or small, and occurs most frequently in females. Its cause may be traced to repeated congestion of the thyroid body during the menstrual period, or during pregnancy. The disease is markedly hereditary, and sometimes congenital. When the goitre is small it is freely movable, causing only a gentle fullness of the neck, sometimes but one lobe being affected. But in other cases it may be enormous, weighing as much as ten pounds. The pressure of a large bronchocele upon surrounding parts gives rise to dyspnoea and may cause asphyxia and death.

TREATMENT.—Externally the tincture of iodine may be applied to the tumor. In cases where the medical treatment proves unsuccessful, excision will be a dernier resort.

SP. MED. IRIS: Syphilitic taint, tendency to ulceration.

SP. MED. PHYTOLACCA: Enlarged lymphatics, pallid mucous membranes, poor appetite, deficient nutrition.

POTASSIUM IODIDE: Broad, pallid, leaden-colored tongue blue line on gums, scrofula.

CANCERUM ORIS.

Cancerum oris is an inflammation of the mucous membranes of the mouth, attended by extensive ulcerative and phagedenic processes. Delicate children and those deficiently nourished, especially if of a scrofulous or syph-

ilitic diathesis, are predisposed to the disease. It also occurs in those previously reduced by acute diseases, such as typhus and typhoid fever, scarlatina, diphtheria and measles; and is sometimes attributed to the injudicious administration of mercurials. The disease is rare and generally attacks children from two to six. The prognosis is grave.

Cancrum oris comes on without marked symptoms, and may attain a considerable degree of development before its presence is detected. Attention will probably first be attracted by a hardness and swelling of the cheek, which presents a tense, blanched, and glossy appearance, with a bright red spot in the center. About the same time the breath becomes offensive and there is an increased flow of saliva. There is but little pain in the beginning, either upon pressure or upon movement.

On making an examination of the interior of the mouth, ulceration will be found progressing very rapidly, especially in the sulcus between the gums and the cheek. The mucous membrane and underlying structures are swollen, sometimes dusky, but usually livid and blanched. The tongue is pale and covered with a slimy coat, bowels constipated, and there is exhaustion, languor, and restlessness. The temperature is rarely much elevated, although there may, at times, be a temporary pyrexia. The ulcers upon the inside of the mouth are ragged in outline and spread rapidly in surface and depth, involving all tissues with which they come in contact—membranes, muscles, glands and bones. The gums are destroyed, the teeth fall out, presently the cheek is perforated and the jaw exposed, which in turn is eaten away. The ulceration thus continues its destructive course until death ensues. The glands in the vicinity of the diseased parts are swollen and inflamed, and there is considerable cellular infiltration and engorgement. Should recovery take place,

healthy granulations spring up and the parts finally heal by cicatrization, leaving unsightly scars and adventitious adhesions.

The disease is not a painful one and although the ulceration may be very extensive, the child retains his appetite and is inclined to play. Finally the pulse becomes weak and irregular, the vital powers fail, a slumberous comatose condition prevails and death quietly occurs.

TREATMENT.—The treatment will be local and constitutional. The patient should be kept in a warm and well ventilated room, and provided with the best nursing attainable. The diet must be nourishing, and may consist of hot milk, beef tea, eggs, tapioca, and farinaceous foods. The bowels should be kept in a soluble condition, and if there is constipation, an enema of warm water should be resorted to for its relief. All the secretions and excretions should be kept in a healthy condition.

Locally the ulcers may be touched with nitric acid, care being taken not to encroach upon healthy structures. A solution of creasote and glycerin is of value in some cases, while others yield to an application of cupri sulph. Nitrate of silver may be used when the ulceration is superficial and confined to the mucous membrane. After these remedies the mouth should be washed with a solution of calcium chloride. An infusion of hydrastis with bayberry and potassium chlorate will prove beneficial for frequent gargling of the throat and mouth. A linseed poultice applied to the cheek will allay the pain and hasten suppuration.

ACIDUM SULPHUROSUM: Tongue red and covered with a glutinous coat, tissues full and soft, skin rusty and lifeless, viscid sordes on teeth and gums.

SP. MED. ACONITE: Small and frequent pulse, tingling and burning in the mouth.

SP. MED. ALNUS: Enlarged lymphatics, strumous diathesis, indolent swellings, obstinate cutaneous ulcerations.

SP. MED. AURUM TRIPHYLLUM: Intense soreness of throat, bleeds easily, marked fetor, fullness and swelling of mucous membrane and tongue.

SP. MED. BAPTISIA: Tongue and mucous membrane purplish, breath sickening and offensive, smooth, grayish coat on tongue.

COD LIVER OIL: Extremities cool, skin relaxed, doughy and dirty; inflammation of cellular tissue, cutaneous ulceration, bad blood.

SP. MED. ECHINACEA: Ulceration with profuse secretion, tendency to systemic poisoning, foul phagedenic ulcers, pale ashy eschar.

SP. MED. PHYTOLACCA: Mucous membrane pale, tendency to death of epithelium, ulceration, enlarged lymphatics, ashen-gray deposits, increased salivary secretion.

POTASSIUM CHLORATE: Cadaveric odor of breath, pallid tongue and mucous membrane, dirty, thick coat on tongue.

POTASSIUM PHOSPHATE; Dull pain, exhaustion, rapid decay, phagedenic states.

QUININE: Weakness and debility, periodicity, loss of appetite, feeble digestion.

SP. MED. RUMEX: Cachexia, glandular swellings, syphilitic taint, tendency to suppuration of cellular tissues.

SODIUM SULPHIS: Broad, pallid, dirty tongue, with pasty white coat, mucous membrane pale.

SP. MED. FERRI ACETATE: Pallor of surface, blueness of tongue, pain in back of head, enlarged lymphatics.

CARDIAC DILATATION.

In dilatation of the heart, the auricular and ventricular cavities are increased in capacity without marked thickening of their walls, and in some cases the walls are thin-

ner than normal. The dilatation may be partial or entire. The disease is caused by valvular obstruction, weakening of the cardiac walls, pericardial adhesions, increased blood pressure from pulmonary disease, and long continued exhaustive physical exertion. It usually occurs during the course of, or follows acute diseases, such as erysipelas, rheumatism, pyæmia, typhoid fever or anæmia. It may come on as the result of fatty degeneration of the heart, and sometimes follows carditis. It more frequently attacks males. The prognosis is favorable.

The disease manifests itself by spasmodic pain in the cardiac region, accompanied with palpitation of the heart, dyspnœa, and a feeling of lassitude. The patient faints easily, is cyanotic and subject to headache, vertigo and vomiting. There are congestive tendencies especially in the lungs and liver, and dropsy may occur. The cardiac impulse is diffused and imparts a wave-like motion to the walls of the thorax, the apex beat is weakened, the first sound shortened, the heart's action irregular, pulse small and weak, and the area of cardiac dullness increased.

TREATMENT.— SP. MED. ACONITE: Extreme irritability, weak heart, pain.

ALCOHOL: Vertigo, nausea, feeble pulse, tendency to syncope.

AMMONIUM SPIRITUS AROMATICUS: oppressed breathing, profuse bronchial secretion, pulmonary congestion.

AMYL NITRITE: Spasmodic pain with sense of suffocation.

SP. MED. BELLADONNA: Paroxysms of pain with congestive tendencies.

CAFFEINE: Cardiac insufficiency, renal torpor, dropsy.

CAMPHOR: Feeble heart-beat, coldness of extremities, blueness of face.

SP. MED. CONVALLARIA: Palpitation and vehement action of heart, disordered rhythm.

CHLORAL: Palpitation with pain and insomnia.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, dropsy.

SP. MED. PRUNUS: Convulsive and continuous pain in the heart.

SP. MED. RHUS TOX.: Sleep suddenly disturbed by sharp pains; the patient cries out abruptly in sleep, and awakes frightened.

HYDRO-PERICARDIUM.

Dropsy of the heart is caused by an effusion of serum into the peri-cardial sac. It may be entirely local or but a part of a general dropsical condition. When local the effusion is caused by vascular congestion, obstruction of the circulation by external pressure, or by pericarditis. It frequently comes on during the course of acute infectious diseases, and is found in some chronic maladies, such as Bright's Disease and cirrhosis of the liver. The symptoms of cardiac dropsy are: dyspnœa upon slight exertion, feeble and irregular pulse, venous congestion of the face and upper extremities, and palpitation of the heart. The cardiac sounds are weak or absent, the area of dullness increased, the apex beat feeble and changed in location and the impulse imperceptible. As the disease progresses respiration becomes embarrassed, there is increased fullness and oppression in cardiac region, weakness, tendency to syncope and finally stupor and death. The disease is not always fatal; the prognosis may be favorable.

TREATMENT.—SP. MED. APOCYNUM: Face and eyelids swollen, hydro-pericardium associated with general dropsy.

CAFFEINE: Cardiac insufficiency, renal torpor.

SP. MED. DIGITALIS: Weak pulse, faint heart sounds dropsy.

SP. MED. STROPHANTHUS: Frequent and feeble cardiac contractions without pyrexia.

CARDIAC HYPERTROPHY.

Hypertrophy of the heart is due to an increase in volume of its muscular structure. It is somewhat irregular in development, and may include all or part of the cardiac walls. The capacity of the auricles and ventricles may be increased, diminished, or normal. Muscular enlargement of the heart is caused by those influences which lead to extreme cardiac exertion, such as dilatation of the cavities, valvular defects, pulmonary obstruction, arterial deficiencies, aneurismal and other tumors, deformities and spinal injuries. It also occurs in Bright's Disease, rheumatism, exophthalmic goitre, and pregnancy. Long-continued and excessive muscular exertion frequently produces this condition, while the habitual use of stimulants, including tea and coffee, by causing palpitation, sometimes develops it.

In hypertrophy of the heart, there is an abnormal fullness of the arteries, and a diminished amount of blood in the veins. The pulse is full, strong, and vibratile, with increased pulsation of the carotids; the eyes are bright, shining, and prominent; there is pulmonary oppression with occasional dyspnoea; dry, tickling, wheezing cough, vertigo, headache, tinnitus aurium, nausea, vomiting, loss of appetite, and indigestion. The heart is sensitive to external influences, and its action is quickened, becoming irregular and intermittent. In extreme cases, blood is expectorated. The heart sounds are abnormally loud; the apex beat visible even at a distance. There is an increase in the area of cardiac dullness. Cardiac hypertrophy most frequently affects males. The prognosis is favorable.

TREATMENT.—The diet of the patient should be bland and easily digested, stimulants eschewed, and mental and physical excitement avoided.

ACIDUM HYDROCYANICUM: Pain in cardiac region, vertigo, and nausea, with elongated and pointed tongue.

SP. MED. ACONITE: Pulse small and frequent, pain and pyrexia.

SP. MED. BELLADONNA: Full and oppressed pulse, dullness, hebetude, disposition to sleep, eyes dull, pupils dilated.

SP. MED. COLLINSONIA: Full pulse, stitching pain in the heart, laryngeal irritation and cough.

SP. MED. PRUNUS: Full, hard pulse, with attacks of painful palpitation.

SP. MED. VERATRUM: Full pulse and bounding, throbbing of carotids.

CARDIAC PALPITATION.

Palpitation is an excessively rapid action of the heart, which is, for the most part, symptomatic. It may be of no especial significance or it may depend upon grave organic lesions. When it occurs from structural heart disease there will be dyspnœa and congestion in addition to the palpitation, which is increased upon slight exertion. In nervous and functional palpitation, the heart beats with abnormal frequency, but congestive signs are absent and physical exertion does not materially exaggerate the condition. Palpitation of the heart occurs by reflex irritation, in hysteria, uterine and ovarian disease, gastric derangements, from the excessive use of tobacco, sexual abuses, long continued and exhaustive mental and physical labor, and from diseases of the heart. It comes on with paroxysmal fluttering sensations in the cardiac region. The face becomes flushed and red, the pulse full

and bounding, or there may be paleness with a feeble, fluttering pulse, almost imperceptible at the wrist, and so rapid that it cannot be counted. There is dizziness, ringing in the ears, vertigo, headache, fainting spells, and shortness of breath. The attacks may appear immediately after eating or when the stomach is empty. Palpitation frequently occurs about the menstrual period in females subject to the disease, while during the menopause it is one of the most constant and unpleasant symptoms.

TREATMENT.—SP. MED. ACONITE: Pulse small and frequent, organic heart disease, palpitation upon slight exertion.

SP. MED. ARNICA: Pulsations rapid and feeble, palpitation from overexertion, dull aching pain in cardiac region.

ASAFÆTIDA: Palpitation associated with hysterical conditions, nervousness and irritability.

SP. MED. CACTUS GRAND: Pain and dyspnœa, nervous excitement, hysterical conditions, tobacco heart.

CAMPHOR: Feet and limbs cold, face pale, pulse feeble.

SP. MED. CANNABIS INDICA: Palpitation with sharp, sticking pains in the heart.

COCCULUS IND.: Palpitation with uterine colic and dysmenorrhœa.

SP. MED. DIGITALIS: Weak and feeble pulse, faint heart sounds.

SP. MED. KALMIA: Reflex palpitation from gastric and intestinal irritation.

LACHESIS: Nervousness, worry, palpitation of the menopause.

SP. MED. LOBELIA: Palpitation with full and oppressed pulse, dyspnœa.

SP. MED. LYCOPUS: Palpitation with hæmoptysis, cough, incipient phthisis.

SP. MED. PASSIFLORA: Restlessness, insomnia, palpitation from sudden fright or excitement.

SP. MED. PULSATILLA: Despondency, palpitation from menstrual irregularities, ovarian irritation, pain in the top of the head.

QUEBRACHO: Palpitation with cough, dyspnœa, cyanosis, anxiety, pulse small.

SP. MED. SCUTELLARIA: Debility, menstrual difficulties, anorexia, rheumatic tendencies.

SPARTIENE: Heart's action weak and irregular, functional heart disease.

SP. MED. STROPHANTHUS: Frequent and feeble cardiac contractions without pyrexia.

CARDITIS.

Inflammation of the muscular structure of the heart may be either acute or chronic, and is associated with pericarditis or endo-carditis. It frequently results from rheumatic metastasis, cardiac embolism, or disease of the coronary arteries; it sometimes complicates pyæmia, typhoid fever, and other acute diseases, but is rarely an initial affection. The disease occurs more often in males, before middle age. The prognosis is grave.

Carditis begins with dull pain in the cardiac region, accompanied by mental depression, anxiety dyspnœa, and sighing respiration. In some cases the heart's action is strong, in others feeble and irregular. There is pallor of the face, and coldness of the extremities, with chills, followed by sensations of heat and severe pain in the heart. During an acute attack of cardiac pain, the patient feels every pulsation of the heart, presses with both hands over the cardiac region, moves restlessly about with chest elevated and head thrown back, holding in check the respiratory movements. Slight exertion increases the dyspnœa, there is nausea and vomiting the body is covered

with clammy perspiration, the pulse becomes variable, a muttering delirium sets in, which may be speedily followed by convulsions, coma and death. In some cases death results from cardiac abscess or rupture of the heart. Carditis is not accompanied by fever as a rule, but at times the temperature may run exceedingly high. The average duration of the acute form is from two to five days.

TREATMENT.—Absolute quiet must be strictly enjoined, all mental excitement avoided, and stimulants prohibited. The food must be nourishing, bland, and easily digested. Counter irritation should be applied over the cardiac region, and also to the extremities.

SP. MED. ACONITE: Pulse small and frequent.

SP. MED. BRYONIA: Pulse strong, heart sore and aching, with sharp pains and cough.

SP. MED. CACTUS GRAND.: Impaired heart's action, irregularity without abnormal increase in frequency.

SP. MED. CONVALLARIA: Palpitation and vehement action of the heart, disordered rhythm.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, dropsy.

SP. MED. EUPATORIUM: Skin hot but moist, feeling of oppression in chest.

SP. MED. LOBELIA: Cardiac congestion, full and oppressed pulse, sharp pain.

SP. MED. RHUS TOX.: Pulse sharp, frontal headache, muscles of face contracted.

CATALEPSY.

Catalepsy is a peculiar nervous condition characterized by suspension of consciousness, sensation, and motion. The affection is not attended by convulsions, but there is a partial or general stiffening of the voluntary muscles.

Catalepsy may affect either sex, but most frequently occurs in females at the age of puberty, sometimes appearing at regular intervals with the menstrual period.

Catalepsy sometimes complicates other nervous diseases, such as epilepsy, chorea, hysteria, and hypochondriasis. It may result from extreme mental emotions, grief, joy, anger, or religious exaltation. It is also caused by traumatic and organic lesions. In some cases the cataleptic condition will be preceded by headache, singultus, vomiting, vertigo, and muscular twitchings, while in others consciousness is suddenly lost without premonitory symptoms. The patient becomes fixed in attitude, the limbs retain the position in which they happened to be at the time of attack, but are not immovable, and if elevated, will remain so for a time and then slowly yield to the force of gravity. The respiration is slow and feeble, heart's beat weak, temperature normal or subnormal. There is a suspension of the special senses, but usually substances placed in the mouth are presently slowly swallowed. Occasionally, consciousness is only partially lost. There may be successive fits, each of short duration, or but one, which may last several days. In all cases recovery is sudden.

TREATMENT.—For the purpose of creating a stronger mental impression than the one already existing, it was formerly the practice to use remedies of a severe and drastic character, such as the application of snuff or aqua ammonia to the nose, blisters and sinapisms to the body, while often quantities of cold water were dashed upon the the patient, or strong currents of electricity used. This cruel and, for the most part, futile treatment has given way to a milder and more efficient course. The patient should be placed in bed in a quiet room and all irritating influences removed. The following remedies may then be given as indicated:

SP. MED. ACONITE: Pulse small and frequent, intestinal irritation.

SP. MED. BELLADONNA: Dullness, hebetude, dilated pupils, congestion of cerebral vessels.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, determination of blood to the head.

SP. MED. PULSATILLA: Catalepsy associated with menstrual irregularities.

SP. MED. STRAMONIUM: Catalepsy from religious mania.

SP. MED. VERATRUM: Full, bounding pulse, increased arterial tension.

Between the attacks regular habits should be advised, with observance of baths, dietary and hygienic rules. The patient should be encouraged to acquire the habit of command, and to exert a strength of will, so as to be able to resist the approach of the cataleptic state.

COD LIVER OIL: Nervous debility, extremities cold, skin relaxed, emaciation.

SP. MED. IGNATIA: Depression of spirits, gloomy forebodings, violent outbursts of passion.

ÆNOTHERA: Sallow, dirty skin, tissues, and tongue, feeble innervation, insomnia, emotions easily excited, with tendency to tears upon slight annoyance.

SP. MED. PHOSPHORUS: Nerve stimulant, atony, feebleness of the reproductive organs.

POTASSIUM BROMIDE: Excitability of nerve centers, vigorous circulation without fever.

SYR. HYPOPHOSPHITES COMP.: Pallid surface, feeble nutrition of nerve centers.

CORYZA.

Acute coryza is called a "cold in the head" when occurring in adults, and when attacking infants "snuffles." It may be caused by irritants, such as dust, acrid vapors,

direct contact with extraneous substances, by external injury, or by cold. The disease usually lasts from three to ten days. The symptoms are those of acute catarrhal inflammation of the nasal mucous membrane. There is an engorgement of the blood vessels and a feeling of fullness and dryness in the nose, followed by a thin watery secretion, which sometimes excoriates the upper lip. Toward the termination of the attack the discharge becomes muco-purulent, and later on, scabs and crusts form in the nasal cavities. The normal pinkish hue of the lower nasal mucous membrane is changed to a bright red, while further up, the membrane is of a bluish tint from venous congestion. Physicians rarely consider a cold in the head worthy of serious attention, but by judicious treatment it can be restricted to one-third its ordinary duration.

TREATMENT.—The treatment is hygienic, constitutional, and local. The patient should remain quietly in a room with a temperature of 65° F. secure from draughts and exposure, the feet being kept warm, and the diet liberal, but mild and non-stimulating.

The local treatment of acute coryza consists in the application of remedies to the nasal mucous membrane with sprays, douches, powder insufflators, and brushes. For the first stage of the disease, inhalations of ammonia or chloroform, pricking the engorged tissues with sharp needles, and the direct application of the tincture of iodine or galvanism, are some of the more heroic methods of attack. But these measures tend to add to the discomfort of the patient without giving adequate relief. All remedies should be mild and unirritating. A ten-per-cent. solution of cocaine will relieve the "stuffed up" feeling in the nostrils. Compound tincture of benzoin, distilled hamamelis, colorless hydrastis, or aristol, will be found of advan-

tage as sprays. Powdered subnitrate of bismuth or boric acid is very comforting when used with the insufflator. For cleansing purposes, a solution of borax, sodium chloride, or sodium bi-carbonate may be applied with a douche. For the snuffles of infants, small quantites of vaseline may be introduced into the interior of the nose from time to time, camphorated oil may be applied externally with benefit. A vaseline atomizer is essential to the physician's armentarium in the treatment of intra-nasal affections. Vaseline alone forms a soothing and shielding application, and remedies can be combined with it in many ways. In treating these diseases, first use one of the cleansing solutions, then apply the medicament as indicated, after which the surfaces can be covered with atomized vaseline. The parts are thus protected from cold.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. BRYONIA: Pulse hard and full, with pain in the right side of the face, burning in the eyes and nose with acrid nasal discharges.

SP. MED. JABORANDI: Rapid pulse, with much pain in the nose.

SP. MED. PENTHORUM SEDOIDES: Fullness of the nasal mucous membrane with abundant discharge, spongy gums, fullness of fauces and mucous membrane of the pharynx.

SP. MED. RHUS TOX.: Rapid, wiry pulse, profuse nasal secretion.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia, headache.

CATARRH, NASAL.

Atrophic nasal catarrh is a chronic catarrhal inflammation resulting in atrophy and desiccation of the nasal mucous membrane. There is an enlargement of the nasal cavities, an absence of the proper secreting glands, and

a dry, scaly condition of the nasal sinuses. Under these scales ulceration may occur. The atrophy appears in the turbinated tissues and fibrous elements of the mucous membranes.

Rhinitis atrophica is not met with as frequently in this climate as some other forms of catarrh. It is a result of coryza or some antecedent affection, and occurs usually in dry and dusty localities, but may be encountered in moist climates when the occupation is in a dry and dusty atmosphere, especially if the dust is acrid and irritating. Trades such as wood-turning, emery-grinding, milling and cigar-making, predispose to it. It may be caused by the presence of polypi or nasal deformities such as a deviated septum nasi.

This disease, unlike hypertrophic catarrh, is local. There is a loss of smell, a feeling of dryness, irritation and tenderness in the nasal fossæ; the breath is hot and offensive, the disagreeable odor not being perceptible to the patient. There is an habitual picking at the nose to remove the accumulated dry crusts which seem to fill the cavities and obstruct respiration. Epistaxis, neuralgia, and a dull headache, are frequent symptoms. The mucous membrane is red and has a shining, glazed appearance. The disease is not fatal, does not, apparently, shorten life, but is exceedingly chronic.

TREATMENT.—In this, as in other forms of nasal catarrh, thorough cleanliness is of the first importance. The alkaline cleansing solution should be used daily to remove all crusts and acrid accumulations. Upon cleansing the parts, circumscribed or irregular spots of a bright red color may be brought to view; these should be touched with a brush wet in a ten per cent. solution of silver nitrate. The parts being dry and atrophied, the indications are to restore the normal secretion and tissue growth.

For this purpose stimulation without astringency must be employed. Powdered sanguinaria is a good stimulant for local application. When sensibility of the parts is much blunted, powdered bayberry is useful locally. Tr. myrrh may be applied as a spray when there is no inflammation; tinct. Arnica, when there is a sense of deep soreness in the nose. When ulceration of the mucous membrane is present, with deficient capillary circulation, vaporized oil of turpentine is indicated. Vaseline thoroughly applied to the parts will relieve the sense of dryness, and prevent the formation of crusts. The hygienic and constitutional treatment should be as indicated. In debilitated states of the body, tonics and restoratives should be administered. Among the best remedies in this form of catarrh is the tincture of *Aletris farinosa*, combined with small doses of *Jaborandi*.

CHRONIC NASAL CATARRH.

This variety of nasal disease is characterized by chronic inflammation and hypertrophy of the mucous and sub-mucous intra-nasal lining. In recent cases there is hyperæmia and a muco-purulent, watery or tenacious secretion. In old cases osseous hypertrophy is frequently added to the soft tissue thickening. The nasal mucous membrane is in a constant state of engorgement, especially the soft tissues over the convexities of the inferior turbinated bones. This has a tendency to lessen the lumen of the nasal sinuses, and to interfere with free respiration. The diseased structures have a pinkish hue, varying in the upper portion to a venous blue. Where the engorged tissues come in contact, erosion and ulceration sometimes occur. There may also be septal deviation and ulceration.

The symptoms of hypertrophic nasal catarrh are: blowing of the nose to clear the fossæ from profuse secretion,

small masses of which drop into the pharynx and thence into the larynx; a constant hawking cough and expectoration, sometimes accompanied with retching and vomiting; picking at the nose to remove the crusts, and offensive breath from retained and decomposing secretions which have accumulated beneath the inspissated muco-purulence; obstinate sneezing, anosmia partial or complete, deafness, headache, neuralgia, suffusion of the eyes and vertigo. There is generally present more or less stenosis, which causes the characteristic mouth breathing of catarrhal subjects, and leads to pharyngeal and laryngeal complications. The duration of the disease is indefinite, prognosis is uncertain.

Hypertrophic nasal catarrh is often complicated with post-nasal, ethmoidal, frontal and eustachian catarrh, enlarged tonsils, and extension of the morbid process into the nasal ducts. The disease may result from frequent attacks of acute coryza, and also from deformities of the nasal organ, unhealthy surroundings, irregular living and certain occupations in which the patient is compelled to breathe an acrid and dusty atmosphere; syphilis, struma, and generally broken states of the constitution also predispose to it.

TREATMENT.—The treatment is hygienic, local, and constitutional. The proper hygiene consists in removal from localities which tend to cause and perpetuate the disease, baths, cleanliness, nourishing food and the elimination of all unhealthy influences. The constitutional treatment requires serious consideration, for upon it depends, very largely, the successful issue of medication. The remedies should be directed towards improving the general condition of the patient. Good food, good digestion, good assimilation, and good blood are needed; therefore, tonics, peptics, and restoratives must be mainly relied upon.

In the local treatment one of the most important measures is cleanliness. The alkaline douche has been already mentioned. A mild solution of carbolic acid may also be used, while asepsin water answers all the purposes of antiseptis. Crusts which are not washed off with the spray must be gently removed with the forceps. After the parts are thoroughly cleansed, mild astringent applications should be powdered, sprayed, or vaporized on the surface. As an astringent spray any one of the following may be used: distilled hamamelis, colorless hydrastis, or pinus canadensis. When there is ulceration, tincture of calendula, one drachm to an ounce of rose water, is superior as a spray. When the secretion is purulent, peroxide of hydrogen will meet the indications. Powdered alum, sub-nitrate of bismuth, and boracic acid are mildly astringent and efficient. When more astringency is desired than that afforded by the above drugs, use sulphate of zinc in a twenty per cent. solution, or diluted tincture of iodine. When these measures fail to contract the redundant tissues, the direct application of glacial acetic acid may prove successful. Frequent application of hot water with the nasal douche will sometimes reduce nasal hypertrophies. When the patient will submit to it, the galvanocautery treatment may be brought into requisition, other means having failed. After all treatment the parts should be covered with the atomized vaseline.

ARSENIC: Skin dry and inelastic, pulse soft and easily compressed.

SP. MED. BERBERIS AQUIL.: Tumid and profusely secreting mucous membranes, weakness and debility.

IRON, ACID SOL.: Paleness and anæmia, debility.

SP. MED. IRIS: Bad blood, imperfect nutrition, thyroid fullness.

SP. MED. PENTHORUM: Fullness of nasal mucous membrane, discharge abundant, spongy gums.

POTASSIUM IODIDE: Syphilitic diathesis, tongue pale, full, and leaden-colored.

SP. MED. PHYTOLACCA: Enlarged lymphatics, pallid mucous membranes, anorexia, deficient nutrition.

SP. MED. RUMEX: Glandular deposits, feeble reparative power, syphilis, chronic sore throat.

SP. MED. STILLINGIA: Glandular induration, laryngeal irritation, chronic cough, strumous diathesis.

SULPHUR: Skin dry, sallow and brownish, mucous membranes have a dirty hue.

SYR. HYPOPHOSPHITES COMP.: Aplastic and cacoplastic deposits, phthisical tendencies.

CHRONIC PHARYNGITIS.

The seat of this affection is the exclusively respiratory portion of the pharynx. It is usually a continuation backward, of morbid processes from the nasal cavities. It varies in character, being influenced by the form of nasal difficulty upon which it is sequent. If this be hypertrophic, there is a thickening of the mucous and sub-mucous tissues, giving rise to a feeling of fullness and obstruction in the pharynx, and a change in the character of the voice. Rhinoscopic examination reveals the mucous lining tumid and engorged, blue in color and crossed by enlarged and tortuous veins; there is a profuse, viscid secretion, white or light green, distributed over the parts in shreds and stringy accumulations. These masses of muco-purulent secretion hang down in the pharynx, and impinging upon its posterior aspect and upon the fauces, cause violent efforts for dislodgement on the part of the patient, but on account of their tenaceous character are difficult of removal, often provoking nausea and vomiting. Some patients have an attack of vomiting every morning, caused by an attempt to dislodge these nocturnal accumulations.

Much of this morbid discharge is constantly dripping into the lower pharynx, and thence finds its way into the stomach and into the larynx, leading to secondary affections which may terminate in gastric catarrh or pulmonary disease. When the nasal morbid condition upon which the pharyngitis is dependent is of the atrophic form, the dry throat, or rarifying pharyngeal catarrh spoken of in medical works, is present. In this case there is deficient secretion and a consequent dry condition of the parts with a husky, burning feeling and a pricking sensation as of a sharp-pointed foreign body impacted in the pharynx. The mucous membrane is atrophied, and in some cases, becomes so thin that the muscular structure beneath is plainly visible. The glands also are atrophied, and many of them have disappeared altogether; hence the deficiency of secretion and resulting dryness. A few masses of desiccated secretion may be seen attached to different parts of the pharyngeal lining.

The follicular variety of pharyngitis is marked by hyperæmia and swelling of the parts, which are covered with a profuse and tenaceous muco-purulent discharge of a transparent greenish hue. The pharyngeal glands are enlarged and their number increased; the openings of the Eustachian tubes may be occluded; the mucous membrane spongy and sodden. The profuse secretion, as in the hypertrophic variety, attracts the attention of the patient, and causes the hawking and expulsive efforts so frequently observed in this disease. There is a characteristic headache, and a sensation as if some foreign body of a soft nature were attached to the vault of the pharynx. There is mouth breathing, partial deafness, loss of appetite, great weakness and debility, and gastric disturbances.

TREATMENT.—For the treatment of the hypertrophic condition, the parts should be cleansed and persistently

sprayed or gargled with fluid hydrastis. Other mild astringents may be used. The disease must be treated unremittingly and for a considerable time, as it may require months to cure it. It is well not to attempt too much, thinking by the application of strong remedies to hasten a cure. Such applications usually do more harm than good, tending to retard recovery. Mild astringency constantly applied gives the best results. As an adjuvant, Tr. Thuja, one drachm diluted with four times that amount of water, and applied with a post-nasal brush every other day, will be found beneficial; and this with general treatment will in time restore the affected tissues to their normal condition. In pharyngitis atrophica, after cleansing the structures, the application of a weak solution of nitrate of silver may be recommended. Also, solutions of carbolic acid afford relief. For the purpose of stimulation without astringency we may use the tincture of myrrh and other remedies as suggested when speaking of rhinitis atrophica. One of the most important measures of treatment is the application of an emollient to the mucous membrane. Vaseline or albolene meets all the indications for such a remedy, and the patient should be instructed in the management of the atomizer, and directed to use it with sufficient frequency to keep the parts moist and lubricated.

Follicular pharyngitis, or pharyngeal catarrh proper, must be treated according to the indications, the first of these being to remove morbid secretions from the throat. This may be done with the alkaline sprays. When a disinfectant is required, carbolic acid or listerine may be used. After the parts have been thoroughly cleansed, other remedies may be applied. When the secretion is profuse, spray the parts with eucalyptus and albolene. Menthol, twenty or thirty per cent., dissolved in oil or fluid vaseline will often prove beneficial. Here, also, will

be found indications for colorless hydrastis, pinus canadensis, and remedies of that class.

The treatment must be directed towards restraining secretion and reducing the thickened and tumid membrane. The patient should be treated daily, and if convenient it is better to make the applications morning and evening.

Constitutional treatment is of importance in these cases, local treatment alone is not sufficient, and is subordinate to general medication.

COMP. TONIC MIXTURE: Anæmia and debility with malaria.

SYR. HYPOPHOSPHITES COMP.: Cough with phthisical tendencies.

SYR. IODO-BROMIDE CALC. COMP.: Enlarged lymphatics, scrofulous diathesis, syphilitic taint.

SYR. TRIFOLIUM COMP.: Strumous diathesis, with emaciation and weakness.

CELLULITIS.

Cellulitis is an inflammation of the loose connective tissues of the body. It may be general or local, and originates in old ulcers or badly treated wounds, or may sometimes arise from cold, or injuries to underlying structures. It occurs in deficiently nourished individuals, and in those who are in the habit of using alcohol to excess. It appears more frequently in the extremities. In the beginning there will be deep-seated, shooting pains, with a feeling of stiffness, and pain on motion in the affected part; subsequently swelling appears, throbbing pains, increased in severity, are felt in the inflammatory area.

The surface of the part is smooth and glistening, hard and white, and frequently remains so after the inflammation has subsided. Chills and rigors announce suppuration. Soft and fluctuating patches appear in the tume-

fied parts; these presently become connected, and form long suppurating channels.

Cellulitis is attended with more or less pyrexia, but the fever is rarely excessive, although the temperature may, at times, be high. The pulse ranges from 100 to 120. The tongue is coated yellowish, white, or brown; there is headache, pain in the back, and general discomfort.

TREATMENT.—When the pain and swelling are intense, and the parts hot, the application of tincture of iodine, followed by ice bags, will have a tendency to allay the inflammation. If the patient is anæmic, and there is a lack of vitality, with a deficient circulation in the parts, a hot lead lotion in connection with a hot water bag should be used. When suppuration is inevitable, poultices of flax-seed, elm, or charcoal, should be resorted to, in order to hasten this result.

After pus has formed, liberal incisions should be made, to give it full exit, and the parts washed with a mild asepsin solution. As long as there is a flow of pus the poultices should be continued. They will probably require changing three or four times a day. When the abscess begins to granulate, the poultices should be left off, and stimulating antiseptic solutions, consisting of asepsin or carbolic acid and glycerine, may be applied externally, and injected into fistulous openings.

SP. MED. ACONITE: Pyrexia, pulse small and frequent.

SP. MED. BAPTISIA: Face full and purplish; moist, pasty coat on tongue, dull headache, breath offensive.

SP. MED. BELLADONNA: Sleepiness, pupils dilated, impaired capillary circulation, congestion.

SP. MED. BRYONIA: Hard, vibratile pulse; right cheek flushed; dull pain in frontal region, aggravated by motion.

CALCIUM SULPHIDE: Chronic suppuration, lack of vitality in the tissues, feeble recuperative energy.

SP. MED. CALENDULA: Chronic suppuration, varicose veins, old ulcers.

SP. MED. CINCHONA: Continued suppuration, fever in the afternoons, paleness, weakness, loss of appetite and strength, deficient recuperative energy.

SP. MED. DULCAMARA: Feeble circulation, coldness of extremities, fullness of tissues, with tendency to œdema, syphilitic taint.

SP. MED. FERRI ACETATE: Blueness of tongue, dull pain in back of head, aversion to motion, anæmia.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, restlessness and headache.

POTASSIUM CHLORATE: Pallid tongue, bad taste in the mouth, foul cadaveric odor of breath.

SP. MED. PHYTOLACCA: Enlarged lymphatics, pallor of skin, tendency to suppuration.

QUININE: Pulse and skin soft and normal, tongue moist and cleaning, nervous system free from irritation, with periodical fever.

SP. MED. RHUS: Sharp stroke of pulse, pain over left orbit, strawberry tongue.

SP. MED. VERATRUM: Pulse full and bounding, arterial throbbing, redness of the surface.

CEREBRAL ABSCESS.

Abscess of the brain is a circumscribed effusion of pus which may occur in any portion of that organ, but most frequently appears in the white substance, centrum ovale majus, of the middle lobes. Abscesses may, however, be found in the cerebellum, pons, corpus striatum, optic thalamus, and elsewhere.

Cerebral abscesses may be single or multiple; when

single they frequently attain a large size and occupy almost an entire hemisphere. When multiple, they are usually small, and scattered here and there over the brain. They occur at all ages, and in either sex, but are most frequent in the adult male.

Suppurative encephalitis may be caused by suppurative ear disease, injuries to the head, facial erysipelas, by extension of inflammation through the cerebral vessels, syphilis, pyæmia, embolism, suppurative endocarditis, and acute infectious diseases.

The symptoms of cerebral abscess are headache, which, although constant, varies in severity, at times requiring anodynes for its relief. The pain is confined to the region of the abscess; in some cases accurately limited to the affected part. There is vomiting and dizziness, to which, as the disease advances, are added delirium and mental disturbances. Later on epileptiform convulsions appear, followed by stupor and coma. Urinary and fecal incontinence are prominent symptoms; chills followed by fever may be present, and hemiplegia sometimes occurs. Anæsthesia, formication, numbness, various motor and sensory symptoms, depending upon the location of the abscess, are characteristic of this disease. Acute abscesses generally prove fatal in ten or fifteen days, but chronic and multiple abscesses may continue for some time. Very little, if anything, can be done by the administration of remedies for the cure of cerebral abscess. By accurate location and trephining many cases have been relieved, which would otherwise have proven fatal. The treatment is, for the most part, surgical.

CEREBRAL ANÆMIA.

Normally the brain receives a large amount of blood, and when there is obstruction to the arterial supply of this organ, there will be general cerebral anæmia, or the circulation may be cut off from a limited area, producing a local anæmia. The arterial obstruction is usually caused by emboli, thrombi, or the pressure of tumors. Cerebral anæmia may also be a part of a general anæmia of the entire body, or it may be due to congestion in other organs. It may be caused by exhaustive discharges, deficient nutrition, chlorosis, or cardiac diseases. It is temporarily produced by strong emotions, such as joy, grief, anger, by the use of the bromides, calomel, or tartar emetic, and by spasms of the arterial muscular coat. Cerebral anæmia may develop suddenly or slowly. An ordinary fainting fit, resulting from strong emotion, from rapid hemorrhage, or from congestion of the lungs or other organs, is an example of acute cerebral anæmia. In this instance the patient becomes nauseated, dizzy, blind, with dilated pupils, and ringing in the ears; the gait is unsteady, the skin bathed in cold perspiration, pulse feeble and rapid, respiration hurried, and finally unconsciousness, with spasmodic twitchings of the muscles, ensues. When cerebral anæmia is of the chronic form, the symptoms come on more slowly; there is constant dull headache, with drowsiness, vertigo, occasional nausea, *muscæ volitantes*, temporary blindness, insomnia, marked ringing in the ears, and extreme sensitiveness to noises. As the disease progresses, there will be delirium, hallucinations and mania of a melancholy character. The patient feels better in a recumbent position. There is coldness of the face and extremities, and in fatal cases collapse, coma and death.

Cerebral anæmia may be either acute or chronic. It is a

symptom rather than a distinct disease, and rarely exists uncomplicated. The prognosis is favorable.

TREATMENT.—In acute anæmia, the patient should be placed in a reclining position, with head lower than the body, cold water dashed on the face, and ammonia applied to the nostrils, the hands and feet rubbed, and in severe cases, bandages wound around the extremities in such a manner as to force the blood upwards. When danger is imminent, transfusion of blood will be necessary. As soon as consciousness is regained, stimulants, such as the aromatic spirits of ammonia, champagne, alcohol, ginger ale and coffee may be given. In chronic cerebral anæmia, the cause should be sought out and, as far as possible, removed. Syphilitic conditions will suggest the appropriate remedies. When the affection is of malarial origin, quinine will be found efficient. A nourishing diet, baths and good hygienic surroundings will, of course, be beneficial.

AMYL NITRITE: Palpitation of the heart, insomnia.

SP. MED. CANNABIS IND: Facial pallor with spasm of the cerebral blood vessels.

SP. MED. CUPRUM: Feeling of languor, patient easily exhausted, marked bronze appearance of the face and body.

ACID SOL. IRON: General anæmia, pale waxy skin, hurried respiration and weakness.

SP. MED. IRIS: Enlarged lymphatics, imperfect nutrition, syphilitic taint.

POTASSIUM IODIDE: Pale, leaden colored, and full tongue, weakness and debility, syphilis.

SP. MED. PHYTOLACCA: Enlarged lymphatics, pallid mucous membranes, anorexia, deficient nutrition.

CEREBRAL HYPERÆMIA.

Cerebral hyperæmia is an abnormal increase in the quantity of blood supplied to the brain. There are two well marked forms of this affection, one of which is called active cerebral hyperæmia, and the other, passive cerebral hyperæmia, or congestion of the brain. In the active form there is an increased flow of arterial blood to the brain. It is caused by prolonged mental exertion, excessive action of the heart, digestive disturbances, acute blood poisoning, anæmia in other parts of the body, exposure to extreme heat, and by intense emotions.

The symptoms of active cerebral hyperæmia are pain and throbbing in the head, attended with dizziness, nausea and vomiting; there are flashes of light before the eyes, and ringing in the ears; the face and head are flushed and red; there is restlessness with insomnia and delirium. There is frequently a state of mental exaltation, and in some cases maniacal frenzy. There may also be illusions of sight, hearing, and other sensory disturbances. The patient is over-sensitive to light, and sneezing is easily provoked. The pulse is full and bounding, and there is more or less twitching and irregular movement of the muscles; convulsions appear, ending in coma. In cerebral congestion, or the passive form of hyperæmia, there is stasis of the venous circulation, opposition is offered to the flow of the blood from the brain and the capillaries, and venous sinuses become engorged.

Cerebral congestion may be caused by the pressure of tumors upon the large veins of the head and neck, and in limited areas by the presence of emboli or thrombi; cardiac and pulmonary disease, by causing venous obstruction, may produce congestion; nerve shock, vaso-motor disturbances, alcoholic poisoning, prolonged fits of coughing, playing upon wind instruments, sudden suppression of

the menses, and the checking of chronic discharges, are also causative factors.

The congestive form of cerebral hyperæmia may come on slowly, in which case the patient becomes depressed, dull, and indifferent. There is diminished intellectual power, with confusion of thought and deficient memory; wrong words and phrases are used, and there is worry, nervous irritation, and peevishness; headache, vertigo, and tinnitus aurium are common, the patient is prone to be dreamy and lost in reverie, confuses the past with the present, and has illusions and hallucinations of a mild character. The movements are slow, sluggish and laborious. The head is hot, and there is turgescence of the veins of the face and neck, the tongue is foul, urine scanty, bowels constipated, extremities cold, and sleep is heavy and deep. After a time, perhaps following some unusual effort or excitement, either mental or physical, the patient suddenly sinks into a state of stupor from which he is with difficulty aroused, and when aroused immediately sleeps again. When irritation is applied to the body, at this time, there will be an involuntary shrinking as though the pain were imperfectly perceived. When the patient is awake, his speech is thick, clumsy and almost unintelligible. The pulse is labored, pupils dilated, conjunctiva blood-shot, and face bluish. Occasionally epistaxis comes on. The temperature, with the exception of that of the head, is sub-normal. In all cases the severity of the symptoms is increased by excitement, by the use of stimulants, and by the recumbent position.

TREATMENT.—SP. MED. ACONITE: Pyrexia, with small and frequent pulse.

SP. MED. AGARICUS MUSC.: Involuntary muscular twitchings, dimness of sight, pain in occiput, disposition to fall backwards.

SP. MED. BELLADONNA: Dullness, hebetude, drowsiness, pupils dilated.

SP. MED. CACTUS: Nervousness, sense of oppression in chest, heart's action irregular.

CHLORAL HYDRATE: Violent pain in head, tendency to convulsions, nervous excitement, throbbing of cerebral arteries.

SP. MED. CYPRIPIEDUM: Nervous irritability, with sleeplessness and restlessness, delirium and convulsions.

SP. MED. DIGITALIS: Small and feeble pulse, cardiac weakness.

SP. MED. ERGOT: Pulse weak, surface cold, pupils contracted, mental torpor.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, head hot and painful, restlessness, spasmodic contraction of muscles, intense suffusion of eyes, delirium.

SP. MED. GINSENG: Sensations of dullness, inability to control voluntary muscles, nausea and vomiting, with vertigo.

SP. MED. HELLEBORUS: Mental sluggishness, feeling of heaviness in head, head and face cold and covered with a clammy sweat.

SP. MED. HUMULUS: Delirium, nervous irritability and wakefulness.

SP. MED. HYOSCYAMUS: Mental excitement, terrifying dreams, periods of stupor, twitching of muscles.

SP. MED. PODOPHYLLUM: Dizziness, head heavy, speech slow and confused, tongue full and sodden, heavily coated, especially at base.

SP. MED. PULSATILLA: Mental depression, suppressed menses, despondency, delirium, groundless fears of danger.

POTASSIUM BROMIDE: Sleeplessness, restlessness, pulse strong, face and neck flushed and red, congestive tendencies.

SP. MED. RHUS TOX: Restlessness, sudden starting and crying out during sleep, features pinched and sharp, pulse small and sharp, pain in left frontal region.

SP. MED. STRAMONIUM: Acute delirium, excitement, head hot, hallucinations of sight, insomnia, rapid incoherent speech, patient violent and hard to control.

STRYCHNINE: Cutaneous anæsthesia, dullness of hearing, impaired vision, olfactory illusions, muscular tremors.

SP. MED. VERATRUM: Pulse full and bounding.

CEREBRO-SPINAL MENINGITIS.

Cerebro-spinal meningitis is an inflammation of the membranes covering the brain and the spinal cord. The disease has been given various names, each intended to call attention to some special feature of the malady. Thus it is called cerebro-spinal fever on account of the pyrexia; "spotted fever," because of the herpetic eruption and ecchymoses in the skin; "spinal typhus" from the occasional resemblance of the symptoms to those of typhus fever; but the generally accepted term now applied to the affection is cerebro-spinal meningitis. The disease may be either sporadic or epidemic, and is feared by the laity and the medical profession on account of its violence and fatality; for it is a malady which comes on suddenly and often proves fatal in a few hours.

Recently attempts have been made to place cerebro-spinal meningitis in the category of diseases of microbic origin, but so far no microbe has been definitely isolated as a causative factor in its production, and its etiology is still a subject of speculation. The disease occurs regardless of season, hygienic surroundings, or social condition, and although over-exertion, mental and bodily fatigue, exposure, insufficient food and depressing influences generally,

might be expected to induce the disease or at least render subjects more susceptible, still it follows no set rules, and these unfavorable circumstances do not appear to have any bearing upon its occurrence. While sometimes manifesting a periodicity in the symptoms, it is not of malarial origin, nor is it caused by the presence of "must" in the food, as has been recently suggested. Although confined to no age, it more frequently occurs in early life, the sexes being attacked in about the same proportion.

There are no premonitory symptoms. The onset is sudden, commencing with a chill, followed by headache, nausea, vomiting, and stiffness of the neck. The temperature rises, sometimes excessively; the pulse is rapid, respiration hurried and irregular. The patient soon becomes prostrated, the tenderness and stiffness in the back of the neck increase, opisthotonos comes on, the face is pale and haggard, the sight and hearing become super-sensitive; there are sensations of formication and hyperæsthesia over the body. Pain is intensified by even slight exertion, convulsive twitchings of the muscles set in, and clonic spasms appear. The abdomen is shrunken and retracted, tongue dry and red, sordes appear on the teeth, the urine becomes scanty, involuntary discharges occur from the bowels, and singultus and delirium come on, followed by coma and death.

Various complications mark the course of cerebro-spinal meningitis. Many permanent injuries result from a serious invasion of the disease, which often destroy the future usefulness of the patient, and leave him in a state to which death would seem preferable—idiotic, deformed, incompetent, a burden to friends and an object of pity to beholders.

The average duration is from five to eight days. There is considerable variation and diversity in the manifestations of the symptoms. The petechial or herpetic spots,

which lead to the name spotted fever, as applied to this disease, are not always present.

We may anticipate recovery, when, about the third or fourth day, the temperature begins to fall, the skin becomes moist, the tongue clean, and the delirium disappears. The patient then becomes relaxed, and the head can be raised from the pillow. Presently he is able to sit up, and after a somewhat tedious convalescence, regains comparative health.

TREATMENT.—The patient should be placed in bed in a cool, well ventilated room, quietude enjoined, and visitors excluded. The diet should be light and nourishing, consisting of gruel, beef tea, soups, eggs and milk. Care must be taken that the bladder does not become over-distended with urine, and the catheter used when retention occurs.

ACIDUM HYDROCHLORICUM: Deep red tongue, brown coat, sordes on teeth.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

ALCOHOL: Pulse quick and feeble, respiration hurried, weakness and prostration.

SP. MED. BELLADONNA: Dullness, hebetude, disposition to sleep, eyes dull, pupils dilated.

SP. MED. BAPTISIA: Purplish colored tongue, moist pasty fur, breath offensive, face purplish.

SP. MED. CANNABIS IND: Severe pain in back of head, stupor, vertigo, feeble and irregular pulse.

SP. MED. CYPRIPIEDUM: Sleeplessness, nervousness, patient inclined to be in constant motion.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, restlessness, increased heat and pain in head, irritation and determination of blood to the brain.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and sleeplessness.

SP. MED. PHYSOSTIGMA: Pulse weak, surface cool, pupils contracted, mental torpor.

SP. MED. PODOPHYLLUM: Dizziness and feeling of weight in head, imperfect command of the muscles, full tongue, covered with yellowish pasty secretion, constipation.

SP. MED. RHUS TOX: Restlessness, starting and crying out during sleep, sharp pulse, papillæ of tongue enlarged and red.

SODIUM SULPHITE: Broad, pallid tongue, heavy grayish pasty coat.

CHLOROSIS,

Chlorosis is a peculiar form of anæmia occurring most frequently in young girls about the age of puberty, sometimes later in life, and occasionally in males. The cause of the disease has never been fully determined, although it is supposed to be due to a derangement of the blood-forming structures, and of the nervous system. It may be developed by bad hygienic surroundings, improper and insufficient food, exposure to cold and wet during the menstrual period, excessive emotion, or masturbation. Chlorosis, although not self-limited and with no tendency to spontaneous recovery, is amenable to treatment, and the prognosis is favorable.

A characteristic symptom of chlorosis is a yellowish-green tint of the skin. As the disease develops the face becomes puffy and the eyes are surrounded by deep black circles. The patient is morose and despondent; there is lassitude, weakness and debility, and palpitation of the heart. The appetite is capricious and perverted; there is a feeling of pain and weakness in the stomach, with gaseous eructations, and an unnatural desire for substances not used as food; the breathing is rapid and shallow, with dyspnoea upon slight exertion. The respiratory murmur is feeble; there is usually a mild cough; the pulse is

sharp and quick, or soft and compressible, but as a rule, there is no fever. The "bruit-de-diable," or venous hum, can be heard with more or less distinctness over the jugulars. The urine is light in color, of low specific gravity, increased in quantity, and the bowels constipated.

TREATMENT.—The patient should be removed from depressing influences and unhealthy surroundings. An effort must be made to break up bad habits. The mind should be interested by healthful amusements and pleasant company. Moderate exercise with massage should be encouraged, but over-exertion must be avoided. Frequent baths, plenty of fresh air, and a liberal diet, are to be recommended.

ACIDUM MURIATICUM: Deep red tongue, brown coat, sor-des on teeth.

ALOES: Patient plethoric, morose, disinclined to exercise, feeble innervation, constipation.

ARSENIC: Pulse soft and feeble, skin relaxed, extremities cold.

SP. MED. BELLADONNA: Dullness, hebetude, disposition to sleep, tendency to cerebral congestion.

SP. MED. CACTUS: Nervousness, sleeplessness, oppression in chest, difficult breathing.

SP. MED. COLUMBO: Loss of appetite, indigestion, weakness.

SP. MED. CUPRUM: Skin of a yellowish green tinge.

SP. MED. HYDRASTIS: Perverted appetite, emaciation, gastric acidity with excessive secretion of mucus.

IRON: Pallid mucous membranes, lips red, alternate flushes of redness in the cheeks.

SP. MED. NUX: Sallow face, yellow coated tongue, nausea, abdominal pain, constipation.

PODOPHYLLUM: Constipation, fullness of veins, full tongue, dirty pallor of face.

SP. MED. PULSATILLA : Amenorrhœa, despondency, gloomy anticipations, nervousness, dizziness.

SP. MED. FERRI ACETATE : Surface pallid, aversion to motion, blueness of tongue, heavy pain in back of head.

CHOLERA.

Cholera is a disease marked by the abrupt development of a diarrhœa, followed in many instances by prostration and death. It may come upon an individual without previous warning, attacking him while engaged in his usual occupation, and terminate fatally in a few hours.

This disease, ancient in origin, incompletely mentioned in history, was not definitely described until the eighteenth century. Since then it has visited almost all civilized countries with more or less regularity, and on account of its suddenness and fatality, is regarded with fear and dread.

The cause of cholera has not as yet been definitely determined, although the subject of much investigation, experiment and speculation in the past. While at present the majority of investigators lean towards the theory of microbic origin, bad hygienic surroundings, insufficient and improper food, poverty, filth, neglect and personal uncleanliness are potent exciting factors.

An attack of cholera usually comes on suddenly, but it may be preceded by a few days or hours of malaise, colicky pains, nausea, diarrhœa and sweating; these symptoms are accompanied by prostration, weakness and debility, the tongue is pallid and pasty, there is thirst, scanty urine, rumbling in the bowels, and headache.

The active onset of the disease is marked by a profuse gushing diarrhœa; the discharges are large, and consist of a straw-colored fluid resembling rice water. There is

headache, vomiting, vertigo, and an increase in all the symptoms of the premonitory stage. As the diarrhœa continues, the voice becomes weak, respiration shallow and frequent, with dyspnœa. Prolonged and violent cramps of the abdominal muscles and of the limbs set in, there is anorexia and weak pulse, the countenance is cadaveric, pinched and shrunken, the eyes sunken, nose cold, and body covered with clammy perspiration. The mental faculties wane, there is intense thirst, suppression of urine, epigastric pain and singultus; the discharges become involuntary, and the patient sinks into an apparently hopeless condition. Death or re-action now takes place. The re-action is usually rapid; the diarrhœa disappears, the pulse becomes stronger, respiration full and free, the nausea and vomiting abate, the appetite returns, and in a short time the patient recovers.

Sometimes the attack, slightly moderating, is prolonged, and a typhoid state supervenes which may continue several weeks. The duration of the disease is not accurately limited; it may last but a few hours. In the majority of cases death or recovery takes place in two or three days. Cholera is a non-febrile disease; there may, however, be some slight elevation of temperature during the premonitory and in the beginning of the acute stage, but in the final or algid period, the temperature is sub-normal.

TREATMENT—When the choleraic diarrhœa sets in, the patient must be placed in bed and not allowed to rise for any purpose; the discharges from the bowels may be received in a bed-pan. Sinapisms should be applied over the epigastric region, and cracked ice given internally to allay the nausea and vomiting. Tincture Cajeput Comp. with bismuth may also be given for this purpose. Turpentine stupes applied over the abdominal region will tend to relieve the tormina.

ACIDUM HYDROCYANICUM: Nausea and vomiting, elongated and pointed tongue with reddened tips and edges.

ACIDUM HYDROCHLORICUM: Deep red tongue, broad and full, with heavy, moist, glutinous, and dark brown coat.

SP. MED. ACONITE: Feeble circulation, pulse small and frequent, relaxed skin, pyrexia.

AMMONIUM CARB: Feeble pulse, diminished cutaneous circulation, skin pallid and cold, respiration difficult, insomnia.

SP. MED. AMYGDALUS: Nausea and vomiting, tongue small and red.

SP. MED. BELLADONNA: Face bluish, eyes dull, extremities cold, tendency to coma.

CAMPHOR: Prostration, face bluish, extremities cold, voice weak and husky, cramps, burning pains in stomach and œsophagus, nausea, vomiting, vertigo.

CHLORAL: Pulse strong, face flushed, restlessness, pain in stomach and bowels.

SP. MED. CUPRUM: Exhausting, gushing discharges from bowels, abdominal cramps, skin of a greenish hue.

CUPRUM ARSENITUM: Irritability of intestinal mucous membrane with nausea and vomiting, spasmodic pains in stomach, bowels, and extremities.

SP. MED. ERIGERON: Frequent and large discharges from the bowels, involuntary discharges,

ETHER SULPHURICUM: Pain with tendency to convulsions, face pallid, circulation feeble.

SP. MED. IPECAC: Elongated and pointed tongue, irritation of intestinal mucous membrane with increased secretion, violent and painful alvine discharges.

MORPHINE (hypodermically): Nausea and vomiting, pain, restlessness and prostration.

SP. MED. NUX: Broad, pallid, and expressionless tongue, with yellowish coat, paroxysmal abdominal pain pointing to umbilicus, sallowness of face, nausea.

OPIUM: Severe pain, pulse small and open, sleeplessness, involuntary discharges.

SODIUM SULPHITE: Broad, pallid tongue, with thick pasty, dirty white coat, pallid mucous membranes.

STRYCHNINE SULPH. (hypodermically): Great prostration, muscular twitchings, involuntary discharges, fluttering pulse.

TINC. CAJEPUT COMP.; Frequent discharges from the bowels, cramps in abdomen and limbs.

VERATRUM ALBUM: Dullness, eyes sunken, face cold, thirst, irritability and twitching of facial muscles, vomiting, copious rice-water discharges, cramps in feet and legs, body covered with cold perspiration.

CHOLERA INFANTUM.

Cholera infantum is a disease of childhood, and most prevalent about the second year. It is due to indigestion and lack of assimilation, debility, nervous atony, or to irritation of the intestinal mucous membrane. In the majority of cases there are large watery stools, nausea and vomiting, elevation of temperature, prostration and rapid emaciation. The disease prevails in summer and autumn, being especially severe when the weather is hot, ameliorating with the arrival of a low temperature and frost. While cholera infantum is more frequent and attended with a greater mortality in the over-crowded and illy ventilated districts of large cities, it is by no means confined to such localities.

Several varieties of cholera infantum have been described by different authors, but for the present purpose they may all be included under the terms acute and chronic. Acute cholera infantum resembles cholera morbus, in so far as the onset is sudden and the duration brief, the attack usually terminating in death or recovery in a few

days. It may be preceded by a day or two of slight diarrhœa, but the discharges, although rather copious and frequent, do not cause much uneasiness or alarm. Presently there is an increase in the severity of the diarrhœa, the stools become large and exhausting, there is thirst, nausea, vomiting and prostration; the skin is dry, pulse increased in frequency, extremities cold, and tissues shrunken. Occasionally there is determination of blood to the head, with cerebral congestion and effusion. Teething, premature weaning, improper food and deficient nourishment aggravate the disease. The case may terminate fatally in twenty-four hours, in recovery in three or four days, or pass into the chronic form.

In chronic cholera infantum, there is diarrhœa and vomiting, the child loses flesh and strength, and is continuously thirsty. The character of the alvine discharges varies; they may be yellowish and stringy, greenish, clay-colored, dark brown, black, or almost white. The chronic form of the disease is sometimes attended by fever; in this case the skin is dry, the patient restless and wakeful, cross, peevish, desires to be carried about, and cries for water, which can not be retained, but is soon rejected by the stomach. The symptoms are usually worse in the afternoon or diurnally. In the non-febrile form the skin is soft, relaxed and flabby, tongue broad and heavily coated; the patient is dull and stupid; there is nausea, anorexia and prostration. The disease continues, with exacerbations, throughout the hot months, and unless some fatal intercurrent malady sets in, recovery occurs upon the arrival of cold weather.

TREATMENT.—The best diet for the child is milk from a healthy mother. The case becomes somewhat complicated when it is necessary to resort to substitutes, such as cow's milk and "infants' food." The regimen should be

strictly guarded, coarse and indigestible articles of food never permitted.

It is important that the child be clothed in woolen garments, with a flannel bandage around the abdomen. The patient should be removed from bad hygienic surroundings, taken to a cooler climate, and kept in the open air. Frequent warm baths will be found beneficial. The quinine inunction should be used when there is evidence of periodicity, especially if the pulse is soft and compressible, the skin pale and relaxed, and the extremities cold. Rectal injections of salt water will sometimes allay thirst.

ACIDUM LACTICUM: Stools green and painful, gastric irritability, tongue red.

ACIDUM SULPHUROSUM: Tongue broad and full, covered with a moist, glutinous brown coat.

SP. MED. ACONITE: Skin hot and dry, pulse small and frequent, pyrexia,

AETHUSIA: Nausea, intestinal tormina, restlessness, peevishness and fever.

SP. MED. AMYGDALUS: Nausea and vomiting, tongue small and red, gastric tenderness.

AQUA CALCIS: Vomiting of curdled milk, greenish discharges from the bowels.

ARSENIC: Abdomen painful, but not tender on pressure, burning in stomach, legs flexed, emaciation, skin soft and flabby.

SP. MED. BELLADONNA: Cerebral congestion, dullness, hebetude, disposition to sleep, pupils dilated, coma.

CAMPHOR: Prostration, face bluish, nausea, exhaustive discharges with cramps, extremities cold,

CAJEPUT: Profuse diarrhœa, nausea and vomiting, extremities cold.

SP. MED. CHAMOMILLA: Green, watery, flatulent and colicky discharges, sweating of head, child peevish, wants to be carried.

SP. MED. COLOCYNTH: Pain and swelling in lower part of abdomen, sharp cutting pains, tenesmus, increasing pain, tormina and straining at stool.

SP. MED. EUPHORRIA COR.: Greenish irritating discharges, abdomen hot and tender, constant desire to go to stool.

SP. MED. ERIGERON: Profuse gushing, watery discharges, severe tenesmus and cramps.

SP. MED. GELSEMIUM: Cerebral irritation with determination of blood to the brain, flushed face, bright eyes, contracted pupils, restlessness, head hot and painful.

SP. MED. IPECAC: Irritation of intestinal mucus membrane with increased secretion, contracted tongue, nausea.

SP. MED. IRIS: Gastro-intestinal irritation, burning in mouth and throat, imperfect nutrition.

SP. MED. NUX VOM: Pallid and expressionless face, yellow ring around mouth, abdominal pain pointing to umbilicus.

PEPSIN: Diarrhœa from imperfect digestion.

SP. MED. PODOPHYLLUM: Indigestion and diarrhœa from gastric atony, hepatic and portal congestion, abdomen full and doughy, skin sallow, tongue broad and coated with a yellowish pasty fur, heavily loaded at base, temperature normal or sub-normal.

SP. MED. RHUS TOX: Restlessness, starting and crying out during sleep, fright, pinched expression of countenance, small sharp pulse, strawberry tongue.

SP. MED. RUBUS VIL: Atonic condition of gastro-intestinal tract, copious alvine discharges.

SP. MED. RHEUM: Diarrhœa with tenderness on pressure, light colored discharges, child smells sour.

SODIUM SULPHITE: Broad and pallid tongue, greyish pasty coat.

VERATRUM ALBUM: Persistent vomiting, large watery discharges, eyes sunken, face cold, cramps in feet and legs, body covered with cold sweat.

CHOLERA MORBUS.

Cholera morbus is an affection of the mucous membrane lining the stomach and intestines. It is characterized by nausea and vomiting, distressing tormina and tenesmus, with large watery discharges, cramps and coldness of the extremities, weakness and prostration. The disease occurs in tropical climates and in temperate zones during the summer months. It is caused by the presence of undigested or indigestible food in the stomach; sudden checking of perspiration from exposure to cold; drinking copiously of ice water when the body is heated and fatigued; strong emotions, which suspend the digestive processes; irritating drugs, and in some cases comes on without perceptible inciting influence.

Cholera morbus usually begins suddenly at night, but in some cases may be preceded for a few days by malaise, headache, bad taste in the mouth, and constipation. The attack commences with nausea and vomiting. The material first ejected consists of undigested food, later of mucous and bile. The vomiting is painful and difficult, but temporarily relieves the nausea. There is great thirst; water and other fluids, as well as medicines, are, however, quickly rejected by the stomach. Discharges from the bowels are frequent; the first passages contain some fecal matter, after which they become profuse, watery, greenish or colorless, and generally odorless. The evacuations are attended with cramps of the bowels and lower extremities, especially the calves of the legs. The temperature is normal or sub-normal, and the patient is covered with a cold sweat. As the disease increases in severity the vomiting and purging become more urgent, the abdomen is shrunken and contracted, the pulse weak and small, and the urine scanty. In some cases the patient becomes icy cold, and passes into a state of prostration which may end

in death; but as a rule, the symptoms ameliorate in a few hours, when recovery rapidly takes place, and the stools become normal in a day or so, leaving no trace of the attack except a feeling of weakness. Occasionally recovery is more protracted, and there may be a fever with typhoid symptoms for a week or two. In the previously healthy adult, cholera morbus is rarely fatal, but in the feeble and aged death may occur. In fatal cases death can be foretold by the sunken eyes, the husky voice, cold extremities, the rapid shrinking of the tissues, and the profuse discharges from the bowels.

The principal diagnostic features of cholera morbus are, vomiting, purging and griping.

TREATMENT—In the begining cracked ice may be given to check the vomiting, sinapisms applied to the epigastrium, and morphia administered hypodermically to relieve the pain and griping.

ACIDUM HYDROCYANICUM: Nausea and vomiting, painful retchings, elongated and pointed tongue with reddened tip and edges.

SP. MED. ACONITE: Pulse small and frequent, tingling and burning in throat, diarrhœa.

AMMONIUM AROMATIC SPTS: Dyspnœa, nervousness, prostration, severe pain, involuntary discharges.

CAMPHOR: Great prostration with coldness of skin and extremities.

SP. MED. CHAMOMILLA: Green watery discharges, flatulent diarrhœa with colic.

CUPRUM ARSEMITUM: Irritability of mucous membrane, nausea and vomiting, spasmodic pain in stomach and bowels, cramps in extremities.

SP. MED. DIOSCOREA: Cramps in stomach and bowels, colicky pains with tenderness on pressure.

SP. MED. ECHINACEA: Nausea and vomiting, profuse and bad smelling discharges, feeble vitality, emaciation.

SP. MED. EUPHORBIA: Elongated and pointed tongue with prominent papillæ, tormina of bowels.

SP. MED. IPECAC: Tongue contracted, elongated and pointed, irritation of intestinal mucous membrane with increased secretion.

SP. MED. IRIS: Diarrhœa with sour, profuse watery discharges.

OPIUM: Tormina and tenesmus, extreme pain, excessive mucous discharges.

SP. MED. RHUS: Profuse and painful discharges, tongue elongated and pointed, papillæ prominent.

SALOL: Sudden diarrhœa, frequent and profuse discharges containing shreds of mucous membrane, offensive odor.

STRYCHNINE: Difficult respiration, feeble and tardy urination, great muscular debility.

TINC. CAJEPUT COMP. : Intense cramps in bowels and extremities, sensation of coldness in bowels, body covered with cold sweat.

SP. MED. XANTHOXYLUM: Spasm of the muscular coat of stomach and intestines with irritation.

CHOREA.

Chorea is a disease characterized by irregular and involuntary movements of the voluntary muscles. The tendency is often inherited, and the disease is frequently found in children of rheumatic, tuberculous, or syphilitic parents. The period of second teething, about the seventh and eighth years, is that of greatest susceptibility. The affection may follow severe grief, extreme fright and other violent emotions, or traumatism of the head and back. Acute infectious diseases, rheumatism,

masturbation, anæmia, pregnancy, and ocular defects, may also be mentioned among the exciting causes. The pathology of chorea is somewhat obscure, but there is always more or less spinal and cerebral hyperæmia. There are no distinguishing prodromata in chorea; the premonitory symptoms are those common to many diseases, *i. e.*, anorexia, indisposition to exercise, headache, restlessness, pain in the limbs and joints, irritability of temper, and loss of memory,

The early symptoms may pass unnoticed. The disease comes on gradually, with an awkwardness in the performance of ordinary movements; objects fall from the grasp, the child is nervous and unable to stand still, and is sometimes punished for breaches of discipline, under the impression that these peculiar actions are the result of stubbornness and perversity; the punishment usually increasing the severity of the affection. As the disease progresses the symptoms increase; the patient can not dress himself, control is lost over the limbs and facial muscles, the involuntary movements grow in number and extent, there is extension and flexion of the fingers, pronation and supination of the hand, shrugging of the shoulders, jerking of the legs, grimaces, distortions, falling down, and plunging about; speech becomes slow and irregular, hesitating, often impossible, or the patient may make many attempts before finally succeeding in speaking, when the words will be scarcely intelligible. Eating is very irregularly performed, the movements of the jaws being spasmodic, and swallowing difficult. Sleep is more or less disturbed, and in some cases there is insomnia. An increase in the symptoms commonly comes on in the evening before going to sleep, and the patient may awake in the night in great distress from a severe attack of spasmodic muscular contraction.

Acute uncomplicated chorea is a self-limited disease

with a tendency to recovery. It has no pathology, and usually subsides in from six to ten weeks without treatment. Chorea may be complicated with other diseases, which will render the prognosis a matter of much doubt. It frequently occurs with Basedow's disease, paralysis, pregnancy, eruptive fevers, rheumatism, and other affections. The relation between rheumatism and chorea is very striking; in many cases there is a history of rheumatism occurring before or after chorea.

The chronic form of chorea, or chorea major, resists treatment for a long time, and is often incurable. The disease may, in this case, be reflex, depending upon an organic lesion which must be remedied before a cure can be accomplished. Acute chorea has been recovered from under diverse methods of treatment, while chronic chorea often resists all remedial measures. It is, however, worthy of mention that chorea of long standing has sometimes spontaneously recovered after the correction of ocular defects. The mortality from chorea is about five per cent., death usually resulting from some complication or intercurrent malady.

In a disease of this character, presenting, as it does two well-known forms, one recovering naturally or without treatment, the other not amenable to any medication, it may be expected, as indeed is the case, to find a great diversity of treatment. Also, because no distinction has been made in the character of the disease, it will be found that all these methods have a record both of success and of failure. The old fashioned anti-phlogistic measures, consisting of venesection, purging, and tartar emetic in large doses, have now been abandoned by everybody, and remain only as a reminiscence, while pleasanter, milder, and more efficient measures have been adopted.

TREATMENT.—In the treatment of this disease it is necessary to pay strict attention to hygienic and dietary rules, for these requirements are of great importance. A warm bath should be given once or twice a week, quietude enjoined, and all excitement avoided, although moderate exercise will prove beneficial. The mild galvanic current may be applied to the spine for half an hour each day. Ice-bags or ether spray along the spinal column will be of value in some cases. The internal treatment should be directed towards removing all sources of reflex irritation, and towards bringing about a normal performance of all bodily functions. When intestinal parasites are suspected, santonine will be of use; should a tape-worm be present, it can be removed by the proper remedies.

ACIDUM SULPHUROSUM: Brownish coated tongue, sordes on teeth.

SP. MED. AGARICUS MUSC: Tremor, restlessness, neuralgic pains, jerking of muscles with nictitation.

ARSENIC: Pallid and doughy cheeks, flabby muscles, emaciation.

SP. MED. BELLADONNA: Dullness, stupidity, cerebral congestion.

SP. MED. BRYONIA: Full and tense pulse with swelling of joints, pleuritic pains.

SP. MED. CAULOPHYLLUM: Irregular menses, dysmenorrhea, spasmodic uterine contractions.

CHLORAL HYDRATE: Insomnia, nervous excitement, pain, restlessness.

SP. MED. CUPRUM: Amenorrhœa, feeling of languor, patient easily exhausted, bronzed skin.

CUPRUM ARSENITUM: Irregular heart, cardiac chorea.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils.

SP. MED. HYOSCYAMUS: Fright, terror, dryness of mouth, dilatation of pupils, flushed face, rapid and excited action of heart, hallucinations.

SP. MED. IGNATIA: Chorea from grief or fright, sleeplessness, mental disturbances, indigestion and cutaneous hyperæsthesia.

SP. MED. MACROTYS: Patient rheumatic, muscular pain in back and limbs,

SP. MED. NUX VOM: Hypochondriasis, umbilical pain, pain in forehead associated with nausea, sallow ring about mouth, indigestion and constipation.

OPIUM: Extreme pain in joints, no pyrexia, tongue clean.

POTASSIUM IODIDE: Tongue broad, pallid, leaden colored, syphilitic diathesis.

SP. MED. PULSATILLA: Despondency, forebodings of evil, dread, nervousness, pain in head, amenorrhœa.

SODIUM SALICYLATE: Rheumatism, white film on tongue.

SP. MED. STAPHYSAGRIA: Irritation of sexual organs, prostatorrhœa, depression of spirits, hypochondriasis and hysteria, attended with violent outbursts of passion.

SP. MED. STICTA: Rheumatic pains in shoulders and back of head.

SP. MED. STRAMONIUM: Delirium, loss of memory, melancholy.

SODIUM SULPHITE: Thick pasty white or dirty gray coat on tongue.

SYR. RHEI ET POT. COMP.: Bowels constipated, tongue coated white, gastric acidity, flatulence.

CIRRHOSIS OF THE LIVER.

Cirrhosis is a disease of the liver, the characteristic features of which are chronic hyperæmia, resulting in an increased proliferation and subsequent contraction of the interstitial connective tissue. This process causes more or less destruction of the proper secreting elements of the liver.

The most frequent cause of cirrhosis of the liver is habitual alcoholic intemperance, but it may result from dietary indulgences, syphilis, or biliary obstruction. It is a disease of adult male life, only occasionally affecting females and children.

There are three well marked stages of the disease, which follow in natural sequence; the first is a stage of hyperæmia, the second a stage of hyperplasia, and the third a stage of contraction. In the first stage there is moderate enlargement of the liver, with slight pain and tenderness over the hepatic region, some fever, jaundice, anorexia, indigestion, nausea and vomiting. These symptoms come and go without attracting much attention, and the first stage of cirrhosis often passes unnoticed. In the second stage the hepatic enlargement is more marked, and there is a general increase in the severity of the symptoms. Pyrosis occurs, with gaseous accumulations and eructations; the patient vomits a glairy mucous, which later becomes tinged with bile, the tongue is furred and bowels constipated. Ascites may appear in this stage.

The third stage is marked by weakness and emaciation, the constipation of the early stages is supplanted by diarrhœa, the discharges being pale, clay or ashen colored. The urine is high-colored, containing deposits and bile coloring matter; hæmorrhoids are frequent and anal fissures occur. Toward the termination of the disease an urgent dyspnœa sets in. On account of portal obstruction, the relaxation of the capillary walls and a watery condition of the blood, the ascites now becomes extreme and the lower limbs dropsical. In most cases the spleen is enlarged, and there is distension of the superficial abdominal veins, caused by the setting up of a collateral circulation. Finally stupor or delirium and convulsions occur, ending in coma and death.

The average duration of cirrhosis of the liver is from one to three years; death frequently resulting from some complication or intercurrent malady.

TREATMENT.—The patient must refrain from alcoholic stimulants; the diet should be free from highly seasoned, fatty, saccharine and amylaceous food. The regimen should consist of skimmed milk, lean meats, fruits and succulent vegetables.

Pain and tenderness in the region of the liver will be relieved by counter-irritation and hot fomentations. The Compound tar plaster applied over the hepatic region will prove of service. When the ascites is excessive, tapping will be necessary, but when only moderate, it may be relieved by remedies which stimulate the excretory organs, skin, kidneys and bowels. Constipation, which is usually present in the first stages, will be relieved by mild saline cathartics.

ARSENICUM: Flabby skin, dry epidermis, tendency to the formation of vesicles, tongue contracted and pointed, pulse soft and easily compressed.

AURUM MURIATICUM NAT.: Tongue contracted and red, ascites, œdema of extremities, swelling and pain in hepatic region.

CALCAREA CARBONICA: Enlarged lymphatics, pallid inelastic skin, tissues soft, scanty urine, diarrhœa.

POTASSIUM IODIDE: Pale, leaden colored tongue, tendency to cacoplastic deposits, syphilitic taint.

QUININE: Cirrhosis from malarial poisoning, cirrhosis with periodicity.

SODIUM PHOSPHATE: Constipation, enlargement of the liver with tenderness on pressure, tongue and mucous membrane pale.

TR. FERRI ACETATE: Pale transparent skin, blueness of veins, dull heavy pain in head.

SP. MED. UVEDALIA: Enlarged spleen, weight and heaviness in splenic and hepatic regions, skin full, inelastic and sallow.

COCCYGODINIA.

Coccygodinia is an affection of the coccyx, consisting in a painful condition of that bone and contiguous parts. It occurs most frequently in women, especially those who have borne children. It is a chronic disease, and may continue for years. The causes of coccygodinia are, fracture of the coccyx, which has perhaps escaped notice, injuries during parturition, blows or falls, exposure to cold, uterine diseases, horseback riding, caries, and the pressure of tumors. The anal and other muscles in this region are attached to the coccyx, and hence movements which may throw them into contraction, such as sitting, rising, defecation, and urination, will result in pain. Sometimes the pain is constant and very severe, and is not relieved by the ordinary remedies. As the disease progresses, the patient becomes depressed in appearance, wretched, emotional, hysterical, hypochondriacal and in some cases insane. The affection is amenable to treatment, and the prognosis is favorable,

TREATMENT.—The coccyx should be examined for fractures, tumors, caries and other morbid conditions; the uterus and ovaries inspected, and a rectal examination made for the purpose of detecting fissures or hemorrhoids. Continous counter-irritation with the compound tar plaster yields good results. The mild galvanic current for a half hour each day is also beneficial. Rectal suppositories containing morphine, iodoform, cocaine, or salicylate of soda, will sometimes relieve the pain.

SP. MED. CAULOPHYLLUM: Spasmodic pain, uterine pain and irritation, patient plethoric, with rheumatic tendencies.

SP. MED. COLLINSONIA: Sticking pain and fullness in the rectal region; pain upon contraction of the sphincter ani.

SP. MED. MACROTYS: Coccygeal pain and tenderness, dragging pains in back and limbs associated with uterine and ovarian disease.

SP. MED. PASSIFLORA: Pain and tenderness over coccyx, restlessness, insomnia, oppressed respiration, hysteria.

In some cases all treatment will prove futile, and amputation of the coccyx will be necessary, or complete division of all muscular and tendinous connections may cure the disease.

COLICA HEPATICA.

Concretions formed in the gall bladder or gall ducts, due to abnormal changes in the bile, are, according to their size, called gall stones or gall sand.

Gall stones vary in dimension, and their number may reach from one large concretion which fills the gall bladder to a thousand small granules. They usually number from twenty to thirty. When the calculi are numerous they are generally small, some of them being mere grains. When the stones are few in number they are more or less rounded, but the more abundant and smaller calculi are angular from mutual pressure, and of various fantastic shapes and colors. They differ in consistency, being, at times, soft and easily crushed, while in some cases they are extremely hard; they are slightly heavier than water, and do not float upon the surface. Gall stones consist of cholesterine and lime with the coloring matter of bile, which, according to its amount, tinges them more or less. Biliary concretions do not always seriously affect the gall bladder, and may be present in this viscus for years, without producing unpleasant symptoms, but in severe cases it is for

the most part enlarged and sacculated, and attached to surrounding parts by adhesions due to localized inflammation. Later on degenerative changes occur, including infiltration and ulceration of the walls of the sac. Should the ductus communis choledochus become impacted, ulcerative processes take place, which may result in fistulous openings into surrounding cavities or externally.

Gall stones are most frequently found in middle life, in females, and in those engaged in sedentary pursuits. Rich diet and indulgence in alcoholic beverages have a tendency to produce the caculi, while in women the menopause appears to have a causative influence. Small calculi in the hepatic ducts give rise to a dull pain and sense of weight and constriction in the hepatic region, without enlargement of the liver. There may also be nausea and gastric disturbances, but jaundice is absent. When the larger ducts are occluded there is jaundice and enlargement of the liver, sharp pains in the hepatic region, with rigors and cold perspiration.

The presence of small calculi in the liver may cause no inconvenience, but when of very large size they excite inflammatory processes, sometimes resulting in occlusion of the cystic duct. When the gall bladder contains a large number of gall stones, active exertion is followed by pain in the region of the liver, which ceases upon resting. By careful palpation the stones can be felt with the fingers. In some cases the patient declares he can feel the calculi rolling about on each other. A fatal termination may occur through ulceration and rupture of the gall bladder. Hepatic colic is caused by the passage of calculi along the bile ducts. It usually comes on after a hearty meal or active exercise, such as horse-back riding and the like. The attack is sudden and manifests itself by severe pain in the left hypochondrium. The pain is described as boring, piercing, lancinating; the patient is in extreme

agony; the face becomes pale and covered with perspiration; the pulse is small; the abdominal muscles rigid; there is restlessness and continual change of position, seeking for ease. Vomiting and singultus come on; the pain sometimes extends over the entire body; the abdomen becomes tympanitic, and the attack may terminate in convulsions and death. Usually, however, after a few minutes or hours, the pain suddenly ceases, and the patient recovers. In acute attacks jaundice is not present in the beginning, but comes on later; with its appearance the stools are lighter in color, the bowels constipated, and bile pigment appears in the urine. After the subsidence of the colic, gall stones may be found in the feces.

TREATMENT.—In mild cases large draughts of warm water containing a little soda bicarbonate will sometimes relieve the pain. Tepid baths or hot water applied over the painful region often prove beneficial. Cathartics are to be avoided during the paroxysms. When the patient shows signs of collapse, stimulants, such as ammonia and brandy, are indicated.

CHLOROFORM OR ETHER (by inhalation): When there is a tendency to convulsions.

SP. MED. BELLADONNA: Congestion with pain and biliary impaction.

SP. MED. DIOSCOREA: Sharp cutting pain, tenderness on pressure.

MORPHINE (hypodermically or by mouth): When the colic is severe and continual.

COLIC—ENTERALGIA.

The distinguishing features of intestinal colic are paroxysms of griping, abdominal pain of a neuralgic character, unattended by fever. This disease may be caused by acrid ingesta, irritating secretions, gaseous accumulations,

nervous irritation, structural lesions of the intestinal coat, or the presence of hardened feces. It attacks both sexes, but is rare after middle age, being most frequent in infancy. The colic of childhood is mostly of the flaiulent variety, due to gaseous accumulations in the bowels. The paroxysms of colic are usually brief, rarely continuing more than an hour; but the disease sometimes assumes a chronic form, especially in adults, who may be subject to attacks for a period of several years.

A seizure may be preceded by nausea, eructations, headache, constipation, and distension of the abdomen. Usually, however, the paroxysm comes on suddenly. It begins with a severe griping pain in the umbilical region, changing about over the abdomen. This will be followed by an interval of ease, when the pain will recur with increasing severity. There is no tenderness on pressure, and sometimes relief is afforded by it. The skin is cool, pulse normal and regular. The bowels are for the most part constipated, but sometimes watery discharges occur, which afford relief. The duration of the disease is brief, and the prognosis favorable.

TREATMENT.—Hot applications, sinapisms, and hot flannels saturated with stimulating liniments applied to the abdominal region, will have a tendency to relieve the severity of the pain and griping.

ACIDUM HYDROCHLORICUM: Deep red tongue, brown coat, sordes.

SP. MED. BRYONIA: Diarrhœa, abdominal tenderness, muscular sensitiveness, constipation in bottle-fed babies.

SP. MED. CAPSICUM: Distended abdomen, motion increases pain, thirst, chills.

SP. MED. CAULOPHYLLUM: Spasmodic cramps, colicky pains coming on after eating.

SP. MED. CHAMOMILLA: Cramps worse at night, greenish discharges, restlessness, painful evacuations.

CHLOROFORM (ten or fifteen drops in peppermint water) : flatulence, distension of the abdomen, constipation.

SP. MED. COLCHICUM: Pain of a rheumatic character, constipation.

SP. MED. COLLINSONIA: Contracted abdomen, pains in lower bowel extending to rectum, sharp sticking sensation in rectum and abdomen.

SP. MED. COLOCYNTH: Sharp cutting pains in abdomen, tenesmus, bowels distended, flatulent discharges.

SP. MED. EPILOBIUM: Colicky pain, diarrhœa, contracted abdomen.

SP. MED. IRIS: Irregular bowels, doughy abdomen, enlarged spleen.

JALAP AND SENNA, Comp. Powd. (to catharsis): Colic with stercoraceous vomiting, pain and griping in lower bowel.

SP. MED. LOBELIA, (to emesis): Nausea, vomiting, heavily coated tongue, feeling of oppression in the epigastric region, over-loaded stomach.

MAGNESIUM PHOSPHATE: Sharp shooting pains, nervousness, indigestion.

SP. MED. MELILOTUS: Diarrhœa and vomiting, cutting and lancinating pains with griping and rumbling in the bowels, flatulence, forcible and windy evacuations, stools watery.

MORPHINE (hypodermically): Continual pain and griping, vomiting, cold sweat, cramps in limbs.

SP. MED. NUX: Tongue pallid, nausea, paroxysmal pain pointing to umbilicus, diarrhœa with large watery discharges, sallowness about mouth.

SP. MED. PODOPHYLLUM: Constipation, full tongue with dirty yellow coat, full abdomen with general fullness and flabbiness of the body.

POTASSIUM BROMIDE: Colic with diarrhœa and flatulence, aphthæ.

SANTONIN: Colic from intestinal parasites.

SODIUM SULPHITE: Broad, pallid and dirty tongue with pasty white fur.

TR. CAMPHOR ET OPII: Intestinal cramps with diarrhœa, temperature and circulation normal.

ZINCUM VALERIANATUM: Colic, reflex from uterine or ovarian disease.

COLICA PICTONUM.

Lead colic is the result of systemic poisoning due to the absorption of metallic lead. It frequently attacks lead miners and those engaged in the manufacture and use of this metal, such as plumbers, painters, printers, and tinfoil workers. It may be caused by drinking fluids which pass through lead pipes, or from eating food cooked in leaden utensils, and that preserved in tin cans. The use of hair dyes and complexion washes containing lead, sleeping in newly painted rooms, and the administration of plumbic remedies may produce it.

An attack of lead colic may be preceded for a few days by a feeling of malaise and an indisposition to exertion; the skin is of a muddy yellowish hue, bowels constipated, and there is a habitual dryness of the mouth with a sweetish metallic taste. The paroxysm, however, usually begins abruptly with an obscure pain in the bowels, which rapidly increases in severity, soon becoming twisting, griping and agonizing in character. It shoots through to the abdominal region, extends to back and limbs, and finally over the entire body. There is nausea and vomiting of acrid mucus and bile, the tongue is stiff and large, the skin soft and moist; the pulse at first normal presently becomes rapid and feeble; the intestines are contracted and nodulated, the abdomen retracted. There is no pain on pressure, but this sometimes affords relief. The bowels

are constipated and the feces, when passed, are hard, scybalous, and voided with difficulty. The attack may terminate in diarrhœa.

In some cases of chronic lead poisoning the intestinal derangement is not marked, but there are seen anæmia, loss of strength, anorexia, indigestion, and paralytic tendencies, the most marked of which is the "wrist drop." A blue line at the junction of the teeth and gums is a constant symptom, and is present both in chronic and acute forms. The majority of cases ultimately recover.

TREATMENT.—The source of poisoning should be sought out and removed. The patient should be confined to a milk diet. External applications of cholorform liniment on hot flannels and the use of hot water bags will have a tendency to relieve the pain, while tobacco poultices will prove efficient in some cases. A hypodermic injection of morphia or the inhalation of chloroform may be required in severe attacks.

Potassium Iodide is a remedy of much efficacy in the treatment of this disease. To move the constipated bowels compound powder of jalap and senna, magnesia sulphate, or the white liquid physic may be given, and in cases where the constipation is obstinate, croton oil may be cautiously administered

COLICA RENALIS.

Renal colic is caused by the passage of calculi from the pelvis of the kidney, through the ureter, to the bladder. A renal calculus is a concretion formed in the tubules or pelvis of the kidney. These calculi usually consist of uric acid; sometimes, however, they are composed of oxalate, carbonate, or phosphate of lime, cystine or xanthine, and occasionally a complex aggregation of several of these ele-

ments enter into their formation. They vary in size and shape, and may weigh from one grain to ten ounces. Renal calculi are due to a perverted urine, which throws down deposits upon any thing that will act as a focus or starting point, hence they are found collected around particles of mucus, pus, blood-clots, and shreds of epithelium, in the kidneys. As a rule, they are developed upon the apices of the Malpighian pyramids from which they fall down into the pelvis of the kidney. The disease is generally confined to the left kidney. Neither age nor sex confers exemption from this affection, but men are most frequently attacked. A calculus too large to pass the ureter may, unsuspected, occupy the pelvis of the kidney for a long time; but in such cases there is pain in the lumbar region, which shoots down into the groin, and is aggravated by exercise or anything causing jolting or jarring of the body. In addition to this the urine will be found to contain deposits consisting of blood, pus, epithelium, crystals of uric acid, and of calcium oxalate. When the calculi are small they remain undiscovered, and traverse the urinary conduits without causing pain.

An attack of renal colic commences abruptly with shooting pains in the loins on the affected side, radiating thence over the hypochondrium, and extending down the thighs. The testicle and scrotum of the same side are drawn up, and there is pain in the head of the penis. Abdominal tormina and tenesmus are marked along the course of the ureter, the pain soon becoming intense, agonizing, and spasmodic. There is nausea and vomiting, the body is covered with cold perspiration, respiration is rapid and shallow, and the pulse small and hard. Urination is frequent, the urine containing blood and mucus. The severity of the pain depends upon the size and angularity of the stone. Sometimes a calculus of large size becomes impacted in the ureter and gives rise to hydro-nephrosis.

Ordinarily the attacks are of short duration, but they may be prolonged and marked by exacerbations. The prognosis is for the most part favorable.

TREATMENT.—Some relief will be afforded the pain by hot applications and by counter-irritation externally, while massage of the abdomen will aid in the passage of the calculus. After the attack has subsided, demulcent drinks such as hair-cap moss, marshmallow, or uva ursi, in infusion, will tend to relieve the irritation and inflammation of the urinary passages. To prevent the formation of renal calculi and correct the calculous diathesis, the drinking of Buffalo Lithia, Waukesha, Vichy, and other mineral waters, has been recommended.

SP. MED. AGRIMONIA: Acute deep-seated pain in the lumbar region extending to bladder.

SP. MED. BELLADONNA: Pain severe and continuous without exacerbation.

SP. MED. CHIMAPHILLA: Scanty urine, muco-purulent sediment, vesical tenesmus, frequent micturition with smarting pain.

COCCUS CACTI: Urine dark colored, pain extending to bladder.

SP. MED. ERYNGIUM: Intense pain of a dull aching character, painful urination with burning and scalding.

SP. MED. GELSEMIUM: Frequent desire to urinate with burning in the bladder.

SP. MED. HYDRANGEA: Atony of the urinary organs, urine scanty, irritation of the bladder and urethra, difficult urination with blood in the urine.

SP. MED. JABORANDI: Diminished excretion of urine, skin dry, pulse hard, pain over entire body.

SP. MED. PIPER METHYSTICUM: Retracted testicle, pain in head of penis, pain in loins and breast.

TRITICUM DECOCTION: Irritation of the urinary organs,

sandy deposits in the urine, frequent urination, pain in the back. In severe cases morphia may be resorted to, but care must be taken in the use of this drug, for as the pain suddenly ceases, systemic resistance being thus removed, fatal narcosis may occur.

CONSTIPATION.

Constipation of the bowels is a condition characterized by infrequent or incomplete alvine discharges. The term includes all stages of intestinal torpidity from slight costiveness to complete obstipation. When the bowels are simply costive, there is usually one movement in twenty-four hours, but it is dry, scanty, and leaves a feeling of incompleteness and uneasiness in the rectum. As a rule, a condition of perfect health demands a daily evacuation of the bowels. Should this fail to occur, constipation is said to exist. But the term constipation admits of considerable license, some individuals maintaining a standard of health with a fecal discharge but once in two or three days, while others require two or three discharges daily.

Constipation is for the most part symptomatic, and is due to diverse pathological conditions. It may be caused by structural lesions of the intestinal tract, dilatation and atony of the muscular wall, lack of intestinal secretion, torpidity of the liver with portal congestion, or by habitual indulgence in cathartic medicines. A torpid condition of the bowels frequently attends acute febrile diseases, as well as lead poisoning, chlorosis, and anæmia. Sedentary callings, and the neglect to attend to demands for defecation, tend to form the habit of constipation. Intellectual work, hurried occupations, luxurious and enervating habits and a rich diet, incline to this condition. It is often found in advanced life associated with plethora, and is a common attendant of the menopause.

Constipation gives rise to a great many symptoms, the principal of which are headache, flatulence, hysteria, skin eruptions, muddy complexion, vertigo, itching, foul breath, indisposition to exertion, dullness, drowsiness, hypochondriasis, weight and heaviness in the pelvis, coated tongue, dyspepsia, hæmorrhoids, cystic irritation, seminal emissions, and ovarian neuralgia.

TREATMENT.—The treatment is chiefly dietetic and hygienic. A call to defecate should never be neglected, and the formation of a regular habit for this purpose is of the greatest importance; a stool should be regularly solicited every day at the same hour. The diet should be of a laxative character, and may consist of fruits, oat meal, and brown bread. Food that leaves but little detritus should be avoided. Those engaged in sedentary pursuits should exercise regularly, apply massage to the abdomen, and drink laxative mineral waters. The habitual use of rectal injections will tend to improve the tone of the bowels and relieve constipation; they should consist of warm water, and be taken regularly and copiously, once daily. Cathartics are to be avoided, and local obstructions removed. Drugs are of secondary importance in the treatment of constipation.

SP. MED. ÆSCULUS: Lowness of spirits, vertigo, dyspepsia, difficult stools.

ALOES: Atony of large intestines and rectum, bowels torpid, evacuations dry and hard, pruritus ani.

ALUMINA: Lack of intestinal secretion, scanty glue-like discharges.

SP. MED. BELLADONNA: Sluggish capillary circulation, abnormal contraction of the sphincter ani, dullness, drowsiness, indisposition to exertion.

SP. MED. BERBERIS: Torpid liver, indigestion, yellowish skin.

CASCARA: Constipation due to nervous and muscular

atony of the lower bowel with diminished sensibility; constipation depending upon indigestion and neglect to attend to calls for defecation.

SP. MED. COLOCYNTH: Constipation with sharp griping pains in lower bowels.

SP. MED. EUONYMUS: Hepatic torpidity, debility and loss of strength.

SP. MED. JUGLANS CIN.: Flatulence, gastric irritability, acid eructations, diarrhoea of constipation.

SP. MED. NUX: Feeling of fullness in right hypochondrium, sallow face, yellow coat on tongue, habitual constipation with atony.

SP. MED. PODOPHYLLUM: Dyspepsia, hepatic torpor, headache, vertigo, general fullness of tissues, full heavily coated and foul tongue.

SP. MED. RHEUM: Sense of constriction in stomach and bowels, abdomen retracted.

SODIUM PHOSPHATE: Habitual constipation, feces dry and hard, constipation in children.

STRYCHNINE: Constipation with lack of expulsive force, atony of rectal muscular coat.

CONVULSIONS.

Convulsions consist of sudden, involuntary and spasmodic muscular contractions; they are intrinsic when they come up from primary lesions of the central nervous system, and extrinsic when due to reflex irritation. Convulsions arising from a known pathological condition are called symptomatic, but when there is no discoverable cause they are called idiopathic or essential. Convulsions are either general or partial, are caused by many different morbid states, and while they may occur at any age, are most frequent in the second year of childhood. An inherited neuropathic diathesis predisposes to convulsions,

while bad food and air, dentition, digestive disturbances, and cholera infantum, may be mentioned as exciting causes. They frequently complicate inflammatory diseases and infectious fevers.

Premonitory symptoms are usually absent, but in some cases it may be noticed that the eyes are rolled backward and only partially closed during sleep, and that there are sudden jerking of the extremities and twitching of the facial muscles, while the patient may be restless or dull and stupid.

In the majority of cases the attack is sudden. There is a loss of consciousness; the body is thrown into a state of tonic or clonic muscular contraction; respiration is labored and stertorous, the face congested and bluish, the features distorted, pulse frequent, and swallowing impossible. The convulsive paroxysm is usually brief and does not continue for more than a minute or two; sometimes, however, it may last from fifteen to thirty minutes. There may be but one seizure, or the convulsions may follow each other in quick succession. During the interval, although the patient may not regain consciousness, relaxation occurs and medicines placed upon the tongue are swallowed. When the attacks terminate, there is a return of consciousness, after which the patient immediately sinks into a deep sleep for a considerable time. One attack predisposes to another. There are two well marked conditions under which convulsions occur. In one, there is vascular excitement and determination of blood to the head, in the other depression, dullness and hebetude with congestive tendencies.

TREATMENT.—Sinapisms should be applied to the epigastric region, to the spine, and to the extremities, alternated with hot foot or sitz baths. If the convulsions are severe and follow each other rapidly, it will be neces-

sary to resort to the inhalation of chloroform or ether, until the paroxysms are allayed sufficiently for internal remedies. An emetic should be given when there is an overloaded stomach, and the processes of digestion are arrested. When the convulsions are due to the retention of irritating ingesta, a rapidly acting cathartic should be administered.

SP. MED. ACONITE: Pulse small and frequent, irritability of nerve centres, pyrexia.

ASAFÆTIDA: Irritation of the stomach and intestinal canal with gaseous accumulations.

SP. MED. BELLADONNA: Depression, dullness, hebetude, congestive tendencies.

CHLORAL HYDRATE: Convulsions attended with extreme pain.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, increased heat of head, sudden movements of extremities and facial muscles.

SP. MED. LOBELIA: Oppressed circulation, dyspnœa, fullness of tissues, want of expression.

SP. MED. PASSIFLORA: Constant cutting pain in cardiac region, sense of impending dissolution, irregular pulse.

POTASSIUM BROMIDE: Excitability of nerve centres, extreme nervousness, periodical and spasmodic muscular contractions attended with periods of unconsciousness, sleeplessness and restlessness, circulation vigorous without fever.

SP. MED. RHUS TOX: Sudden starting in sleep, shrill cry, restlessness, sharp pulse, sharp features, tip of tongue shows small red spots on upper surface.

SP. MED. SCUTELLARIA: Convulsions from over-study, long continued and exhaustive labor, tremor and twitching of lower limbs, insomnia, restlessness, irregular pulse.

SP. MED. SUMBUL: Insomnia, restlessness, hysterical conditions, palpitation of the heart, and neuralgia.

SP. MED. VALERIAN: Headache, despondency, violent agitation of limbs and body, clonic spasms.

SP. MED. VERATRUM: Full and bounding pulse, increased arterial tension.

COUGH.

Cough is a spasmodic, expulsive effort of the respiratory organs. It arises from irritation, either direct or remote, of the sensitive nerve endings in the respiratory mucous membrane. Cough is a symptom and not a disease; it is, however, a very frequent and often the only evidence of morbid conditions, therefore remedies for its relief have always occupied a prominent position in therapeutics.

The most common cause of cough is cold, but it is often due to other sources of irritation, such as aural, nasal, and pharyngeal disease, or an elongated uvula. It also occurs in sympathy with cardiac, gastric, hepatic, uterine, and ovarian disorders. Diseases of the respiratory organs are usually accompanied by cough.

The character of the cough varies with its inciting causes. In pleurisy it is suppressed; in croup, hoarse and crowing; in the first stages of bronchitis, harsh and explosive; in cardiac diseases, hacking and inefficient; in bronchiectasis deep and heavy; in laryngitis, tickling; and so on through many shades of sound and violence.

TREATMENT.—ACIDUM NITRICUM: Harsh cough occurring at regular intervals, violet colored tongue.

ACIDUM HYDROCYANICUM: Gastric cough, scanty expectoration, pain and soreness in the larynx.

SP. MED. AGRIMONIA: Spasmodic cough with dribbling of urine.

ALUMINA: Hacking cough, dryness and lack of secretion, sensitiveness of the nasal mucous membrane.

AMMONIUM MURIATE: Cough, tickling in the larynx when speaking or singing.

AMMONIUM BROMIDE: Spasmodic cough with convulsions, whooping cough.

SP. MED. ARALIA RAC.: Cough, irritable mucous membranes, chronic pulmonary and catarrhal affections.

ASAFÆTIDA: Dry cough, humid asthma, chronic bronchitis.

SP. MED. BELLADONNA: Irritation of the fauces and upper air passages; irritative, paroxysmal cough, dullness and drowsiness.

SP. MED. BRYONIA: Suppressed and hacking cough, with pain in right side; respiratory movements restricted.

SP. MED. CACTUS: Irregular pulse; præcordial oppression, spasmodic cough with vertigo.

CALCIUM CARB: Cough with profuse discharge, chronic cough, bronchorrhœa.

SP. MED. CHELIDONIUM: Jaundice, torpid liver, headache, cough with pain in region of liver.

SP. MED. COLLINSONIA: Cough with sense of pain and fullness in the larynx, cough aggravated by speaking, ministers' sore throat, sticking pain in larynx, feeling as of a foreign body in larynx.

CORALLORHIZA: Harsh cough, lack of secretion, pain, pyrexia.

CYSTUS: Dryness and blueness of the mucous membrane, tickling and itching in the pharynx, chronic pharyngitis.

SP. MED. DROSERA: Expulsive irritating cough, uncontrollable explosive cough, dryness of air passages, irritation and nervousness, cough of measles.

SP. MED. GELSEMIUM: Cough with acute inflammation, bright eyes, flushed face, contracted pupils, lachrymation.

SP. MED. GRINDELIA: Cough with dyspnœa, palpitation

of heart, whistling rales, chronic cough associated with profuse leucorrhœa.

SP. MED. HEPATICA: Cough with increased secretion, irritation of mucous membrane.

SP. MED. HYOSCYAMUS: Constant dry cough, worse at night, relieved by sitting up, nervousness.

SP. MED. INULA: Teasing cough, post-sternal pain, chronic cough, bronchitis.

SP. MED. IPECAC: Violent expulsive cough with sense of irritation and burning, muco-purulent expectoration.

SP. MED. LYCOPUS: Chronic cough with frequent pulse and high range of temperature, sense of burning, soreness and irritation in chest.

SP. MED. LOBELIA: Profuse secretion, sense of oppression in chest, feeling of fullness in præcordial region.

SP. MED. LYCOPODIUM: Cough with bloody sputa, congestive headache.

SP. MED. MACROTYS: Rheumatic cough, pain in muscles of thorax, menstrual irregularities.

SP. MED. PHOSPHORUS: Dry hacking cough with nervous debility.

PIX LIQUIDA: Cough with profuse bronchial secretion.

POTASSIUM BICHROMATE: Cough with hoarseness, expectoration of dry stringy mucus.

POTASSIUM CHLORATE: Cough with offensive expectoration of cadaveric odor.

POTASSIUM HYPOPHOSPHITE: Chronic cough, thoracic pain, weak and rapid pulse, anæmia, emaciation.

SP. MED. PRUNUS: Cough with gastric and hepatic irritation, spasmodic cough, soreness in chest.

SP. MED. RHUS TOX: Dry tickling cough, spasmodic uncontrollable cough, sense of shifting irritation in respiratory tract.

SP. MED. RUMEX: Cachetic cough, high range of temperature, free expectoration, weight and fullness in chest,

debility, irritation in larynx and trachea, yawning, summer cough.

SP. MED. SANGUINARIA: Tickling in throat and larynx, dry hacking cough, burning in nose.

SP. MED. SENEGA: Deep hoarse cough, mucous rales.

SPONGIA: Pain in larynx on touching it or turning the head, burning and soreness in larynx and trachea, voice dry and husky, hoarse croupal cough, wheezing inspiration.

SCILLÆ: Cough with muco-purulent secretion.

SP. MED. STICTA: Cough with pain in shoulder extending to occiput.

SULPHUR: Persistent cough, copious expectoration, sputa thick yellowish or greyish white, crepitant rales.

TARTAR EMETIC: Hoarseness, tenderness of larynx, hollow reverberating cough, weakness.

SP. MED. TELA ARANEA: Dry whistling cough, spasmodic in character.

TRIFOLIUM: Spasmodic cough, irritable condition of the respiratory organs, weakness, wheezing cough.

VERBASCUM: Chronic cough, dry, hoarse, worse at night.

SP. MED. YERBA SANTA: Cough with abundant and easy expectoration.

CROUP, MUCOUS.

Mucous croup is characterized by hyperæmia and increased secretion from the laryngeal mucous membrane. There is also a mild degree of inflammation and an impairment of the capillary circulation. The mucous membrane is thickened, the blood-vessels distended, and the laryngeal muscles contracted.

Mucous croup is a very common form of the disease, and occurs in all seasons, but is more frequent in the Winter and Spring. It is for the most part a disease of

childhood, and is more severe and dangerous at this period of life; when coming on later, it is rarely serious in its results. While death does occasionally occur from mucous croup, such a result is rare and the prognosis is favorable.

Mucous croup may be caused by exposure to cold, damp air, sudden changes of temperature, inhalation of irritating vapors, and the extension of inflammation from contiguous parts; it also sometimes complicates acute infectious diseases, such as scarlatina, measles, and pertussis, while gastric and intestinal irritation may be exciting causes. The attack is generally preceded, for a few days, by slight hoarseness, cough, increased secretion and expectoration, respiration is embarrassed, and there is a feeling of soreness about the throat and larynx. These symptoms may, however, be so mild as to attract no attention.

The paroxysm comes on suddenly in the night. At first respiration is difficult, marked by intermissions of normal breathing, but after an hour or so dyspnœa becomes permanent. If the child sleeps, mucus accumulates in the throat and he awakes almost asphyxiated, struggling for air. Respiration is rough, with mucous rales and whistling sounds at each inspiration. The pulse is quick and feeble, extremities cold, body covered with cold, clammy perspiration, face blue, eyes protruding, and cheeks sunken. The voice is subdued or altogether lost, the patient anxious and restless. The attack usually runs its course in from twelve to twenty-four hours.

TREATMENT.—SP. MED. ACONITE: Pulse small and frequent, increased secretion, embarrassed respiration.

SP. MED. BELLADONNA: Dullness, tendency to sleep, face full, extremities cold.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, restlessness.

SPONGIA: Hoarse croupal cough, wheezing inspiration.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, pyrexia.

Stillingia liniment should be applied to the throat and a plaster of the Comp. Emetic Powd. laid upon the chest. The patient should be kept warm. For this purpose, hot applications should be made to the body, extremities and throat. Should the dyspnœa continue, inhalations must be resorted to. They may consist of steam alone, or of vapor from water containing vinegar, hops, tansy or aconite.

CROUP, PSEUDO-MEMBRANOUS.

Pseudo-membranous croup is an inflammatory affection of the laryngeal mucous membrane. It is distinguished by the formation of a false membrane which appears in the larynx, a plastic exudation, fibrinous in character, with more or less infiltration and tumefaction of the structures beneath. It is a very grave disease, and in a majority of cases terminates fatally. It is an affection of childhood, occurring most frequently between the ages of two and twelve. In uncomplicated pseudo-membranous croup, the membrane is confined to the larynx, but at times it extends to the trachea and bronchial tubes below and to the pharynx and nasal cavities above.

The disease comes on gradually and progresses slowly; it may be three or four days before the patient appears to be in an alarming condition. Presently the child becomes more or less dyspnœic with whistling respiration, a hoarse cough, and increased secretion from the laryngeal, pharyngeal and nasal mucous membrane. There is slight soreness in the throat and breast, and but little if any fever. Upon examination of the throat at this time, small patches of a whitish exudation can be seen upon the tonsils. As the disease advances the cough becomes paroxysmal with

but short intervals of rest; the hoarseness increases and the voice grows weak or is entirely lost; respiration is depressed, with sibilant rales and attacks of dyspnœa. Sometimes a flapping sound, due to loosened membrane, may be heard during respiration. The symptoms are usually worse at night, and better in the morning. The pulse becomes frequent and later irregular; the laryngeal sounds are increased in intensity, the neck is swollen and congested, and shreds of false membrane are expectorated. Finally the dyspnœa increases so that the patient is unable to breathe except in a sitting or erect posture; the face and lips become blue, the head is thrown back, the mouth widely open, the nostrils dilated, the patient manifests great anxiety, and is constantly moving about in his efforts to obtain air. There may be no loss of consciousness until death occurs, or toward the last convulsions, followed by coma, may render the patient unconscious. In some cases the false membrane is expelled from the larynx, and the patient is better immediately, soon recovering, unless there is a recurrence. Patients under two years of age almost always die, and very few recover at any age. The disease attacks children regardless of their constitutional condition or hygienic surroundings. The symptoms and results are the same whether the false membrane approaches the larynx from below or from above.

Numerous complications occur during the course of this disease, bronchitis, pulmonary congestion, albuminuria and renal affections, while the cerebrum and other organs suffer more or less.

An attack of pseudo-membranous croup may last but a few hours, but usually continues longer, sometimes three or four days.

TREATMENT.—SP. MED. ACONITE: Pulse small and frequent, increased secretion, cough and expectoration.

SP. MED. BAPTISIA: Tongue and mucous membrane full and purplish in color, moist pasty fur on tongue, mucopurulent expectoration.

COPAIBA BALSAM: Thick tenacious expectoration, loud mucous rales, laryngeal irritation, hoarse rattling cough.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, dyspnœa and cyanosis.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, restlessness, convulsions.

SP. MED. JABORANDI: Dryness of air passages, sibilant rales, no expectoration, crowing cough, dryness of skin, urine scanty, pulse full, pain in chest and extremities.

SP. MED. PHYTOLACCA: Whitish deposits on tongue with patches of redness, enlarged lymphatics.

POTASSIUM BICHROMAS: Hoarseness, expectoration of dirty mucus, tongue coated brown, breath offensive.

POTASSIUM CHLORAS: Excessive secretion, cadaveric odor of breath, sepsis.

SP. MED. RHUS TOX.: Sharp stroke of pulse, restlessness, sharp sudden cry, tongue red, papillæ prominent.

SODIUM IODIDE: Tongue pallid, pulse feeble, paroxysmal cough, shreds of false membrane expectorated.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, throbbing of temporal arteries.

Careful nursing is very important and can not be dispensed with. Quietude should be enjoined. The extremities kept warm. Nourishing and easily digested food should be given, and with the first appearance of feebleness, stimulants liberally administered. Stillingia liniment applied to the throat will give relief here as in the other forms of croup. Inhalations are of special value, the best of which is peroxide of hydrogen, which, if properly used, will dissolve the false membrane. Emetics are to be avoided, but in cases where a loosened membrane threatens suffocation, a quickly acting emetic may aid in its re-

moval. Vapor of chloral hydrate is beneficial when there is soreness of the throat and pain on coughing.

When other measures fail to give relief, it will be necessary to resort to tracheotomy or intubation. Tracheotomy, to be successful, must be performed early. The patient can not be saved when already in the throes of rigor mortis. The after treatment will be of a tonic and stimulant nature, such as hydrastis, nux, iron and quinine.

CROUP, SPASMODIC.

Spasmodic croup is a disease marked by sudden attacks of laryngeal constriction, difficult inspiration, hoarse, crowing cough, and dyspnoea. It affects children from a few months to two or three years of age, but it is occasionally met with in those still older. Children of a strumous habit and those of a nervous diathesis are more commonly afflicted, while heredity has a very decided predisposing influence. During childhood males are more subject to the disease than females, but the reverse is the case in adult age. Among the exciting causes of spasmodic croup may be mentioned dentition, weaning, intestinal parasites, herpes, retrocession of eruptions, fatigue and exposure to cold.

The attacks are usually transient, continuing but a few seconds or minutes. They are inclined to be intermittent in their nature, and one seizure increases the liability to another. There are no sequelæ. The mortality is not large and the prognosis is favorable.

In spasmodic croup the paroxysm usually comes on at night after the first sleep. The child awakes with a crowing cough and whistling respiration. The eyes are prominent, the lips blue, the skin bathed in perspiration, the pulse small, irregular and frequent, and the voice whisper-

ing, hoarse, husky or absent. The patient struggles for air, clutches at the bed clothes or at the throat, grows cyanotic and apparently almost asphyxiated. These symptoms, however, disappear, and in a short time the breathing becomes normal, and the patient goes to sleep quietly.

Another and less severe attack may occur on the second night, and on the third night there is sometimes a mild seizure, which generally ends the trouble for the time. During the day all the symptoms pass away with the exception of slight hoarseness and cough, which continue for a few days after the patient has otherwise recovered.

TREATMENT.—SP. MED. ACONITE: Pulse small and frequent, dyspnœa, nervousness, crowing inspiration.

SP. MED. LOBELIA: In doses requisite to produce nausea but not vomiting.

STILLINGIA LINIMENT: Should be applied over the region of the larynx, and hot cloths laid on the parts. A drop of the liniment on sugar may be given internally every few minutes. When suffocation threatens and asphyxia seems imminent, chloroform or ether by inhalation will relieve the urgency of the symptoms.

When the attack is due to the suppression of eruptions, efforts should be made to cause their reappearance, such as hot baths, and the administration of stimulating diaphoretic infusions, consisting of ginger, asarum, or asclepias. A briskly acting cathartic should be given when the paroxysm is caused by the presence of acrid substances in the intestinal canal; or if the stomach be overloaded, an emetic may be administered. When the disease is caused by reflex irritation from intestinal parasites, san-tonin is indicated. If the affection manifests a periodicity in its recurrence quinine may be given.

CYSTITIS, ACUTE.

Inflammation of the bladder occurs in both the acute and chronic forms. In some cases the mucous membrane of the bladder is alone involved, while in others the disease extends to the muscular structure of the organ; the peritoneal coat may also be affected, and occasionally all the coverings are implicated in the morbid process.

Many factors enter into the causation of cystitis, among the chief of which is exposure to cold and wet. It is also caused by direct injury, such as blows and wounds in the region of the bladder, and is sometimes due to accidents of childbirth from the use of instruments or the pressure of the child's head upon the parts. The introduction of bougies, sounds or catheters, into the bladder, frequently gives rise to acute inflammation. Urinary calculi, retention of urine, strong injections, and the administration of drugs, such as cantharides, turpentine, cubebs, copaiba, and the like, may cause it, while it occasionally results from the extension of gonorrhœal inflammation to the bladder, or from inflammation of adjacent organs. Cystitis also appears as a complication in eruptive fevers, pyæmia, septicæmia, typhoid fever, and rheumatism.

Acute catarrhal cystitis is a common affection; it is confined to the mucous membrane of the bladder which becomes red and swollen, with increased secretion. It begins with pain and soreness on pressure in the hypogastric region. There is frequent urination, the urine is scanty, high-colored, and acrid, and is passed with burning, scalding, smarting sensations. As the disease attains a greater intensity, the desire to urinate becomes constant; the urine does not flow freely, but is voided drop by drop, and there is intense tenesmus and suffering, the pain extending upward and downward and shooting into the testicles. Chills occur, followed by fever of an intermittent charac-

ter; presently nausea and vomiting come on, with prostration and singultus; the face becomes covered with cold perspiration, and death ensues. Although acute catarrhal cystitis may assume the chronic form, the majority of cases terminate favorably in a week or ten days. It rarely leaves any permanent lesions, but sometimes abscesses, which may cause considerable damage, form in surrounding structures. In mild cases of cystitis, the urine is acid and slightly clouded; as the disease increases in severity, the urine contains muco-pus, becomes turbid, pungent, and ropy from fermentation, while blood flakes, broken down epithelium and renal detritus are found in it. When the inflammation affects the neck of the bladder pain is felt in the head of the penis, while pain in the hypogastric region indicates an involvement of the body of the bladder.

Interstitial cystitis includes all the coats of the bladder, The chills are more severe and the fever higher; the walls of the bladder become swollen and tender; contraction of the musculature is extremely painful and usually incomplete. On this account the bladder is never entirely emptied.

In some cases the inflammation is confined to the neck of the bladder, causing marked and distressing vesical tenesmus.

The distinguishing features of cystitis are frequent urination, tenesmus and pain on pressure.

TREATMENT.—SP. MED. APIS: Frequent urination, sensation of heat and burning pain in bladder and urethra, vesical irritation.

SP. MED. ARNICA: Cystitis with a feeling of deep soreness in the bladder, cystitis from a fall or blow.

CAMPHOR: Frequent and difficult urination, tenesmus and strangury, cold feet and hands.

SP. MED. CANNABIS: Pain and burning in urethra, frequent urination.

COPAIBA: Pressure and tenesmus in bladder, desire to urinate frequently, urine discharged drop by drop, itching, smarting, burning sensations in urethra after urinating, mucous discharge from urethra, inflammation and swelling of urethral orifice.

SP. MED. ERYNGIUM: Burning pain in bladder and urethra, urine scanty, efforts at micturition prolonged, frequent urination.

SP. MED. GELSEMIUM: Frequent desire to urinate, painful and difficult urination, sharp pains in back and loins.

* **PICHI:** Pain in bladder with frequent urination, worse at night.

SALOL: Urine acid and irritating.

SANTONIN: Retention of urine following the administration of opiates.

SCILLÆ MARITIMA: Frequent urination, scanty urine, continual painful feeling of pressure in bladder, inability to retain urine, dribbling.

The patient should be placed in bed with hips elevated and absolute rest secured. For the purpose of soothing the irritated and inflamed bladder, suppositories containing opium, morphine, hyoscyamus or belladonna, may be introduced into the rectum. Poultices and hot water bags should be laid over the hypogastric region, while an occasional hot sitz bath may be resorted to. Demulcent infusions prepared from the pareira brava, uva ursi, cut althea, or hair-cap moss, should be taken freely for their soothing effect. For the purpose of diminishing the acidity of the urine and rendering it less irritating, the alkaline diuretics (acetate or citrate of potash) may be given. The diet must be bland and unstimulating, and alcoholic drinks, as well as tea and coffee, forbidden. When the urine is foul and turbid the bladder should be washed out with antiseptic solutions. It may be cleansed with a saturated solution of borax, after which a mild dilution of

carbolic acid can be used. When the urine has a cadaveric odor, chlorate of potash is indicated as an injection; when there is a secretion of pus, asepsin is probably the most serviceable solution. In cases where the mucous membrane remains relaxed with profuse secretion, the injection of a mild silver nitrate solution may be necessary. A solution of hydrastis is indicated after the inflammation has subsided.

CYSTITIS, CHRONIC

Chronic cystitis is of frequent occurrence. It may follow the acute form or arise from the use of irritating diuretics or injections into the urethra. Other exciting causes are stone in the bladder, renal diseases, gonorrhœa, enlarged prostate gland, atony and paralysis of the bladder, tumors and strictures of the urethra.

Chronic cystitis begins with a sensation of weight, accompanied by a dull, dragging pain in the hypogastric and perineal regions. There is tenderness on pressure, and the urine is passed frequently with difficulty, its passage causing scalding, burning pains, extending from the neck of the bladder throughout the entire length of the urethra. Should ulceration be present, the pain is augmented, and the straining and tenesmus increased. The character of the urine varies greatly, depending upon the severity of the disease and the length of time it has continued. In mild cases the urine will be but slightly clouded with mucus, but in severe cases pus, blood and earthy phosphates are present, while the urine becomes alkaline in re-action, ammoniacal, thick, ropy, yielding heavy deposits. The mucous coat of the bladder is thickened, softened, infiltrated, and covered with a purulent secretion of a greyish color. In some cases, although there is dribbling of urine, the bladder is never entirely emptied,

and the small quantities of urine remaining, undergo decomposition, increasing the inflammatory process. In the latter stages, peri-cystitis still further complicates the disease. In chronic cystitis the general health suffers, the appetite is impaired, bowels constipated, skin sallow, dry and harsh, and there is loss of flesh and strength.

TREATMENT.—Washing the bladder with antiseptic solutions is an almost indispensable measure in the treatment of chronic cystitis. When there is a profuse secretion of mucus and pus streaked with blood, the bladder should be cleansed with a solution of borax, after which a mild dilution of silver nitrate may be introduced. When the discharge is purulent, permanganate of potash may be used as an injection; asepsin is indicated when there are evidences of decomposition. After the use of these injections, milk introduced and allowed to remain in the bladder will prove beneficial.

ACID BENZOIN: Irritation of the bladder, phosphatic deposits, fermentation of urine with tendency to sepsis.

SP. MED. BUCHU: Acid urine, constant desire to urinate, muco-purulent discharges.

CANTHARIDES: Teasing and tenesmus in the bladder, partial paralysis of the sphincter vesicæ.

SP. MED. CHIMAPHILLA: Atonic condition of the urinary passages, scanty secretion of urine, frequent and inefficient efforts to urinate.

CHLORODYNE: Painful urination, frequent desire to urinate.

SP. MED. COLLINSONIA: Sharp pain and aching in the bladder, congestion of mucous membrane, vesical tenesmus.

SP. MED. ELATERIUM: Urine scanty, voided with difficulty, thick, heavy, containing large quantities of mucus, sensations of pain and heat in the bladder, bowels constipated.

EPIGEA REPENS: Vesical irritation, uric acid deposits, muco-purulent urine, urinary incontinence.

SP. MED. EUCALYPTUS: Chronic vesical catarrh, urine contains pus.

SP. MED. HYDRANGEA: Irritation of the urinary tract with tendency to the formation of calculi.

SP. MED. LYCOPodium: Spasmodic retention of urine, painful urination, urine contains phosphates and blood with sandy deposits.

SP. MED. PAREIRA BRAVA: Difficult urination with pain in urethra and glans penis.

SANTONIN: Nocturnal enuresis, vesical tenesmus, high-colored urine.

DIABETES INSIPIDUS.

Diabetes insipidus, or polyuria, is a condition marked by an excessive flow of urine without abnormal increase in solid constituents. The disease may be caused by dampness and exposure to cold, violent and long continued muscular exertion, excessive emotion, epilepsy, hysteria, and other nervous states, spinal injuries, copious drinking of fluids, and an enfeebled, sluggish, renal circulation. Diabetes insipidus occurs most frequently in males between the ages of thirty and forty. It rarely proves fatal, but may continue for years, sometimes assuming an intermittent character. The affection comes on gradually with an increased frequency in urination, especially at night. The patient discharges much pale urine which is either feebly acid, neutral or alkaline in reaction, and of low specific gravity. Thirst and dryness of the mouth are characteristic symptoms; there is pain in the back, the skin is shriveled and husky, and although the appetite is good, even voracious, emaciation and feebleness are prominent.

Digestive troubles, such as acid eructations, flatulence and constipation, are common symptoms.

TREATMENT.—The body should be warmly clothed and the skin and bowels kept active, the diet liberal and nourishing. A daily application of the faradic current over the kidneys will prove beneficial, dry cups allay renal irritation, and a belladonna plaster to the back is useful in some cases.

ACHILLÆ: Capillary relaxation, irritation of the urinary tract, hæmaturia.

ACIDUM GALLICUM: Frequent and profuse urination, atony and relaxation of the urinary tract.

ACIDUM NITRICUM: Violet colored tongue.

ACIDUM SULPHUROSUM: Broad and full tongue, moist and glutinous, brown coat.

SP. MED. BUCHU: Renal and vesical irritation, profuse mucous discharges, chronic cystitis.

CANTHARIDES: Incontinence of urine, vesical irritation.

CHIMAPHILLA: Atonic condition of urinary tract, cystic irritation.

SP. MED. COLLINSONIA: Sharp aching pain in bladder associated with hæmorrhoids.

SP. MED. EUPATORIUM PUR: Pain in back, irritable bladder, incontinence of urine, calculi.

DISTILLED HAMAMELIS: Vesical irritability, tenesmus, profuse flow of urine, hæmaturia.

SP. MED. HYDRANGÆA: Irritation of urinary tract, calculous deposits.

SP. MED. HYDASTIS: Atonic condition of kidneys, appetite poor, digestion feeble.

SP. MED. RHUS AROM: Nocturnal enuresis, relaxed sphincter vesicæ, enlarged prostate.

UVA URSI: Dragging pain in loins, irritation of the bladder, muscular weakness and relaxation.

DIABETES MELLITUS.

Diabetes mellitus is a constitutititional disorder, arising from mal-nutrition. It is characterized by an excessive flow of urine containing sugar, persistent in presence and abnormal in quantity. It occurs at all ages, but is most common in men between thirty and forty. Heredity predisposes to this disease. It is caused by over indulgence in eating, luxurious habits, and hence is frequently found in gouty and fleshy persons, especially those of sedentary pursuits. It may be produced by traumatism or shocks to the nervous system, excessive emotions, mental anxiety, fatigue, and worry. Cerebral inflammation and congestion, and more particularly injuries in the region of the fourth ventricle, give rise to the disease. It may be brought on by exposure, and occurs as a sequel to fevers and exhausting diseases. It complicates hepatic disorders, rheumatism, phthisis, pregnancy, and is caused by alcoholism and excessive indulgence in sweets or by any condition whereby the glycogenic function of the liver is unduly excited either by direct or reflex stimulation.

In diabetes mellitus there is an increased flow of urine, insatiable thirst, and although the appetite is always good and at times voracious, the body is poorly nourished, and there is weakness and emaciation. There is a constant dryness of the mouth and fauces. The skin is dry and the seat of desquamative eruptions and annoying itching and tingling. Sleep is disturbed by frequent calls to urinate. The patient is listless and languid. There is loss of sexual appetite, the tongue is fissured and coated, the gums pale and shrunken, bleeding easily, and the teeth decay. There is at times nausea and vomiting with indigestion and constipation. The patient may have a perverted taste and crave substances not used as food. There is a characteristic sweetish odor of the breath. There may

be occasional attacks of diarrhœa. When acute headache supervenes, uræmia may be suspected. Hysteria and hypochondriasis are common. The temperature and pulse are normal or sub-normal. There is palpitation, vertigo, and dyspnœa, itching and burning in the penis and neck of the bladder and occasionally inflammation of the genitals. The urine is acid in reaction and of a light straw color with a sweetish odor and taste, and of high specific gravity. The quantity of urine passed may exceed thirty or forty pints in twenty-four hours. Not only the sugar but the solid constituents of the urine—urea, uric acid, the phosphates and chlorides—are increased in quantity. The amount of sugar passed in twenty-four hours may amount to four hundred grains. The urine ferments quickly upon standing.

As the disease progresses, the patient becomes dropsical. There is hectic fever and night sweats with pain in the back, limbs, and joints. The sight and memory fail. Carbuncles and boils appear, and various other complications set in. Death may occur from coma induced by acetonæmia.

TREATMENT.—A warm climate is preferable in order to prevent catching cold, and to promote a free action of the skin. Fresh air and moderate exercise are beneficial. The body should be protected from sudden atmospheric changes by flannels worn next to the skin, and the cutaneous functions kept active by warm baths and massage.

Dietary regulations are of the utmost importance. Breads, starches and sweets are to be avoided, and the amount of fluids restricted. The patient may be allowed eggs, fish, beef, vegetables, alcohol in moderation, cheese, nuts, buttermilk, skim milk, and koumiss.

ARSENIC: Pulse soft and feeble, skin relaxed, extremities cold, tongue pallid.

ARSENICUM BROMIDE: Pale relaxed skin, feeble tissues, nervousness and tendency to convulsions.

ACIDUM LACTICUM: Deep-red tongue, cutaneous eruptions, itching, thirst.

ACIDUM MURIATICUM: Deep-red tongue, broad and full, dark-brown glutinous coat.

ACIDUM PHOSPHORICUM: Thirst, nervous and mental disturbances, sleeplessness.

ALETRIS: Dry cracked tongue, thirst, dyspepsia, diminished cutaneous secretion.

APIS: Burning and scalding in urethra, frequent urination, dropsical swellings.

SP. MED. BELLADONNA: Anorexia, dullness and hebetude, frequent urination.

CALCIUM SULPHIDE: Inflammation of the cellular tissues, chronic disease of the skin, indigestion, diarrhœa.

SP. MED. COLLINSONIA: Sharp sticking pains in abdomen and rectum, hæmorrhoidal tendencies.

SP. MED. ERGOT: Dullness, capillary congestion, hæmaturia, urethral irritation.

SP. MED. HYDRANGÆA: Deep seated pain in the region of kidneys, hepatic pain, vesical irritation.

SP. MED. HELONIAS DIOICA: Mental depression, irritability, loss of sexual appetite, atony of the urinary organs.

IRON: Impaired nutrition, tissues relaxed, digestion poor, tongue red with a tinge of blue.

SP. MED. JABORANDI: Thirst, pyrexia, marked dryness of the skin, pain in the back and limbs.

SP. MED. LYCOPUS: Frequent pulse, debility, indigestion, diarrhœa.

SP. MED. NUX: Nausea and vomiting, broad pallid tongue, constipation, sallow skin.

OPIUM: Hunger, thirst, restlessness, insomnia, frequent urination.

POTASSIUM BROM.: Restlessness, nervousness, tendency to convulsions, cerebral irritation.

DIARRHŒA.

Diarrhœa is an affection characterized by frequent and profuse alvine evacuations. It may be acute or chronic, and may arise from acrid and irritating ingesta, from cold, from arrest of secretion, from increased secretion of bile, from atony of the intestines, from congestion and determination of blood, and from imperfect digestion. The discharges are feculent, sometimes preceded by griping pains, attended by an urgent desire to stool. The tongue is coated, appetite poor, with unpleasant sensations in the stomach. There is no fever, but usually headache, weakness and debility.

Bilious diarrhœa results from hyper-secretion of bile. It is common in summer and in intemperate persons. The passages are at first pultaceous, green, or yellowish; later, watery and profuse, containing shreds and particles of thin glairy mucus. Griping precedes and attends the discharges. There is a feeling of tension and pain on pressure in the right side. The skin is dry and harsh, urine scanty and high colored, tongue coated, taste bitter, appetite poor with nausea.

Atonic diarrhœa is marked by large watery evacuations containing mucus. They pass freely, sometimes involuntarily, without pain or uneasiness. The skin is cool, pale, soft and relaxed; the urine is copious, light colored, and of low specific gravity. There is debility and loss of appetite. Determination of blood to the intestines gives rise to a diarrhœa attended by large and fluid discharges. There is pain and soreness in the bowels, and the operations are sometimes preceded by nausea. The pulse is hard, skin dry; there is headache, loss of appetite, and occasionally slight fever. Increased mucous secretion causes a catarrhal discharge from the bowels. It occurs most frequently in old persons and in children. The dis-

charges are thin, large and gelatinous, and consist of mucus with small portions of fecal matter. There is but little constitutional disturbance at first, but later the appetite and strength fail, the skin becomes dry and harsh, with weakness and emaciation.

Diarrhœa from imperfect digestion occurs most frequently in children. It is due to abnormal gastric action and increased intestinal peristalsis. The evacuations consist partly of feces and partly of undigested food. The pain is not excessive, but there is a feeling of rawness and soreness in the rectum. During the entire period the appetite is voracious, but from lack of assimilation, the patient becomes weak and emaciated, and death may occur from inanition.

TREATMENT.—**ACIDUM LACTICUM:** Green stools, pain, gastric irritation.

ACIDUM MURIATICUM: Deep red tongue, broad and full, dark-brown glutinous coat.

SP. MED. ACONITE: Intestinal irritation, increased temperature, pulse small and frequent.

ÆSTHUSIA: Gastro-intestinal catarrh in bottle-fed babies, summer diarrhœa of infants.

ALSTONIA: Skin sallow and dirty, pasty-dirty coat on tongue, deposits in urine, malaria.

SP. MED. APOCYNUM: Uneasiness in bowels, griping, flatulent discharges, œdema, jaundice.

SP. MED. BAPTISIA: Brown coating on tongue, sordes on teeth, breath offensive.

SP. MED. BELLADONNA: Dullness, drowsiness, capillary congestion.

BISMUTH SUBNITRATE: Irritant diarrhœa, elongated and pointed tongue with reddened tip and edges, heart-burn, water-brash.

SP. MED. BRYONIA: Slight jaundice, sticking pain in hepatic region, green yellowish discharges.

CAJEPUT COMP. TR.: Atonic diarrhœa with griping, coldness of extremities.

CARBO-LIG.: Frequent, bad smelling discharges, bowels tumid, patchy tongue.

SP. MED. CHIONANTHUS: Bilious diarrhœa, irritation, frequent pulse, increased temperature.

SP. MED. COLLINSONIA: Diarrhœa with unpleasant sticking pain in rectum, hæmorrhoids.

SP. MED. COLOCYNTH: Cutting, lancing, sharp, shooting, sticking pains in bowels, scalding discharges.

CUPRUM ARSENITIS: Nausea and vomiting, spasmodic pains in stomach, bowels and extremities.

SP. MED. EPILOBIUM: Acute diarrhœa, with irritation, pain and large discharges.

SP. MED. ERIGERON: Copious, gushing, watery discharges with severe tenesmus and cramps.

SP. MED. GERANIUM: Chronic diarrhœa, mucous discharges, constant desire to go to stool.

HÆMATOXYLON: Painless diarrhœa with relaxation of mucous membrane without irritation.

HAMAMELIS: Sensation of fullness in rectum; tendency to prolapsus ani.

SP. MED. IPECAC: Irritant diarrhœa, pain and uneasiness in bowels, evacuations do not give relief, skin dry, tissues shrunken and pinched.

SP. MED. JUGLANS CIN.: Intestinal irritation and diarrhœa from undigested food and acrid secretions.

KALI: Tenesmus, mucous discharges, pain, thirst, tenderness on pressure, tongue coated.

MAGNESIUM PHOSPHATE: Painful defecation, severe rectal and abdominal pain.

MAGNESIUM SULPHATE: Tormina and tenesmus, small and frequent mucous discharges, accompanied with weakness and debility.

SP. MED. MYRICA CER.: Chronic diarrhœa, atonic con-

dition of the mucous membrane, large mucous discharges.

SP. MED. NUX: Atonic diarrhœa, discharges free, abdominal fullness, surface pale or yellow, pain in bowels, pointing to umbilicus.

SP. MED. CENOTHERA BIENNIS: Watery diarrhœa, vomiting and restlessness.

SP. MED. PAULLINA SORBILIS: Intestinal catarrh, nervous irritability.

SP. MED. PODOPHYLLUM: Persistent diarrhœa, full tongue, full tissues.

SP. MED. RHUS AROMATICA: Pale thin stools, painless, large discharges, paleness, emaciation, weakness, skin cool, bowels soft and flabby.

SODIUM PHOSPHATE: Sour eructations, pain, spasms, fever.

SODIUM SULPHATE: Tenderness on pressure in the hepatic region, green watery discharges, greenish-grey coat at base of tongue.

SYRUPS RHEI ET POTAS. COMP.: Diarrhœa with gastric acidity and indigestion.

VERATRUM ALBUM: Watery evacuations, gushing discharges, spasmodic action of abdominal muscles.

WHITE LIQUID PHYSIC: Small mucous discharges, with pain and griping.

SP. MED. XANTHOXYLUM: Severe intestinal irritation, tympanitis, spasmodic pain and flatulence.

DILATATION OF THE STOMACH.

Dilatation of the stomach (gastrectasis) is a state of permanent distension of this organ. It is, for the most part, chronic, but the acute form sometimes occurs. The enlargement may be uniform and regular, or irregular and sacculated. The capacity of the stomach is at times enor-

mously increased, and it may occupy the entire abdominal cavity, reaching as far down as the pubes, and be capable of retaining several gallons of fluid. The walls of the stomach may be either thinned or hypertrophied. The chief cause of gastric dilatation is an obstruction in the neighborhood of the pyloric orifice; it may be stricture, pressure of tumors, thickening of the walls at the commencement of the duodenum, or malignant disease. It is also caused by habitual over-distension, chronic gastritis, weakness of the walls of the stomach from debility, paralysis or intestinal obstruction.

Dilatation of the stomach is marked by a sense of oppression in the epigastric region, fermentation and vomiting of the food, pyrosis, thirst, constipation and dyspnoea. Although food may be taken in large quantities with a good appetite, the patient does not acquire strength and flesh, but remains emaciated, and complains of constant hunger. As the disease progresses the emaciation increases, dropsical swellings occur in the feet and extremities, various complications come on, and the patient presently dies from inanition.

TREATMENT.—The food should be liberal in quantity and of good quality; it may be taken often, but in small amounts. Attention must be given to the hygienic surroundings; baths and moderate exercise are to be recommended. In some cases a bandage around the stomach will give relief, and as a last resort resection may be performed. The regular and methodical applications of the electric current is of considerable value as a remedial measure, when the dilatation is due to nervous and muscular atony of the gastric walls. One of the most efficient and curative measures is lavage of the stomach.

ACIDUM HYDROCHLORICUM: Tongue deep red, dry and constricted with brownish coat.

ACIDUM NITRICUM: Violet colored tongue.

ARSENICUM: Burning in pit of stomach, pulse soft and feeble, skin relaxed, extremities cold, tongue pallid and expressionless.

SP. MED. NUX VOM: Nausea and vomiting, yellowish coat on tongue, sallow skin, abdominal pain.

PEPSIN: Impaired digestion, deficient secretion, acid eructations, diarrhoea.

SODIUM SALICYLATE: Pain in stomach, sour eructations, decomposition of gastric contents, rheumatic diathesis.

SODIUM SULPHITE: Pallid mucous membrane, dirty grey, white pasty coat on tongue.

STRYCHNINE: Nervous and muscular atony of the stomach, irritation and hyperæmia, excessive discharges of mucus.

TR. FERRI CHLOR.: Tongue and mucous membrane red, tissues relaxed, digestion and appetite impaired.

DIPHTHERIA.

Diphtheria is a specific, epidemic, contagious disease, characterized by local and general symptoms. There is an elevation of temperature, an increase in the frequency of the pulse, and a fibrinous exudation upon mucous membranes and upon abraded surfaces.

The cause of diphtheria has been a subject of much speculation and is not, as yet, fully established. Atmospheric conditions, geological formation, social state, climate and season, do not appear to have any influence in its production. While the character of the hygienic surroundings has much to do with the virulence of the disease, unhealthy sanitary conditions can not be said to produce it. Bacteriologists assert that diphtheria is due to a specific micro-organism, which, by gaining entrance into the blood gives rise to the phenomena of the affection.

Diphtheria may prevail epidemically, endemically, or

sporadically. It most frequently attacks children. The prognosis is grave.

An attack of diphtheria is usually preceded for a few days by premonitory symptoms of a general character, such as malaise, anorexia, peevishness and faucial tenderness. With the development of the disease, the pulse increases in frequency, sometimes becoming excessively rapid, the temperature is elevated, and the respiration accelerated. In grave cases there is dyspnoea, the face becomes turgid, the inter-costal spaces sunken, and death may occur from asphyxia. The bowels are at first constipated but later there may be diarrhoea, the tongue is flabby and coated whitish or brown, and the urine is scanty, often containing albumen. There is anorexia, nausea and vomiting, pain in the back, headache, dizziness, stupor and coma.

The disease begins with a severe chill, followed by fever and delirium. The skin is harsh and dry. There is swelling and soreness in the throat and enlargement of the cervical and sub-maxillary lymphatics. At first the mucous membrane of the fauces and pharynx is red and congested. In a short time ashen grey spots appear upon the tonsils, gradually increasing in size and spreading to other parts. Presently the entire pharynx is covered with a pseudo-membrane, which may extend upward into the nasal fossæ, or downward, causing death by laryngeal stenosis.

Many complications occur during the course of diphtheria. Asthenia is to be feared; it comes on gradually and manifests itself by general prostration, there is want of power to move, to eat, or even to breathe; failure of the vital forces rapidly supervenes and death may come on quietly but suddenly. Life has been saved at this juncture by artificial respiration and stimulants.

Extension of the exudation to the larynx is a dangerous complication; many deaths are due to this condition; the symptoms are a heavy cough, difficult respiration, conges-

tion of the head and face, suffocation, and all the distressing features of pseudo-membranous impaction. Death quickly ends the scene, if relief is not speedily afforded.

Albuminura may appear during the course of the disease or as a sequel. The urine should be frequently tested in order that the first trace of albumen may be detected and proper remedial measures taken. There is in some cases, a disposition to hemorrhage from the nasal cavities and mucous membranes generally. This should be guarded against, for in this depressed condition the patient can ill afford loss of blood.

Paralysis is not uncommon during the course of or following diphtheria. In the majority of cases, however, it soon passes away without leaving any bad results. Occasionally, when the disease is severe, the diphtheritic membrane makes its appearance wherever there is an abrasion or raw surface. This is not of grave import in itself, but is an indication of the virulence of the affection. The exudation sometimes appears upon the conjunctiva, vaginal or rectal mucous membrane, and is, as a rule, quite amenable to treatment.

TREATMENT.—Strict cleanliness should be enforced and disinfectants freely displayed, The sick-room should be kept at an even temperature and well ventilated. The patient should be bathed daily with warm water. The diet may consist of mutton broth, beef tea, barley or rice-water, gruel, broths, whey, buttermilk, sweetbreads and soups. Counter-irritation may be applied to the extremities, and where there is oppressed respiration with pulmonary irritation and cough, the Comp. Emetic Powd. sprinkled on a greased cloth and laid on the chest will afford relief. Stillingia Liniment should be freely rubbed on the throat and neck. Locally the false membrane may be completely removed wherever found by the use of the peroxide of

hydrogen. As a gargle or local application, the decoction of hydrastis, potassium chlorate, and bayberry, may be used after the false membrane has been removed by the peroxide.

SP. MED. ACONITE: Small and frequent pulse, inflammatory condition of mucous membrane.

SP. MED. ARUM TRIPHYLLUM: Intensely sore throat, bleeding with marked fetor, sense of fullness and swelling of fauces and tongue.

ACIDUM MURIATICUM: Tongue red and covered with a dry brown and cracked coat.

ACIDUM SULPHURICUM: Dirty, sticky, brown coat on tongue.

SP. MED. BELLADONNA: Stupor and tendency to coma, pain in throat and difficult deglutition.

SP. MED. BAPTISIA: Pulse frequent, full, and oppressed; tissues full, deep purplish in color, brownish exudations, disagreeable brownish discharge from the nose, brown crusts on lips.

CALCIUM PHOS: Weakness, profuse secretion, colliquative sweats, hectic fever.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, dropsical tendencies.

SP. MED. ECHINACEA: Offensive odor of breath, dusky colored membrane, profuse acrid saliva, sepsis, oppressed breathing, cyanosis.

SP. MED. EUCALYPTUS: Profuse secretion, pasty, bad smelling coat on tongue, fetid false membrane.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, excitement and nervousness.

LACHESIS: Nervous prostration, asthenic conditions, weakness and debility.

SP. MED. LYCOPodium: Low grade of fever with diminished secretion of urine.

SP. MED. MACROTYS: Muscular pains in back and limbs.

SP. MED. PHYTOLACCA: Tissues full, throat moist, mouth sore, lymphatics enlarged.

POTASSIUM BICHROMATE: Difficult respiration, hoarseness, rattling cough, depression.

POTASSIUM CHLOR.: Foul cadaveric odor, mucous membrane bluish white, tongue covered with a thick dirty coating.

QUININE: Pulse soft and regular, skin moist, weakness and anorexia.

SP. MED. RHUS: Small and frequent pulse, with sharp stroke, pain in left orbital region, burning sensations in throat, papillæ of tongue enlarged.

SP. MED. SANGUINARIA: Tickling in larynx, cough, burning, smarting, itching sensations in throat and fauces.

SODIUM SULPHITE: Tongue pallid, dirty grey coat, throat moist, inclined to suppurate.

THYMOL: Fetor with ulceration.

SP. MED. VERATRUM: Full and bounding pulse, increased arterial tension, throbbing of carotids.

DELIRIUM TREMENS.

Delirium tremens, or acute alcoholism, is caused by the excessive use of alcohol. The attack may come on while the patient is still indulging in drink, or follow the sudden withdrawal of stimulants. In the beginning, the skin is cool and pale, the body covered with gentle perspiration, the pulse soft and increased in frequency. There is mental excitement, groundless apprehension, and insomnia, with tremulousness and quivering of the muscles. These symptoms gradually increase in severity and in a few hours, or it may be a day or two, the anxiety and excitement have become intense while illusions and hallucinations of an alarming and horrifying nature occur, the patient is inspired with fear by visions of demons, snakes, vile, slimy,

crawling creatures and animals of frightful shape and aspect. Unseen enemies threaten him and hideous faces grin at and taunt him until he is in an agony of apprehension, at times refusing to move, or seeking to conceal himself, or making frantic efforts to escape from imaginary pursuers. At this stage of the attack, restraint is required to prevent injury to self or attendants. On account of the nervous excitement, the violent muscular activity, and the refusal of food, strength rapidly fails, the skin becomes wet with perspiration, the pulse weak, respiration hurried, the urine scanty, and bowels constipated. The tongue, when protruded, has a wavy, trembling movement. There is nausea and vomiting with extreme thirst, and although the patient may drink water ravenously, it is immediately rejected by the stomach.

In the majority of cases, the symptoms begin to abate about the fifth day, or at most the tenth day. The patient gradually returns to his normal condition and is convalescent by the second week. In fatal attacks the nervous agitation increases, insomnia becomes permanent, there is exhaustive and continuous vomiting, suppression of urine, coldness of the extremities, and finally convulsions, followed by coma and death.

A condition similar to delirium tremens sometimes occurs from the excessive use of cocaine, opium, or ether.

Those who indulge in an occasional debauch do not have delirium tremens as frequently as the constant drinkers. One attack renders the victim more liable to a second.

The disease is met with in males between the ages of twenty and forty, and sometimes in women. The prognosis is favorable for first attacks.

TREATMENT.—Judicious and careful attendance is of first importance. The nurse should be strong and competent in order to control the patient with gentleness, but

firmness. The diet should consist of milk, beef tea, gruel, rice, eggs, and other nourishing and easily digested food.

ACIDUM HYDRO-CHLORICUM: Deep-red tongue, brown coat, sordes on teeth.

ACTEA RACEMOSA: Headache, melancholia, insomnia, convulsions, tremors.

AMMONIUM CARB: Restlessness, sleeplessness, pulse feeble, skin pallid, respiration difficult.

ARSENIC: Hallucinations, nausea, pain and soreness in stomach.

SP. MED. ASCLEPIAS: Moist skin, shortness of breath, cough, pyrexia.

SP. MED. BELLADONNA: Loss of memory, indistinct speech, cramps in limbs, trembling of hands.

CAPSICUM: Sunken eyes, blanched lips, cold extremities, small and feeble pulse.

SP. MED. CANNABIS IND.: Vertigo, drowsiness, eyes dull, illusions of sight, hearing and space.

CHLORAL HYDRATE: Sleeplessness, pain, wild delirium, pulse full and strong, muscular agitation.

SP. MED. CYPRIPIEDUM: Melancholia, nervousness and sleeplessness.

SP. MED. DIGITALIS: Palpitation of the heart, vertigo, headache, feebleness, nausea, thirst.

SP. MED. GELSEMIUM: Bright eyes, flushed face, contracted pupils, restlessness.

SP. MED. HYOSCYAMUS: Violent mania, constant talking, spasmodic twitchings of muscles, amusing hallucinations.

SP. MED. PODOPHYLLUM: Dizziness and weight in the head, imperfect muscular movements, constipation.

SP. MED. PASSIFLORA: Cerebral irritation, pain and insomnia.

POTASSIUM BROMIDE: Sleeplessness and restlessness without fever, circulation strong, face and neck flushed.

POTASSIUM PHOSPHATE: Mental depression, irritability, despondency.

PISCIDA: Insomnia, neuralgia, headache, nervousness.

SP. MED. RHUS TOX: Bright eyes, contracted pupils, delirium, restlessness, sharp wiry pulse.

SP. MED. STRAMONIUM: Passionate and violent delirium, vicious and destructive tendencies, epileptiform convulsions.

SODIUM SULPHITE: Pale, flabby tongue, with dirty white fur.

DROPSY.

Dropsy is an accumulation of fluid in the connective tissue spaces and serous cavities of the body. This condition is symptomatic, and may be caused by local or general pathological states. General dropsy, when extensive, implicates all the connective tissues and serous cavities. It may be acute or chronic, passive or mechanical, sthenic or asthenic.

Dropsy may be due to a sluggish lymphatic circulation, to disease of the walls of the blood-vessels, or to a change in the character and composition of the blood. It frequently occurs from heart disease, hepatic and renal affections; from obstruction of the thoracic duct, and sometimes comes on during the course of anæmia and chlorosis; insufficient food and unsanitary surroundings, generally tend to produce it; it often appears as a sequel to fevers, and from sudden arrest of cutaneous and renal excretions. When dropsy is caused by cardiac troubles, the swelling first appears in the feet and ankles, and is increased by standing. The amount of effusion is at times very great. As the swelling progresses upward, many distressing symptoms occur, a recumbent position causes dyspnœa, and the patient can not sleep well; there is palpitation of the heart, indigestion, cardialgia, headache, jaundice, cyanosis, and mental aberration.

In kidney affections dropsy first shows itself in the face, eyelids, and scrotum; the symptoms and progress are otherwise about the same as in the cardiac form. Renal dropsy is frequently complicated with uremia, which gives rise to intense headache, vertigo, nausea, vomiting and diarrhœa, sometimes followed by convulsions and coma.

Anæmic dropsy is marked by less effusion, and the swelling is distributed evenly over the body.

Dropsy due to sluggishness and torpor of the lymphatic circulation is not extensive unless there is obstruction in the thoracic duct. In all cases there is always more or less pitting on pressure, and fluctation can be elicited in cavities upon percussion. As general dropsy is for the most part symptomatic, the prognosis will depend upon the underlying cause.

TREATMENT.—The patient should be warmly clothed, and well protected from sudden atmospheric changes. The diet should be liberal, and the best hygienic surroundings obtained. Massage is sometimes beneficial; bandages to the limbs will be demanded in extreme cases. Alkaline baths, hot foot baths, and moderate exercise are to be recommended. In many cases it will be necessary to resort to tapping or puncture of the structures.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

AMMONIUM BENZOATE: Scanty dark-red urine with strong pungent odor, phosphatic deposits.

SP. MED. APIS: Itching and burning in swollen parts, smarting, stinging pain in urethra, frequent and scanty urination.

SP. MED. APOCYNUM: Fullness of cellular tissues, swelling of feet, puffy face.

SP. MED. BELLADONNA: Capillary congestion, drowsiness, cyanosis.

CAFFEINE: Dropsy from cardiac insufficiency and renal torpor.

SP. MED. CONVALLARIA: Palpitation and vehement action of the heart with disordered rhythm.

DIGITALIS (infusion with steam vapor bath): Cardiac weakness, feeble pulse.

DIURETIN: Renal dropsy, scanty urine, feeble circulation.

SP. MED. ELATERIUM; Torpid bowels, dyspnœa, scanty urine, rapid and feeble pulse.

SP. MED. EUPATORIUM PERF: Lumbar pain, frequent urination, turbid urine, skin moist.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, frequent and scanty urination.

IRON, ACID SOL.: Anæmia, general debility, anorexia, weakness, paleness.

SP. MED. JABORANDI: Suppression of urine, skin harsh and dry, pain in back and limbs, pulse full and strong.

SP. MED. MACROTYS: Congestive headache, muscular rheumatic pain, delayed menstruation.

MAGNESIUM SULPH.: Scanty urine, constipation, hepatic torpor, pendulous abdomen.

POTASSIUM ACETATE: Scanty urine, pale tongue with light pasty fur.

POTASSIUM IODIDE: Syphilitic diathesis, pale, leaden-colored tongue.

SODIUM SULPHATE: Headache, bilious diarrhœa, vomiting, cutaneous eruptions.

SP. MED. STROPHANTHUS: Irregular heart beat, œdema, scanty urination.

DYSENTERY, ACUTE.

Dysentery is an inflammation of the mucous membrane, glands, and follicles of the large intestines. In severe cases the inflammatory process extends to the muscular and peritoneal coats of the bowels, and death may occur from intestinal ulceration and perforation. The disease is restricted to no age, race, condition, or climate, is as old as the history of medicine, and its distinguishing features have always remained the same. It commences with premonitory abdominal distress, more or less tympanitis, and slight soreness on pressure along the course of the colon. This is followed by colicky pains and urgent stools. The alvine discharges are small, contain mucus stained and streaked with blood, recur at short intervals, and are attended with griping. Tormina precedes an urgent desire to empty the bowel, and the small, mucous, bloody stool is passed with tenesmus, the patient persisting for some time in vain expulsive efforts. The discharges from the bowels are frequent, numbering from twelve to thirty-six in twenty-four hours; and although the patient appears to be exceedingly weak from the attack, recovery, in the milder forms, takes place in from three to four days.

Dysentery may be ushered in by a chill, followed by fever, but this is unusual in mild attacks.

The severer forms of dysentery continue from ten to twenty days, with an increase in the gravity of all the symptoms. Pyrexia comes on, the pulse is accelerated, tongue coated, the evacuations contain more blood and mucus and less fecal matter, in time becoming muco-purulent. The tormina and tenesmus, growing more rigorous, become constant. To the fever and thirst are added restlessness, delirium, insomnia, intense abdominal pain, prolonged expulsive efforts, and vesical tenesmus. Prolapsus of the rectum may occur. There is oppression in

the epigastric region, with nausea, vomiting, and swelling of the bowels. The stools change to a reddish-brown liquid, containing shreds and pieces of membrane, with masses of purplish material of a cadaveric odor. The discharges may now become involuntary and painless. The skin of the body is hot and pungent, the extremities cold, hiccough sets in, followed by dyspnœa, cyanosis, collapse, and death.

Dysentery may be sporadic, endemic, epidemic, diphtheritic, hemorrhagic, gangrenous, bilious or malarial, according to varying conditions and symptomatic manifestations. There are also many complications and intercurrent maladies which influence its course and termination. Although restricted to no season of the year, dysentery occurs more frequently during autumn in temperate climates. Low, damp locations, overcrowded habitations, impure water, improper food, poverty, want and a general disregard of the rules of health and hygiene, are conditions favorable for the development of this disease.

TREATMENT.—The patient should be kept as quietly in bed as the nature of the case will permit. Warmth of the feet and extremities must be maintained, and draughts of air carefully excluded to prevent chill. If there is fever baths are beneficial, the tepid sponge bath being preferable. The anal region should be carefully cleansed with a warm antiseptic solution and then anointed with oil or vaseline. The hot sitz-bath will be of service in relieving the tormina and tenesmus, as will also the application of hot poultices, fomentations, or hot water bags over the abdominal region. Chloroform liniment, turpentine and sweet oil, and the quinine inunction, with capsicum, will assist in allaying pain when used externally over the bowels. The diet should be bland, non-stimulating and easily digested, consisting of eggs, milk, beef-tea, soups and far-

inaceous foods. Thirst may be allayed with mucilaginous drinks prepared with ulmus, acacia, marshmallow, flax-seed, barley or rice water, while grape juice, orange juice, lemon juice, and that of other fruits will be found cooling and comforting. In great prostration the administration of alcohol will become necessary. Rectal injections are of value in many cases for allaying pain and checking the frequency of the discharges. Warm water in considerable quantities may be used in washing out the rectum, thereby soothing the irritated and inflamed mucous membrane and removing acrid secretions. The injection can be made antiseptic by the addition of asepsin, borax, carbolic acid, salicylate of soda, or listerine, and its soothing properties increased by making it mucilaginous with elm or flax-seed. It is sometimes desirable to impart a certain amount of astringency to the injection. In this case plumbi acetate, argenti nitrate, quercus, and hamamelis are available. Starch water and laudanum are frequently injected to allay tenesmus, and ergot to arrest hemorrhage.

ACIDUM MURIATICUM: Deep red tongue, glutinous, dark-brown coat.

SP. MED. ACONITE: Small and frequent pulse, intestinal irritation, fever.

ARGENTI NITRATE: Intense tormina with discharges of pinkish mucus streaked with blood.

SP. MED. BAPTISIA: Tongue reddened and dusky, looks like raw beef, papillæ enlarged, coating thick and heavy towards base, breath sweetish and offensive, face dusky, lips purplish, discharges from bowels present appearance of meat washings.

CARBO-VEG.: Salty taste in mouth, pallid flabby tongue, with soft moist coat, hemorrhagic alvine discharges.

SP. MED. COLOCYNTH: Sharp, cutting, boring, twisting pain in lower bowels, tympanitis, flatulent stools, excessive tormina and tenesmus.

CUPRUM ARSENITIS: Irritability of intestinal mucous membrane, nausea and vomiting, spasmodic pain in stomach, bowels, and extremities.

SP. MED. DIOSCOREA: Continuous colicky pain, with tenderness on pressure in abdomen.

SP. MED. EPILOBIUM: Colicky pain, dry, red and contracted tongue, contracted abdomen, harsh dirty skin.

SP. MED. HAMAMELIS: Large discharges with tendency to hemorrhage and prolapsus ani.

SP. MED. IPECAC: Tongue contracted, elongated and pointed, nausea and vomiting, intestinal irritation, increased secretion, tormina and tenesmus.

MAGNESIUM SULPH.: Discharge small and frequent, with tormina and tenesmus.

SP. MED. NUX: Tongue pallid, broad, and expressionless, light-yellowish, moist coat, griping pains and uneasiness in right hypochondriac region, pointing to umbilicus, face pale, yellowish ring around mouth.

OPIUM and BISMUTH are indicated in dysentery to relieve pain and nausea, and check diarrhœa. In severe cases morphine hypodermically will be required.

PODOPHYLLIN: Constipation of upper bowel, tongue broad and full, fullness of bowel, fullness of tissues, uniform, yellowish pasty coat on tongue.

POTASSIUM CHLOR.: Bluish-colored tongue, dirty greyish coat, cadaveric odor of breath and discharges.

QUININE: Malarial dysentery with periodicity.

SP. MED. RHUS: Sharp stroke of pulse, burning in bowels, left frontal headache, papillæ of tongue elongated and prominent.

SODIUM CARB: Tongue pallid, broad, with slight white coat.

SODIUM SULPHITE: Tongue pallid, broad, and full, with dirty greyish white coat, copious, thick and pasty.

WHITE LIQUID PHYSIC: Dysentery with constipation of small intestines.

DYSENTERY, CHRONIC.

Chronic dysentery may be such from the beginning or it may follow the acute form. A long continued diarrhœa may assume a dysenteric character, and the disease frequently occurs from malarial infection. In chronic dysentery the symptoms, although continuous, are less distressing than in the acute form, and there are intervals of comparative health. The inflammatory processes occurring in the large bowel become chronic, ulcers appear upon the mucous membrane and show no disposition to heal, while the intestinal discharges continue to be frequent and abnormal. The passages are generally small, but may be abundant and offensive; they are fluid or semi-fluid, containing blood and pus in varying quantities and proportions. Chronic dysentery may at times resemble the acute form in the violence of its manifestations, or again the discharges may become almost normal. The affection continues, with exacerbations, from six months to two years. The evacuations become flatulent with tympanites and tenderness on pressure; anorexia is a prominent symptom; the tongue is pale and coated or bright red and glazed, skin dry, harsh and yellow, urine scanty and high-colored, sometimes containing albumen and tube-casts; the heart's action is feeble, there is hectic fever, emaciation, weakness, general debility and, in bad cases, prostration and death. Many complications occur during the course of chronic dysentery, such as peritonitis, dropsy, albuminuria, phthisis, and other morbid conditions which a depressed state tends to induce.

The probabilities for recovery are influenced by the severity of the disease and the length of time it has continued. In all cases persistent treatment is necessary to effect a cure.

TREATMENT.—Dietary, climatic and hygienic measures are of prime importance in the treatment of chronic dysentery. Residence in a dry, equable climate is beneficial, and a sea voyage in a sailing vessel through warm latitudes often leads to good results. Complete rest, both mental and physical, is essential. The patient should wear flannel next the skin, especially over the abdominal region. Baths and massage are of advantage. The diet in each case will require attention, and it is only by experience that the most suitable food can be chosen. Among the articles likely to agree with the digestive organs are, milk, hot or cold, peptonized milk, buttermilk, kumyss, kumysgen, raw scraped beef, eggs, oysters, concentrated animal broths, mutton, sweetbreads, rice, maccaroni, and bread. Here, as in the acute form, rectal irrigation will be found of value. Strong alum water will tend to check the frequency of the discharges, allay the inflammatory action, and heal the ulcers. Nitrate of Silver, five grains to the pint of water, will be of service in some cases. Other astringents, such as infusion of quercus or of hæmatoxylon, are also beneficial. These injections should be persisted in regularly and for some time. When there is ulceration of the rectum, the ulcers may be treated locally by the direct application of nitric acid, thuja, or iodine. Counter-irritation over the region of the colon frequently gives permanent relief. For this purpose the compound tar plaster may be used to the extent of causing considerable vesication and suppuration.

ACIDUM HYDROCHLORICUM: Deep-red tongue, brown coat, sordes on teeth.

ACIDUM NITRICUM: Violet-colored tongue.

BISMUTH SUBNITRATE: Frequent and bloody discharges, uneasy sensations in stomach and intestines, tongue red, papillæ prominent.

CUPRI SULPH (small doses in pill form for its astringent

action): Debility and relaxation, with hemorrhagic tendencies.

COD-LIVER OIL: Tissues soft and flabby, lack of tonic, increased evening temperature.

SP. MED. DIOSCOREA: Colicky pains, tenesmus, small, frequent, flatulent discharges.

SP. MED. EUONYMUS: Atony of small intestines, with torpid liver.

SP. MED. GERANIUM: Frequent and large alvine discharges.

SP. MED. HYDRASTIS: Irritation with enfeebled circulation, anorexia, and indigestion.

SP. MED. MANGIFERA IND.: Relaxed and feeble tissues, large mucous discharges.

SP. MED. PODOPHYLLUM: Full and heavily coated tongue, full tissues.

QUININE: Malarial dysentery.

TINC. FERRI CHLOR.: Weakness and debility, with redness of tongue and mucous membrane.

DYSPEPSIA.

The term dyspepsia is applied to a condition marked by difficult or incomplete digestion of the food. It is a functional disease, from which neither sex nor age confers immunity, and no condition in life is exempt from it.

Dyspepsia may be caused by insufficient food. Digestive disturbances arise in the overworked and underfed, which are due to deficient nourishment and consequent weakness of the stomach. Over-feeding is, however, a much more common cause of indigestion. In such cases the digestive organs are overloaded with aliment, which embarrasses their action, reduces the efficiency of the digestive ferments, and renders the juices inoperative. Imperfect digestion may also be caused by eating rapidly,

and "bolting" the food incompletely masticated; by eating irregularly and at improper times; by the habitual consumption of cold food, and by the immediate resumption of labor or business after a meal, without allowing sufficient time for digestive processes. Drinking excessively of fluids at meal times dilutes and enfeebles the gastric juices. Alcoholic drinks not only weaken the secretions, but render the ferments inert. Improperly prepared food is often a cause of dyspepsia.

The processes of digestion are both mechanical and chemical. The mechanical processes begin in the mouth, and consist in mastication and trituration. The food is here also subjected to chemical changes through the action of the saliva and its ferment, ptyaline, whereby starches are converted into grape sugar. Deficiency in the salivary secretion or insufficient time for its action, often results in the dyspeptic condition.

The mechanical processes which take place in the stomach consist in muscular contractions, which are designed to mix the food with the gastric juice, and to bring it into contact with the digestive ferments. By muscular action also, the food is passed on through the pyloric orifice after digestion is completed. The chemical action of gastric ferments upon the contents of the stomach result in the reduction of proteids to peptones, hemipeptones, and anti-peptones.

Deficiency in the nervous and muscular tone of the stomach, or in the quantity and quality of the gastric juice, will give rise to indigestion in varying degrees.

Intestinal digestion is also mechanical and chemical. The mechanical action consists of muscular movements, which agitate the intestinal contents and bring them into contact with the succus entericus, pancreatic juice, and bile. The chemical processes which occur in the small intestines are caused by ferments contained in the intesti-

nal fluid. Perversion of this fluid and its ferments results in dyspepsia, mal-assimilation, and emaciation. Worry, mental distress, physical and nervous exhaustion, deficiency or perversion in the blood supply to the digestive organs; hepatic, cardiac, or renal diseases; structural lesions of the digestive apparatus, and debilitated constitutional states, are frequent causes of indigestion. Hereditary disposition is a potent factor, and many chronic and acute diseases have dyspepsia as a complication.

In dyspepsia, the appetite may be excessive, perverted or irregular. There is a bad taste in the mouth, the tongue is coated and breath offensive. Nausea and vomiting are sometimes present with flatulence, sour eructations, and a feeling of weight and oppression in the epigastrium. Gastralgia is a prominent symptom, while heart-burn, or cardialgia, characterized by a peculiar burning and irritating sensation in the stomach and œsophagus, is frequently present, being due to greasy food and the formation of butyric acid. Tympanites occurs from gaseous decomposition of food in the intestinal canal. There is also constipation, alternated, at times, with diarrhœa. Attacks of pyrosis and palpitation are frequent, while headache, dyspnœa and cough, are common. In some cases there is vertigo, blurred sight, insomnia and restlessness; in others peevishness, depression of spirits, hypochondriasis, weakness, and emaciation. There is often a gnawing pain and a feeling of soreness and rawness in the stomach, with an expectoration of viscid, slimy mucus.

TREATMENT.—No dietary rule can be applied to all cases; experience alone will reveal the regimen best adapted to individual patients. The chief meal should be eaten after the labor of the day is over, or two or three hours before it begins. The food should be thoroughly masticated, taken with regularity, and adapted in quality and

quantity to a debilitated stomach. The patient should be warmly clothed, and baths frequently resorted to. Exercise in moderation, according to the strength of the patient will be beneficial. In some cases lavage of the stomach will give brilliant results. Associated nervous, renal and hepatic diseases must be corrected.

ACIDUM HYDROCHLORICUM: Tongue deep red, dry and constricted, with brownish coat.

ACIDUM NITRICUM: Violet colored tongue.

SP. MED. ALETRIS: Nausea, anorexia, vertigo, constipation, flatulence, digestion slow.

ALOES: Impaired appetite, constipation of lower bowel, muscular atony, torpid liver.

ALUMINA: Deficient secretion, constipation, dry, hacking cough.

SP. MED. AMYGDALUS PER: Elongated and pointed tongue, with reddened tip and edges, nausea and vomiting, nervous irritability, diarrhœa.

ARGENTI NITRAS: Excessive secretion, gastralgia, flatulence, pain, cardiac disturbances.

ARSENIC: Burning in stomach, paleness, flaccidity of tissues.

SP. MED. ÆSCULUS HIP: Portal congestion, headache, pain in back, hæmorrhoids, feeling of dryness and constriction in rectum, fullness in epigastric region.

SP. MED. BOLDO: Jaundice, pain in stomach, nervous debility.

SP. MED. BRYONIA: Bitter eructations, sour stomach, gastralgia.

SP. MED. BERBERIS: Mouth dry, heart-burn, weakness, emaciation, scrofula, syphilis.

BISMUTH SUBNIT: Pyrosis, uneasy sensations in stomach, diarrhœa, tongue red, papillæ prominent, gastro-intestinal irritation.

CARDUUS MARIANUS: Face sallow, appetite capricious, nervous irritation, languor, weakness.

SP. MED. CAULOPHYLLUM: Cramp like pains after eating, colicky abdominal pains, rheumatism.

SP. MED. CHELIDONIUM: Dry tongue, sense of weight and oppression in stomach, pain in hepatic region melancholia.

SP. MED. CHIONANTHUS: Yellowish tinge of conjunctiva, persistent diarrhoea, pale, thin, watery stools, tympanites.

SP. MED. COLLINSONIA: Shooting pains in rectum, cramps in stomach and bowels.

SP. MED. COLOCYNTH: Abdominal fullness and distension with sharp cutting pains, portal congestion.

CORNUS CIRC: Constant nausea, aversion to food, bitter taste in mouth.

SP. MED. ERYNGIUM: Edges of tongue red and tender, nausea, anorexia, frequent urination with smarting and scalding in urethra.

SP. MED. EUONYMUS: Weakness, malarial infection, hepatic torpor, constipation.

FERRI PHOS: Anæmia, vertigo, dyspnœa, perverted appetite.

SP. MED. GRINDELIA SQUAR: Malarial cachexia, pain and fullness in splenic region, pain in stomach, anorexia.

SP. MED. HELONIAS DIO.: Indigestion and mal-assimilation, nausea from reflex irritation, reproductive disturbances in women, albuminous urine.

SP. MED. HYDRASTIS: Lassitude, palpitation of the heart, flabby, slimy tongue, sour eructations.

IGNATIA AMARA: Bad taste in mouth, prostration, headache, pyrosis, tympanites.

SP. MED. IPECAC: Elongated and pointed tongue, nausea, pain in stomach, pyrexia.

SP. MED. IRIS: Nausea, vomiting, pain in hepatic region, large watery stools.

LACHESIS: Flushing of face, palpitation of heart, nervousness, sinking sensations in pit of stomach.

SP. MED. LEPTANDRA: Dull hepatic pain, frontal headache, bitter taste in mouth, sallow-furred tongue, sluggish circulation, cold extremities.

SP. MED. LOBELIA (to emesis): Sense of fullness and oppression in epigastric region, nausea, over-loaded stomach, tongue large, full and heavily coated.

SP. MED. LYCOPODIUM: Water-brash, flatulence, cardiac palpitation, constipation, borborygmus.

SP. MED. NUX VOMICA: Sallow face, yellow coat on tongue, habitual constipation, paroxysmal colicky pains pointing to umbilicus, nausea.

SP. MED. ŒNOTHERA BIENNIS: Vomiting, pain in stomach after eating, restlessness, insomnia, frequent urination.

OLEUM OLIVA: Intestinal dyspepsia, excessive pancreatic secretion, gall stones.

SP. MED. PANAX: Sedentary habits, mental fatigue, nervousness, headache, cardialgia.

PEPSIN: Gastric acidity, pyrosis, vomiting, diarrhoea, emaciation and feebleness.

SP. MED. PIPER METHYS: Pain in stomach, anorexia, debility, sexual impotence.

SP. MED. PODOPHYLLUM: Fullness of tissues, broad and full tongue, heavily coated at base.

POTASSIUM BICHROMATE: Excessive mucous secretion, yellow coat on tongue, pain and soreness in the epigastric region.

POTASSIUM CHLORATE: Fetid breath, tenderness of mouth and gums.

SP. MED. PRUNUS VIR: Rapid and weak pulse, jaundice, pain in stomach, diarrhoea.

QUININE: Headache after eating, dullness, drowsiness, malarial tendencies.

SP. MED. RUMEX: Herpetic eruptions, ulceration of the mouth, enlarged glands, anorexia and weakness.

STRYCHNINE: Atony of the stomach with feeble digestion, nervousness, dyspepsia.

SP. MED. TARAXACUM: Loss of appetite, feeble digestion, torpid liver, constipation.

SP. MED. URTICA: Profuse secretion of gastric juice, eructations and vomiting, tendency to hæmatemesis, renal torpor.

SP. MED. VALERIANA: Nervousness, headache, neuralgia, hysteria, despondency, tremors, flashes of light before the eyes.

SP. MED. XANTHOXYLUM: Atonic states of the stomach with langor and debility, eructations, tympanites, colicky pains in stomach and bowels.

DYSMENORRŒA.

Dysmenorrhœa is an affection characterized by difficult and painful menstruation. The pathological conditions which give rise to pain at the menstural period are general or local, such as constitutional debility, uterine abnormalities, or ovarian disease. Each case requires special study in order that underlying causes may be ascertained, and the diagnosis established for dysmenorrhœa may be either ovarian or neuralgic, obstructive or membranous, congestive or inflammatory.

Ovarian dysmenorrhœa is due to acute or chronic inflammation of the ovaries. The pain precedes the appearance of the menses for two or three days, and gradually abates as the flow is established. The pain is not acute, but of a dull, heavy, aching character, passing down the limbs, and is accompanied by despondency, melancholy, groundless fears of danger, and pain in the top of head. The mammæ often sympathize with this form of dysmenorrhœa and become swollen and tender.

In the neuralgic form there is no organic lesion. It is usually associated with constitutional diseases which tend to reduce the tone of the nervous system, such as rheumatism, chlorosis, gout, neurasthenia, and enervating and debilitating habits. In neuralgic dysmenorrhœa pain precedes the flow, subsiding when it appears. The pain is of a sharp, shooting character, and causes intense suffering; it is not confined to the pelvic region, but is felt in various parts of the body. The pain comes and goes during the entire menstrual period, rapidly appearing or disappearing, and finally remaining in abeyance until the next menstrual epoch.

Obstructive dysmenorrhœa is produced by an impediment to the flow of blood from the womb. This condition may be due to a narrow or constricted cervix uteri, to uterine flexion, tumors, polypi, vaginal stenosis, or imperforate hymen. In obstructive dysmenorrhœa, when the menstrual flow occurs, the blood, not finding free exit, accumulates in the uterine cavity. As a result, severe expulsive pains come on, which cause the passage of blood clots. This is followed by a period of ease until more blood accumulates.

Membranous dysmenorrhœa is due to the expulsion of an organized membrane from the womb during the menstrual flow. This formation is an exfoliation of the mucous membrane lining the uterus, and is due to inflammation or congestion of the organ. This variety of dysmenorrhœa is marked by violent expulsive uterine pains resembling those of labor or abortion. The pain continues until the membrane is expelled.

Congestive or inflammatory dysmenorrhœa is characterized by sudden diminution or suppression of the menstrual flow. There is fever, with rapid pulse and hot skin, restlessness, nervousness, pain in the back, constipation,

frequent, painful urination, and dull, heavy, aching pain in the pelvic region.

TREATMENT.—Hot sitz baths, hot water bags over the pelvic region, with hot bricks at the feet, tend to relieve the pain. In obstructive dysmenorrhœa, dilatation of the os uteri will be necessary. This may be done quickly with a dilator, or more gradually by the introduction of tents. When the obstruction is due to uterine flexion this must be corrected. If tumors or polypi oppose the flow they must be removed. Vaginal strictures or stenosis demand surgical treatment, and an imperforate hymen will require perforation.

SP. MED. ACONITE: Vascular excitement with pyrexia at commencement of flow.

SP. MED. ALETRIS: Anæmia, dyspepsia, patient poorly nourished, atonic condition of uterus.

APIOL: Uterine congestion, spasmodic pains, violent headache, palpitation of the heart, despondency, pain with menstrual flow.

SP. MED. APIS: Burning and itching with frequent scalding urination.

SP. MED. BELLADONNA: Profuse discharge of urine, dullness and drowsiness.

SP. MED. CAULOPHYLLUM: Dysmenorrhœa with rheumatic pains.

CERIUM OXALATE: Patient fleshy and robust, colicky, spasmodic pain, tenesmus preceding the flow.

COCCULUS: Nervousness, neuralgic dysmenorrhœa.

SP. MED. COLLINSONIA: Tensive, tearing pain in rectum as if some foreign body were lodged there.

FARADIZATION: Diminished nerve energy, vascular, inactivity.

SP. MED. GELSEMIUM: Scanty and difficult urination,

pulse full and hard, skin dry, headache, flushed face, bright eyes, sense of weight in pelvis and back.

SP. MED. GOSSYPIMUM: Delayed menses, backache and dragging pain in pelvis, sense of fullness and weight in bladder, difficult micturition, mechanical obstruction as though force were needed to start the flow.

GRAPHITES: Impaired sexual function, irregular and painful menstruation with leucorrhœa.

SP. MED. IGNATIA: Severe chills, coldness of extremities.

LEONTIN: Pain in back, throbbing in head, chills, mental depression, bearing down pains, cramps.

SP. MED. LILIUM TIGRINUM: Uterine irritation and congestion, bearing down pains, burning, darting pains, nausea.

SP. MED. LOBELIA: Præcordial oppression, difficult respiration, fullness of pelvic tissues.

SP. MED. LYCOPODIUM: Coldness of extremities, flatulence, constipation, painful urination, nausea, shooting pains in lower limbs.

SP. MED. MACROTYS: Muscular pain in back and limbs, uterine pain with tenderness, rheumatic diathesis, irregular pains, pulse open, skin soft and moist.

NITRO-GLYCERINE: Uterine neuralgia, headache, flushed face.

SP. MED. NUX: Colicky pains, prostration, feeble circulation, pallid sallow face, nausea.

SP. MED. PASSIFLORA: Insomnia, restlessness, spasmodic incontinence of urine, neuralgic pain.

POTASSIUM BROMIDE: Excitability of nerve centres, tendency to convulsions, sleeplessness.

SP. MED. RHUS TOX: Burning pain, sharp pulse, frontal headache.

SP. MED. SENEIO: Uterine and ovarian irritation, nervousness, aching and weight in pelvis.

SEPIA: Scanty menstrual flow, headache, weight and

bearing down in pelvis, stitching pains in vagina, leucorrhœa.

SP. MED. VIBURNUM: Uterine irritation, cramps extending to extremities, tensive expulsive pain.

SP. MED. XANTHOXYLON: Uterine neuralgia, spasmodic cervical contraction, uterine cramps.

ECTHYMA.

Ecthyma is a cutaneous disease, pustular in character. It consists in the formation of flat pustules, from a quarter to half an inch in diameter, usually isolated and situated upon an irritated and inflamed base. The pustules rupture in two or three days, and a dry brown crust or scab is formed upon their site. There may be but one pustule, but commonly there are more, scattered about over the body and limbs.

The disease is either acute or chronic. It is confined to the epidermis, and does not extend to the deeper layers of the skin.

The acute form is usually preceded by a few days of malaise and indisposition. The appearance of the eruption is marked by a slight chill and mild febrile reaction. There is sore throat, and a sense of burning and irritation in the affected parts. After the pustules are formed, the febrile symptoms disappear. There is slight stiffness and soreness in the region of the eruptions, and in a day or two the pustules scab and dry up, being followed by others in succession for a week or two.

In the chronic form of ecthyma this succession of eruptions may continue for weeks or even months. The skin is inflamed and swollen, the pustules rupture, and after the crusts fall off, stubborn ulcers form, which occasionally become confluent. Accompanying this condition there may

be a low grade of fever and a general cachectic constitutional state. The disease may be caused by mal-nutrition, poverty, filth, unhealthy surroundings, insufficient food, dissipation or alcoholism.

TREATMENT.—Cleanliness, good food, proper hygienic surroundings and baths are in many cases about all the measures necessary. The local treatment will consist in the application of soothing antiseptic remedies. When the parts are red and irritable, with itching and burning, the mild lead solution may be used. Sub-nitrate of bismuth may be dusted on the spots when the discharge from the pustules excoriates the skin. Powdered borax will allay irritation. The oxide of zinc ointment will prove efficacious in softening the crusts and healing the sores. Where the pustules heal slowly, and there is a tendency to sepsis, asepsin ointment should be applied. Resorcin and ichthyol have proven of benefit in some cases when used locally.

CALCIUM SULPHATE: Inflammation of cellular tissue, pustules occurring in successive crops, chronic ecthyma.

IRON, ACID SOL.: Skin pale, mucous membrane red, anæmia, weakness and debility.

SP. MED. JUGLANS CIN.: Dirty and rough skin, torpid liver, constipation, indigestion.

SP. MED. RHEUM: Constipation, unpleasant feeling of constriction in the stomach and bowels, retracted abdomen.

SP. MED. RHUS: Sharp and wiry pulse, bright redness of skin with itching and burning of parts.

SODIUM SULPHITE: Broad flabby tongue, dirty, greyish white coat.

SULPHUR: Sallow brownish skin of a dirty hue, dryness of the epidermis.

ECZEMA.

Eczema is a non-contagious disease of the skin, characterized by a variety of lesions, such as papules, vesicles, pustules, or erythema. These manifestations are associated with cutaneous irritation and infiltration. The disease may be acute or chronic, local or general. When local, it is usually distinguished by the name of the organ or part upon which it is situated, as facial, nasal, aural, or eczema of the legs, back, scrotum, etc.

Eczema is also named according to the character of the lesion. For instance, eczema erythematosum, in which there is redness with slight infiltration and thickening of the skin; eczema vesiculosum, characterized by the appearance of vesicles which excrete a viscid fluid; eczema pustulosa, in which the affected part is covered with pustules; eczema papulosum, in which the eruption consists of small red elevations; eczema rubrum in which the eruptions upon the skin are red, moist and weeping; and eczema squamosa in which the skin is dry and scaly. Several other varieties have been described, but most of them are combinations of one or the other of these forms.

Eczema is a very common form of skin affection. It attacks all ages and all conditions of life. Hereditary tendencies are especially marked. It occurs quite frequently from digestive disturbances and improper and unwholesome food. Eczema is a common evidence of constipation. Renal diseases, gout, rheumatism, pregnancy, mental and bodily fatigue, uncleanness, bad hygiene, exposure to extreme heat or cold, chafing, the contact of irritating substances with the skin, and dermal parasites, frequently induce the disease.

It may begin with slight redness of the skin, which presently becomes moist and scaly. Sometimes vesicles or pustules appear, with swelling or heat in the parts. These

rupture and the surface becomes moist and gummy. In other cases papulæ appear, which remain hard, red, and irritable, giving rise to intense itching, tingling and burning in the skin.

The affection may run its course in a few days or weeks, or continue for years.

Eczema manifests itself in a great variety of forms, from a simple local redness of the surface, to an implication of the entire body, which may be moist and raw, scaly and fissured. It may begin as a simple erythema and remain so, or assume any of the other forms.

TREATMENT.—The treatment is both local and constitutional. The diet requires close supervision. The bowels should be kept regular, the skin active, the stomach in a healthy condition, and the kidneys acting freely.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

ALUMINA: Scaly eczema with moist oozing beneath the scabs.

SP. MED. ALNUS: Syphilitic and scrofulous diathesis, feeble vitality, eczema of the face and scalp, pustular eczema.

SP. MED. APIS: Itching and stinging pain, puffiness and œdema in affected parts, smarting and burning with irritation.

SP. MED. ARCTIUM LAPPA: Dry, scaly eruption, impaired nutrition.

ARSENIC: Flabby, inelastic, sallow skin, epidermis dry, lack of cutaneous secretion.

ARSENICUM IODIDE: Dry, scaly eruption, burning and itching of the skin.

SP. MED. BERBERIS AQUI: Chronic eczema, dyspepsia, debility, feeble assimilation.

CALCIUM SULPHITE: Pustular eczema, tendency to recurrence, inflammation of cellular tissues, boils.

CASCARA: Eczema with torpidity of lower bowel and constipation.

CALCAREA CARB: Pallid inelastic skin, enlarged lymphatics, softness of tissues.

CLEMATIS: Soreness and swelling with irritation, vesicular eruption about head and face.

COD LIVER OIL: Debility, malnutrition, scrofulous diathesis.

SP. MED. COLCHICUM: Eczema with gouty and rheumatic diathesis.

SP. MED. ECHINACEA: Purplish skin with bluish shining appearance, vesicular eruptions, viscid exudation, painful superficial irritation, burning of surface with redness and itching.

GRAPHITES: Scaly eczema with crusts, thin sticky excretion, rawness under scabs.

SP. MED. IRIS: Chronic eczema, enlarged thyroid, gastrointestinal irritation.

IRON ACETATE: Pallid transparent skin, blueness of veins.

SP. MED. JUGLANS: Pustular eruption with profuse secretion, indigestion and constipation.

SP. MED. PHYTOLACCA: Enlarged lymphatics, pale skin, patchy tongue, erythema with fine eruption.

PIPER MET: Skin dry and scabby, cracked and ulcerated, anorexia, feebleness.

POTASSIUM ACETATE: Chronic eczema, renal torpor, burning and itching in the skin.

SP. MED. RHUS: Yellow vesicles with red areola, itching and tingling worse at night.

SP. MED. RUMEX: Strumous diathesis, itching eruptions, glandular swelling, syphilitic diathesis.

SP. MED. SOLANUM: Acute eczema, itching, moisture, vesicular and pustular eruptions.

SP. MED. SAMBUCUS: Infiltration of tissues, œdema with serous discharge, scales and crusts, indolent ulcerations.

SULPHUR: Dirty, sallow, brownish skin, dryness of epidermis, scaly eczema.

External Treatment.—Water should be used sparingly upon the affected surfaces, but when cleansing is necessary it should be done thoroughly with soft warm water and asepsin soap. In acute cases where there is irritation and tenderness of the parts, the application of powdered starch, elm, subnitrate of bismuth or the oxide of zinc will give relief.

ACID CARBOLICUM: Papular eczema, itching and burning.

ACID CHRYSOPHANICUM: Scales with moisture beneath, bleed easily.

ACID BORACICUM: Erythematous eczema, infiltration and itching.

WATKIN'S ASEPSIN OINTMENT: Acute vesicular eczema with free discharge, irritable skin, œdema.

ARISTOL: Moist eczema, excoriating discharge, syphilitic eruptions.

BORAX, SAT. SOL.: Pimples, roughness of skin, black heads and other facial blemishes.

CADI OIL: Dry, scaly and fissured surface.

COLLODION: Dry, scaly patches.

DYNAMINE: Itching and burning of skin, viscid oozing from surface, vesicular eruption.

HYDROGEN PEROXIDE: Pustular eczema.

JUNIPER POMADE: Vesicular and pustular eczema of the legs, skin cracked and fissured.

PLUMBI ACETAS: Eczema in folds of skin, rawness, soreness, moisture and itching.

SULPHUR OINTMENT: Dry, scaly eruption.

TAR OINTMENT: Chronic eczema, skin scaly and fissured.

YELLOW OXIDE OF MERCURY: Eczema moist with rawness and itching.

EMPHYSEMA, PULMONARY.

Pulmonary emphysema is an abnormal accumulation of air in the lungs. There is a dilatation and rupture of the walls of the alveoli, and the formation of air sacs in the connective tissue. These accumulations of air may be large or small, and confined to one lung or a portion of one lung, but as a rule both lungs are affected.

Emphysema is usually associated with bronchitis. It may be caused by violent coughing, straining at stool, weakness of the alveolar walls, bronchial obstruction, pneumonia, atelectasis, whooping cough, perforation of the lung, external violence, or senile degeneration.

The disease is marked by dyspnœa and shortness of breath upon slight exertion. There is cough and pain in the chest, the countenance is dusky and puffy, the nostrils are distended, the voice weak, and the patient has a peculiar stooping gait; there is loss of flesh and strength, the pulse is weak and feeble, and the temperature is usually subnormal. The jugular veins are distended, and there is lividity of the face and hands. Cyanosis is a prominent symptom; paroxysms of coughing, attended with suffocation and vertigo, frequently occur. Sometimes there is hæmoptysis; œdema of the feet and ankles is common. The disease develops slowly, and there are many cardiac, renal, and hepatic complications. On palpation the vocal fremitus is usually found increased, especially in the aged. There is vesiculo-tympanitic resonance over the affected portion of the lung. The inspiratory murmur is weak, and expiration is prolonged. Crepitant rales and crackling sounds are heard in the lungs. There is a bulging and enlargement of the upper part of the thorax, with contraction and intercostal depression below. The respiratory movements are altered, the chest moving as a whole, without the ordinary expansion of the inferior costal portion.

The breathing is abdominal, and the upper part of the chest being elevated gives to the patient a stooped appearance. Heredity has a marked influence upon the production of emphysema. The prognosis is not favorable as to recovery, but the patient may live many years.

TREATMENT.—The treatment should be directed towards improving the general constitutional condition of the patient. The diet should be nutritious, consisting of beef, mutton, venison, fish, fowl, eggs and milk. Violent exertion should be avoided, but moderate exercise in the open air is recommended. The body should be warmly clothed and well protected from sudden atmospheric variations. Change of residence is sometimes advisable. Inhalations of compressed air, medicated with stimulants and antiseptics, are of value.

ARSENIC: Tissues soft and flabby, œdema of feet and legs, pallid yellowish skin, feeble nutrition, impaired vitality.

SP. MED. BELLADONNA: Blueness of face and extremities, coldness of hands and feet, dullness, drowsiness.

SP. MED. CACTUS: Dyspnœa, cardiac irregularity, anxiety, apprehension.

COD LIVER OIL: Cough, soft frequent pulse, temperature increased in afternoon, extremities cold, skin relaxed, tissues soft and atonic.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, œdema.

SYR. HYPOPHOSPHITES Co.: Pulmonary irritation, cough, pallid, waxen skin, extremities cold, feeble nutrition of nerve centers.

SP. MED. IPECAC: Cough, bronchial irritation, increased secretion.

IRON, ACID SOL.: Anæmic condition, pale cheeks, red lips, weakness, debility, emaciation.

SP. MED. LOBELIA: Fullness and oppression in precordial region, dry, harsh cough, bronchial irritation, hectic fever, restlessness.

POTASSIUM IODIDE: Shortness of breath, dry wheezing cough, palpitation of heart, pale, full, leaden-colored tongue.

QUEBRACHO: Dyspnœa, rapid respiration, cyanosis, rapid and feeble pulse.

SP. MED. SANGUINARIA: Sense of tightness and constriction in respiratory passages, irritating cough, burning in throat and nose, nervousness, restlessness.

SP. MED. SENECA: Deep cough, free expectoration, mucous rales.

SP. MED. STROPHANTHUS: Irregular heart, œdema.

STRYCHNINE: Nervous debility, lack of expulsive power in bronchial tubes, feeble vitality, headache, urinary incontinence.

ENDOCARDITIS.

Endocarditis is an inflammation of the lining membrane of the heart. Three varieties of this disease are usually described by authors: Acute non-infectious endocarditis; interstitial endocarditis; infectious or ulcerative endocarditis.

Acute non-infectious endocarditis may be caused by local irritation, malnutrition, nervous debility, or perversion in the composition of the blood. It may also be due to traumatism. It is very frequently associated with acute or chronic rheumatism, acute infectious diseases, gout, Bright's disease, chorea, and renal affections. It may also come up from exposure to cold, or excessive physical exertion.

In acute non-infectious endocarditis, the left side of the heart is most frequently affected, especially in adult life.

Interstitial endocarditis is a continuation of the acute form. In this case the deeper structures are invaded and the valves are affected.

Infectious or ulcerative endocarditis is characterized by the formation of ulcers in the lining membrane of the heart. It usually occurs as a complication with septic diseases, such as pyæmia, diphtheria, scarlatina, and erysipelas.

The symptoms of endocarditis are dyspnœa, dizziness, and vertigo; there is insomnia, and sometimes nausea and vomiting; fever is always present, the temperature at times running very high; the face is flushed and cyanotic; the impulse of the heart is irregular and increased in force and frequency. Danger is to be anticipated from thrombi and emboli, especially in the ulcerative form. As the disease progresses there is anxiety and a sense of oppression in the præcordial region; the heart's action is rapid and violent, the pulse beating from 140 to 160; the face becomes livid, and in fatal cases there is restlessness, jactitation, convulsions and death.

TREATMENT.—Absolute quiet is strictly essential. The diet should be bland and non-stimulating, but nourishing withal. Sinapisms should be applied to the extremities, and in cases of severe pain, ease should be given immediately by morphia, hypodermically.

SP. MED. ACONITE: Pulse small and frequent, pyrexia with chilly sensations.

ALCOHOL: Irregular heart's action, weak feeble pulse, prostration.

AMMONIUM CARB: Weak and feebly-acting heart with danger of collapse and syncope.

SP. MED. ASCLEPIAS: Pulse strong, skin moist, pain acute.

SP. MED. BELLADONNA: Dullness, hebetude, disposition to sleep, eyes dull, pupils dilated, capillary congestion.

SP. MED. BRYONIA: Right cheek flushed, sharp pleuritic pain in side, hard vibratile pulse.

SP. MED. CACTUS: Irregular pulse, sense of tightness and constriction around the chest, anxiety, restlessness, apprehension.

SP. MED. CONVALLARIA: Palpitation and vehement action of the heart with disordered rhythm.

DIGITALIS (Infusion): Feeble pulse, faint heart-sounds, dropsy.

SP. MED. GELSEMIUM: Headache, flushed face, bright eyes, contracted pupils, pyrexia.

SP. MED. JABORANDI: Dry skin, full, hard pulse, increased temperature, dyspnœa, lack of secretion.

SP. MED. LOBELIA: Cardiac congestion, full and oppressed pulse, sharp cutting pain in heart, oppressed respiration.

SP. MED. LYCOPUS: Irritability, rapid pulse, feeble capillary circulation.

SP. MED. MACROTYS: Muscular pain, rheumatism, tensile pain in left side.

SP. MED. PODOPHYLLUM: Headache, vertigo, broad, full tongue, constipation, hepatic torpor.

POTASSIUM ACETAS: Paroxysmal headache, tongue full and pallid, rheumatic pain.

POTASSIUM CARBONAS: Extreme weakness, full tissues, pallid tongue.

POTASSIUM BROM.: Pulse full and strong, flushed face, sleeplessness and restlessness, convulsive tendencies.

POTASSIUM IODIDE: Leaden-colored tongue, rheumatism.

SP. MED. PRUNUS: Palpitation, shortness of breath, hepatic torpor, jaundice.

SP. MED. PULSATILLA: Mental depression, nervousness, dizziness, palpitation, groundless fears of danger.

SP. MED. RHUS: Sharp pulse, frontal headache, pain in left orbital region.

SODIUM SALICYLATE: Rheumatism, white filmy coat on tongue, metastatic pains.

SP. MED. SPIGELIA: Rheumatic pain, palpitation, neuralgia.

SP. MED. STICTA: Rapid pulse, cardiac disturbances, occipital pain extending to shoulders and back.

ENDOMETRITIS.

Endometritis is an inflammation of the lining membrane of the fundus or cervix of the womb.

It may be either acute or chronic.

It generally occurs between the ages of thirty and forty, and is caused by parturition or abortion, or may come on as a result of gonorrhœal infection, excessive sexual intercourse, debilitating diseases, bad food, unhealthy surroundings, exposure to cold, idleness, self-indulgence, luxurious and effeminating habits.

It may also result from the introduction of instruments into the uterus.

The acute form, when mild, produces no distinctive symptoms; it commences with chills and headache. There are sensations of weight and fullness in the pelvis. The bowels as a rule are constipated, but there may be diarrhœa with nausea and vomiting. The mucous membrane of the uterus is in a state of congestion, inflammation, and hyper-secretion. Leucorrhœa occurs, which is at first profuse, thin and watery; later it becomes thick and purulent. The os uteri is red and inflamed, thickened, and spongy, and the uterus is slightly prolapsed.

In chronic endometritis the symptoms are less severe, but more persistent. Many reflex manifestations make their appearance. The leucorrhœa, at first thin and watery, presently becomes thick, creamy, and sometimes

streaked with blood. It is often of an irritating nature, and excoriates the parts with which it comes in contact. The mucous membrane and underlying structures become thickened and hypertrophied; the uterus enlarged, thickened, and softened; the cervix spongy and bleeding very easily.

In some cases ulceration occurs, menstruation is irregular, anæmia being common. Menorrhagia frequently complicates endometritis. Anæmia, nervousness, and general debility are common, and habitual abortion or sterility often results from endometritis. The acute form may terminate favorably in a week or two, but the chronic form continues indefinitely.

TREATMENT.—In the acute form the hot sitz bath, hot applications over the abdominal regions, and the internal administration of sedatives, will be indicated. In the chronic form, constitutional treatment for pathological conditions will be necessary. Locally copious injections of hot water are to be recommended. Tampons saturated with tannate of glycerine, boro-glyceride, or a dilution of thuja and glycerine, may be introduced into the vagina, in contact with the cervix, and left in situ for twelve or twenty-four hours. Upon their removal the parts should be treated with a douche of hot water, after which the tampon may be again applied.

In some cases where there is sepsis, with an offensive odor, a topical application of dilute carbolic acid will be indicated, and where there is superficial ulceration a ten per cent. solution of nitrate of silver may be used locally. In chronic cases where fungoid and polypoid excrescences grow upon the mucous membrane, curetting will be found necessary.

ARSENIC: Pulse soft and feeble, skin relaxed, extremities cold, abdominal pain and tenderness.

SP. MED. CAULOPHYLLUM: Uterine pain and tenderness, feeling of fullness and weight in pelvis, rheumatic pain in limbs.

GRAPHITES: Sensations of fullness in the pelvis, thin watery leucorrhœa, impairment of sexual function, irregular and painful menstruation.

HAMAMELIS: Enfeebled and sluggish pelvic circulation, thickening of uterine mucous membrane with increased secretion.

SP. MED. HELONIAS: Mental depression and irritability, weakness of the uterine organs, slimy, viscid leucorrhœa.

SP. MED. HYDRASTIS: Anorexia, leucorrhœa, atonic condition of the mucous membranes, menorrhagia.

IRON, ACID SOL. (HOWE'S): Pallid skin, redness of mucous membranes, blueness of tongue, small soft pulse.

SP. MED. MACROTYS: Uterine tenderness, muscular pain, rheumatic diathesis.

SP. MED. PULSATILLA: Amenorrhœa, nervousness, dizziness, fear of danger impending, pain in top of head, hysteria.

SP. MED. RUMEX: Weight and fullness in pelvis, leucorrhœa, scrofula, enlarged lymphatics, chronic skin eruptions.

SP. MED. SENICIO: Sensations of weight in the pelvis, uterine leucorrhœa, ovarian irritation, menorrhagia, difficult and tardy urination.

SP. MED. STAPHYSAGRIA: Depression of spirits, moroseness, violent outbursts of passion, muco-purulent leucorrhœa, uterine irritation.

SP. MED. VIBURNUM: Dysmenorrhœa, uterine pain and tenderness with spasmodic contractions.

ENTERITIS.

Enteritis is an inflammation of the intestinal coats, and may include the entire length of the intestine, or be limited to a small portion of it. The affection may be either acute or chronic. It is caused by cold, irritating ingesta, traumatism, or by the extension of inflammation from other parts.

Inflammation of the bowels may be preceded for a few days by intestinal irritation and diarrhœa. In some cases, however, the bowels are constipated in the beginning, with a feeling of soreness and tenderness in the abdominal region. The active onset of the disease is marked by a chill, followed by fever, which at first may run very high. The bowels become distended and tender, and the abdominal walls hard and rigid.

The patient lies on his back with the knees drawn up to relax the abdominal muscles. There is tormina and tenesmus, but the bowels remain obstinately constipated. There is nausea, vomiting, weakness and prostration. In grave cases the pulse becomes weak and vibratile. There is hurried respiration and dyspnœa. The tongue is coated a dirty brown with sordes on the teeth. In some cases the mind remains clear until the end, but usually jactitation and subsultus tendinum occur, followed by stupor and death.

TREATMENT.—The patient should be kept perfectly quiet, given a light and nutritious diet. No cathartics should be administered, but straining at stool and efforts to evacuate the bowels should be avoided. Externally, turpentine and sweet oil—equal parts—should be rubbed over the abdominal region. This may be alternated with arnica and lobelia, or camphor and oil sassafras. In some cases a flannel bandage applied around the abdomen will

give comfort and relief. If the bowels remain obstinately constipated, injections of hot water may be used.

ACIDUM HYDROCYANIC: Nausea and vomiting, gastric irritation, pain in stomach and bowels.

ACONITE: Pulse small and frequent, pyrexia.

ALCOHOL: Pulse weak and feeble, weakness and prostration, dyspnœa.

SP. MED. AMYGDALUS: Nausea and vomiting, elongated and pointed tongue, gastric irritation, abdominal tenderness.

SP. MED. BELLADONNA: Drowsiness, dullness, dilated pupils, blueness of face, capillary congestion.

BISMUTH, SUBNITRATE: Nausea and vomiting, acid eructations, irritating diarrhœa.

SP. MED. BYRONIA: Hard vibratile pulse, right cheek flushed, frontal pain, dusky discoloration of surface.

SP. MED. DIOSCOREA: Abdominal pain and tenderness on pressure, sharp cutting pains aggravated by motion, tympanites.

EUGENIA JAMBOLLANIUM: Dizziness and vertigo, abdominal pain extending to back and loins.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, increased heat of head, determination of blood to the brain, restlessness.

SP. MED. IPECAC: Irritation of intestinal mucous membrane, diarrhœa, tormina and tenesmus, nausea and vomiting.

MORPHINE: Intense abdominal pain, pulse small and soft, tongue clean.

SP. MED. RHUS TOX: Sharp stroke of pulse, pain in left frontal region, tip of tongue shows small red points on upper surface, restlessness and delirium.

ENURESIS.

Enuresis is characterized by partial or complete inability to retain the urine. It is caused by stricture of the urethra, enlarged prostate gland, tumors and organic diseases, as well as atony of the muscular coat of the bladder. It may also be due to paralysis or weakness of the sphincter vesicæ. The presence of urinary calculi in the bladder will give rise to dribbling of the urine, and it is a common symptom of diabetes. It may occur from reflex irritation due to the presence of intestinal parasites; also, sympathetically, from vaginal, uterine and ovarian disease. Enuresis is a frequent accompaniment of hysteria, locomotor ataxia, general paralysis, and other neuroses. Incontinence of urine may result from accidents during parturition and from long continued urethral and cystic disease. Habitual over-distension of the bladder will in time cause a like condition. Enuresis occurs most frequently at the two extremes of life—childhood and old age. In childhood it is for the most part due to atony of the muscular fibres of the vesical neck. In old age to this are added, enlarged prostate and chronic urinary perversions.

Enuresis varies in its nature and manifestations. In some cases it is complete, while in others, although the bladder is never entirely emptied, there is a continual escape of small quantities of urine. This dribbling soils the clothing, and renders the body offensive. The odor is persistent and cannot be effaced. There is irritation in the neighborhood of the genital organs. They become sore, raw, and eczematous. At times obstinate ulcers form, which become foul and disagreeable. Sometimes the urine does not dribble, but is expelled whenever small quantities accumulate in the bladder.

Incontinence of urine in children usually comes on at

night, and some children habitually wet the bed while asleep. The affection passes away as the child grows older.

Enuresis may be continual or intermittent. In some cases sudden muscular exertion, such as jumping, climbing, sneezing, laughing, or coughing, will cause an expulsion of the urine. It may occur during strong mental emotions, such as joy, sorrow, or anger.

TREATMENT.—When the disease is caused by intestinal parasites they must be removed. A careful examination should be made to detect tumors, ulcers, and morbid growths in the region of the bladder. Anal fissures and hæmorrhoids should be remedied. Circumcision will cure some cases. In females small caruncles and polypoid growths may be the exciting cause.

Urethral injections of silver nitrate, hydrastis, and other remedies intended to give tone and strength to the parts, are often useful, and the application of electricity has given good results.

A system of mental and moral treatment should be inaugurated to impress the mind of the child with the idea of restraint, and cause him to pay close attention to the calls for urination.

ACIDUM BENZOICUM: Irritable bladder, alkaline urine, phosphatic deposits.

AMMONIUM BENZOATE: Incontinence with irritation and sub-acute inflammation, adapted to the aged.

SP. MED. BELLADONNA: Spinal congestion, relaxed sphincter, enfeebled pelvic circulation.

SP. MED. CANTHARIDES: Vesical irritation, partial paralysis of sphincter vesicæ, teasing desire to urinate, dribbling of urine.

SP. MED. CHIMAPHILLA: Chronic urethral irritation, muscular relaxation of bladder, debility of urinary organs.

SP. MED. EPIGEA, REP.: Debility and relaxation of the bladder, with irritable mucous membranes.

SP. MED. EQUISETUM: Cystic irritation, nocturnal incontinence, continual desire to urinate.

SP. MED. ERGOT: Relaxed sphincter, micturition does not give relief.

SP. MED. NUX: Atony and relaxation of the vesical sphincter.

SP. MED. PLANTAGO: Nocturnal enuresis, with profuse discharge of colorless urine.

SP. MED. RHUS AROM.: Dribbling of urine, partial paralysis of bladder, nocturnal incontinence, relaxed tissues, sodden skin.

SP. MED. THUJA: Dribbling of urine in the aged, enlarged prostate, vesical atony, bed wetting of children.

SANTONINE: Irritation of vesical sphincter, incontinence of urine from reflex irritation, due to intestinal parasites.

SP. MED. STAPHYSAGRIA: Teasing desire to urinate, vesical and prostatic irritation, dribbling of urine in the aged.

STRYCHNINE: Feeble spinal innervation, lack of muscular and nervous tone in bladder

EPILEPSY.

Epilepsy is a chronic disease of the nervous system, attended by sudden loss of consciousness and involuntary muscular contractions.

The name *epilepsia gravior*, or *le haut mal*, has been given to the severe form of this affliction, while the milder manifestations are termed *epilepsia mitior*, or *petite mal*.

Epilepsy is a serious but rarely fatal disease *per se*. It is, however, exceedingly chronic, and not amenable to treatment, showing no tendency to spontaneous recovery. It

is most distressing because, as a rule, it gradually impairs the mind of the patient. The affection commences most frequently between the ages of six and twelve.

The causes of epilepsy are divided into intrinsic and extrinsic. The intrinsic causes are those located in the central nervous system, such as inflammation and determination of blood, cerebral compression, thickening of the membranes, thickening of the skull, irritation from cicatrices of the dura, spiculæ of bone, cerebral tumors and morbid growths.

The extrinsic causes are those which, seated in parts remote from the central nervous system, by reflex stimulation give rise to abnormal action. Under this head may be mentioned, gastric and intestinal irritation, diseases of the kidneys, uterus and ovaries, and change in the characteristics of the blood. Grief, anxiety, mental overwork, and depression may be regarded as exciting influences. Sunstroke may induce epilepsy, and inherited tendencies have a marked influence in its production. The frequency of the fits vary from several in twenty-four hours to but one in several days.

In an attack of epilepsy, the patient, giving vent to a peculiar, shrill, piercing sound (the cry *epileptique*), suddenly falls. Unconsciousness supervenes, and the muscles are thrown into spasmodic contractions. The limbs assume various positions, the trunk is contorted and the features distorted, becoming turgid and congested. The tongue and lips are often bitten, and the patient froths at the mouth. Respiration is stertorous, pulse small and feeble, and the feces and urine may be involuntarily discharged. The paroxysms continue from a few seconds to a few minutes. They are usually single, but there may be several in rapid succession. Upon the subsidence of the spasm, the patient passes into a deep sleep from which he is with difficulty aroused.

- There are rarely any premonitory symptoms of an epileptic seizure, but in some cases the patient has warning of the approach of an attack. There may be dizziness with a sense of weight and oppression in the head, and a peculiar sensation as of a cold wave of air passing over the body, called the "epileptic aura."

The severity of the attack varies in different subjects. It may be a momentary loss of consciousness without a spasm, or severe convulsions may occur repeatedly for hours.

TREATMENT.—The treatment will be divided into that during the paroxysms and that between the spasms. During the fit, the patient should be placed in a comfortable position and restrained from injuring himself. A piece of wood or cork should be placed between the teeth to prevent laceration of the tongue and lips. Sinapisms may be applied to the extremities, and where the convulsions are very severe and long continued, the inhalation of chloroform or ether may be necessary to allay them. As soon as the patient can swallow, the tincture of Lobelia and Capsicum may be administered in half teaspoonful doses in order to prevent recurrence; or large doses of Gelsemium and bromide of potash may be given for the same purpose.

The inter-paroxysmal treatment should be directed towards allaying the irritability of the nervous system, and removing any known exciting causes.

When epilepsy is due to localized cerebral lesions, it is sometimes amenable to surgical treatment. Menstrual irregularities and morbid constitutional conditions should be corrected.

ACIDUM HYDROBROMICUM: Tongue dry and red, dull abdominal pain, peevishness and fretfulness.

AMMONIUM BROMIDE: Fits coming on in the night.

ARSENICUM BROMIDE: Choretic tendencies, asthma, anæmia, flabby soft skin.

AMYL NITRITE: Coldness and pallor of surface, throbbing of arteries.

AURIUM BROMIDE: Nervousness and apprehension, night terrors, sleep walking.

SP. MED. BELLADONNA: Dullness and hebetude, disposition to sleep, blueness of face, cerebral congestion.

CALCIUM BROMIDE: Anæmia, nervous debility from lack of nutrition.

JACARANDA: Mental feebleness, patient well nourished, voracious appetite, masturbation.

LITHIUM BROMIDE: Flushed face, insomnia, severe pain between shoulders, mental depression, renal torpor.

SP. MED. MACROTYS: Mental depression, insomnia, menstrual irregularities, rheumatic pain in back and limbs.

NICKLE BROMIDE: Mental feebleness, frequent attacks of epilepsy, coldness of hands and feet.

SP. MED. CENANTHA CROCATA: Nervousness, loss of appetite, indigestion, weakness, frequent convulsions, mind bright, anæmia of the brain and spinal cord.

NUX: Feeble spinal innervation, paralytic symptoms, numbness and tingling in body and limbs.

POTASSIUM BROMIDE: Patient strong, well nourished, circulation vigorous, excitement of the reproductive organs.

SODIUM BROMIDE: Pale tongue with white coat, gastric irritability, nausea and vomiting.

SP. MED. SOLANUM CAROLINENSIS: Muscular twitchings, patient appears to be dazed, attacks brought on by slightest excitement, perverted appetite, constipation.

SP. MED. SUMBUL: Restlessness, nervousness, insomnia, delirium.

ERYSIPELAS.

Erysipelas is a disease of the skin and mucous membrane, marked by areas of redness and inflammation, which gradually spread over the surface. It is accompanied by fever and constitutional disturbance. The skin generally desquamates after the inflammation has subsided. The disease may continue for months, and relapses are frequent. It sometimes occurs as a complication in the course of other affections. Occasionally, erysipelas prevails epidemically, and may be transmitted from one individual to another.

An attack of erysipelas is usually announced by a chill, followed by fever. The pulse is accelerated, the skin dry, and there is headache with delirium, and sometimes nausea and vomiting. Following this, the characteristic redness of the skin makes its appearance. It is at first limited and somewhat irregular in outline. There is some swelling and infiltration, with pain and tenderness on pressure. The redness is usually very vivid, but disappears upon pressure, soon returning. In mild cases, the attack passes away in a few days. The lymphatics in the region of the affected parts are swollen and tender. In the phlegmonous form of erysipelas, elevations or blisters, containing a watery fluid, appear upon the surface. These become purulent and rupture, causing more or less disintegration of tissue. The parts are intensely painful, swollen and œdematous. There is much debility and constitutional disturbance. In the gangrenous form, there is extensive swelling, the surface becomes dusky red, dark brown or black. Phlyctens appear, and the deeper tissues become disintegrated, finally breaking down, decomposing and becoming gangrenous. In the severe forms of the disease, the tongue becomes heavily coated, brown, dry and cracked. A typhoid condition sets in. There is muttering delirium,

weakness, prostration, and colliquative sweats, followed in fatal cases, by coma and death.

Erysipelas most frequently attacks the face and the scalp. The prognosis is for the most part favorable, recovery taking place, in the majority of cases, in from seven to ten days. Erysipelas is a general disease with a local manifestation. It may occur at any age, but more commonly attacks adult males. The disease usually comes up from injuries to the skin, such as bruises, wounds, or anything that causes an abrasion of the epidermis. It often occurs in hospitals after surgical operations. Persons of a scrofulous diathesis, poorly nourished, and of a feeble constitution, are predisposed to the affliction.

TREATMENT.—Local treatment is not necessary in mild cases. In the more severe forms, cold dressings of an anodyne and a mildly astringent nature will relieve the burning and itching in the parts. In gangrenous erysipelas, the application of antiseptic washes, such as carbolic acid, listerine, and asepsin, will be necessary.

SP. MED. ACONITE: Pulse small and frequent, with fever.

SP. MED. APIS: Itching and burning of surface, tendency to œdema.

SP. MED. APOCYNUM: Skin puffy, blanched and glistening, dropsical tendencies.

SP. MED. ARCTIUM LAPPA: Feeble cutaneous circulation, deficient nutrition of the skin.

SP. MED. BAPTISIA: Moist, pasty fur on tongue, dusky coloration of mucous membranes, skin purplish.

SP. MED. BELLADONNA: Dullness, hebetude, tendency to sleep, dilated pupils, blueish skin.

SP. MED. BERBERIS AQUI: Chronic erysipelas, relaxed mucous membranes, depraved constitutional state.

SP. MED. ECHINACEA: Tendency to gangrene and sloughing.

SP. MED. JABOBANDI: Dryness of the skin, lack of secretion, full pulse, fever, pain in the back and limbs.

SP. MED. PASSIFLORA: Irritation of nerve centers, sleeplessness, pain.

QUININE: Feeble innervation, with periodicity.

SP. MED. RHUS TOX: Bright redness of affected parts, burning pain, pulse small and sharp, frontal headache, tongue red and pointed, with prominent papillæ.

SODIUM SULPHITE: Broad pallid tongue, with dirty gray fur, affected parts doughy and sodden.

TINC. FERRI CHLOR.: Deep red tongue, deep red eruption.

SP. MED. VERATRUM: Pulse full and strong, throbbing of arteries, dusky redness of affected parts.

ERYTHEMA.

Erythema is a mild, non-febrile, cutaneous affection, which runs a brief course, and recovers spontaneously. The disease is characterized by the appearance of areas of redness upon the surface of the skin. These may be large or small, circular, or elongated and broad. They vary in color from bright to dusky red, and after continuing several days, pass away with slight desquamation. In the exudative form, the erythematous spots are covered with a viscid secretion, which, however, soon dries up.

Erythema nodosum, another and somewhat severer form of the affection, is preceded by some constitutional disturbance, such as fever and headache, which is followed by the appearance of oval red patches, usually on the lower extremities. When the nodules are fully developed, they are slightly elevated above the surface. In a few days they assume the form of red and painful tumors, which may become soft and fluctuating upon palpation, but soon disappear without suppuration.

Erythema is caused by irritating secretions, by external applications, such as mustard and ammonia, or exposure to extreme heat or cold. Some varieties of fever have erythema as a symptom. Rose rash may also come up from gastric and intestinal irritation, caused by indiscretions in diet, or by intestinal parasites. It is a common affection of children.

TREATMENT.—All sources of irritation should be removed. If the erythema is caused by excoriating secretions from the skin or mucous membrane, the parts should be kept clean, and dusted with powdered bismuth subnitrate, starch, or boracic acid. When the disease is due to reflex intestinal irritation, measures should be taken to correct this condition. Externally; the parts may be bathed with a distillate of hamamelis. The mild oxide of zinc ointment should be used, if there is itching. If the erythema is attended with much burning, camphor may be applied. A solution of asepisin will be useful when there is exudation and the patches exhibit a tendency to spread.

SP. MED. ACONITE: Pulse small and frequent, with fever.

SP. MED. BELLADONNA: Dullness and hebetude, tendency to sleep, blueness of skin, capillary congestion.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, frequent desire to urinate, irritation and determination of blood to the head.

SP. MED. JABORANDI: Dryness of skin and mucous membrane, full pulse, pain in back and limbs.

SP. MED. PODOPHYLLUM: Full tongue, pasty coat, fullness of tissues, headache, constipation, hepatic torpor.

SP. MED. POTASSIUM BROMIDE: Nervousness, restlessness, headache, flushed face, with fever.

SP. MED. RHEUM: Indigestion, intestinal irritation, nausea, sense of constriction in stomach and bowels, abdomen retracted.

SP. MED. RHUS TOX.: Bright redness of skin, with itching and burning, sharp wiry pulse, left frontal headache, tongue papillæ enlarged.

SANTONIN: Erythema from reflex irritation due to intestinal parasites.

EXOPHTHALMIC GOITRE.

Exophthalmic goitre, Basedow's disease, Grave's disease, is an affection of the sympathetic nervous system. Its three distinctive features are, enlargement of the thyroid gland, protrusion of the eyeballs, and palpitation of the heart. In addition to these three cardinal symptoms there may be various other derangements.

The disease is chronic and develops slowly; the patient becomes depressed and irritable, easily fatigued, and dyspnoic, with fluttering of the heart. Presently a slight enlargement of the thyroid will be noticed, which increases slowly, yet never becomes excessive; following this the eyeballs become protruded, not greatly, at first, but after a time so much pushed forward that the eyelids can not be closed over them. The cardiac pulsations are increased in frequency, the pulse beating from a hundred to a hundred and sixty. The symptoms may vary in the order of their appearance. In a patient afflicted with exophthalmic goitre, the face is flushed, lips dusky, there is throbbing of the temporal vessels, which beat with increased force and frequency. The temperature is elevated, sometimes not to any great extent, but still slightly elevated, and so continues, rarely falling to normal. In many cases cutaneous changes occur, the hair becomes thin, various eruptions appear on the face and body, where also may be found bronze-like yellow spots or discolorations.

As the disease advances, there is indigestion and anorexia, exhaustion and colliquative sweating, with increased

throbbing of the arteries; menstrual derangements are common; the menses may be excessive, absent, painful or irregular; they are rarely normal.

Epilepsy, chorea, neuralgia, and other nervous affections may be associated with this disease, and mental depression, discouragement, and melancholy are nearly always present, sometimes with delusions, hallucinations, or mania.

Exophthalmic goitre may continue for a number of years, the prognosis is not encouraging, but recovery does occasionally take place. The disease more frequently attacks females, and is supposed to be due to morbid changes in the cervical sympathetic ganglia.

TREATMENT.—In the treatment of exophthalmic goitre it is necessary to continue the remedies for a considerable time, and the patient must be encouraged to persist in the medication.

SP. MED. ACONITE: Pulse small and frequent, capillary obstruction, pyrexia.

SP. MED. APOCYNUM: Irregular and oppressed heart-beat, fullness of tissues, œdema, menses pale.

SP. MED. BELLADONNA: Drowsiness, dullness, capillary congestion.

CACTUS: Irregular pulse, nervousness, apprehension.

SP. MED. CAULOPHYLLUM: Grief, melancholy, irritability, painful menses.

SP. MED. CUPRUM: Anæmia, leucorrhœa, bronzed skin.

SP. MED. DIGITALIS: Faint heart-sounds, feeble pulse, dropsy.

SP. MED. HYOSCYAMUS: Mania, fright, mental anxiety.

SP. MED. IPECAC: Paroxysms of suffocation, thirst, diarrhœa.

SP. MED. LOBELIA: Palpitation of the heart, precordial oppression, nausea.

SP. MED. MACROTYS: Rheumatic pains in back and limbs, irregular menses.

SP. MED. PULSATILLA: Nervousness, despondency, fear that danger is impending, amenorrhœa.

SP. MED. RHUS TOX.: Sharp pulse, frontal pain, burning in eyes.

SP. MED. STROPHANTHUS: Heart's action weak, low arterial tension, rapid and irregular pulse.

GASTRALGIA.

Gastralgia is a painful, non-organic affection of the stomach, characterized by spasmodic attacks of gastric pain, either during or after digestion. When a paroxysm of gastralgia occurs, the patient is covered with a cold sweat, the pulse is weak, skin cool, and there may be vertigo and fainting. The pain is extremely severe, and of a cutting, grinding or boring character, radiating from the bowels to the back and limbs. The attack may terminate in vomiting and diarrhœa, with flatulence and tympanites. In the chronic form the paroxysms are less severe, but more prolonged. The pain is heavy, dull and grinding, and may occur daily, coming on at any time. The disease is most frequent in youth and middle age. Gastralgia arises from indigestion or cold. It is common in anæmia, gout and rheumatism. Strong emotions may give rise to it. Those of a nervous temperament are predisposed to this disorder.

TREATMENT.—When an acute attack is mild, a few drops of tinct. peppermint in hot water will generally relieve it, but for the severer forms chloroform or laudanum will be necessary.

SP. MED. APIS: Sensations of heat and burning in the stomach.

ARGENTI NITRAS: Flatulence, cardiac palpitation, irritation of the stomach, eructations.

ASAFÆTIDA: Flatulence, palpitation of the heart, nervousness, hysteria.

BALDO: Nervousness and irritability, hepatic torpor, jaundice.

SP. MED. BRYONIA: Constipation, dull aching, grinding pain in stomach.

SP. MED. CHAMOMILLA: Green, watery diarrhœa, flatulence, head sweats.

SP. MED. COLOCYNTH: Acute, twisting, griping pains in stomach, tympanites.

SP. MED. DIOSCOREA: Sharp, cutting pain, with tenderness on pressure.

SP. MED. IGNATIA: Coldness of extremities, paroxysmal pain, nervousness, headache, hysteria.

SP. MED. IRIS: Migraine, burning in mouth and fauces.

SP. MED. MACROTYS: Rheumatic pain of a dull, aching character, sensation of hard lump in stomach, pain aggravated by eating or drinking.

SP. MED. MELILOTUS: Diarrhœa, painful micturition, nausea and vomiting, periodical attacks of pain.

SP. MED. NUX: Broad pallid tongue, yellow ring around mouth, pain pointing to umbilicus.

SP. MED. PODOPHYLLUM: Abdomen full and doughy, tongue heavily coated, nausea, constipation, torpid liver.

GASTRIC ACIDITY.

The gastric juice is normally acid, this acidity being due to the presence of free hydrochloric acid in small but constant quantities in the secretions of the stomach during digestion. Pathological acidity of the stomach manifests itself by pain, burning acid eructations, nausea and vomiting. It has received the names heart-burn, pyrosis, water-brash, acid dyspepsia or sour stomach, and may be caused by either an excessive or diminished

free
ing
amount of hydrochloric acid, or by some perversion of secretion. Acidity of the stomach, due to excessive secretion is, for the most part, not the result of structural change, although it may accompany ulcer or cancer. It occurs chiefly from nervous derangements of a reflex character, as in the vomiting of pregnancy, uterine disease, nervous prostration, neurasthenia, hysteria, hypochondria, and during attacks of renal and biliary colic. It comes on when the stomach is empty, the eructations being very acid, and causing much pain.

Gastric acidity from diminished secretion may be differentiated from that of excessive secretion by the fact that it occurs only after eating, during digestion, when the stomach is full. In this case the amount of hydrochloric acid secreted is less than normal, and the food not being protected by the antiseptic action of the acid, undergoes an acid fermentation, which is not, however, a hydrochloric acid fermentation, but a lactic, acetic, or butyric acid decomposition.

It comes on when digestion is delayed from an insufficient supply of gastric juice, when food is retained in the stomach from pyloric obstruction, when food in a state of fermentation is introduced into the stomach in sufficient quantities to overcome the gastric antiseptics, when food is insufficiently insalivated and improperly masticated, when an excess of starchy food is ingested, when there is arrest of digestion from reflex causes, such as sudden mental or physical impressions, and from constipation and nervous affections.

A third variety of gastric acidity occurs when the gastric secretions are perverted from some constitutional derangement which interferes with normal blood-making, such as anæmia, uræmia, scrofula, and debilitating diseases.

TREATMENT.—In gastric acidity due to excessive secretion:

SP. MED. ACONITE: Acidity with pyrexia, small and frequent pulse, dilatation and want of tonicity in capillary circulation.

SP. MED. BELLADONNA: Acid stomach, due to enfeebled circulation, capillary stasis associated with dullness, hebetude and tendency to sleep.

CARBO VEG.: Tongue pallid, thinly coated white, showing bare spots here and there over the surface, pulse small and feeble, profuse expectoration of sour mucus.

SP. MED. HYDRASTIS: Profuse secretion with anorexia, atonic condition of the mucous membrane with muscular debility.

SP. MED. NUX VOM.: Pain in forehead associated with nausea, yellowish ring around the mouth, pain in the stomach, extending to umbilical region.

SP. MED. RHEUM: Acid stomach with nervous debility and irritation, spasmodic contraction of the stomach, pain and restlessness, with constipation.

STRYCHNINE: Nervous prostration, associated with hypochondriasis.

The treatment for gastric acidity from diminished secretion will be:

ACIDUM HYDROCHLORICUM: Deep redness of tongue and mucous membrane, tongue contracted, with brownish streak in centre, digestion slow.

ACIDUM HYDROCYANICUM: Tongue and mucous membrane red, gastric cough, pain in stomach, irritation with nausea and vomiting.

ACIDUM SULPHUROSUM: Slimy brown coat on tongue and teeth, mucous membrane and tongue dull red underneath, tissues full and dirty looking.

AQUA CALCIS: Acidity with colic and green watery discharges from bowels.

EMETICS: Tongue heavily coated at base with thick foul, slimy coat, stomach overloaded with partially digested and decomposing food.

IPECAC: Digestion slow, depraved or lessened secretion, nausea and vomiting.

SP. MED. PODOPHYLLUM: Yellow coat on tongue, pasty full tongue and tissues.

POTASSIUM CHLORATE: Foul breath, tenderness of mouth.

SODIUM BICARB: Broad pallid tongue.

SODIUM PHOSPHATE: Tongue coated, white, furred, dry.

SODIUM SALICYLATE: Tongue coated thin filmy white.

SODIUM SULPHITE: Tongue coated a thick, pasty, dirty gray.

GASTRITIS.

Gastritis is an inflammation of the mucous membrane of the stomach. As a purely uncomplicated disease it is rare. The disease may be either acute or chronic. It attacks either sex at any age, but is most common at the extremes of life—infancy and old age. Acute gastritis is caused by the introduction of irritating substances into the stomach, such as particles of glass, shells, stones and substances of like character, as well as by strong alkalies, acids and poisons. It may also be brought on by extreme mental emotions, exposure to cold or heat, by improper food causing indigestion, and by excessive indulgence in alcoholic beverages. Traumatic inflammation arises from direct injuries. Anæmia, chlorosis, and debilitating diseases generally, predispose to gastritis, and it frequently occurs during the course of febrile and eruptive diseases, while it occasionally complicates organic affections of the stomach.

In the beginning of an attack of acute gastritis pain of a burning, lancinating character is rarely absent. The pulse is increased in frequency, the extremities are cold and the

body is covered with a cold sweat. Violent and painful vomiting add to the discomfort of the patient, who lies upon his back with his legs drawn up to relax the abdominal muscles. The respiration is shallow and limited. There is fever with a dry tongue and thirst. The bowels are constipated and exceedingly tender on pressure. The urine is scanty and high-colored. There is headache, anxiety, and a haggard, pinched expression of the countenance. In the advanced stages the eyes become sunken, the face pale, ashen, pulse rapid, with excessive vomiting, followed by delirium, coma, and death.

Sub-acute gastritis may be a sequence of the acute form, but more commonly comes up from alcoholism or dyspepsia. In sub-acute gastritis the appetite is perverted, highly seasoned food and spices are craved; there is nausea and vomiting, with flatulence, acid eructations, and constipation. Headache, nervousness, and restlessness are common symptoms, as also are impairment of mental energy, depression, fatigue and prostration. The breath is offensive and the tongue coated. There is pain in the epigastric region, which is increased by pressure, and radiates through the abdominal and into the lumbar and dorsal regions. The pulse is accelerated and the temperature elevated, with flashes of heat, alternated with chills. The pain in the stomach is increased by eating, and gives rise to a feeling of constriction around the epigastrium. Herpetic eruptions appear upon the lips; the skin becomes of a pale bronze hue; there is weakness, emaciation, and general debility.

Chronic Catarrh of the Stomach is a disease of very common occurrence, and comprises many forms of gastric derangement. It may appear as a sequel of the acute or subacute forms, or be due to interference in the portal circulation. It frequently complicates gout, rheumatism, renal diseases, phthisis, malarial fevers, and ulcer or

cancer of the stomach. The affection is, however, for the most part, due to dietary errors, the habitual use of alcohol, or the abuse of medicines.

The symptoms of chronic gastritis are anorexia, indigestion, and a sense of weight and fullness in the epigastric region. The pain is not so severe and intense as in acute gastritis; there is a sense of uneasiness and oppression, rather than a distinct pain. Pyrosis and acid eructations occur, with nausea, vomiting, and constipation alternating with diarrhoea. Palpitation of the heart with dyspnoea is a common symptom; it is often associated with irritability of temper, depression and melancholy. The patient becomes weak, emaciated, and indisposed to either mental or physical exertion.

TREATMENT.—When acute gastritis is due to the introduction of poisons into the stomach, they should be removed, or their influence counteracted. For this purpose an emetic may be administered, or the stomach washed out with a pump. Efforts will then be directed towards relieving the irritation, and subduing or preventing the advancing inflammatory action. For this purpose pieces of ice may be swallowed, and soothing mucilaginous infusions of marshmallow, elm or flaxseed, introduced into the stomach.

Where the vomiting is excessive the peach tree infusion will prove efficacious, and if the pain is intense, hydrocyanic acid may be administered. Liquor bismuth is indicated when the tongue is elongated and pointed, with reddened tip and edges. In some cases it will be necessary to resort to external irritation in the form of sinapisms or dry cups. Should constipation exist, the bowels may be moved by a rectal enema of warm water. Absolute rest in bed is imperative. The diet should be mild and non-stimulating, consisting of milk, rice, eggs, rare meat, and mu-

cilaginous drinks. The food should be taken often, in small quantities, and thoroughly masticated. In cases where constant vomiting will not permit ingesta, rectal alimentation may be resorted to.

In the subacute and chronic forms, rest and a restricted diet will also be required. Baths and outdoor exercise, according to the strength of the patient, are to be recommended. Associate diseases should be relieved, and a constipated habit may be corrected by the drinking of alkaline mineral waters, or a laxative enemata. Two or three quarts of hot water taken internally each day will be of service in diluting the perverted secretions, and in cleansing the mucous membrane of the stomach. The most efficient measure, however, will be lavage, which not only cleanses the stomach, but removes viscid secretions, and irritating or undigested food. The compound tar plaster applied over the epigastrium, and allowed to remain until it produces considerable vesication and suppuration, will do good.

ADIDUM HYDROCHLORIC: Red tongue, moist, brownish coat, sordes on teeth.

SP MED. ACONITE: Small and frequent pulse, feeble capillary circulation, pyrexia.

SP MED. CHAMOMILLA: Flatulence, colicky pain, irritability, restlessness, greenish discharges from the bowels.

CERRI OXALAS: Nausea and vomiting, determination of blood to the stomach, nervous excitability.

COCAINE: Epigastric tenderness, pain and vomiting.

COD LIVER OIL: Soft, feeble tissues, frequent pulse, increased temperature.

SP. MED. DIGITALIS: Faint heart sounds, weak pulse, tendency to hemorrhage.

HAMAMELIS: Thickening of the mucous membrane, enfeebled circulation, increased secretion, passive hæmorrhage.

SP. MED. IPECAC: Nausea, intestinal diarrhœa, elongated and pointed tongue.

MAGNESIUM SULPHAS: Vomiting, dyspnœa, gastro-intestinal irritation.

MORPHINE: Extreme pain, vomiting, spasmodic contraction of the stomach, tongue clean, no fever.

SP. MED. MYRICA: Profuse secretion of mucus, jaundice, sore mouth.

SP. MED. NUX VOMICA: Nausea and vomiting, broad and pallid tongue, abdominal pain pointing to umbilicus.

PEPSIN: Difficult digestion, sense of weight and oppression in the stomach, pyrosis.

SP. MED. PODOPHYLLUM: Full tissues, heavily coated tongue, dirty pallor of surface.

SP. MED. RHEUM: Irritability of the stomach, restlessness, convulsive contraction of the muscles, sense of constriction in stomach, diarrhœa and vomiting.

SALOL: Irritation of the stomach, nausea and vomiting, diarrhœa.

SP. MED. SANGUINARIA: Headache, burning pain in stomach, thirst, tongue large and red.

SODIUM BICARB: Acid eructations, whitish coat on tongue, cardialgia.

SODIUM PHOSPHATE: Impaired nutrition, pallid tongue and mucous membrane, constipation.

SODIUM SALICYLATE: White filmy coat on tongue.

SODIUM SULPHITE: Broad flabby tongue with dirty grayish white coat.

SILVER NITRATE: Flatulence, gastralgia, cardiac palpitation, profuse secretion of mucus.

STRYCHNINE: Gastric irritation and hyperæmia, nervousness, indigestion.

GASTRIC ULCER.

Ulceration of the stomach is of frequent occurrence. The disease is prevalent in women of an anæmic, chlorotic, or debilitated habit, between the ages of twenty and thirty. Males are occasionally affected; children rarely. The ulcers are caused by erosion and auto-digestion of the stomach walls due to derangements in the blood supply. They occur singly for the most part, may be superficial or deep, and vary in size, the average diameter being about an inch. They are, as a rule, round, and rarely jagged or irregular. The pyloric end of the stomach is the most common seat of gastric ulceration. Ulceration of the stomach occurs more frequently in the poorly nourished. Damp dwellings and bad hygienic surroundings are predisposing influences, as are also mental depression, anxiety, cold, and insufficient exercise. It may be caused by injuries, constant pressure on the pit of the stomach, or the swallowing of corrosive poisons. In some cases there may be no distinctive symptoms until perforation of the stomach walls suddenly causes peritonitis and death. There is generally, however, pain and localized tenderness; the pain is constant and increased by pressure, but varies in severity, sometimes becoming intense and paroxysmal. It comes on after eating, ameliorating when the stomach is empty. Vomiting, occasionally accompanied by hæmatemesis, is a fairly constant symptom. The hemorrhages may be slight or grave enough to cause death from loss of blood. The patient becomes emaciated, despondent, weak and debilitated. The face is pale or yellowish. There is constipation, amenorrhœa, with indigestion and gastralgia. The average duration of the affection is from two to five years. The prognosis is favorable.

TREATMENT.—Rest for the stomach is one of the most important measures in the treatment of gastric ulcers.

The object is to keep substances from contact with the ulcers until they may have time to heal. In order to relieve the stomach and sustain the patient, he may be nourished, in part at least, by nutrient rectal enemata. Such food as is taken into the stomach should be very nourishing and easily or previously digested.

ARGENTUM NITRATE: Perforating ulcers, gastralgia, flatulence, cardiac palpitation.

ARSENIC: Burning pain in stomach, nausea, vomiting, mucus streaked with blood.

SP. MED. BERBERIS AQUIFOLIUM: Weakness, prostration, pyrosis, cutaneous eruptions.

BISMUTH SUB. NIT.: Pain and pressure over the epigastrium, elongated and pointed tongue with reddened tip and edges, nausea and vomiting.

SP. MED. COLLINSONIA: Burning pain in stomach, sense of constriction about epigastrium.

SP. MED. CONIUM: Pain of neuralgic character in stomach, restlessness, nervousness, spasmodic contraction of the stomach.

SP. MED. ECHINACEA: Pain on pressure in pit of stomach, nausea and vomiting, foul smelling eructations.

SP. MED. ERGOT: Dullness, drowsiness, vomiting and hemorrhage of the stomach.

SP. MED. HAMAMELIS: Passive hemorrhage, enfeebled venous circulation, increased mucous secretion.

KALI: Tenderness in epigastric region, mucous vomiting, diarrhœa, thirst.

POTASSIUM BICROMAS: Dyspepsia, gastric catarrh, yellow coat on tongue, pain and tenderness in stomach.

SP. MED. RUMEX: Dyspepsia with sensations of fullness and pressure in pit of stomach.

SODIUM BICARB: White coated tongue, acid eructations, pyrosis.

URANIUM: Dyspepsia, diabetic states, hæmatemesis.

GLOSSITIS.

Glossitis is an inflammation of the muscular structure of the tongue. It may be acute or chronic, localized or general.

It may be caused by mercurial poisoning, by strong acids or alkalies, by burns, stings, injuries, and by irritation from decayed or false teeth. It may be superficial and confined to the mucous membrane, or extend to the deeper structures, involving contiguous parts. Glossitis, in the chronic form, occurs in patches along the edges and tip of the tongue.

The disease commences with slight soreness and intense redness, followed by an increase in the size of the tongue, which, in some cases, becomes so large as to fill the mouth and protrude from between the lips. The surface of the tongue is covered with a thick, slimy, viscid secretion, and small abscesses or ulcers form along the edges. There is restlessness, anxiety, rapid pulse and pyrexia, severe pain in the tongue and excessive salivation. Speech is thick and often impossible, and there is difficult mastication, with dysphagia. In some cases there is dyspnoea or even asphyxia. The acute form of the disease terminates in four or five days.

TREATMENT.—In the beginning, cracked ice, taken into the mouth, will have a tendency to allay the fever and inflammation. If the tongue is very much enlarged, and protrudes from the mouth, free incisions may be necessary to reduce the swelling. When the tongue is thickly coated and the breath offensive, a wash of chlorate of potassium may be applied locally, or a carbolic acid solution if there are septic tendencies. In case the mucous membrane is excoriated and ulcerated, a strong solution of nitrate of silver may be applied with a brush. When the

swelling is soft and spongy, the sulphate of copper wash will be beneficial. Demulcent and astringent applications are indicated in this disease. In cases where death from suffocation is threatened, tracheotomy may be necessary.

GOUT.

Gout is a constitutional disease due to an excess of uric acid in the tissues of the body, with deposits of urates in the joints and cartilages. It may be either acute or chronic. It usually occurs in persons over thirty years of age, old men being especially subject to it.

This affection is caused by the habitual indulgence in rich diet and stimulants, lack of exercise, defective assimilation, loss of nervous energy, renal torpor, cutaneous inactivity, or indigestion. Heredity exerts a marked influence in the production of this disease.

An attack of gout usually comes on suddenly and at night, although there may be preliminary pains in the joints and a feeling of malaise for the preceding two or three days. The joints become hot, red, swollen and extremely sensitive to pressure. There is a burning, screwing pain in the great toe and heel. The pulse is full and bounding, and the temperature elevated. The skin is dry and hot, urine scanty, bowels constipated. There is depression of spirits with anxiety and irritability. In a few hours the severity of the attack abates, pain grows less severe and the patient sleeps.

In about twenty-four hours there is a recurrence of the pain, inflammation and swelling, which passes away as before, and the disease then continues for a week or so, when it subsides leaving the joints red and tender. In other respects the patient feels unusually well. After a first attack, another may not occur for a year, but as time

passes, they become more frequent and extensive, finally assuming the chronic form in which tophi, or calculi, form around the affected parts and in the joints. The articulations become distorted, and the general health deteriorates. Gout attacks the small joints first. The prognosis is favorable as regards life, but complete recovery is rare.

TREATMENT.—Moderate exercise, and residence in a dry, equable climate are to be recommended. The patient should wear flannel next to the body throughout the year, and avoid sudden changes of temperature, keep regular hours, and sleep in a well ventilated room. The diet should be simple, taken in small quantities and at regular intervals; vegetable food is to be preferred, and stimulants avoided.

SP. MED. ACONITE: Fever, pulse small and frequent.

AMMONIUM BENZOATE: Scanty, dark red urine with strong pungent odor, thick sediment.

ARSENICUM: Pale, œdematous skin, flabby muscles and cachexia.

SP. MED. BRYONIA: Frontal pain extending to occiput, right cheek flushed, constant and severe pain in joints, steady vibratile pulse.

SP. MED. CAULOPHYLLUM: Pain in fingers and toes, unattended by structural change.

CHLORAL HYDRATE: Pain, sleeplessness, pulse soft, temperature normal.

SP. MED. COLCHICUM: Sudden tearing pain extending from the back and hip down the limbs, nervousness and irritability.

SP. MED. COLOCYNTH: Feeling of dull pain and soreness in limbs, pain increased by motion.

GUAIACUM: Chronic gout, dry skin, soreness of throat, vertigo and palpitation.

SP. MED. JABORANDI: Dry skin, full pulse, pain in limbs and joints, renal torpor.

LITHIUM CITRATE: Swelling of the joints, indigestion, acid eructations, deposits in urine.

OPIUM: Pain, pulse soft and open, skin moist, face pallid, eyes dull.

POTASSIUM BICARBONAS: Pale tongue, feeble, tremulous muscles, pyrexia, pain in joints.

POTASSIUM IODIDE: Pale, leaden colored tongue, usually full, glandular enlargements, syphilitic diathesis.

SILICA: Vertigo, dyspnœa, nervousness, pain in back and limbs, headache.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, marked throbbing of arteries, pyrexia, fullness of tissues, red stripe down middle of tongue.

HÆMATEMESIS.

Hemorrhage from the stomach may arise from a variety of circumstances. The disorder may be of but trivial moment, or it may be an indication of fatal gastric lesion. The direct causes of gastrorrhagia are the introduction into the stomach of corroding chemicals or sharp cutting bodies, which excoriate or lacerate the mucous membrane and blood vessels; it may also be due to violent straining as in vomiting, or to blows and injuries inflicted upon the stomach. There is a form of hemorrhage from the stomach called "vicarious menstruation," which occurs at times when the regular menstrual flow has failed to appear.

Hemorrhage from the stomach also comes up from degenerative changes in the walls of the blood vessels, or through some perversion in the composition of the blood itself. Pressure upon the portal vein or vena-cava, by causing stagnation of blood in the venous system, may produce a hemorrhage into the stomach. It frequently results from blood-poisoning, sudden suppression of accu-

tomed discharges, and is a common symptom of gastric cancer or ulcer. Hæmatemesis may also be due to the passage of blood into the stomach from the nasal, pulmonary, or intestinal mucous membrane. The hemorrhage is sometimes a passive, capillary oozing, and not excessive, while at others there may be a profuse gastrorrhagia from the larger veins and arteries.

There is no difficulty in the diagnosis of hæmatemesis, when the blood flows freely and is vomited. Sometimes, however, the hemorrhage does not cause emesis, and the blood passes downward, appearing as a dark, grumous mass in the feces. In this case, should the bleeding be copious, there will be a feeling of fullness in the stomach, pallor of the face, coldness of the extremities, vertigo, palpitation of the heart and faintness, followed in fatal cases by collapse and death.

TREATMENT.—The patient should be placed in bed, kept absolutely quiet, and cold applications placed over the epigastric region.

SP. MED. ERIGERON: Passive capillary hemorrhage, watery diarrhœa.

SP. MED. ERGOT: Profuse arterial hemorrhage, increased blood pressure, spasmodic muscular contractions.

SP. MED. GERANIUM: Relaxed mucous membrane, passive hemorrhage, diarrhœa.

HAMAMELIS: Venous hemorrhage, passive oozing from abraded surfaces, subacute inflammation, hemorrhoids.

SP. MED. LYCOPUS: Pyrexia, frequent pulse, cough, nervousness, irritability.

OPIUM: Pain, cramps in the stomach, nervousness, sleeplessness.

TURPENTINE OIL: Passive hemorrhage without inflammation.

HÆMATURIA.

Hæmaturia is characterized by the appearance of blood in the urine. The hemorrhage may occur from any part of the urinary passages, or from the kidneys.

Urethral hæmaturia comes up from injuries to the urethra, or excoriation of its walls. The blood is free from urine, is of a bright red color, and precedes micturition. Vesical hemorrhage may be caused by injuries, villous growths, calculi, ulcers, cancers, and catarrh of the bladder. In this case, the blood is mixed with the urine, and some blood alone may follow urination. There is generally pain and tenesmus in the bladder, with frequent and painful micturition.

In renal hemorrhage the blood is thoroughly incorporated with the urine, and this may be differentiated from other forms of hæmaturia by containing worm-like clots, tube-casts, and renal epithelium. Hæmaturia from the kidneys may be due to embolism, thrombosis, renal congestion, nephritis, calculi, or traumatism. Irritating diuretics such as cubebs, copaiba and cantharides, occasionally cause it. It sometimes occurs in an intermittent form in malarial districts, and also frequently complicates chronic and debilitating affections, such as Bright's disease, scurvy, pyæmia, or septicæmia. Hæmaturia is sometimes parasitic in origin.

TREATMENT.—As hæmaturia is but a symptom, the underlying cause must be sought out, and, if possible, removed. When hæmaturia is severe, rest is imperative. Cold bandages or cracked ice in bags should be applied to the lumbar and abdominal region; hot water and sinapisms to the lower extremities. When the pulse begins to fail and prostration sets in, stimulants, such as brandy or ammonium carbonate, should be administered. In vesical hemorrhage, injections of ice water into the bladder, rec-

tum, or vagina, or of astringents, such as ferri persulph. and silver nitrate, may check the flow. Where there is much vesical pain and tenesmus, and frequent urination with blood, enema of laudanum and starch-water will afford relief.

Urethral hæmaturia, coming up from rough-edged calculi, or from the introduction of instruments, may be checked by astringent injections of alum and iron.

ACIDUM GALLICUM: Profuse hæmaturia, dull aching pain in lumbar region, headache, vertigo, nausea.

SP. MED. ARNICA: Dull aching pain in lumbar region, hemorrhage following over-exertion or excitement.

SP. MED. BELLADONNA: Renal hemorrhage from capillary congestion, vesical irritation, drowsiness, dilated pupils.

CARBO-VEG.: Passive renal hemorrhage, sensations of fullness and oppression in epigastric region.

CARDUUS MARIANUS: Feeling of weight and tension in the pelvis, jaundice, portal congestion, varicose veins.

DIGITALIS (Infusion): Capillary congestion, asthenic conditions, albuminuria, dropsy.

ERECTHITES HIERAC: Passive hemorrhage, albuminuria, pale waxy skin, swelling of feet, scanty urine.

SP. MED. ERIGERON: Passive renal hemorrhage, profuse flow of urine, watery diarrhœa.

SP. MED. ERGOT: Traumatic hemorrhage from kidneys or bladder, dribbling of urine, uneasy sensation in bladder.

HAMAMELIS: Vesical irritability, tenesmus, renal hemorrhage from venous relaxation, polyuria.

SP. MED. HYDRASTIS: Relaxation of the muscular coats of the arteries, anorexia, indigestion, constipation.

SP. MED. LYCOPUS: Saccharine urine, pyrexia, cough, tubercular tendencies.

OPIUM: Pain and hemorrhage with spasmodic contraction of the bladder.

QUININE: Intermittent and malarial hæmaturia.

SP. MED. RHUS AROMATICA: Enuresis, vesical irritation, diabetes.

HÆMOPHILA.

Hæmophila is a disease characterized by a hereditary, constitutional tendency to obstinate and prolonged hemorrhages, associated with articular swellings. The bleeding may be spontaneous or traumatic. In the hemorrhagic diathesis, uncontrollable hemorrhages follow slight injuries. Spontaneous hemorrhages may occur from the skin or mucous membranes. The bleeding is always a capillary oozing, and may continue for hours, ordinary hæmostatics failing to check it. Wounds ordinarily considered of trifling nature may produce death by hemorrhage. Such a result has frequently followed the extraction of a tooth or the paring of a nail, and epistaxis has proven fatal in a few hours. Extravasations and ecchymoses occur in the skin and under the mucous membrane from slight blows and bruises. Pain and swelling in the joints are a very common concomitant of hæmophila.

TREATMENT.—Prophylaxis is of prime importance; exposure to injury should be rigidly avoided. When hemorrhage comes on, absolute rest is imperative. The surface should be cleansed and pressure applied. In epistaxis, plugging may be resorted to. The astringents, tannin, gallic acid, ferri persulph., alum and quercus may be used externally to check the flow of blood.

ACIDUM GALLICUM: Hemorrhage with feeble pulse, cold extremities, inelastic skin.

SP. MED. BURSA PASTORIS: Chronic hemorrhages, frequent urination, indigestion and diarrhœa.

CARBO VEG: Asthenic hemorrhage, pallid expressionless tongue, with patchy coat.

SP. MED. ERGOT: Profuse hemorrhage, relaxation of the muscular walls of the vessels, drowsiness, dullness.

HÆMOPTYSIS.

Blood expectorated from the respiratory passages may come either from the alveoli of the lungs or from the bronchial mucous membrane. Spitting of blood may arise from pulmonary congestion, pulmonary apoplexy, or inflammation; from sudden distension of the capillaries by violent physical exertion; from inhalation of irritating gases or vapors; from passive or active pulmonary hyperæmia; from cardiac disease; or from the violent coughing, which occurs in bronchitis, pertussis, and pneumonia. Upon post mortem the seat of hemorrhage is found sodden, relaxed, bleeding, of a dark color and ecchymotic; the lungs are pale, containing pink spots and ulcerations, especially in phthisical conditions. In many cases, the hemorrhage is bronchial. When it is from the bronchial tubes it is called bronchorrhagia, in contra-distinction to hæmoptysis proper. The two prominent factors entering into the production of hæmoptysis are over-distension of the capillaries and weakness of the capillary walls. This capillary deficiency may be either hereditary or acquired, the tendency to hemorrhage being strongest in children of phthisical ancestry.

An attack of hæmoptysis often announces the presence of pulmonary tuberculosis. In hæmoptysis the quantity of blood expectorated may be slight, merely tinging the sputa, or the hemorrhage may be extreme and dangerous. A very profuse hemorrhage may come on suddenly without warning, but in many cases there are prodromata, consist-

ing of a feeling of weakness and fatigue, fullness and oppression, and a sense of impending danger. Those who are subject to hæmoptysis can foretell an attack by these feelings. In the beginning there is headache, dizziness, palpitation, increased arterial tension, and generally pulmonary tightness with cough; then the patient feels a sensation as if a fluid were trickling along the trachea or bronchial tubes, a sweetish taste appears in the mouth, and upon expectoration the sputa will be found to be mixed with blood, or to consist of blood alone.

Blood may be expectorated for only a few minutes, or the hæmoptysis may continue for several days, accompanied by cough and moist rales. The patient becomes weak, nervous and debilitated, with rapid pulse, and flushed face. Pulmonary hemorrhage is more depressing than hemorrhage from any other source. After the hemorrhage has continued for a variable time it begins to diminish, less blood is coughed up, and the expectoration becomes dark-brown or black; sometimes the hemorrhage comes on suddenly and profusely, the blood spurts from the mouth and nose, and there is nausea and vomiting of blood. Death may occur very quickly from suffocation in such cases.

One attack of hæmoptysis is very likely to be followed by another, and bleeding may occur at intervals of two or three weeks indefinitely. While death rarely directly results from pulmonary hemorrhage, the condition is always to be regarded as very grave, for it is often the precursor of some fatal pulmonary complaint.

TREATMENT.—When a patient is seized with a hemorrhage from the lungs one of the requirements is absolute rest and quietude. He should be placed in bed in a cool room and not allowed to sit up or speak. Particles of ice should be swallowed, and sinapisms applied to the thorax,

SP. MED. ACONITE: Pulse small and quick, pyrexia.

CARBO VEG.: Passive hemorrhage, capillary oozing.

SP. MED. COLLINSONIA: Hemorrhage, with cough and laryngeal irritation, sore throat.

SP. MED. DIGITALIS: Moderate fever, feeble and rapid pulse, repeated attacks of hæmoptysis.

SP. MED. ERGOT: Dullness, drowsiness, venous congestion.

SP. MED. ERIGERON: Passive hemorrhage from the lungs, with colliquative diarrhœa.

TINC. OIL CINNAMON: Profuse hemorrhage, coldness of extremities.

HEMORRHOIDS.

Hemorrhoids are round and painful tumors which appear in the region of the anus. They are called external or internal according to their situation, external piles being located without and internal piles within the sphincter ani. An external hemorrhoid consists of an extravasation of blood from a ruptured vein, which forms a hard mass in the surrounding cellular tissues. Internal hemorrhoids are caused by a dilatation of the hemorrhoidal arteries and veins which become varicose and form tumors. Hemorrhoids vary in number and size; they occur at all ages, but are more frequent during middle life. Individuals of a plethoric habit are prone to the affliction. The disease may be brought on by undue stimulation of the intestinal tract from rich and highly spiced food, or by excessive smoking. Those pursuits in which a fixed position is maintained, either sitting or standing, as well as heavy, straining labor, tend to produce hemorrhoidal tumors by reason of the numerous, tortuous and dilatable vessels in the anal region. Both constipation and diar-

rhœa will cause hemorrhoids. They are a common accompaniment of hepatic torpor and portal congestion.

The symptoms of external hemorrhoids are, a sense of fullness and pressure near the anus, with sharp, lancinating, or dull aching pain. Upon examination one or more tumors, rounded in shape and bluish in color, will be observed around the anal orifice. At times the tumors become inflamed and tender. Occasionally suppuration occurs. Internal hemorrhoids give rise to various symptoms. Usually there is a feeling of warmth in the rectum, which is increased by defecation, becoming very severe when the tumors are large. There is pain in the back, indigestion and constipation. Sometimes the piles are protruded and excessive bleeding may take place, rendering the patient weak and anæmic. Pile tumors may become prolapsed, and cause much pain and general disturbance. Those who have a constitutional tendency to varicose veins are most frequently affected with hemorrhoids. They sometimes complicate pregnancy. The attacks vary in character at different times, even in the same individual.

TREATMENT.—In small external piles the tumors may be incised and the contents turned out. When the tumors are inflamed and painful, the application of ice and astringents, such as tannic acid or persulphate of iron, is to be recommended. The local treatment of internal hemorrhoids will consist in the use of soothing and astringent ointments and the ligation of the tumors or the injection into them of carbolic acid, echinacea, ergot, or thuja, properly diluted.

ACONITE: Irritation and determination of blood to the rectal mucous membrane, pulse small and frequent, elevated temperature.

SP. MED. ÆSCULUS: Hemorrhoids with hard and difficult stools, rectal irritation.

CALCIUM FLOURIDE: Senile hemorrhoids, tendency to apoplexy, varicoses and congestion.

CAPSICUM: Hemorrhoids with diarrhœa and tenesmus.

SP. MED. CHELIDONIUM: Headache, hepatic congestion, indigestion.

SP. MED. CONVALLARIA MAJALIS: Frequent pulse, impaired capillary circulation, ecchymoses.

SP. MED. COLLINSONIA: Hemorrhoids with contraction of the sphincter and a sense of irritation in the rectum.

SP. MED. HAMAMELIS: Fullness about the anus, prolapsus ani, difficult defecation, bleeding piles, enfeebled venous circulation.

SP. MED. HYDRASTIS: Hemorrhoids with a viscid and irritating discharge from the rectum, gastro-intestinal irritation, anorexia.

SP. MED. LEPTANDRA: Enfeebled portal circulation, tendency to stasis of the blood.

SP. MED. NUX: Feeling of fullness in right hypochondrium, sallow face, yellow coat on tongue.

SP. MED. PODOPHYLLUM: Torpid liver, portal congestion, full tongue with yellowish coat.

SODIUM PHOSPHATE: Acid eructations, greenish stools, itching about the anus.

TAMARINDUS: Persistent burning and itching in the anus, with constipation.

SP. MED. XANTHOXYLUM: Intestinal irritation, diarrhœa with tenesmus.

HAY FEVER.

Hay fever is an acute catarrhal inflammation of the nasal mucous membrane. It is supposed to be due to the presence of vegetable pollen in the air, and prevails in the spring, summer and autumn. The disease is characterized by sneezing, redness and swelling of the respiratory

mucous membrane, with increased secretion, asthmatic breathing and suffusion of the eyes. It is more prevalent among males, especially those of a nervous temperament, with sensitive mucous membranes, and occurs with greatest frequency in youth and middle age. Those engaged in literary pursuits are prone to hay fever. The affection commences with a peculiar itching and burning sensation, and a feeling of tension and constriction in the throat and nose. There is lachrymation and conjunctival irritation, the face is swollen and red, and the senses of smell and taste are impaired; swallowing is difficult and painful, and there is fever, weakness and anorexia. At first the symptoms are moderate, with intervals of ease, but as the disease progresses, spasmodic asthmatic attacks come on in the night and all the manifestations increase in severity. The patient usually feels better in wet or "muggy" weather. As a rule the affection gradually disappears when the first frosts of approaching winter occur.

TREATMENT.—In some cases a change of climate is absolutely necessary before a cure can be accomplished. The removal of the hypertrophied mucous membrane has at times proven curative. The late Prof. Howe recommended a mixture of juniper pomade one ounce, asepsin ten grains, and cocaine two grains, as a soothing and comforting local application to the nasal mucous membrane. Sometimes the disease may be relieved by the inhalation of a distilled extract of *alnus rubra*.

ARSENICUM IODIDE: Profuse acrid discharge, causing erosion where it comes in contact with the skin.

EUPHORBIA PIL.: Shortness of breath, sneezing, suffusion of the eyes.

SP. MED. GELSEMIUM: Bright eyes, flushed face, headache, lachrymation.

SP. MED. LOBELIA: Sense of fullness and oppression in

the præcordial region, oppressed and difficult respiration, sibilant rales.

SP. MED. RUMEX: Persistent dry cough, lack of secretion, wheezing, tracheal irritation.

SP. MED. STICTA PUL.: Headache, tearing pain in side of face and jaw, feeling of tension in forehead, sneezing, coryza, conjunctivitis, soreness and dull pain in chest.

HEADACHE.

Headache is an affection of very frequent occurrence, and while it is, in fact, but a symptom of disease, it is a common, and often the only evidence of morbid conditions. Headache appears in all grades of severity, and may be of slight duration or continue for weeks, months or years. It may affect the entire head or a limited area. The pain varies in character and is described as dull, sharp, splitting, hot, heavy, throbbing, sore, etc. Sometimes the head is tender to the touch and movement increases the pain. Aberrations of the special senses occur, and noises are unbearable. The extremities are cold, unless there should be fever, pulse normal, and anorexia is usual. The urine is sometimes scanty, and sometimes increased in quantity. In some headaches there is vertigo, and mental activity is interfered with or impossible. A recumbent position generally relieves, but may aggravate headache.

Among the many varieties of cephalalgia may be mentioned migraine, or sick headache. This form of the disease is characterized by nausea and vomiting. The attacks usually last from two to eight hours. There is vertigo, dullness of memory, blindness, and a feeling of fullness in the head. It comes on, for the most part, in the morning, the patient awakening with a dull pain in the head,

which increases in severity until the attack is fully developed. After a time, vomiting or diarrhœa occurs which moderates the pain. The vomiting is often continuous, and the patient does not recover until after a few hours sleep. The pain is worse before, and is, at least, temporarily relieved by emesis. Bright lights, noises, jarring and jolting, augment the pain, while the odors of food disgust and nauseate the patient. Sick headache is a wide-spread affection. It is brought on by a variety of causes; among which may be mentioned dietary indiscretions, strong emotions, the continuous motion of riding, sight seeing, or confinement in unventilated rooms. Some persons are subject to periodical attacks of migraine without any apparent cause. Heredity has a marked influence in its causation. As a rule, the attacks grow less frequent with advancing age.

Hemicrania, or pain confined to one side of the head, is another phase of headache. It may implicate either side of the face and head. The affected portion is pale, the eye sunken, and the pupil dilated; or the face may be flushed, the eye blood-shot, and the pupil contracted. There may be unilateral sweating. There is loss of memory, mental confusion, and various nervous manifestations with numbness and formication. It occurs most frequently in females and is often hereditary.

Menstrual headache usually comes on in advance of the flow, but may be felt during any part or at the conclusion of it. This form of headache varies greatly in severity and associate symptoms.

Headache from indigestion comes up from over-eating, after late suppers, banquets, and debauches. The pain is of a splitting, throbbing character, accompanied by nausea and vomiting. It is of short duration, and is relieved by vomiting and purging. Very slight dietary indiscretions will cause this form of headache in some persons.

Bilious headache is due to a torpid stomach and liver. In these cases, the tongue is coated, the breath offensive, and there are disagreeable gastric sensations, with sour eructations, and constipation. This is a very persistent form of headache, and may continue for days, weeks, or months.

Nervous headache may result from any nervous strain, excessive emotion, or mental fatigue. It is not constant, but paroxysmal, and varies in severity. In feeble women it is usually not recovered from until after rest in bed or a night's sleep. The headache of children is caused for the most part, by indigestion or over-study. Malarial headache may be orbital or supra-orbital. It begins and ends at the same hour every day, or every other day. It is periodical, and simulates ague or malarial fever. Headache is a frequent accompaniment of diseases of the brain and spinal cord, rheumatism, fevers, hysteria and uterine affections, Bright's disease, debility, eye troubles and traumatism.

TREATMENT. — **ACIDUM HYDROBROMICUM DILUTUM:** Headache, tinnitus aurium, pyrexia, delirium.

SP. MED. ADONIS VERNALIS: Irregular and feeble heart-beat, dull, heavy, congestive headache.

SP. MED. AGARICUS MUSC.: Pressing pain in occiput, inclination to fall backward.

ALOES: Headache with constipation of lower bowel, sluggish circulation, coldness of extremities, dyspepsia.

AMMONIUM SPIRITUS AROMATICUS: Sick headache, torpid stomach, flatulence, nausea.

AMMONIUM IODIDUM: Cerebral excitement, temporary forgetfulness, dizziness, vertigo, dull headache.

SP. MED. APOCYNUM: Œdema, bilious vomiting, sluggish capillary circulation.

SP. MED. ARNICA: Tensive pain in head, bruised feeling, pain on movement.

SP. MED. BAPTISIA: Dull headache, pulse oppressed, dusky, purplish-red skin.

SP. MED. BELLADONNA: Dull heavy headache, drowsiness, congestion,

SP. MED. BRYONIA: Headache extending from forehead to occiput, right side, pain constant and severe.

CAFFEINE: Headache from cerebral hyperæmia and cardiac insufficiency.

SP. MED. CANNABIS IND.: Menstrual headache, with hallucinations and insomnia.

CASCARA: Headache from habitual constipation and torpidity of lower bowel.

SP. MED. CHELIDONIUM: Bilious headache, torpid liver, portal congestion, hemorrhoids, pain in hepatic region.

CHLORAL: Nervous headache, sleeplessness, delirium, pulse soft, temperature normal.

SP. MED. COLCHICUM: Gouty headache with swelling of the joints.

SP. MED. COLOCYNTH: Tensive rheumatic pain with muscular contractions.

SP. MED. CYPRIPIEDUM: Nervousness, sleeplessness, menstrual irregularities.

ETHER SULPH.: Headache with pallid, expressionless face, feeble pulse, cool extremities.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, restlessness, pain in entire head.

GLONIN: Full throbbing headache, dizziness, menstrual headache, headache of pregnancy.

GRAPHITES: Vertical headache with menstrual derangements.

SP. MED. GUARANA: Pallid face, feeble pulse, cerebral anæmia.

SP. MED. HYDRASTIS: Indigestion, acid eructations, anorexia, soreness of muscles.

SP. MED. HYOSCYAMUS: Headache, delirium, cerebral irritation and excitement.

SP. MED. IGNATIA: Congestive headache, headache following strong emotions, headache of hysteria.

LACHESIS: Climateric headache, cardiac palpitation, hot flashes, nervousness.

SP. MED. LOBELIA (To Emesis): Heavily coated and full tongue, fullness and weight in epigastrium, nausea.

SP. MED. MACROTYS: Headache from eye strain, feeling of stiffness in muscles, rheumatic headache.

SP. MED. MELLILLOTUS: Periodical headache of non-malarial origin.

SP. MED. NUX: Extreme nausea, sometimes vomiting, face sallow, yellowness about the mouth, intestinal uneasiness.

SP. MED. PASSIFLORA INCAR.: Nervous headache and neuralgia.

PISCIDIA: Migraine, insomnia, nausea, restlessness.

SP. MED. PODOPHYLLUM: Heavy headache, vertigo, full tissues, full veins, full abdomen.

SP. MED. PULSATILLA: Pain in top of head, depression, apprehension, nervousness, sexual derangements.

POTASSIUM ACETATE: Dull heavy pain in head, renal torpor.

POTASSIUM BROMIDE: Vigorous circulation, no fever, spasmodic muscular contractions, nervousness, restlessness, sleeplessness.

QUININE: Malarial headache, periodical headache.

SP. MED. RHUS TOX.: Frontal pain, especially in left orbit, sharp pulse, redness of papillæ on tip of tongue.

SP. MED. STICTA: Pains in shoulder, extending to neck and occiput, occipital pain increased by turning the head.

SULPHUR: Dizziness, ringing in the ears, cerebral congestion, mental derangements.

TINCT. FERRI ACETAS: Anæmia, dull pain in back of head.

TRIOSTEUM: Bilious vomiting, colic, diarrhœa, sick headache.

USTILAGO: Pain in top of head, uterine or sexual derangement.

SP. MED. VALERIAN: Hysterical headache, mental depression, spasmodic contraction of the muscles.

SP. MED. VERATRUM: Full and bounding pulse, throbbing of carotids, pyrexia.

ZINCI VALERIANATE: Paleness, dizziness, sleeplessness, anæmia.

HEMIPLEGIA.

Hemiplegia, or paralysis of one lateral half of the body, is usually the result of cerebral hemorrhage or sudden vascular obstruction. In the majority of cases hemiplegia follows an attack of apoplexy. It may, however, be caused by the pressure of tumors on the brain, thickening of the skull, depression of the inner table, spiculæ of bone, or thickening of the membranes. In such cases, the disease is progressive, coming on gradually and implicating successive parts of the body as the pressure widens. Softening of the brain may also be attended by hemiplegia. Paralysis comes on either suddenly or gradually, and varies in severity. When hemiplegia occurs after apoplexy, it is usually at first complete. The arm and leg are powerless; the face upon the affected side is flaccid and expressionless; the mouth is drawn toward the unaffected side, the tongue, when protruded, turns to the paralyzed side, and there is more or less aphasia. There is considerable improvement almost immediately. Speech is restored, and the face resumes its natural appearance. Some voluntary movement is possible in the lower limb, but the arm is the last to improve. Hemiplegia from cerebral hemorrhage is rarely completely recovered from, and the muscles finally become atrophied and rigid.

When paralysis occurs from spinal lesions, it comes on gradually. There is loss of power upon the side of the lesion, and loss of sensation upon the opposite side of the body. Hemiplegia sometimes occurs in children from hemorrhage, encephalitis, or lack of development. Hysterical hemiplegia is rarely complete, but may continue for years. A temporary hemiplegia sometimes follows epilepsy.

TREATMENT.—When hemiplegia is due to structural lesions, it is sometimes amenable to surgical treatment. In other cases local applications with friction and electricity will prove beneficial.

SP. MED. ACONITE: Pulse small and frequent, capillary obstruction.

SP. MED. BELLADONNA: Cerebral congestion, dullness, drowsiness.

SP. MED. BRYONIA: Frontal pain extending to occiput, right cheek flushed, pain constant and severe.

SP. MED. CANNABIS IND: Insomnia, headache, vertigo, hysterical hemiplegia.

SP. MED. ERGOT: Dullness, hebetude, spinal congestion, enfeebled circulation, œdema of the feet.

SP. MED. GELSEMIUM: Irritation of the nerve centers, flushed face, bright eyes, contracted pupils, increased temperature.

HYOSCYAMUS: Insomnia, pain, irritation and debility of the nerve centers.

SYR. HYPOPHOSPHITES COMP.: Pallid waxen surface, extremities cold, feeble nutrition of nerve centers.

LACHESIS: Mental depression, flashes of heat, tremulous action of the heart, tickling irritation of the throat.

SP. MED. NUX: Tongue broad and pallid, sallow skin, constipation, abdominal pain.

SP. MED. PODOPHYLLUM: Full tissues, veins and tongue, torpid liver, constipation.

POTASSIUM ACETATE: Renal torpor, sluggish lymphatic circulation.

SP. MED. RHUS TOX: Frontal pain, especially in the left side, sharp stroke of pulse, bright spot on left cheek, papillæ of the tongue enlarged.

SP. MED. STICTA: Pain in the shoulders extending up the neck to the back of the head.

SP. MED. STRAMONIUM: Patient inclined to violent outbursts of passion and has difficulty in restraining himself, delirium and nervousness.

HEPATITIS.

Inflammation of the liver, or hepatitis, may be either acute, sub-acute or chronic. The disease in the acute form is usually restricted to a limited portion of the liver. It commences with a chill, followed by fever, rapid pulse and dry skin; the tongue is coated, and there is nausea and vomiting, with a feeling of weight and tension in the right hypochondrium; the bowels are constipated, but there may be frequent ineffectual efforts at stool; the urine is scanty and contains bile pigment. Fever of a remittent character comes on, being lowest in the morning, and the patient is dull and stupid. As the disease progresses the diaphragm may be implicated, causing difficult respiration and cough. If the inflammatory process is contiguous with the colon, a colitis with mucous diarrhœa may result, which occurring in connection with the abdominal tenderness, dark tongue, sordes, and dull, stupid condition of the patient, may be mistaken for typhoid fever. Acute hepatitis may result either in resolution or suppuration. When resolution occurs, it takes place in from seven to nine days, while suppuration may come on early or not for three or four weeks. The suppurative stage is marked

by increased prostration, rigors, hectic fever, and a dull, throbbing, tensive pain in the hepatic region.

Subacute hepatitis is distinguished by a low fever and diminished secretion, a feeling of weight and soreness in the hepatic region, an aching pain in the shoulders, jaundice, and typhoid manifestations.

Chronic inflammation of the liver may be mild and limited, or severe and general. The symptoms vary with the severity of the attack. In the milder forms they are somewhat obscure. There are gastric disturbances, such as flatulence, eructations, and sometimes nausea with occasional vomiting. The complexion is sallow, the body emaciated, and there is a dry cough, embarrassed respiration, constipation, and dull pain in the region of the liver. In the severer cases the symptoms are more intense; the liver is enlarged, tender on pressure, and there is pain in the right shoulder. The inflammatory process causes adhesions, and the abscess may thus rupture externally or into adjacent organs.

Should adhesions form, and the pleural cavity be entered, there will be cough, and purulent expectoration. Should the stomach be penetrated, there will be pyo-emesis. When the abscess ruptures into the colon the pus is discharged by way of the bowels.

TREATMENT.—Quietude is essential. The patient's room should be clean and well ventilated; the diet light, yet nourishing and easily digested. Counter-irritation with the compound tar plaster, or the tincture of iodine, is of value in the early stages of hepatitis. Surgical procedures are to be resorted to early.

SP. MED. ACONITE: Pulse small and quick, pyrexia.

SP. MED. AMYGDALIS: Nausea and vomiting, elongated and pointed tongue, gastric irritation, abdominal tenderness.

BISMUTH SUBNITRATE: Pyrosis, uneasy sensations in the stomach, tongue red and papillæ prominent, gastro-intestinal irritation.

SP. MED. CHELIDONIUM: Dry tongue, sense of weight in stomach, melancholy, tensive pain in hepatic region.

SP. MED. CHIONANTHUS: Bilious diarrhœa, frequent pulse and increased temperature, jaundice.

SP. MED. CORYDALIS: Scrofulous and syphilitic diathesis, enlarged lymphatics, nodular swellings, yellow skin.

SP. MED. DIOSCOREA: Abdominal pain with tenderness on pressure; sharp, cutting pains, aggravated by motion; tympanites.

SP. MED. EUONYMUS: Constipation, hepatic torpidity; debility, and loss of strength.

SP. MED. LEPTANDRA: Dull hepatic pain, frontal headache, bitter taste in mouth, sallow furred tongue, sluggish circulation, cold extremities.

SP. MED. NUX VOM.: Constipation, feeling of fullness in right hypochondrium, sallow face, yellow coat on tongue, habitual constipation with atony.

POTASSIUM ACETATE: Retained secretions, deficient nutrition, pale tongue with light pasty fur, renal torpor, sluggish lymphatic circulation.

POTASSIUM CHLORATE: Pallid tongue, bad taste in mouth, foul cadaveric odor of breath.

SP. MED. TARAXICUM: Loss of appetite, feeble digestion, torpid liver, constipation.

HERPES CIRCINNATUS.

Ring-worm is a parasitical skin disease, varying in appearance according to its location. When occurring on the general surface, it appears as one spot or more. They are small, well defined, rough and reddish-looking areas, the

periphery of which is limited by vesicles and papules. The patch spreads regularly in a ring-like manner, leaving a normal center. The ring may be from half an inch to two inches in diameter. Sometimes the circular formation is not clearly defined. The patches may be merged together and form a large irregular sore. Ring-worm is confined to no age, but is most frequent in children. The disease is restricted to no particular part of the body, but usually attacks the face, neck, arms, or hands. Adult males frequently suffer from the affection at the inner and upper aspects of the thighs, and in the axilla. The nails are sometimes involved, resulting in their loss. When hairy portions of the body are attacked the hairs become matted together and finally fall out.

TREATMENT.—The treatment of herpes circinnatus is entirely local. The disease yields easily to a ten or twenty per cent. solution of dynamine. In some cases a stronger solution may be necessary. Resorcin, chrysarobin, and iodine have been used with benefit in some cases.

HERPES ZOSTER.

Shingles is an acute, self-limited disease, with a tendency towards spontaneous recovery. It appears in the form of a vesicular inflammation along nerve tracts, and is characterized by neuralgic pain. The attack is preceded for a few days by itching, burning, and fever. The skin then becomes inflamed and the eruption makes its appearance. The vesicles vary in size and have a red inflamed base. They are crowded together in irregular groups, with patches of sound skin between.

As the disease progresses the first vesicles dry up and desquamate and new ones appear. The vesicles contain a clear, yellowish fluid, which in time becomes puriform.

They do not, as a rule, rupture, but ultimately dry up and drop off. In some cases the disease is mild and may affect but one side of the body. In others the pain may continue even after the eruption has subsided.

Herpes zoster occurs most frequently in the intercostal and lumbar regions, but is restricted to no particular portion of the body. An attack may continue from ten to twenty days. It is more common in winter.

This disease has received names according to its location, such as zoster facialis, lumbalis sacralis, cervicalis, etc. Zoster facialis is very grave when the eye is attacked as it may result in the loss of that organ.

Herpes zoster is a local manifestation of nervous debility. It may be due to traumatism of a nerve, exposure to cold, strong emotions, bad hygiene, fatigue, improper food, or the administration of arsenic. It sometimes occurs epidemically.

TREATMENT.—As Herpes zoster is a self-limited disease, it will run its course and recover without treatment. In severe cases anodynes are necessary to allay the pain. The local application of the oxide of zinc ointment, powdered boracic acid, or subnitrate of bismuth, will relieve the itching and burning of the parts. The application of a ten-per-cent. solution of menthol to the eruption is often comforting to the patient. Cocaine locally assuages the pain.

HICCOUGH.

Hiccough is an affection of the respiratory apparatus characterized by a clonic spasm of the diaphragm, accompanied by a respiratory effort. There is also, at the same time, a sudden closure of the glottis, which gives rise to a peculiar sound. Singultus is due to nervous irritation, either reflex or local. It may occur as a transient affec-

tion, or become chronic and terminate fatally. It may be caused by excessive emotion, structural nervous lesions, gastritis, hepatic, and renal affections, malarial disorders, strangulated hernia, and many other pathological states. It is a symptom of serious importance in advanced stages of grave diseases. In a mild attack of hiccough relief is readily afforded, but some cases are obstinate and intractable.

TREATMENT.—A slight attack of hiccough will usually yield to a drink of cold water, or to a few drops of some diffusible stimulant. The application of a mustard plaster will check other cases. In severer attacks the use of electricity over the phrenic nerve may afford relief. Very stubborn cases are sometimes cured by lavage of the stomach. At times the inhalation of ether or chloroform may be followed by a cessation of the hiccough. Morphia or chloral sometimes ameliorates the affection.

ACIDUM HYDROCHLORICUM: Deep red tongue, dark brown coat, sordes on teeth.

ASAFCETIDA: Hysterical conditions, headache, vertigo, nervous irritation, and mental depression.

SP. MED. BELLADONNA: Dullness, hebetude, drowsiness, dull, heavy, aching pain in head, impaired capillary circulation.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, nervousness, determination of blood to the head.

TINCT. MUSK: Stupor, muttering delirium, subsultus tendinum, hysterical conditions.

SP. MED. VERATRUM: Full and bounding pulse, pyrexia, abnormal throbbing of arteries.

HODGKIN'S DISEASE.

Lymph-adenoma is a disease characterized by enlargement of the lymphatic glands and of the spleen, together with an abnormal increase of the adenoid tissue in various parts of the body. It is attended by anæmia, but leucocythemia is not markedly present. The lymphatic glands of the axillary, cervical, and inguinal regions are first attacked, and later the mesenteric glands. The glandular swelling varies in character, being at times extremely soft and at others hard. The glands are usually movable, and sometimes become very large. The swelling progresses slowly, adjacent glands being gradually involved. A proliferation of adenoid tissue occurs in the liver, lungs, kidneys, digestive tract, and in the follicles at the base of the tongue. No age is exempt; males are more frequently affected. The average duration of the disease is about two years. It is usually fatal. The symptoms are somewhat indefinite; emaciation and anæmia are marked. There is fever with a small and rapid pulse. Cardiac palpitation is frequent. Nausea and vomiting with diarrhœa attend the disease.

Dropsical accumulations and pleuritic effusions occur. Jaundice and petechiæ are common. Menstrual irregularities are a marked symptom, paralysis may come on, and there is cough, dyspnœa, general weakness, and debility. Many other unpleasant symptoms arise, due to the pressure of the enlarged gland on surrounding structures.

TREATMENT. —**ARSENIC:** Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

COD LIVER OIL: Paleness and emaciation, aplastic and cacoplastic deposits, frequent pulse, increased temperature.

SP. MED. IRIS: Thyroid fullness, deficient cutaneous secretion, anorexia, debility.

IRON, ACID SOL.: Anæmia, general debility, emaciation.

PHOSPHORUS: Nervous atrophy, mental derangement, nervousness.

SP. MED. PHYTOLACCA: Plethora, patchy tongue, dry skin, sore mouth, dribbling of saliva.

POTASSIUM IODIDE: Pale, leaden-colored tongue, weakness and debility, syphilis.

HYDROCEPHALUS.

(ACUTE.)

Acute hydrocephalus, or tubercular meningitis, is an inflammatory condition of the coverings of the brain. It is for the most part restricted to the pia-mater in the basal region, being sometimes called basilar meningitis. The disease is marked by hyperæmia and exudation with tubercular deposits. The affection is most common in children of a tubercular diathesis between the ages of one and seven. It is rare after twelve years of age.

The exciting causes of acute hydrocephalus are fever, cholera infantum, injuries to the head, eruptive diseases, bad hygienic surroundings, and improper diet. It occurs most frequently in the densely populated localities of large cities, and in bottle-fed babies. As a rule the onset of the disease is gradual, although occasionally the attack is sudden and severe. In the beginning there is mild fever of a remittent character. The patient is languid and inclined to be stupid and dull; the tongue is coated, breath offensive, appetite capricious, constipation is alternated with diarrhoea. Presently headache with nausea and vomiting comes on, the patient becomes more restless and uneasy during sleep, rolls the head about the pillow, and awakes with a sharp, shrill cry. The tongue is coated in the center with tip and edges red; face pallid and pinched, eyes ex-

pressionless and sunken, head hot, the pulse increased in frequency, and later sleep becomes deep and constant.

As the disease progresses, evidences of cerebral pressure appear, caused by an effusion of serum into the ventricles and meningeal spaces of the brain. The head is thrown back, muscular spasms occur, with delirium. The eyes are wide open and staring unconsciously, seeing nothing. The urine and feces are involuntarily discharged. General convulsions, as well as spasms of special groups of muscles, with various ocular and facial distortions, appear. During moments of consciousness the patient complains of agonizing headache. Respiration now becomes irregular and deglutition difficult. The urine is scanty and high colored, and may contain albumen. Diarrhœa with slimy and offensive discharges sets in; tongue dry and coated, with sordes on the teeth and lips. At this time also, paralysis, partial or total, attacks the patient. There is an increase in the intensity of the fever; the pulse becomes small and feeble or irregular, the coma profound, the breathing stertorous, and finally convulsions occur, ending in death. The duration of the disease is from three days to three weeks. The prognosis is grave.

TREATMENT.—The patient should be placed in a quiet and darkened room, and given the most skillful nursing possible. The body should be frequently sponged with tepid water. Hot foot-baths are beneficial. Relief is afforded, in some cases, by the application of dry cups to the back of the neck.

ACIDUM HYDROCHLORICUM: Brown tongue, sordes on teeth, nervous prostration, pungent heat of skin.

ACIDUM SULPHUROSUM: Slimy brown coat on tongue and teeth, dull red mucous membrane, tissues full and dirty looking.

SP. MED. ACONITE: Skin dry and hot, pulse quick.

SP. MED. AMYGDALUS: Nausea and vomiting, elongated and pointed tongue, gastric tenderness, nervous irritability.

SP. MED. APOCYNUM: Eyelids swollen, sluggish circulation, constipation, scanty urine.

SP. MED. BELLADONNA: Dullness, hebetude, drowsiness, tendency to coma, face blue and congested.

SP. MED. GELSEMIUM: Determination of blood to the head, flushed face, bright eyes, contracted pupils, nervousness, pyrexia.

OPIUM: Headache, pulse soft and open, skin moist, face pallid, eyes dull.

POTASSIUM ACETATE: Dull, heavy pain in the head, tongue full and pallid, renal torpor.

POTASSIUM BROMIDE: Sleeplessness, restlessness, circulation strong, face and neck flushed, convulsions.

SP. MED. RHUS TOX.: Sharp and frequent pulse, contraction of tissues about the eyes and base of the brain, sudden starting in sleep, with sharp, shrill cry.

SPIRITUS NITRE DULC.: Frequent pulse, nervous irritation, dry skin, renal torpor, pyrexia.

HYDROCEPHALUS.

(CHRONIC.)

Chronic hydrocephalus may be defined as an accumulation of fluid in the ventricles and spaces of the brain. The condition may be either congenital or acquired. When not congenital the disease usually appears in children during the first year. It is rare in adults.

The causes of cerebral dropsy are obscure. It may be due to incomplete cerebral development, or to cerebral congestion and hyperæmia, weakness of the vascular walls, or venous obstruction. The children of syphilitic, demented, or alcoholic parentage are particularly prone to

the affection. It is met with in tuberculous, scrofulous, and rickety subjects, and sometimes follows eruptive diseases and acute fevers.

Children born with hydrocephalus rarely live any great length of time. The child may appear healthy at birth, but the head soon begins to grow larger than normal. The cranial sutures remain ununited, and the fontanelles increase in size. There is a peculiar bulging of the forehead, which overhangs the pale, thin, and prematurely wrinkled face, giving the patient a quaint and aged aspect. The head is enlarged, while the body is undeveloped; the skin is dry and abdomen distended. Upon palpation of the head, fluctuation is detected in the suture spaces, and in the fontanelles. The head is heavy, so that the child can not support it, and in some cases when raised allows it to fall. There is exophthalmus with dilated pupils. The mental condition is inferior. There is nausea and vomiting. At times the child apparently improves, engendering false hopes of ultimate recovery, but presently the symptoms recur with increased severity. As the disease progresses, the patient loses strength and flesh, is unable to walk, falling when attempting to do so. Spasms and convulsions of an epileptic character occur, associated with various degrees of paralysis. Should the child continue to live, it presently becomes idiotic, and is finally carried off by some intercurrent malady.

When recovery takes place the excess of fluid in the cranial cavity is gradually absorbed; there is an improvement in the mental condition of the child; strength and flesh are gained, and finally every vestige of the disease disappears. The average duration of chronic hydrocephalus is about one year. It may, however, continue much longer. The prognosis is unfavorable.

TREATMENT.—The patient should have the best of care and hygienic surroundings. A high and dry climate is most favorable for the cure of this disease. The clothing should be warm, with flannel worn next to the skin, and frequent salt water baths are to be recommended. A milk diet is best.

SP. MED. APOCYNUM: Eyelids swollen, feet œdematous, urine scanty, fullness of cellular tissues.

ARALIA HISP. (decoction): Urine scanty, bowels constipated, œdema.

COD LIVER OIL: Tissues soft and atonic, lymphatic enlargements, paleness and emaciation, frequent pulse, increased temperature.

SP. MED. CORNUS FLORIDA: Pulse weak, temperature depressed, relaxed and feeble tissues.

SP. MED. EUONYMUS: Anorexia, indigestion, constipation, emaciation, weakness.

SP. MED. HYDRASTIS: Atonic condition of the kidneys, appetite poor, digestion feeble, muscular debility.

SODIUM PHOSPHATE: Acid eructations, greenish diarrhœa, grinding of teeth during sleep, rickets.

SYRUP IODIDE OF IRON: Pale, leaden-colored tongue, pallid countenance, cheeks alternately flushed and pale, syphilitic diathesis.

HYPOCHONDRIASIS.

Hypochondriasis is a disturbed mental state, in which the patient is abnormally concerned about his health. He exhibits great solicitude in regard to every physical manifestation, and magnifies trifling ailments and injuries to an absurd degree. The nervous and sensory phenomena of the body are an unfailing theme of conversation for the patient. Males about middle age are more commonly

affected. Heredity exerts a strong predisposing influence in the production of this disorder. It may be due to over work, either mental or physical, loss of sleep, depressing surroundings, enforced idleness from the cessation of some long continued and habitual occupation, or constant reading of medical literature, especially that of a quackish nature.

These may, however, be real disease, which serves as a foundation for the exaggerated complaints of the patient. Hypochondriasis is frequently associated with such morbid conditions as nasal catarrh, dyspepsia, intestinal troubles, constipation, hepatic derangements, and venereal diseases, especially syphilis.

The symptoms complained of are numerous, bewildering, and are in no way indicative of the extent of morbid processes. The patient discourses at length in regard to various itching, tingling, burning and creeping sensations; tells of hot flashes, dizziness, coldness of extremities, ringing in the ears and cardiac flutterings, oppressed breathing, and dimness of vision. There are ostensibly pains every where and of every character. The patient is entirely devoted to himself, and regards even the slightest discomfort as a symptom of grave disease, and by concentration of thought upon the body discovers other imaginary symptoms. He takes great interest in his excretions, and continually discusses his physical state. He will have imaginary Bright's disease, or thinks he is threatened with apoplexy, or that he is a subject of cancerous growths. The female hyponchondriac usually claims to have disease of the reproductive organs or of the lungs. A patient afflicted with this complaint will persist in the face of all argument and reason, in claims of serious diseases, and is offended when friends undertake to dispel the illusion.

Hypochondriacs are very ready and anxious to begin treatment, always follow directions implicitly, and volun-

teer many symptoms and suggestions. They elaborate at length and interrogate tiresomely. A change of physicians or the adoption of some new method of treatment is at first followed by an apparent improvement, but sooner or later the former state is resumed. An individual with this affliction may be cheerful and in good spirits, but as a rule melancholy predominates. Mild hypochondriasis does not interfere with the ordinary occupations, but the severe forms seriously affect business capacity, closely approximate dementia, and are frequently associated with marked insanity. The disease is chronic, the prognosis unfavorable for recovery.

TREATMENT.—Any real organic disease should be remedied as soon as possible. Exercise should be taken regularly. Early rising, a walk before breakfast, bicycle riding, social enjoyments—in short, any thing that will afford mental distraction and direct the imagination to objects other than the physical condition, is beneficial.

ACIDUM HYDROCHLORICUM: Deep red tongue, dark brown coat, digestion slow.

ACIDUM LACTICUM: Deep red tongue, cutaneous eruptions, itching of the skin, green stools, gastric irritation.

ACIDUM NITRICUM: Violet colored tongue.

ACIDUM SULPHUROSUM: Slimy brown coat on tongue, mucous membrane and tongue dull red, tissues full and dirty looking.

ALOES: Patient plethoric, morose, disinclined to exertion, feeble enervation, constipation.

BALDO: Nervousness and irritability, pain in stomach, hepatic torpor, jaundice.

SP. MED. CACTUS: Impaired heart's action, shortness of breath on slight exertion, nervous irritability, anxiety, restlessness, apprehension.

SP. MED. CAULOPHYLLUM: Cramp-like pains after eating,

rheumatic diathesis, feeling of fullness and weight in the pelvis.

SP. MED. COLLINSONIA: Sticking pain and fullness in the rectal region, hemorrhoids, cough with sticking pain in larynx.

SP. MED. DROSER: Difficult breathing, feeling of oppression, dry hacking cough, worse at night.

EMETICS: Tongue heavily coated at base with a foul, slimy coat, overloaded stomach.

SP. MED. HYDRASTIS: Lassitude, flabby, slimy tongue, profuse secretion with anorexia, acid eructations.

SP. MED. HYOSCYAMUS: Nervousness and irritability, pupils dilated, sharp, irritable cough.

IRON, ACID SOL.: Paleness and anæmia, digestion slow, lack of tonicity in the tissues.

SP. MED. IGNATIA: Depression of spirits, melancholy, violent outbursts of passion.

SP. MED. JEFFERSONIA: Pain in head, dizziness, tension.

SP. MED. MACROTYS: Headache, pain in back and limbs, weak heart.

SP. MED. NUX VOM.: Broad, pallid, and expressionless tongue, yellow coat on tongue, yellow ring around mouth, abdominal pain pointing to umbilicus, nausea, indigestion and constipation.

SP. MED. PODOPHYLLUM: Dizziness and feeling of weight in head, imperfect command of muscles, full tongue covered with a yellowish, pasty secretion, constipation.

POTASSIUM BROMIDE: Nervousness, sleeplessness, face and neck flushed, headache.

SP. MED. PULSATILLA: Despondency, foreboding of evil, dread, nervousness, pain in head.

SP. MED. XANTHOXYLUM: Atonic condition of the stomach with languor and debility, eructations, tympanites, colicky pains in stomach and bowels.

HYSTERIA.

Hysteria is a functional disease of the nervous system. Although sometimes affecting males, it is generally regarded as a condition peculiar to females, and is characterized by a variety of symptoms, consisting mostly in aberrations of the will, reason, imagination, and emotions. Even though the symptoms of this disorder may at times appear alarming, it rarely proves serious or fatal.

Hysteria attacks subjects of an irritable and neuropathic diathesis between the ages of fifteen and thirty. The unmarried and widows most frequently suffer, although pregnant females sometimes have hysteria, and it is not uncommon during the menopause. As a rule there are no organic lesions in this affection, but there may, at times, be uterine or ovarian perversions. In those inclined to hysteria the attacks are more apt to occur about the menstrual period. Women of an epileptic, cataleptic or insane heredity are prone to this disease, and in such the epileptic tendency produces a condition called hystero-epilepsy.

The exciting causes of hysteria are fright, anger, jealousy, disappointment, nursing of imaginary wrongs, unrequited affection, sudden and violent emotions, high living, sedentary habits, want of occupation, insomnia, fatigue, reproductive excitement, masturbation, excessive discharges, and exhausting diseases. Women who live a life of excitement are more likely to have hysteria than others.

A fit of hysteria may be preceded by prodromata, but for the most part it comes on suddenly. Some slight incident, unimportant in itself, may produce the seizure. The patient commences to alternately laugh and cry immoderately and spasmodically, then passes into a condition of stupid silence, which is maintained but a short time, when she will again begin to rave, pull her hair, and

tear her clothing. Illusions and delusions are common. She complains of a sense of tightness and choking which causes sobbing, attempts to swallow, and a clutching at the throat and breast with both hands. Intervals of placid quietude are followed by spells of extreme agitation. The face is pale but not distorted, and clonic convulsions may occur. When these come on, the head and shoulders are thrown backward and the abdomen upward, forming an arch; the jaws are firmly closed, face swollen, eyes rolling, and hands clenched. This state may continue, with intervals, for a considerable time. In some cases the patient becomes furious and uncontrollable, requiring restraint to prevent injury to herself or others, and even if noted for piety and virtue, may give utterance to vulgar and abusive language.

It is not uncommon for hysterical patients to complain of excruciating pain in various parts of the body, or to simulate paralysis. They will assume aphasia, practice deception in vomiting blood, place sugar in the urine to create the impression that they are suffering from diabetes mellitus, and indulge in many other strange and bizarre actions.

Complete unconsciousness, although sometimes assumed, rarely occurs in hysteria, and the patient is usually very well aware of what is going on about her. Hysterical women always desire an audience and crave sympathy, often feigning illness to secure attention.

During an attack of hysteria the patient may complain of pain in the head, breast, or abdomen, and there will be nervousness, irritability, mental depression with confusion of mind, cardiac palpitation, and dyspnœa. She is extremely sensitive to external impressions, and there is cutaneous hyperæsthesia with numbness and formication; dyspeptic symptoms, flatulence, borborygmus, and constipation are common. The hysterical paroxysms may oc-

cur daily or at long intervals, and each attack may continue from one to twenty-four hours. As the nervousness subsides, the patient passes a large quantity of pale urine, and sinks into a deep slumber, from which she awakes feeling well, but somewhat prostrated.

TREATMENT.—During a paroxysm of hysteria all constricting clothing should be loosened, exciting influences avoided, and quietude enjoined. If the attack is mild a few doses of lavender water may terminate it. In severer cases the compound tincture of lobelia and capsicum may be given until it produces emesis. Sometimes an attack may be abruptly terminated by producing strong mental impressions. Baths, nutritious diet, judicious exercise, pleasant pursuits, and cheerful surroundings, are conducive to recovery from hysterical tendencies.

ACIDUM HYDROBROMICUM: Peevishness, fretfulness, dull aching pain in abdomen, delirium, pyrexia.

SP. MED. ALETRIS: Nausea and vomiting, flatulence, dizziness, pain in the breast and side.

ASAFÆTIDA: Headache, vertigo, palpitation of the heart, nervous irritation, mental depression, flatulence.

SP. MED. BELLADONNA: Loss of memory, indistinct speech, cramps in limbs, trembling of hands.

CAPSICUM: Borborygmus, blanched lips, cold extremities, small and feeble pulse.

CAMPHOR MONO-BROMIDE: Headache, mental excitement, insomnia, delirium.

SP. MED. CHAMOMILLA: Hysteria from reflex irritation, apprehension, excessive sensibility to pain.

SP. MED. CYPRIPIEDUM: Hysteria and despondency at menopause, dementia, sleeplessness, nervousness, irritability.

SP. MED. DIOSCOREA: Cramps in stomach and bowels, colicky pains, flatulent discharges.

SP. MED. EUCALYPTUS: Anæmia, neurasthenia, asthmatic attacks, nervousness.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, headache, pyrexia.

SP. MED. GOSSYPIUM: Irritability, sinking sensations, irregular menses, uterine torpidity.

HYPERICUM: Spinal tenderness, abnormal throbbing of arteries.

SP. MED. HYOSCYAMUS: Delirium, choking sensations, spasmodic twitchings of muscles, insomnia, laughter alternated with tears, amusing hallucinations.

SP. MED. IGNATIA: Dragging pain in pelvis, uterine colic, dysmenorrhœa, gastralgia, sexual frigidity, congestive headache, burning sensation in soles of feet.

SP. MED. LOBELIA: Sense of fullness and oppression in the precordial region, full and oppressed pulse, nausea, cardiac palpitation.

SP. MED. MACROTYS: Headache, nervousness, muscular pains in back and limbs, menstrual irregularities.

OPIUM: Nervousness, sleeplessness, pulse soft and open, skin moist, face pallid, eyes dull.

SP. MED. PHOSPHORUS: Insomnia, cerebral anæmia, mental exhaustion, melancholy.

POTASSIUM BROMIDE: Sleeplessness, restlessness, face and neck flushed, breath strong, congestive tendencies, excitability of nerve centers.

POTASSIUM PHOSPHATE: Nervous exhaustion, neuralgia, epileptiform convulsions.

SP. MED. PULSATILLA: Amenorrhœa, nervousness, despondency, fear that trouble is near, fear of pregnancy, sexual irritation.

SP. MED. SCUTELLARIA: Hysteria from exhaustive and long-continued labor, tremor and twitching of lower limbs, insomnia, restlessness, irregular pulse, menstrual difficulties,

SP. MED. STRAMONIUM: Excessive mental excitement, sudden changes from grief to joy, paroxysms of rage or fear.

SP. MED. VALERIAN: Mental despondency, headache, spasmodic attacks of cutaneous hyperæsthesia.

SP. MED. VIBURNUM: Spasmodic uterine pains, pains in back and thighs, bearing down, expulsive pains.

INFLUENZA.

La Grippe has occurred as an epidemic many times in the history of medicine. It is attributed to atmospheric influences, exposure to cold, germs, etc; but the real causative factors remain vague. The disease usually begins abruptly, but may be preceded by a few days of malaise. It commences with a chill, followed by fever, cough and sore throat. There are frontal headache, pain in the limbs, depression of spirits, and gastro-intestinal disturbances. At first a high fever appears which gradually abates, and the temperature may then be sub-normal. The pulse is increased in frequency, changed in rhythm and quality, and occasionally there is considerable cerebral irritation or congestion. Paroxysms of sneezing are common; they are usually accompanied by coryza, with abundant secretion, and nasal and pharyngeal irritation. In some cases there are sharp pains in the sides and under the sternum, also dyspnœa, and nervous manifestations, such as insomnia, delirium, vertigo, and convulsions. The digestive system is usually disordered, and there is anorexia, coated tongue, nausea and vomiting, epigastric tenderness, with abdominal pain and diarrhœa. The urine is scanty and high colored. Grave epistaxis may occur. The symptoms of La Grippe seem to cover the whole field of symptomatology, but, as a rule, the disease manifests itself by expending

its force either upon the nervous system, the digestive tract, or respiratory mucous membrane.

The affection is noted for the serious complications which occur during its course, and for its troublesome sequelæ.

TREATMENT.—**ACIDUM HYDROCHLORICUM:** Brown sor-des on teeth, deep red tongue, heavy moist coat, nervous prostration.

SP. MED. ACONITE: Pulse small and frequent, fever, em-barrassed respiration, increased secretion.

ARSENICUM IODIDE: Cough, sore throat, profuse acrid discharges from nasal mucous membrane.

SP. MED. BAPTISIA: Purplish colored tongue, breath offensive, skin dry and husky, muco-purulent expectora-tion.

SP. MED. BELLADONNA: Dullness, drowsiness, dull heavy aching pain in the head, impaired capillary circulation, deep mucous rales, throat dry.

BISMUTH SUBNITRATE: Gastric acidity, elongated and pointed tongue with reddened tip and edges, gastro-intes-tional irritation.

SP. MED. BYRONIA: Hard, explosive, dry, rasping cough, pulse hard and vibratile, sharp pain in right side and behind sternum.

CAPSICUM: Vomiting and prostration, diarrhœa and tenesmus.

SP. MED. EQUISETUM: Fissured tongue, sluggish renal circulation, dry cough, pyrexia.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, head hot, nervousness, restlessness.

SP. MED. IPECAC: Feeling of irritation and burning in the chest, oppressed breathing, mucous rales, intestinal irritation, stools streaked with blood.

SP. MED. PODOPHYLLUM: Dizziness, head heavy, speech slow and confused, full tongue covered with a yellowish pasty coat at base, constipation.

SP. MED. PHYTOLACCA: Face pallid, nose swollen, enlarged lymphatics.

POTASSIUM BROMIDE: Pain and soreness in the head aggravated by coughing, restlessness, pulse strong, face and neck flushed and red, lachrymation.

POTASSIUM CHLORATE: Bad smelling sputa, offensive breath, pallid tongue, tenderness of mouth and gums.

SP. MED. RHUS TOX: Unpleasant tickling sensations in the throat, spasmodic cough, burning pain in chest, sharp quick pulse, pain over left eye.

SP. MED. STICTA: Wheezing, persistent cough, pain in shoulders extending to occiput.

IMPETIGO.

Impetigo is a pustular cutaneous eruption consisting of minute pustules closely approximated, which rupture and form thick, soft, yellow scales. The eruption is rarely attended by constitutional symptoms. The disease may be due to a hereditary taint. It sometimes occurs during pregnancy, and may accompany dentition. Impaired health, exposure of the skin to irritating substances, or the presence of parasites upon the body, act as inciting causes.

The affection commences with the appearance of numerous minute pustules in areas of small size. In from twenty-four to forty-eight hours the pustules rupture and the contents exude, forming a scale or crust which permits an oozing of puriform matter from beneath its edges. The scabs are thick, yellowish brown or black, and upon removal a reddish and raw suppurating surface is revealed. Sometimes a number of crusts are massed together, form-

ing a running sore. The disease seldom continues more than two or three weeks, rarely becoming chronic.

TREATMENT.—The diet should be restricted, the excretions kept free, and skin clean. When the eruption is hot and painful, poultices will hasten suppuration. If there is itching and burning the mild oxide of zinc ointment may be applied. The compound sulphur ointment acts well in some cases. The oil of cade will moisten the scabs and hasten their removal. A ten per cent. solution of nitrate of lead will be of benefit as a local application in the impetigo of pregnancy. Powdered tannic acid dusted on the parts restrains excessive exudation. After the scabs have fallen, asepsin ointment should be applied.

SP. MED. ALNUS: Syphilitic and scrofulous diathesis, feeble vitality, superficial pustular eruptions.

ARSENIC: Flabby skin, dry epidermis, extremities cold, pulse soft and feeble.

CALCIUM SULPHIDE: Chronic suppuration, lack of vitality in tissues.

SP. MED. IRIS: Dingy skin, deficient cutaneous secretions, want of appetite, enlarged lymphatics.

POTASSIUM ACETATE: Renal torpor, sluggish lymphatic circulation, deficient nutrition, pale tongue with light pasty fur.

SP. MED. RUMEX: Glandular deposits, feeble recuperative power, syphilitic taint.

SULPHUR: Skin dry, sallow and brownish, mucous membranes have a dirty hue, persistent cough.

IMPOTENCE.

Impotence is a sexual disorder characterized by an inability to perform the act of coition, and may be either atonic, psychical, symptomatic, or organic. Atonic im-

potence is due to a debility or lack of tonicity in the nerve fibres and centers of the reproductive apparatus. This condition may be caused by various circumstances, such as masturbation, onanism, gonorrhœa, spermatorrhœa, sexual excesses, or constant excitement of the venereal organs without gratification, from handling the parts or fondling the opposite sex. Atonic impotence is also sometimes the first indication of approaching paralysis, locomotor ataxia, and other spinal affections.

When the penis is in a state of erection, it is increased in size, and becomes stiff and rigid, but when the impotent state prevails, the erection may be incomplete, or brief, with premature emission, or the organ may not become sufficiently rigid to admit of introduction although the desire is strong, while in some cases both the desire and the erection are absent.

Impotence is usually accompanied by pain in the back and muscular weakness. The patient is nervous and easily fatigued, he complains of dull headache with impaired memory and mental feebleness, becomes melancholy from brooding over his condition, and is anxious, irritable and unfitted for business. The hands and feet are cold, there is palpitation of the heart and shortness of breath upon slight exertion; sleep is unrefreshing and disturbed by unpleasant dreams; the appetite is poor, dyspeptic symptoms occur, consisting of eructations, flatulence, constipation, nausea, vertigo and floating specks before the eyes.

Psychical impotence is for the most part due to mental influences. The mind exerts a controlling power over the reproductive centers, and certain emotional conditions will cause turgescence and rigidity of the penis. The sight or thought when directed toward woman in general or particular may produce an erection, or the emotions may so influence the individual that he is impotent only for a certain woman. The loss of the object of the affections, dis-

like, or a suspicion of infidelity, disgust or indifference for women or natural modesty, often causes an inability to perform the sexual act. Impotence is frequently only imaginary, and is founded upon a nervous apprehension that copulation will not be well done. In some cases ejaculation occurs prematurely on account of the eagerness and impetuosity of excessive passion. Both mental and physical fatigue greatly lessen sexual desire.

Symptomatic impotence may result from the use of opium, alcohol, the bromides, and other drugs. It also comes up from cerebral affections, and may occur during the course of debilitating diseases, such as albuminuria, diabetes, or phthisis.

Organic impotence is due to absence or deformity of the penis or testicles, stricture of the urethra, or other structural lesions of the reproductive apparatus.

TREATMENT.—The diet should be nutritious and non-stimulating, and may consist of eggs, oysters, meats, fish, milk, or Graham bread. Coffee, tea, and alcoholic drinks should be eschewed. Frequent baths, with a brisk rubbing of the organs and over the spinal region, will be of benefit. The patient should sleep lightly covered on a hard mattress. The bladder should be always emptied on retiring. Moderate exercise is to be recommended, but the patient should not ride horseback or on a bicycle, as this tends to produce hyperæmia of the sexual organs. All sources of sexual excitement should be avoided; masturbation and onanism strictly refrained from. The patient should abstain from toying with women, lascivious thoughts, and prurient literature, and direct his mind toward that which is pure and good.

Stricture and extreme sensitiveness of the urethra may be overcome by the introduction of a bougie once or twice daily. Sometimes sensitive and secreting patches will be

found along the mucous membrane of the urethra. These may be relieved by the application of a ten-per-cent. solution of nitrate of silver, or by the introduction of urethral suppositories of an astringent and soothing nature. The urethral electrode, properly used, will often restore tone and vigor to the parts. Constipation should be overcome by copious rectal injections.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, extremities cold, cachectic condition of the body.

ATROPINE: Coldness and flaccidity of penis, feeble penile circulation.

AURIUM: Irritability of the sexual organs, premature ejaculations, nocturnal emissions, atrophy of the testicles.

SP. MED. BELLADONNA: Dizziness, drowsiness, dilated pupils, dull heavy aching in the head, impaired capillary circulation.

CAMPHOR: Cold extremities, feeble pulse, prostration.

CAMPHOR MONO-BROMIDE: Headache, insomnia, mental excitement, convulsive tendencies.

SP. MED. COLOCYNTH: Feeling of dull pain and soreness in the limbs, flatulent stools, abdominal fullness and distension.

SP. MED. DAMIANA: Weakness and debility, nervousness, mental depression, loss of erectile power.

SP. MED. ERGOT: Indisposition to exertion, sluggish circulation, mental torpor, urethral irritation.

SP. MED. ERYNGIUM: Burning and smarting in urethra, frequent urination.

FERRI PHOSPHATE: Anæmia, vertigo, dyspnœa, perverted appetite.

SP. MED. GELSEMIUM: Lumbago, irritability of neck of the bladder, frequent desire to urinate, flushed face, bright eyes, headache.

SP. MED. HYDRASTIS: Lassitude, palpitation of the

heart, flabby, slimy tongue, sour eructations, perverted appetite.

SP. MED. HELONIAS: Mental depression, irritability, loss of sexual desire, atony of the urinary organs.

IRON, ACID SOL.: Anæmia, shortness of breath on slight exertion, lips pale, face alternately flushed and pale.

SP. MED. NUX: Pallid and expressionless face, yellow ring about mouth, pain in forehead, nausea, indigestion, constipation.

SP. MED. PHOSPHORUS: Nervous atrophy, mental derangement, feebleness of reproductive organs.

POTASSIUM BROMIDE: Strong sexual desire, sensitive mucous membrane, urine abnormally acid.

SP. MED. PULSATILLA: Despondency, nervousness, pain in the head, loss of memory, sexual irritability.

STRYCHNINE: Nervous debility, vesical atony, constipation, feeble and tardy urination.

ZINCI PHOSPHIDUM: Nervousness, vertigo, pain in the spinal region, paleness, insomnia, psychical impotence.

INSOMNIA.

Insomnia is a condition marked by a loss of ability to sleep. This state may be partial or total. Complete insomnia is very rare. Most persons who claim to have slept none really sleep a small part of the time at least. Insane people will assert that they have not slept for weeks or months, but this is generally found to be an exaggeration. The commonest variety of insomnia is that in which the individual obtains only a few hours troubled or restless sleep during the night. This disorder is more frequent in the middle aged than in the young or old. Women suffer less from it than men, and laborers less than professional, literary, or business men. When the loss of power to sleep

is total, severe nervous disease or approaching insanity may be suspected. Complete insomnia will cause death in about twenty-one days. The human body demands sleep for recuperation and for storing up of energy to meet the coming day's demands. When the over-ambitious endeavor to limit the hours which should be devoted to sleep, they may do so temporarily, but outraged nature invariably resents the fraud, and the health inevitably suffers.

Insomnia is due to lithæmia, overwork, debilitating discharges, cerebral irritation, malarial poisoning, alcoholism, excessive use of tobacco, coffee, tea, and stimulants of all kinds, dissipation, syphilis, heart disease, chlorosis, renal diseases, gastric disorders, or nervous pathological conditions.

TREATMENT.—The experienced physician resorts to drugs, in the treatment of insomnia, only after other measures have failed to give adequate relief. Chronic insomnia is a grave malady, and calls for urgent measures. But both the physician and patient should be on the alert to prevent the habitual reliance upon drugs to produce sleep. Efforts should be made to cause sleep by natural methods. In some cases a brisk walk followed by a cold bath will induce sleep, or a hot bath and immediate retirement may do as well. The feet should always be warm and the head cool. The room should be cool and well ventilated, and all exciting influences avoided. Regular hours and quietude should be obtained. Persons of a literary and sedentary habit will often be ready for sleep after some active muscular exercise, while those who have been engaged in hard labor may sleep after reading or engaging in study previous to retiring. Late suppers are, as a rule, to be avoided, but in some cases eating just before retiring, especially if the food is digestible, may cause a profound sleep. Numerous devices have been resorted to

to induce the somnolent condition. Most of them depend upon monotony for their efficacy.

ACIDUM HYDROBROMICUM: Nervousness, hectic fever, tongue red and dry, peevishness, dull abdominal pain.

SP. MED. ACONITE: Pulse small and quick, intestinal irritation, cutaneous hyperæsthesia.

SP. MED. AVENA SATIVA: nervous exhaustion, brain fog, insomnia of convalescence.

SP. MED. BELLADONNA: Dullness, hebetude, dilated pupils, cerebral congestion.

SP. MED. CANNABIS IND.: Alcoholic insomnia, insomnia of the insane, vertigo, throbbing pain in head, despondency.

CHLORAL HYDRATE: Nervousness and excitement, vigorous circulation, flushed face, throbbing of cerebral arteries.

SP. MED. CYPRIPIEDUM: Nervous debility from atony, delirium, neuralgia, despondency and dementia during menopause.

SP. MED. GELSEMIUM: Bright eyes, flushed face, contracted pupils.

SP. MED. HYOSCYAMUS: Cerebral irritation, delirium, fitful sleep, talking in sleep, mental excitement, muscular twitchings.

SP. MED. LUPULIN: Delirium tremens, morbid vigilance, nervous excitement.

SP. MED. MACROTYS: Mental depression, sense of weight and fullness in the pelvis, retarded menses, rheumatic pain in back and limbs.

SP. MED. PASSIFLORA: Insomnia from over-excitement, nervousness, menopause, convalescence, reflex sexual disturbances.

SP. MED. PHOSPHORUS: Cerebral anæmia, exhaustion, mental aberration, melancholia, senile insomnia.

PISCIDIA: Insomnia of the aged.

POTASSIUM BROMIDE: Restlessness, pain in the head, tendency to convulsions.

SP. MED. SCUTELLARIA: Hysterical conditions, chorea, over-study, nervous agitation, fatigue.

SP. MED. VALERIAN: Headache, vertigo, mental excitement, optical illusions, flashes of light before the eyes, nervous tremors.

INTERMITTENT FEVER.

Intermittent fever is an affection of malarial origin, and consists of chills followed by fever. This is succeeded by sweating, then comes a period of intermission, which is ended in a variable time by another chill with its subsequent fever and final sweating. The phenomena may be repeated indefinitely, until checked by treatment, spontaneous recovery, or death.

The synonyms for intermittent fever are: ague, fever and ague, chills and fever, paludal fever, and malarial fever. According to the frequency with which the chills occur, intermittent fever is called quotidian, tertian, quartan, or erratic. In the quotidian form the paroxysms occur daily; in the tertian every other day; in the quartan every third day. When the chills are erratic there is no regularity in the time of their appearance. Should the chills appear at an earlier hour in each successive attack, the disease is said to be advancing; if at a later hour, to be receding; a receding fever usually yielding more readily to treatment.

An attack of intermittent fever admits of division into a stage of incubation, a stage of rigor, a hot stage, and stage of intermission. The period of incubation varies according to the susceptibility of the patient and the intensity of the malarial poison. It may be from one to three weeks.

The symptoms are malaise, listlessness, anorexia, headache, lumbar pain, pain in the extremities, foul tongue, bad breath, constipation, or perhaps diarrhœa, and sometimes nausea and vomiting. The prodromal symptoms vary in different individuals, and there is nothing especially characteristic about them which would distinguish the approach of intermittent fever from many other diseases.

Presently the stage of rigor begins, being announced by cold flashes chasing each other up and down the spinal column, the prodromic headache increases in severity, the bones seem to ache, and the patient yawns repeatedly, begins to shiver and tremble, seeking to be warmly covered. There is thirst, the fingers are shriveled, and the nails are blue, "cutis anserina" is marked, there may be nausea and vomiting, pain in the stomach, dyspnœa, and the voice is weak and vibratile.

This stage may continue from fifteen minutes to half an hour, and notwithstanding the apparent evidences of extreme cold, the temperature of the body is elevated from one to three degrees above normal. The hot stage begins with intermittent flashes of heat over the body; the former feeling of chilliness soon passes away and the pulse becomes fuller, at the same time increasing in rapidity, the face is flushed, the skin hot, thirst increased, and the temperature elevated. Headache and other disagreeable symptoms augment in severity, and there is restlessness and delirium. This stage continues from three to six hours, when the patient becomes moist, and is soon sweating profusely, the temperature falls, the violence of all the symptoms subsides, and finally, in from four to eight hours he again becomes comfortable, and enters upon the stage of intermission. During the intermission all the symptoms vanish, and, as a rule, the patient is in a normal condition and so continues until the chill recurs.

TREATMENT.—The treatment for the relief and cure of intermittent fever must be adapted to the different stages of the disease. During the prodromic stage:—

SP. MED. BERBERIS: Malaise, restlessness, anorexia.

SP. MED. MACROTYS: Muscular pain in back and limbs.

SP. MED. NUX: Nausea and vomiting, face sallow, constipation, abdominal pain.

PODOPHYLLUM: Foul tongue, full tissues, breath offensive, constipation.

When the cold stage appears the patient's desire for warmth should be heeded. Additional covering may be put on, hot water bottles or bags should be placed around him, and thirst allayed, in as far as possible, with hot water. Hot sinapisms applied to the back and extremities will be found to be of considerable benefit. Where there is severe pain, nervousness and general discomfort, the hypodermic injection of one-eighth or one-fourth of a grain of morphia will prove of value in moderating the symptoms of the cold stage, and those of the following hot stage.

AMMONIA AROMATIC SPIRITS: Shortness of breath, præcordial distress.

POTASSIUM BROMIDE: Extreme nervousness and tendency to convulsions.

To lessen the severity of the cold stage a fifteen drop dose of chloroform may be given in the beginning, and repeated if necessary. Alcoholic stimulants should be given sparingly, if at all, in this period of the attack, and care should be taken that their effects should not extend over into and increase the severity of the hot stage which follows.

Treatment during the hot stage will again be such measures as will relieve the urgency of the symptoms and render the patient more comfortable.

SP. MED. ACONITE: Small and frequent pulse.

SP. MED. ASCLEPIAS: Strong vibratile pulse with moist skin.

SP. MED. BELLADONNA: Face dull, pupils expressionless, want of expression of entire body, limpness.

SP. MED. GELSEMIUM: Cerebral irritation, flushed face, bright eyes, contracted pupils, violent throbbing, pulsation of the carotid arteries, tendency to convulsions.

SP. MED. JABORANDI: Full pulse, dry skin, pain in back and limbs.

SP. MED. LOBELIA: Full and oppressed pulse.

SP. MED. RHUS: Small and sharp pulse.

If there is much pain and restlessness, diaphoretic powder in three-grain doses will be required. The spirit vapor bath may be given, should the hot stage be prolonged beyond the usual time, and the skin continue dry and hot. The extra clothing should be removed from the bed, and the patient allowed to drink cold water.

The hot stage having passed, the sweating stage succeeds, and terminates a malarial paroxysm. Treatment during the intermission should be directed towards preventing another attack. The specific remedy for this purpose, under ordinary circumstances, is quinine, and if given in proper quantities and at the right time, no other remedy is required. The medicine should be administered during the intermission, fifteen or twenty grains in divided doses, so timed that the last dose will come about two hours before the expected chill, which may be anticipated about the same hour as the previous rigor. Instead of administering the quinine in divided doses with intervals of two or three hours between each dose, a single dose of fifteen grains may be given three hours before chill time, and will prove equally efficacious in arresting the chill. In the erratic form of intermittent fever quinine must be given as soon as the intermission begins, and kept up in three to five grain doses every three hours until the unknown period of rigor is undoubtedly past.

Quinine may be given in capsules, or disguised in yerba santa syrup or other vehicle. In some cases the hypodermic injection of quinine will be necessary on account of a delicate or irritable stomach, or some idiosyncrasy of the patient. When this measure is adopted, the muriate of quinine should be used, by reason of its greater solubility. The quantity required to prevent the chill is from five to ten grains, about one-fourth or one-half the dose by mouth. The dose may be divided, and two or three grains given at each injection, or the whole quantity may be injected about an hour before chill time. It should be remembered that there is a great tendency to the formation of abscesses from these injections. In some cases the remedy may be injected per rectum. In this event the amount necessary will be about double the usual dose by mouth. Quinine inunction will prove of value in arresting the chills of infantile intermittent. It should be applied frequently with friction over the back and sides of the child during the intermission. The absorption of the medicine is facilitated by the application of heat, such as hot flannels. In children under two years of age there is no well marked rigor.

In some cases the administration of quinine fails to arrest the chills and the disease assumes the chronic form. The patient may suffer from a rigor while the ears are ringing with quinine. Pre-existing morbid conditions must be removed before the antiperiodic will prove effective, or perhaps some other remedy will serve better than quinine. By examining carefully into the condition of the patient it will be found that there are variations from health, in a greater or less degree, in the digestive, assimilative, secretory or excretory functions, and that with a correction of these morbid states antiperiodics will act promptly. When the tongue is heavily loaded with a slimy coat, and there are evidences of morbid accumulations in the stomach, an emetic will prove beneficial. This may be repeated

every few days for some time. Dr. H. T. Webster, in his "Dynamical Therapeutics," says: "I once cured a case of chronic intermittent fever of more than two years standing which resisted all the antiperiodics of the three schools, with emetics administered twice a week for a month. The indication for such treatment was prominent, and the indicated remedy, an emetic, proved successful".

ACIDUM HYDROCHLORICUM: Deep red tongue, contracted, with brownish color and tendency to grow darker as the disease advances.

ACIDUM NITRICUM: Violet colored tongue.

ACIDUM SULPHURICUM: Slimy dirty tongue, teeth covered with brownish, viscid secretion.

ARSENIC: Small feeble pulse, lifeless and inelastic skin, tongue pale, small, and coated with slimy fur, no intestinal irritation.

SP. MED. BOLETUS: Profuse flow of urine, slight shivering spells, great debility and weakness.

SP. MED. CHIONANTHUS: Jaundice not associated with organic disease of the liver.

SP. MED. EUCALYPTUS: Impaired capillary circulation, relaxed condition of the arterioles, unhealthy sticky perspiration, respiratory feebleness, with cough and foetid expectoration.

SP. MED. EUONYMUS: Badly coated tongue, swollen, thick, and scalloped along the edges where it comes in contact with the teeth, torpid liver and constipation.

SP. MED. HYDRASTIS: Impaired digestion, gastro-intestinal irritation, anorexia, and debility.

SP. MED. NUX VOM.: Atony of the liver, habitual constipation, sallowness about the mouth.

SP. MED. PODOPHYLLUM: Tissues full, circulation torpid, tongue large and full, deficient intestinal secretion, and constipation.

POTASSIUM ACETAS; Tissues inelastic and sodden, renal torpor.

SP. MED. RHEUM: Intestinal irritation due to the presence of acrid gases and feces.

SALICIN: Periodicity with rheumatic pain.

SODIUM SULPHITE: Dirty, pallid tongue.

STRYCHNINE: General debility, impaired muscular power, and enfeebled innervation.

SP. MED. TARAXICUM: Yellowness of surface, bile in urine, patient presenting a melancholy and depressed aspect.

TINCT. IODINE: Lymphatic sluggishness, tenderness in splenic region, contracted pallid tongue.

In *Pernicious Intermittent Fever* the malarial poison acts on the nerve centers in such a manner as to cause syncope, congestion, and organic disturbances. It is the result of virulent malarial infection, and usually comes on suddenly without premonitory symptoms. It may, however, supervene in the course of simple ague. There are two well marked varieties of the pernicious stage—the congestive, or apoplectic, and the comatose form. The most common form is the congestive or apoplectic. It is sometimes preceded by drowsiness, hebetude, or headache. The chill is more or less severe, the patient falls into a stupor, with pupils fixed and dilated; breathing stertorous and slow, pulse slow and oppressed, muscles relaxed, and the skin cold, blue and livid. This condition may last for six, twelve, or twenty-four hours, or even several days, the pulse and vital forces failing until the patient dies.

In the comatose form the pulse is rapid, surface hot, temperature elevated, skin a muddy jaundiced hue; sometimes choleraic or dysenteric alvine discharges occur, with cardialgia and severe burning pain in the stomach; there may be tetanic or epileptic spasms, violent delirium and

mania; finally the patient suddenly sinks into a state of coma and dies.

One chill may result fatally, or the patient may survive three or four attacks. The constitution of but few individuals is, however, capable of withstanding many such violent seizures; although the length of time intervening between the chills would permit of a greater accumulation of vital resistance, and perhaps a larger number of attacks might thus be withstood.

TREATMENT.—The treatment consists in meeting the general symptoms, and in the administration of quinine in large doses. In the congestive form, to overcome the depression and warm the patient, the application of mustard, capsicum, or hot water in rubber bags or bottles is useful. Internally the tincture of capsicum or cajeput compound may be given in teaspoonful doses every few minutes.

SP. MED. BELLADONNA: Dilated pupils, flushed face, tendency to sleep.

SP. MED. ERGOT: Flushed face, restlessness, sleeplessness.

SP. MED. MACROTYS: Intense pain in back and limbs.

In the comatose form:—

BISMUTH SUBNIT. and peppermint water, to which a few drops of tincture of opium may be added: Pain in stomach, cardialgia with burning.

SP. MED. COLOCYNTH: Sharp cutting pain in lower abdominal region, flatulence, tormina and tenesmus with straining at stool.

SP. MED. GELSEMIUM: Bright eyes, flushed face, restlessness.

SP. MED. IPECAC: Intestinal irritation, increased secretion, violent and painful discharges.

SP. MED. JABORANDI: Rapid pulse, hot skin, pain in back and limbs.

MAGNESIUM SULPH: Tormina and tenesmus of the bowels with small and frequent discharges.

POTASSIUM BROMIDE: Tendency to spasms.

SP. MED. VERATRUM: Pulse full and bounding.

After the patient has recovered from a chill, the object will be to prevent a recurrence of the attack. For this purpose the administration of quinine in doses larger than ordinary, should be commenced as soon as possible. The patient should be kept thoroughly cinchonized for a period of at least forty-eight hours. The disagreeable effects of the drug are not to be compared in gravity with the devitalizing results of another chill, which it will prevent. Patients are usually a considerable time in recovering from the effects of a pernicious chill, and constitutional treatment, with diet of a nourishing character, will be required.

SP. MED. ALSTONIA: As a tonic after the chill has been arrested, general depression of the nervous system, turbid urine, sallow and dirty skin, rheumatic pain in back and limbs.

COMPOUND TONIC MIXTURE: impaired nutrition, imperfect digestion, tissues relaxed and pale.

SP. MED. EUPATORIUM PERF.: Atonic condition of the skin, deficient secretion, tendency to constipation, dry cough.

SP. MED. PTELEA: Slow pulse, relaxed intestinal mucous membrane, tendency to diarrhœa, deficient cutaneous secretion, painful joints.

During the cold stage of intermittent fever, there is always more or less congestion of internal organs, especially the spleen. The spleen from becoming repeatedly distended, finally, in the chronic form, remains permanently enlarged, congested, and tender, and can be detected by palpation in the left hypochondriac region. Uvedalia ointment is probably the best external application for reducing the size of an enlarged spleen. The abdomen should

be thoroughly rubbed twice a day over the splenic region, and absorption facilitated by laying on a piece of hot flannel. The internal administration of tincture of uvea will also prove beneficial. The tincture of iodine is of value in these cases, as is also the fluid extract of ergot.

INTESTINAL OBSTRUCTION.

Intestinal obstruction is caused by narrowing or closure of some portion of the intestinal tract. Such constrictions act as an impediment to the onward flow of the intestinal contents. The obstructing agents may be in the lumen, or in the walls of the intestine, or the occlusion may result from external pressure, or from stricture. When the hindrance occurs in the lumen of the intestine its character varies. It may consist of impacted feces, enteroliths, or foreign bodies, such as pebbles, marbles, seeds, bullets, coins, or various articles. Insane people frequently swallow spoons, knives, forks, and pieces of bone. Jugglers sometimes lose articles of their jugglery, which escape down their throat. A perverted appetite may cause the accumulation of chalk, earth, or magnesia in the bowels. Enteroliths sometimes serve as a focus around which fecal matter collects until the mass occludes the intestinal lumen. These are found in the cæcum and sacculi of the colon, but never in the small intestine. Obstruction by gall stones is not an uncommon occurrence. The passage of calculi through the biliary ducts gives rise to hepatic colic, which ceases after the concretion enters the duodenum. The concretion may then become lodged in the intestinal canal and form an obstruction, especially if there should be a stricture or abnormal narrowing of the gut. This form of obstruction occurs most frequently in individuals of fifty years of age and over. When a foreign

body becomes lodged in the bowel it may, by ulceration, escape into the peritoneal cavity, or into the vagina, or from the small intestine into the colon, or externally through the abdominal walls.

When the body becomes impacted, symptoms of enteritis or peritonitis appear, resulting fatally unless the obstruction is surgically removed. Cathartics are never indicated in impaction. When the cause of the obstruction is in the intestinal walls, the condition may be one of invagination, intussusception, volvulus, or stricture. Intussusception or invagination occurs more frequently in children. It comes on rapidly with intense colicky pains and scanty mucous discharges containing blood. Vomiting appears soon, becoming stercoraceous. Upon examination a tumor can be felt in the obstructed region. The patient is prostrated; collapse and death may suddenly result. In volvulus the bowel becomes strangulated or twisted upon itself. The condition comes on abruptly accompanied by constipation, tympanites, flatulence, violent tenesmus, and vomiting. The patient may die in a few hours, and does not live longer than three or four days at the most.

Stricture of the intestine may be complete or incomplete. It is caused by cancerous growths, and sometimes follows intestinal ulceration. In stricture of the bowel, when situated in the lower portion, the passages become ribbon-like, gradually growing smaller as the stricture contracts. When the obstruction is high up, vomiting comes on early. Internal strangulated hernia sometimes causes fatal obstruction. In this case the pain also comes on suddenly, is paroxysmal, and accompanied by fecal vomiting and constipation. Sometimes occlusion occurs from morbid conditions external to the intestine itself, such as the pressure of tumors, or the formation of cicatricial bands around the bowel from peritoneal inflammation and adhesion.

The symptoms of intestinal obstruction are governed by the extent, location, and cause of the morbid state. The most frequent symptoms are constipation and vomiting. The ejections at first consist of mucus stained with bile, but later contain stercoraceous matter. The character of the pain varies; it may be griping and colicky, or sharp and lancinating. When the lower bowel is obstructed, there is flatulence and tympanites. If the impediment should be in the upper part of the intestinal tract, there will be hiccough, coldness of the skin, drawn countenance, prostration, and collapse. When there is invagination the constipation is not complete, but the discharges contain very little if any fecal matter, and are scanty and thin, consisting of mucus and blood. Sometimes there is diarrhœa of a dysenteric character. Enteroliths give rise to pain of a colicky nature, which is felt at intervals in the beginning, but presently becomes constant. When the impaction is in the jejunum there is pain in the umbilical region. When the colon is obstructed the pain is located at the place of detention, and should the sigmoid flexure be the seat of the impediment, there is pain in the left iliac fossa.

TREATMENT.—Intestinal obstruction is a difficult condition to treat, because of the uncertainty of precise location and cause. The gravity of the case depends upon the extent of the disease and the parts involved. When there is complete obstruction the patient rarely lives more than a day or two; incomplete occlusion may become chronic, and continue indefinitely. In cases of volvulus opium and belladonna are indicated. In fecal impaction, when the obstruction can be reached from the rectum, copious warm water injections are to be used, and after removal of the mass, a saline cathartic is indicated; otherwise cathartics are to be avoided. Massage is of value in

some cases. It is better not to delay operative proceedings more than twenty-four hours, should other means of relief fail.

Several cases of invagination or intussusception have been relieved by the injection of water containing coal oil. In the "Annual of Eclectic Medicine and Surgery, 1893," Dr. Hatfield remarks, on page 335: "If it be fecal accumulation, we can usually succeed in bringing away portions of the mass by copious enemata of warm water, or at first a less quantity of water can be used, say about one pint, to which has been added two table-spoonfuls of Epsom salts. The sulphate of magnesia has the property of causing a watery exudate into the alimentary canal, and at the same time stimulating it to action. If success is not attained in this manner, I have my patient assume the knee-chest position, and use from one to two gallons of water as an injection, manipulating externally so as to drive the fluid along the transverse and ascending colon to and into the small intestines, insisting on its retention as long as possible. When the injection is returned, if fecal matter is found in hard lumps with the fluid, our diagnosis is verified, and we will have somewhat relieved our patient, and he may be put upon a treatment which will very likely be indicated, such as aconite, dioscorea, or magnesia sulphate. The enemata are not to be omitted longer than five or six hours, and should be repeated oftener if the mass does not seem to be passing along the bowel. The washings should be kept up until the obstruction is completely removed.

"Intussusception will be more frequently found affecting the small intestine, and it has been shown that thirty-five per cent. of the cases occurring were taken suddenly ill while in good health, and about seven or eight per cent. were preceded by diarrhœa or dysentery, the force of the tenesmus being sufficient to drive one portion of the bowel

into a lower part. In this case the pain will be localized, sharp, and cutting, while the tumor mass will not be so pronounced as in impaction. Intussusception may also result from abdominal injuries, falls, sudden jerking, jumping, or from straining at stool. The treatment of this kind of obstruction should be rational and energetic. The rest, opium, and starvation treatment should be relegated into oblivion. The remedies named for impaction may be named here. We may also hope to remove the invagination by copious injections; and when we have thoroughly cleansed the bowel, but still have the constriction, I have used one-half pint of coal-oil, and followed this with a quart of water, having it retained as long as possible. In three cases, when it seemed that surgical proceedings must be resorted to, I have seen these injections give relief in from fifteen to twenty minutes."

In the *Eclectic Medical Journal*, of 1892, page 578, Dr. Hooper says: "I introduced two feet of a three-eighth inch rubber tube into the bowel, and through this injected one gallon of warm water, which was discharged in a short time with but a stain of fecal matter. This was repeated with the patient in the knee-chest position, so the fluid might find its way as far up the intestinal canal as possible. In a short time this came away, as the previous one. Again I injected the same quantity with two ounces of glycerine, which was retained for one hour, but finally came away with a small amount of fecal matter. The patient was not relieved. I then employed a Noel surgical pump, and introduced air into the bowel until it was distended as far as I thought safe, then turning the handle the other way, the air was pumped out. This process of filling and emptying was kept up for one hour, with short intervals of rest. I then injected high up into the bowel sodium bicarb. one-half ounce, water one-half pint, following this with two drachms tartaric acid and one-half pint

of water. This distended the bowel nicely, yet with negative results.

“Having noticed in some medical journal two cases successfully treated with coal-oil, I decided to give it a trial. Accordingly four ounces of coal-oil, with two pints of warm water, were thrown through two feet of rubber tubing into the bowel, and only a part of it returned with the discharge, which occurred in about half an hour. I waited one hour, and then repeated the coal-oil, this time using half a pint to two pints of warm milk, and after placing the patient in the knee-chest position, introduced six feet of three-eighths inch rubber tubing into the bowel, through which the oil and milk were injected. In a short time the patient expressed a desire to evacuate the bowels, and being carefully placed on a vessel, flatus freely escaped, then fecal matter, and when again placed in bed he expressed himself as feeling relieved; the tympanites had disappeared, the invaginated bowel had been reduced. Vomiting and all the distressing symptoms subsided at once, and the life of my patient was saved.”

INTESTINAL PARASITES.

It is a very common belief among the laity that intestinal parasites are the cause of almost every disease with which children are affected. It is not unusual to find every thing from a sore toe to an incipient phthisis, ascribed to worms. The physician is called upon almost daily for “worm medicine,” and as vermin flourish in filth, it is generally the poor and dirty who are most affected. Parents are frequently so imbued with this vermicular idea, that they are constantly dosing their children with anthelmintics, and when no worms appear as a result of this treatment they will cheerfully say, “The

worms are all cut up." The idea is fallacious that santonin kills and cuts worms into an unrecognizable mass. Santonin kills the worms but does not dissolve them.

The germ of the *ascarides lumbricoides* finds entrance into the intestinal canal with the food or drink. It is estimated that the female lumbricoid discharges one hundred and sixty thousand eggs daily, and as there is generally at least four or five worms present in the intestines of a patient, it is not surprising that some of these germs should, in the mutations of time, find their way into the food and fluids which we eat and drink. Doubtless many pass through the intestinal canal without finding lodgement or doing harm. It is not so much that these embryos cause an unhealthy condition of the intestinal canal, as that a morbid intestinal canal favors their retention and development. A healthy condition of the body is the best prophylactic against parasites of all kinds.

But they do occasionally locate themselves in healthy surroundings. Patients will often say that they must have worms because they feel them bite. Some people have an idea that the *lumbricoides* is a savage animal, which goes about snapping, biting, and chewing the abdominal viscera, and is altogether of a pugnacious and aggressive nature. Although the microscope reveals the fact that each lumbricoid has three jaws, and each jaw two hundred teeth, making six hundred in all, the worm takes his diet in liquid form, and is a gentle, docile, and mild-mannered creature, of a backward disposition.

Occasionally an individual is found who sincerely believes that he has within him a lizard or a snake. Such things are not credited by medical men, but the patient is usually not amenable to any argument based upon scientific grounds. One such patient—a very spare woman—mistook the throbbing of the abdominal aorta for the movements of a reptile, and no argument could dissuade

her from this belief. She died firmly imbued with the idea that a member of the snake family had inhabited her intestines for forty years.

The migration of the round worm are something wonderful to contemplate. Such a worm finding the small intestine (its natural habitation) uncongenial, searches for more pleasant surroundings, and in this pilgrimage reaches unique positions. It has been found in the uterus, vagina, bladder, gall sac, bile duct, pancreatic duct, in various fistulous openings, in the pleural cavity, spinal canal, spleen, trachea, Eustachian tube, antrum of Highmore, and may cause death by obstructing or occluding some important opening or channel.

Intestinal parasites are so widely diffused that no species of animal known to man escapes them, and notwithstanding that they often fatally influence bodies which they infest, yet, in a majority of cases, they produce apparently trivial inconvenience. There are at least thirty different varieties of entozoa which infest the body, and thirteen species may inhabit the intestinal canal.

TREATMENT.—Santonin is a specific for many varieties of intestinal parasites. It has been the custom in times past to administer santonin in much larger doses than necessary, as much as ten grains being given at one dose. But it has been found that one-half grain is a maximum dose, and that usually one-fourth or one-tenth of a grain is sufficient. When santonin is given as an anthelmintic it should be given after eating, for it then becomes incorporated with the digested food and passes along through the pylorus, where the parasites come in contact with it.

Santonin is not effective in the treatment of tape worm. The *tenia solium* may be induced to leave the intestine by a decoction of pomegranate bark. Where nausea prevents the use of this remedy pelletierine will serve as well. An

infusion of the seed of the cucurbita pepo, or common pumpkin, has proven efficient in some cases.

The ascarides vermicularis, or seat worm, is so frequently a cause of rectal and anal irritation that physicans are often consulted by patients seeking relief from its ravages. This variety of entozoa is of feeble vitality, and is very easily removed or killed by injections of salt water or of cold water alone, but these measures do not, as a rule, permanently cure the patient, for the parasites are prone to recur. Dr. Heath, of London, says: "Within the last few years the views about ascarides have changed a great deal. It used to be thought that they lodged entirely in the rectum, and that we could cure the patient by a copious injection of salt water; but more recent investigations have shown that these ascaries have their habitual mainstay in the cæcum, and are to be found more or less throughout the whole length of the large intestine. We must bear in mind, then, that it is not sufficient simply to attack the rectum with enemata, but we must give purgative medicines also, which shall act upon the cæcum, and clear away the worms themselves and the mucus in which they are lodged, when we will often see them come away in large balls in consequence of the purge. We can not hope to cure the patient until the worms are thoroughly cleared out." The same views were promulgated years ago by Professor John King, M. D., and he successfully treated many cases by the administration of King's entozoic powder. Regarding this preparation the following is found in King's Dispensatory:

"This powder is a very bitter but certain remedy for any kind of worm that may exist in the human alimentary canal. It not only destroys the worms, but removes the morbid mucous secretion in which they abound, and which is so favorable for their production. The dose for a child a year old is from five to eight grains in a teaspoonful of

molasses or syrup; for an adult, from ten to twenty grains in a half or teaspoonful of molasses. The dose is to be repeated every hour or two until it operates freely, after which repeat the dose only three times a day for several days in succession. An infusion of this powder, to which a small portion of the tincture of asafœtida has been added, forms an excellent injection for the removal of seat worms. In place of the powder, the fluid extract may be used in the same doses. A very pleasant preparation for worms may be made by adding one part of this fluid extract to twelve parts of simple syrup, of which the dose for a child one year old is a teaspoonful, and for the adult a tablespoonful, to be given as directed for the powder. This will answer for those children who can not take the entozoic powder."

JAUNDICE—ICTERUS.

Jaundice is a hepatic affection caused by perversion in biliary functions. The disease may be either obstructive or catarrhal. Obstructive jaundice is due to an impediment in the bile ducts, whereby the flow of bile is restricted or perverted. It may be due to the presence of biliary calculi, balls of inspissated mucus, foreign bodies, parasites, the pressure of tumors, stricture, or cancerous growths. Non-obstructive or catarrhal jaundice most frequently occurs in the course of or following continued fevers or exhausting diseases, such as typhoid fever, pyæmic septicæmia, pneumonia, or cerebral affections. It is sometimes caused by the bites of venomous reptiles, and may appear temporarily from strong mental emotions. Mercury, phosphorus or lead, when taken into the body in excessive quantities, will induce jaundice.

The symptoms of jaundice vary greatly, depending upon the course, extent, and complications of the disease.

The constituents of the bile are taken up by the blood, and deposited in the various tissues. A yellow tinge first makes its appearance in the conjunctiva, and gradually extends to other structures, being deepest in the folds and wrinkles of the skin. The urine is high colored and contains bile-acids and pigment. The stools are clay colored, and the perspiration is yellowish, discoloring the clothing with which it comes in contact. There is yellow vision, vertigo, and headache. There is sometimes insomnia, mental torpor, and irritability. Digestive troubles occur, accompanied with a bitter taste in the mouth, nausea, and disgust for sweets and fats. The patient is troubled with constipation and flatulence. Pain in the hepatic region extending to the right shoulder, is a fairly constant symptom. Itching of the skin is characteristic of jaundice. Cutaneous eruptions, boils, and carbuncles appear. The respiration and pulse are slow, and although in some cases there may be a mild intermittent or remittent fever, the temperature is either normal or subnormal. Weakness, emaciation, and mental aberration are common. In chronic cases the skin changes color slowly, but finally becomes yellowish green or bronze. The prognosis is favorable in non-structural cases.

TREATMENT.—**SP. MED. ACONITE:** Small and frequent pulse, burning and tingling in the mouth.

SP. MED. ASCLEPIAS: Pulse full and soft, skin moist, lack of secretion.

SP. MED. BELLADONNA: Congestion with pain and biliary impaction, sleeplessness, pupils dilated, sluggish capillary circulation.

SP. MED. BERBERIS VUL.: Hepatic torpor, constipation, non-obstructive jaundice.

SP. MED. BRYONIA: Slight jaundice, stitching pain in the liver, right cheek flushed, hard vibratile pulse, dull pain in frontal region.

CARDUUS MARIANA: Hepatic pain, nausea and vomiting, yellow skin, nervous irritation, languor and weakness, perverted appetite.

SP. MED. CHELIDONIUM: Hepatic congestion, biliary obstruction, pain in right shoulder.

SP. MED. CHIONANTHUS: Yellowish tinge of conjunctiva, clay colored discharges from the bowels, bile pigment in the urine.

SP. MED. DIOSCOREA: Colicky pains with tenderness on pressure, frequent flatulent discharges, tympanites.

SP. MED. EUONYMUS: Anorexia, constipation, torpid liver, weakness.

SP. MED. HYDRASTIS: Perverted appetite, emaciation, gastric acidity with excessive secretion.

SP. MED. LEPTANDRA: Dull hepatic pain, frontal headache, bitter taste in mouth, sallow furred tongue, sluggish circulation, cold extremities.

SP. MED. MYRICA: Clay colored stools, yellowness of skin and conjunctiva, sore mouth, profuse secretion of mucus.

SP. MED. NUX VOM.: Feeling of fullness in right hypochondrium, face sallow, yellow coat on tongue, habitual constipation, indigestion, hypochondriasis.

SP. MED. PODOPHYLLUM: Dizziness and feeling of weight in head, dyspepsia, hepatic torpor, vertigo, general fullness of tissues, full, heavily coated and foul tongue.

POTASSIUM ACETATE: Dull, heavy pain in head, renal torpor, tongue full and pallid, sluggish lymphatic circulation.

POTASSIUM CHLORATE: Fetid breath, tenderness of mouth and gums, tongue covered with thick dirty coat.

SODIUM PHOSPHATE: Constipation, enlargement of the liver with tenderness on pressure, acid eructations.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, fullness of tissues.

LARYNGITIS.

(ACUTE CATARRHAL.)

Acute catarrhal laryngitis is an inflammation of the laryngeal mucous membrane, characterized by catarrhal symptoms. It may occur at any age and in varying degrees of severity, depending upon the intensity of the inflammation and the extent of the structure involved. Among the causes of acute laryngitis may be mentioned, rapid changes of temperature, exposure to cold and wet, and the inhalation of irritating vapors, dust, or acrid liquids. It may also arise from injuries inflicted upon the larynx. It sometimes complicates eruptive fevers, diphtheria, pneumonia, bronchitis, phthisis, or syphilis, and may be due to extension of inflammation from surrounding parts. Those who live habitually indoors are frequently attacked upon slight exposure, while individuals debilitated by disease, poverty, or lack of nourishment, are peculiarly subject to laryngitis.

As a rule the affection comes on suddenly with a chill followed by fever, cough and sore throat, but it may commence with a mild cough with slight expectoration, followed by a gradual increase in the severity of the symptoms. As the disease develops there is a sense of constriction and tickling in the larynx with soreness of throat, dysphagia, and embarrassed respiration. The severity of the dyspnoea depends upon the extent of mucous membrane involved, and in some cases the breathing becomes wheezing and asthmatic, so that the patient is unable to lie down. In very severe cases the swollen mucous membrane encroaches upon the lumen of the larynx to such an extent that a normal quantity of air cannot enter the lungs and consequently, the blood being insufficiently aerated, attacks of suffocation occur. The face and extremities become livid or blue, and there is great anxiety and restless-

ness. In the last stages of the disease the patient exerts all his powers in respiratory efforts, sitting upright and grasping objects to bring the muscles into play. Expectoration is, at first, scanty and tenacious, but later becomes abundant, thick and purulent, or muco-purulent. Aphonia is more or less marked. There is fever with frequent pulse, dry skin, scanty urine, and constipation.

In fatal cases, the symptoms of asphyxia increase, vesicular murmurs and crepitant rales are heard in the lungs, and the patient is covered with cold perspiration. Finally he becomes drowsy, and passes into a state of coma; death sometimes being preceded by convulsions. In severe cases a fatal issue may occur in five or six hours, often coming on quite suddenly; but the disease usually continues from five to eight days. The general tendency of laryngitis is toward recovery. It is more dangerous in children and is frequently followed by pneumonia or bronchitis.

TREATMENT.—The patient should be placed in bed in a room of a uniform temperature of 70° F. The air should be kept fresh and pure, but draughts rigidly excluded. The diet must be nourishing but non-stimulating. The inhalation of steam or vapor from hops, water and vinegar, to which a few drops of stillingia liniment have been added, is an effective measure. Hot cloths, stillingia liniment, dry cups, and stimulating applications, should be used externally on the throat. The steam spray apparatus is of advantage in this affection. The menthol cocaine spray will allay pain, cough, and irritation in the larynx. The alum water spray is indicated when there is considerable inflammation and secretion. If the sputa is thick and tenacious a spray of ammonium chloride may be used. In some cases the local application of the tincture of iodine, well diluted, or a ten per cent. solution of silver nitrate will prove efficient, if skillfully applied to the af-

fectured surfaces. When death by suffocation threatens, it will be necessary to resort to intubation or tracheotomy.

ACIDUM HYDROCHLORICUM: Brown tongue, sordes on teeth, nervous prostration, pungent heat of skin.

ACIDUM HYDROCYANICUM: Pain and soreness in larynx, vertigo and nausea, gastric irritation.

ACIDUM SULPHUROSUM: Slimy brown coat on tongue and teeth, mucous membrane dull red underneath, tissues full and dirty-looking.

SP. MED. ACONITE: Pulse small and frequent, fever, embarrassed respiration, increased secretion.

SP. MED. BAPTISIA: Dull headache, oppressed pulse, breath sweet, sickening, and offensive, face and lips purplish.

SP. MED. BELLADONNA: Pyrexia, dullness, drowsiness, blueness of face and extremities, deep mucous rales, dry throat.

SP. MED. BRYONIA: Sharp and acute pain in right side, hard pulse, right cheek flushed, dull pain in frontal region.

CALCIUM CARB.: Cough with profuse discharge.

CODEINE SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing.

SP. MED. DROSERIA: Paroxysmal cough, pain in chest, intense irritation, dryness of air passages, uncontrollable cough.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, nervousness and pyrexia.

SP. MED. GRINDELIA: Cough with dyspnoea, palpitation of the heart, whistling rales.

HEPATICA: Cough with increased secretion, irritation of the mucous membrane.

SP. MED. HYOSCYAMUS: Constant dry cough, worse at night, relieved by sitting up, nervousness.

SP. MED. IPECAC: Violent expulsive cough, sense of irritation and burning, muco-purulent expectoration.

SP. MED. LOBELIA: Profuse secretion, sense of oppression in chest, feeling of fullness in precordial region.

SP. MED. LYCOPODIUM: Cough with bloody sputa, congestive headache.

POTASSIUM BICHROMATE: Cough with hoarseness, expectoration, with dry, stringy mucus.

SP. MED. RHUS TOX: Dry tickling cough, spasmodic uncontrollable cough, sense of shifting irritation in respiratory tract.

SP. MED. RUMEX: Cachetic cough, high range of temperature, free expectoration, weight and fullness in chest, debility; irritation in larynx and trachea.

SP. MED. SANGUINARIA: Tickling in throat and larynx, dry hacking cough, burning in nose.

SPONGIA: Pain in larynx on touching it, or turning the head, burning and soreness in larynx and trachea, voice dry and husky, hoarse croupal cough, wheezing inspiration.

SULPHUR: Persistent cough, copious expectoration, sputa thick yellowish or greyish white, crepitant rales.

SP. MED. YERBA SANTA: Cough with abundant and easy expectoration.

LARYNGITIS.

(CHRONIC.)

Laryngeal inflammation in the chronic form is, for the most part, confined to the mucous membrane, and does not involve the deeper structures of the larynx. It may occur in limited areas or implicate the entire laryngeal lining. The disease may manifest the characteristics of a chronic affection from the beginning, or occur as a sequel of acute laryngitis. Chronic inflammatory conditions of the nasal or pharyngeal mucous membrane, may in time extend to the larynx, and laryngitis of the chronic form sometimes

occurs in the course of bronchial or pulmonary affections. Habitual and long continued exercise of the vocal organs causes a form of laryngitis, chronic in nature, called "clergyman's sore throat."

Chronic laryngitis begins with an irritation and tickling in the larynx, which is increased by speaking or by exposure to draughts of air. There is, at the same time, a teasing cough and lack of secretion. As the disease progresses, the voice becomes husky, hoarse and whispering, with intermittent attacks of aphonia. The affection develops slowly. It is marked by intervals of apparent improvement, but after exposure to cold, or upon unusual exertion of the vocal organs, the symptoms will recur with increased violence. The cough increases in intensity and frequency, becoming looser. There is a purulent or muco-purulent expectoration. The voice is changed in character, growing hoarse and rough. As the disease becomes fully confirmed the expectoration consists almost entirely of pus, or of blood and pus, the larynx is sore, swollen and tender on pressure, and swallowing is difficult and painful. Upon auscultation mucous rales are detected in the larynx, and there are attacks of embarrassed respiration and dyspnoea. When an examination of the diseased structures is made with the laryngoscope, the thyro-arytenoid ligaments are found congested and swollen, the rima glottidis contracted, and the mucous membrane red or purplish, covered with a purulent or a sanguino-purulent secretion. As the disease advances the general health suffers, there is emaciation and weakness, indigestion and loss of appetite, the temperature is elevated and the pulse increased in frequency, the skin is dry, and the renal secretion scanty. On account of the general physical depression, the patient is unable longer to follow his usual occupation, and the disease may rapidly prove fatal by the development of grave pulmonary complications.

TREATMENT.—The treatment is both constitutional and local. The patient should be removed from unfavorable surroundings to a dry and equable climate; regular habits, good hygiene, baths, and nourishing diet insisted upon. Absolute rest for the vocal organs should be enjoined upon those in the habit of speaking in public. The throat and shoulders should be given a cold bath every morning, and dried with brisk friction. The application of the cold vinegar pack to the throat is to be advised upon retiring. When the throat is sore a gargle of hamamelis and hydrastis should be persisted in for days or weeks. Inhalations with the steam atomizer will be found beneficial; the steam may be variously medicated according to indications: turpentine when there is profuse secretion; carbolic acid when the sputa has a fetid odor; when the secretion is profuse and purulent creasote may be used, and when the expectoration is streaked with blood, oil of eucalyptus, pine or juniper will prove efficient. The spray apparatus will be found of much service, and when the mucus is flaccid and spongy, astringent solutions of alum, tannic acid, zinc, or iodine, may be sprayed over the parts. If the cough is frequent and painful a cocaine spray will relieve it. One drop of stillingia liniment on sugar will often serve a useful purpose in allaying an irritating and tickling cough. Troches of an astringent nature are frequently of benefit; they may consist of morphia, cocaine, alum, or chlorate of potassium combined with saccharum alba and gum arabic.

ACIDUM HYDROCHLORICUM: Brown tongue, sordes on teeth, nervous prostration, pungent heat of skin.

ACIDUM HYDROCYANICUM: Pain and soreness in larynx, vertigo and nausea, gastric irritation.

SP. MED. AGRIMONIA: Spasmodic cough with dribbling of urine.

ALUMINA: Dry hacking cough, deficient secretion, constipation.

AMMONIUM CARB.: Scanty, viscid secretion, severe cough, dyspnœa, skin pallid and cold.

AMMONIUM MURIATE: Tickling in larynx when coughing or speaking, harsh cough, lack of secretion, aphonia, sense of heat in throat.

SP. MED. ARALIA RACEMOSA: Irritable mucous membrane, profuse discharge of mucus.

COD LIVER OIL: Tissues soft and feeble, pulse frequent, temperature elevated, cough with purulent expectoration, paleness and emaciation.

SP. MED. COLLINSONIA: Cough with sense of pain and fullness in larynx, cough aggravated by speaking, minister's sore throat, sticking pain in larynx, feeling as of a foreign body in larynx.

CORALLORHIZA: Harsh hacking cough, lack of secretion, loss of weight, anorexia, weakness, pain and pyrexia

SP. MED. ERIODYCTION GLUT.: Cough with profuse secretion, loss of appetite, impaired digestion.

SP. MED. GRINDELIA ROBUSTA: Aphonia, soreness and tenderness in larynx, hard dry cough, harsh rales, dyspnœa, feeble circulation.

SP. MED. LYCOPodium: Cough with bloody sputa, congestive headache, low grade of fever.

SP. MED. LYCOPUS: Chronic cough with high range of temperature.

SP. MED. PHOSPHORUS.: Dry hacking cough, nervous debility, feebleness.

POTASSIUM CHLORATE: Cough with bad smelling expectoration, fetid breath, pallid tongue and mucous membrane, dirty thick coat on tongue.

SP. MED. SANGUINARIA: Tickling in throat and larynx, cough, sputa streaked with blood, itching sensations in larynx, burning in nose.

SCILLÆ: Cough with lack of secretion, aphonia, urine scanty and high colored.

SULPHUR: Persistent cough, sputa tough and hard to raise, sallow brownish skin.

TARTAR EMETIC: Hoarseness, tenderness of larynx, hollow, reverberating cough, weakness.

SP. MED. TELA ARANEA: Dry, whistling, spasmodic cough.

LARYNGEAL ŒDEMA.

Laryngeal œdema is marked by serous effusion or exudation of inflammatory products into and beneath the mucous membrane of that portion of the larynx above the inferior thyroid ligaments. It is a grave condition, and requires prompt treatment and early relief. It usually occurs during the course of other laryngeal affections, and the physician should be on his guard to detect the first symptoms, and thus be able to prevent grave complications. Œdema glottidis is usually preceded by inflammatory processes, either laryngitis, abscesses in the neighborhood of the larynx, or erysipelas of the face and neck. It may also come up during the course of general dropsy from renal or cardiac disease. The most urgent symptom of this disorder is dyspnœa. There is not much dysphagia, and unless fever is present from some co-incident affection, the disease is apyretic. Paroxysms of suffocation occur which are very distressing to the patient, who makes constant and ineffectual efforts to remove the obstruction from the throat. The laryngoscope reveals the tissues smooth, tense and swollen, and the soft round tumors can also be detected by digital examination. When the œdema is marked, death by asphyxia is apt to occur very suddenly, unless the patient is quickly relieved.

TREATMENT.—About the only thing to do is to scarify the swelling, puncturing with the scalpel until the fluid contents escape from the tissues. Relief is immediate. In some cases tracheotomy or laryngotomy will be necessary to save the patient's life.

LARYNGEAL PHTHISIS.

Laryngeal phthisis is marked by the occurrence of a peculiar ulcerative process in the mucous membrane of the larynx. The ulceration is phagedenic, and gradually spreads to deeper structures. It is tubercular in character, and identical with like processes in the lungs, with which it is usually associated. The laryngeal affection may follow or precede the pulmonary lesion. It occurs most frequently in males between the ages of twenty and thirty, and its onset is for the most part preceded by anæmia, general debility, and impaired health. The disease usually begins in the mucous membrane of the arytenoid cartilages, which becomes thickened, congested, and reddened, causing the cartilages to become club-shaped and swollen. Presently small whitish spots of a tubercular nature appear, which spread over the surface, and break down into small ulcers. These finally unite by their borders, and form broad, shallow areas of ulceration, which grow rapidly and involve deeper structures, cartilages, ligaments, and muscles. The ulcerative processes are not depressed, present no sharp line of demarkation, and are covered with secretion.

In laryngeal phthisis there is pain, hoarseness, or complete loss of voice, and irritation and tickling in the larynx. When the epiglottis is attacked swallowing becomes difficult and painful; food and drink find their way into the larynx, and the patient may refrain from eating or drinking as long as possible, to avoid the dis-

tress caused by the presence of foreign bodies in the laryngeal cavity.

As the ulcerative processes continue, necrosis of the cartilages and œdema of the larynx are frequent complications. The patient becomes emaciated, there is hectic fever, fluttering pulse, and the general health rapidly declines.

TREATMENT.—The treatment will be both local and general. Local applications must be made to the ulcerative processes; these should be of a mild and non-irritating nature, and their use preceded by a thorough cleansing of the surface with a solution of sodium chloride, sodium boras, or asepsin, applied with the spray apparatus. After the cleansing, astringent and stimulating sprays are indicated; they may consist of tannic acid, zinc, argenti nitras, or iodine. Morphia in solution may be applied locally to relieve pain and the use of cocaine is almost indispensable in most cases.

SP. MED. ARNICA: Cough with deep soreness in the larynx.

SP. MED. ASCLEPIAS: Cough with lack of secretion, moist skin, pleuritic pains, pulse soft and full.

AURUM TRIPHYLLUM: Burning and sense of constriction in larynx, sense of fullness and swelling in throat.

CALCIUM SULPH.: Copious purulent expectoration, easily raised.

CODEINE SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing.

COD LIVER OIL: Chronic cough and expectoration, rapid pulse, weakness, paleness and emaciation.

SP. MED. CYSTUS: Dryness and blueness of mucous membrane, tickling and itching in larynx.

SP. MED. ERIDYCTION GLUT.: Cough, profuse expectoration, loss of appetite, impaired digestion, debility.

SP. MED. EUONYMUS: Anorexia, indigestion, constipation, torpid liver, weakness.

SP. MED. GRINDELIA Rob.: Soreness and tenderness in the larynx, dry cough, dyspnœa, feeble circulation.

SP. MED. HYDRASTIS: Weakness and anorexia, digestion feeble.

IRON, ACID SOL.: Pale waxy skin, pallid mucous membrane, hurried respiration, weakness.

SP. MED. LYCOPUS: Frequent and irritating cough, rapid respiration, pyrexia, scanty secretion.

POTASSIUM CHLORATE: Cough with offensive expectoration, pallid tongue, bad taste in mouth.

SP. MED. PRUNUS VIR.: Deep, constant, harassing cough; copious muco-purulent expectoration, fever.

QUININE: Cough with periodic chills and fever.

SP. MED. SANGUINARIA: Scanty secretion, burning and smarting in throat, irritating and tickling cough.

SP. MED. TRIFOLIUM: Spasmodic irritable condition of laryngeal mucous membrane, bad blood, scrofulous diathesis.

SP. MED. VERBASCUM: Dry hoarse cough, worse at night.

LEUCOCYTHÆMIA.

Leucocythæmia is a disease marked by an increase in the number of white corpuscles in the blood, and an enlargement of the lymphatic glands, spleen and other blood forming structures. The affection occurs most frequently in males, between the ages of thirty and forty. It comes on gradually and may be two or three years fully developing. The patient complains of weakness, and is indisposed to exertion. There is dull pain in the region of the spleen, and the pulse is accelerated. Headache is frequent, and vertigo, palpitation of the heart and dyspnœa, are common

symptoms. The appetite is impaired, and digestive derangements occur. There is progressive emaciation with diarrhœa and night sweats. Hemorrhages appear from slight provocation; epistaxis is common. There is an increase in the amount of uric acid in the urine, which frequently contains hypoxanthin. Dropsy is a prominent symptom.

There is an increase in the number of white blood corpuscles and the blood appears lighter in color than normal. The spleen is always enlarged, sometimes very much so. The lymphatic glands are increased in size, those in the axilla at times attaining the size of goose eggs. There is hypertrophy of the liver and very important changes occur in the retina, as revealed upon ophthalmoscopic examination. The fundus is changed in color, retinal hemorrhages occur, and the veins are pale. A microscopic examination of the blood will be necessary in most cases to confirm the diagnosis.

The cause of leucocythæmia is as yet entirely unknown; but insufficient food, unfavorable hygienic surroundings, and depressing conditions generally, are regarded as predisposing influences.

TREATMENT.—Rest and a nutritious diet, healthy surroundings and regular habits are very essential.

SP. MED. AMPELOPSIS: Deficient nutrition, scrofulous diathesis, sluggish lymphatic circulation.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

CARDUUS MARIANUS: Pain of a dull aching character in spleen extending to left shoulder, debility, despondency.

COD LIVER OIL: Tissues soft and atonic with aplastic and cacoplastic deposits, pulse frequent, temperature elevated.

SP. MED. EUCALYPTUS: Diarrhœa, sensations of weight

and coldness in bowels, extremities cold, cold sweat, anæmia.

SP. MED. ERGOT: Tendency to hemorrhage, circulation sluggish, drowsiness, slow and oppressed pulse, weakness and debility.

IRON, ACID SOL.: Paleness and anæmia, digestion slow, lack of tonicity in tissues, weakness and debility.

SP. MED. MENISPERMUM: Strumous diathesis, indigestion, weakness, debility.

SP. MED. NUX VOM.: Pallid and expressionless face, yellow ring about mouth, abdominal pain pointing to umbilicus, diarrhœa with large watery stools.

SP. MED. PHOSPHORUS: Nerve atony, increased irritability, mental derangement.

SP. MED. PHYTOLACCA: Pallid mucous membranes, anorexia, deficient nutrition, irritation and burning in the skin.

LEUCORRHŒA.

Leucorrhœa is characterized by a whitish, viscid, mucus discharge from the female sexual organs. It is a symptom rather than a distinct disease, and is present in many forms of vaginal and uterine affections. The disorder is of frequent occurrence, very few females entirely escaping, during some period of life.

Leucorrhœa is an indication of constitutional weakness, impaired blood, and imperfect nutrition. It may arise from capillary engorgement or inflammation of the vaginal mucous membrane; it is co-existent with various uterine and menstrual derangements; morbid growths, such as tumors and polypi of the vagina or uterus, cause a leucorrhœal discharge; while a like condition often results from excessive venery, gonorrhœa, syphilis, hemorrhoids, constipation, and frequent child bearing. Many other cir-

cumstances may induce a discharge from the female reproductive apparatus, such as a want of cleanliness, toying with the parts, masturbation, cold, nervousness, violent exercise, bicycle or horse-back riding, and various absurd dictates of fashionable life. There is, sometimes, leucorrhœa more or less profuse about the menstrual period, and this may be especially severe at the menopause.

Leucorrhœa may be vulvar, vaginal, cervical or intra-uterine. Vulvar leucorrhœa is local, and, as its name indicates, is confined to the vulva. The secretion is of a viscid nature, causing the lips of the vulva to adhere; the discharge is not profuse but is of a very offensive odor. This form of whites is common in children, and is due to feeble vitality, a scrofulous or syphilitic diathesis, or uncleanliness.

Vaginal leucorrhœa does not implicate the cervix or body of the uterus, and is distinguished by the character of the secretion, which is acid in re-action, whitish in color, and of a soft, creamy consistency. Cervical and intra-uterine leucorrhœa are usually associated, and for the most part the discharge which passes down over the mucous membrane of the vagina soon involves it. The discharge from the uterine cervix and intra-uterine mucous membrane is alkaline in re-action, clear or colorless, and resembles the white of an egg, being soft, stringy, and tenacious.

An ordinary leucorrhœa consists of little but mucus, is not of serious moment, and requires no more treatment than mild discharges from the nasal, pharyngeal or bronchial mucous membrane, from which it does not pathologically differ. It is only when the flow becomes permanent, profuse, acrid, irritating, or offensive, that remedial measures are necessary.

TREATMENT.—A digital and ocular examination of the parts will be necessary in order to discover the nature,

seat, and cause of the flow. Displacements of the uterus, fissures, lacerations, tumors, fungoid growths, and all basic uterine and vaginal lesions, must be removed before a radical cure can be accomplished.

Cleanliness is a cardinal factor of the treatment. The vaginal canal should be washed out daily with astringent and antiseptic solutions. Of these there is a considerable variety from which to choose, among the best of which may be mentioned listerine, asepsin, hamamelis, colorless hydrastis, alum, borax, pinus canadensis, argenti nitras, chloral hydrate, and boracic acid. Astringent vaginal suppositories are useful. In cervical leucorrhœa, the daily insertion of a tampon saturated with the tannate of glycerin, will prove efficacious. Intra-uterine leucorrhœa may require curetting for its relief.

The diet should be liberal and nourishing. Moderate exercise and frequent baths are to be recommended. Sound refreshing sleep is of much importance, and the sleeping-room should be cool and well ventilated. A quiet indulgence in social duties, such as tend to amuse, instruct and divert the mind, is helpful.

SP. MED. HELONIAS: Slimy, viscid leucorrhœa, mental depression and irritability.

SP. MED. IGNATIA: Dragging pains in right hypochondrium, deep-seated pains in loins, atony of reproductive organs.

IRON, ACID SOL.: Pale waxy skin, pallid mucous membrane, hurried respiration, weakness.

SP. MED. MACROTYS: Headache, nervousness, pain in back and limbs, menstrual irregularities.

SP. MED. PULSATILLA: Despondency, nervousness, tendency to look on the dark side, pain in the top of head, amenorrhœa, dizziness.

SP. MED. SENEIO: Uterine and ovarian irritation, nervousness, aching and weight in the pelvis.

STRYCHNINE: Atony of the sexual organs, feeble digestion, constipation, enuresis.

USTILAGO: Uterine pain, vertigo, sleeplessness, pain in top of head, constipation.

LITHÆMIA.

This affection is characterized by an excess of urates in the blood. It occurs in those who live well, and habitually consume large quantities of highly seasoned food; idleness, combined with luxury and sedentary habits, and the indulgence in stimulating drinks, such as beer, wine, and brandy are strong predisposing causes.

The affection is marked by renal, hepatic, gastric, and mental derangements. There is a feeling of weight and oppression in the epigastrium, accompanied by sour eructations, heart-burn and loss of appetite. The breath is offensive, the tongue coated, with bad taste in mouth. Constipation is alternated with diarrhœa and flatulence. Piles and pruritus ani are common accompaniments of lithæmia.

There is headache, with drowsiness after meals. The patient is irritable and despondent; vertigo, ringing in the ears, suffusion of the eyes, and nausea and vomiting occur. The skin is dry and furfuraceous; cutaneous eruptions often appear. The urine is strongly acid, profuse, highly-colored, and contains a large amount of reddish sediment. There is pain in the region of the kidneys, irritation of the bladder, and more or less burning and scalding in micturition.

TREATMENT.—The diet should be plain and unstimulating. Starches, sweets, and fats should be avoided. All alcoholic and malt liquors should be rigidly refrained from. Baths, plenty of fresh air, exercise, with regular habits, and good hygienic surroundings are of prime importance.

ACIDUM NITRICUM: Violet-colored tongue.

AMMONIUM BENZOATE: Scanty, dark-red urine, with strong, pungent odor, and thick, red sediment.

SP. MED. APIS: Itching with burning in urethra, urine pinkish, pink flush on cheeks and surface.

ARSENIC: Cold hands and feet, burning in stomach, face and extremities œdematous.

SP. MED. BELLADONNA: Profuse urination, tendency to enuresis, sensation of weight and fullness in loins, patient dull and sleepy.

SP. MED. BRYONIA: Tenderness on pressure over the region of the kidneys, lumbago.

SP. MED. COLOCYNTH: Colicky pains, urinary tenesmus.

SP. MED. ERGOT: Fullness and weight in loins, hemorrhage, elements of blood in the urine.

SP. MED. EPIGEA REPENS: Vesical irritation, pain in the back, red sediment in urine.

SP. MED. ELATERIUM: Vesical tenesmus, mucous or muco-purulent discharges, large amount of triple phosphates in urine.

SP. MED. GELSEMIUM: Irritation and determination of blood, urine scanty, tenesmus.

SP. MED. IRIS: Chronic skin eruptions, enlarged spleen and thyroid.

LITHIUM BENZOATE: Abundance of phosphates in urine, with sometimes mucus and pus; irritation of bladder and urethra, with tenesmus and burning on passing water.

LITHIUM SALICYLATE: Copious red deposits in urine, with rheumatic pains in back and limbs,

SP. MED. LYCOPodium: Red sand in urine, painful micturition, digestive derangements.

SP. MED. MACROTYS: Muscular pains, pain and fullness in testes and perineum.

PICHI: Renal congestion, lumbar pain, cystic irritation.

SP. MED. PODOPHYLLUM: Urine cloudy with an excess of

triple phosphates, impaired venous circulation, tissues full and inelastic, yellow coating at base of tongue.

SP. MED. PHYSOSTIGMA: Contracted pupils, tense, small, and frequent pulse; sense of constriction in chest, with difficult breathing; sympathetic irritation.

SP. MED. VERBASCUM THAP.: Vesical irritation, painful urination, deposits in urine.

LOCOMOTOR ATAXIA.

Locomotor ataxia is a disease affecting the sensory columns of the spinal cord, and is characterized by morbid variations in gait, muscular inco-ordination, and sensory disturbances. The disorder is chronic and progressive. The symptoms are various, complex, and intricate. For convenience of description, the affection is divided into three stages.

In the first or pre-ataxic stage, the extremities are attacked by severe and agonizing pain, which, on account of their darting character, intensity, briefness, and frequency of repetition, are called "lightning pains;" there is also a sense of painful constriction as though bands were stretched tightly around the body or limbs, which is designated as the "girdle pain." Added to the above there is optic nerve atrophy, the Argyll-Robertson pupil and ptosis.

The above symptoms may be regarded as distinctive of the first stage of locomotor ataxia. With them frequently occur other morbid nervous manifestations, such as weariness of the lower limbs, numbness and formication, anæsthesia, hyperæsthesia, impotence, spermatorrhœa, incontinence, dysuria, visceral neuralgias, and functional derangements.

As a primary symptom, delayed sensation may also be

mentioned. In this condition the patient is not immediately aware of an irritation applied to the surface; thus if a part be pinched or pricked, appreciable time may elapse, and the patient does not detect it as readily as usual. One of the earliest indications of locomotor ataxia is a marked weakness or entire absence of the patello-tendo reflex, or knee-jerk. The first stage of the disease may extend over a long period of time, but sometimes passes quickly.

Unsteadiness of gait is probably the most prominent symptom of the second stage. The patient walks unsteadily, like an intoxicated person, and has a peculiar stamping movement; he feels as though he were walking upon cushions, or that something of a soft nature was interposing between the feet and the ground, which gives rise to a tendency to bring the feet down forcibly in order to walk firmly. There is also great difficulty in walking with the eyes closed, as in this condition there is a want of muscular co-ordination and the limbs appear to move at random, although there is neither loss of strength nor real muscular weakness. When the upper limbs are involved the sense of touch is dulled, and the fingers become clumsy and awkward in their movements. The symptoms described in the first stage increase in severity in the second; the joint affections, so graphically described by Charcot, make their appearance; bed sores and cutaneous eruptions frequently occur; trophic disturbances, due to the implication of the large multipolar cells in the anterior horns of the spinal grey matter, become marked, and the third stage is finally ushered in.

In the third period of the disease, paralysis is more or less complete, especially in the lower extremities. Paralysis of the bladder, vesical and rectal incontinence, and complete sexual impotence, occur. In addition to ptosis we may have strabismus, diplopia, and color blindness,

while disintegration, contraction, or enlargement of the joints is marked.

Notwithstanding the extensive morbid processes which are going on in the nervous system, the mental condition is unimpaired, and that mental obscurity which mercifully dulls the intellect, in some diseases, is denied the patient in this; hence the well known tendency to self-destruction in locomotor ataxia. When the disease runs its regular course, death finally occurs either by inanition or some intercurrent malady, such as uræmic poisoning.

The causes of locomotor ataxia are exposure to cold and wet, mental and physical exhaustion, excessive venery, improper and insufficient diet, abuse of tobacco, frequent child bearing, and prolonged lactation. Two-thirds of the cases are due to syphilis.

TREATMENT.— **ARSENIC:** Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

SP. MED. BYRONIA: Hard vibratile pulse, right cheek flushed, dull pain in frontal region, pleuritic pains.

COD LIVER OIL: Tissues soft and atonic, frequent pulse, nervous debility, skin relaxed, emaciation.

SP. MED. ECHINACEA: Strumous and syphilitic diathesis, feebleness, profuse bad smelling discharges.

SP. MED. ERGOT: Venous congestion, dullness, indisposition to exertion, slow and oppressed pulse, surface cold, pupils contracted.

TR. FERRI ACETATE: Surface pallid, aversion to motion, blueness of tongue, heavy pain in back.

SP. MED. HYDRASTIS: Perverted appetite, emaciation, anorexia, indigestion.

IRON (ACID SOL): Anæmia, shortness of breath upon slight exertion, weakness, lips pale, skin alternately flushed and pale.

PHOSPHORUS: Nerve atony with increased irritability, mental weakness.

POTASSIUM IODIDE: Syphilitic diathesis, pale, leaden-colored tongue, bluish tinge of gums.

LUMBAGO.

Lumbago is an affection of a rheumatico-neuralgic character, which attacks the fascia and muscular structures of the back, in the neighborhood of the lumbar vertebræ. It is caused by heavy lifting, sudden twisting of the back, strains, bicycle riding, horseback riding, cold and dampness, falls, blows, and violent exercise. The disease may be acute, sub-acute, or chronic; may continue for a few hours, days, or weeks, or may occur at intervals for years. The pain may commence suddenly, and with such severity that the patient is unable to sit up, can not obtain ease even in bed, and no position will afford relief. In other cases the disorder begins with a feeling of stiffness and soreness in the back; movement causes pain, and the patient goes about bent with his hand on his back; if only one side is affected, he leans towards that side. There is soreness on pressure, but not so much as in inflammatory affections of the liver or kidneys, and there is rarely any marked general constitutional disturbance.

TREATMENT.—The patient should rest in bed, with hot water bags to the back; sinapisms, stimulating liniments, and massage with electricity, will afford relief in some cases. In cases where the pain is severe, and no position will give ease, other remedies failing, hypodermic injections of morphia may be necessary to relieve the pain; cocaine used in the same manner will also confer temporary relief.

SP. MED. AGRIMONIA: Acute deep-seated pain in lumbar region extending to bladder.

SP. MED. BELLADONNA: Dull, heavy, aching pain in back, drowsiness, dizziness, impaired capillary circulation.

SP. MED. GELSEMIUM: Frequent urination, pain in back and loins, flushed face, bright eyes, restlessness.

SP. MED. MACROTYS: Sense of soreness with dragging pains in the back, muscular pains in limbs.

OPIUM: Pulse soft and open, skin moist, tongue clean, pain and insomnia.

POTASSIUM ACETATE: Retained secretion, deficient secretion, scanty urine, pale tongue, with light, pasty fur.

SODIUM SALICYLATE: Thin, filmy, white coat on tongue, intestinal flatus, rheumatic pain.

MEASLES—RUBEOLA.

Rubeola is a contagious febrile disease, accompanied by catarrhal symptoms and a characteristic eruption. It usually occurs epidemically. It is an affection of childhood, doubtless because individuals contract it upon first exposure; it is generally more severe the older the patient. The disease is caused by a specific contagion, and is propagated by contact. The contagious principle of measles may be carried on clothing, or transmitted in various other ways. It generally prevails in cycles of five and seven years and different epidemics vary much in severity. Although occurring at all seasons of the year, the disease is most prevalent in spring and autumn. The age most commonly affected is from five to seven, and those who escape one epidemic are liable to contract the disease in the next.

The prognosis of measles is favorable, in mild cases without complications, but much depends upon the character of the epidemic, the previous state of health, the

time of year, and the constitution of the patient. A more favorable termination can be anticipated in the spring than in the autumn, especially if pulmonary complications should supervene. In the spring the warm weather and balmy days that follow are more conducive to recovery than the chilly atmosphere and confinement of winter. The prognosis must be guarded when there are cerebral complications or gastro-intestinal lesions.

The incubation stage of measles may last for thirty days, but is usually only seven or eight; it is marked by no special symptoms. The invasion period sets in with a slight chill. The tongue is coated a pasty white and heavily loaded, the temperature is elevated, the pulse accelerated, and the respiration quickened. There is anorexia with nausea and vomiting, the bowels are constipated but easily influenced by medicines. In some cases there is nervousness with convulsions and delirium or perhaps stupor and coma. In this stage the catarrhal symptoms so characteristic of rubeloa begin to manifest themselves. There is swelling and redness of the eyes with lachrymation and photophobia, and a profuse muco-serous discharge from the nose and mouth, attended by a hoarse cough. The nasal and pharyngeal mucous membranes present a red and punctated surface. There is generally slight soreness of the throat. Epistaxis is present sometimes to a dangerous degree, and there is a peculiar odor about the patient which is characteristic of measles. The invasion period continues for four or five days, although in exceptional cases it may be longer or shorter.

At the beginning of the stage of eruption, the tongue is still coated and the papillæ prominent. The temperature is markedly increased, sometimes running up to 105° or 106°F. The pulse is very rapid and the respiration hurried and obstructed. There is anorexia, nausea and vomiting. It is not unusual for a diarrhœa to set in at

this time, and there is an exaggeration of all the symptoms of the invasion period. The eruption appears first on the face along the edges of the hair and gradually extends downwards over the neck, breast, back and extremities. The rash is of a rose-red color, appears first in isolated spots with normal skin between. The areas gradually coalesce and become more numerous, assuming a crescent shape. There is generally much swelling, especially of the face, which sometimes becomes so distorted as to render the individual unrecognizable. The swelling may extend to the Eustachian tubes and cause more or less deafness. The eruption is raised above the surface of the skin and imparts a feeling of roughness to the hand. It begins to disappear in the order of its appearance, in from three to five days, and is seen lastly on the extremities.

As the desquamative stage comes on all the symptoms abate. The cuticle falls off in small, whitish scales, and the rash assuming a faded color gradually disappears in four or five days. Rubeola manifests itself in different degrees of severity. A mild attack unattended with complications is called *morbilli mitior*, while the severe forms are called *morbilli gravior*. Other names have been given to the affection according to peculiarities in its manifestation. Rebeola sine catarrh, rubeola sine exanthemata, and black measles, are all varieties of the same disease. In the form of the disease designated as black measles all the symptoms are very severe. The tongue is heavily loaded with a slimy brown coat, with sordes on teeth and lips. The pulse is rapid, but weak and feeble and easily compressed; the temperature may be normal or below. The patient complains of sensations of chilliness, the feet and hands are cold, and there is nausea, with an ill-smelling diarrhœa. Convulsions sometimes occur, but as a rule the patient is in a condition of stupor with evidences of cerebral and other congestions, especially of the lungs.

The eruption is of a dark hue, comes out sparingly, is distributed unevenly, and speedily disappears. In most cases the congestive condition increases, all the other symptoms are intensified, and after a feeble attempt at re-action, nature gives up the contest and the patient dies.

Many serious complications and sequelæ accompany and follow measles without regard to the character of the original attack. It sometimes happens that after the eruption has made its appearance it recedes or disappears before the proper time; this retrocession is generally accompanied by evidences of internal congestion.

TREATMENT.—In all but the mildest cases the patient should be kept lightly covered in bed, in a cool and darkened room. Cleanliness must be observed, and all excitement avoided. Warm baths are agreeable and comforting. The skin may be anointed with fatty inunctions to allay the troublesome itching of the eruption. The diet should be light and nutritious. Stimulants may be used in all cases where there is weakness and debility, and where the rash does not readily determine to the surface. Measles being a self-limited eruptive disease we cannot abbreviate its course, but rather endeavor to conduct it to a favorable termination by “avoiding the hidden breakers which under the name of complications beset its course, and enter the haven safely anchored from the dangers of the numerous sequelæ.” Should there be nausea with or without vomiting an emetic can be administered with safety and advantage, and for constipation mild cathartics may be given. In the case of retrocession stimulants and diaphoretics should be resorted to.

ACIDUM HYDROCHLORICUM: Deep red tongue with heavy brown coat, pungent heat of skin, nervous prostration.

SP. MED. ACONITE: Pulse small and frequent, fever, embarrassed respiration, increased secretion.

SP. MED. ASCLEPIAS: Moist skin, shortness of breath, cough, pyrexia.

SP. MED. BELLADONNA: Full and oppressed pulse, dullness, hebetude, disposition to sleep, eyes dull, pupils dilated.

SP. MED. BRYONIA: Hard vibratile pulse, right cheek flushed, dull pain in frontal region, pleuritic pain in right side increased by coughing.

CAPSICUM: Blanched lips, cold extremities, small and feeble pulse, retrocession of eruption.

SP. MED. DROSERA: Expulsive, uncontrollable, irritating cough, dryness of air passages, pain in chest, laryngeal irritation.

SP. MED. JABORANDI: Marked dryness of skin, heavy pain in back and limbs, general lack of secretion, retrocession of eruption.

SP. MED. LOBELIA: Full and oppressed pulse, nausea, feeling of dullness in præcordial region, dyspnœa, dry, harsh cough.

SP. MED. MACROTYS: Cough with muscular pains in back and limbs, headache.

SP. MED. VERATRUM: Full and bounding pulse, pyrexia.

MENINGITIS.

The term meningitis is now generally regarded as including inflammation of the pia mater and arachnoid; lepto-meningitis, or inflammation of the pia, rarely occurring without implicating the arachnoid. Meningitis occurs in the acute, subacute, and chronic forms, and may be primary or secondary, simple or complicated, partial or general. The disease is more frequent in males between the ages of fifteen and forty-five, and in those engaged in out-door occupations.

The causes of the affection may be divided into predisposing and exciting. The predisposing causes are prolonged labor, intense emotional states, alcoholism, and chronic conditions, such as Bright's disease, pyæmia, phthisis, and diseases of like character. The exciting causes are, blows, falls, contusions, and traumatism generally, in the region of the head, sunstrokes, retrocession of eruptions, extension of inflammatory processes from the ear and eye, erysipelas of the face, or metastasis of rheumatism. Meningitis may occur as a complication in pneumonia, whooping cough, and eruptive contagia. Cooks sometimes develop the diseases from constant exposure of the head to heat. In the acute form of meningitis, prodromal symptoms are rare. The onset of the disease may, however, be preceded for a few days by slight pain in the head, peevishness, restlessness, and malaise.

The attack begins with a well marked chill followed by high fever or convulsions. The skin is hot and dry, pulse rapid, face flushed, and eyes bright with photophobia and in some cases strabismus. The patient is extremely sensitive to sounds, and there is intense headache from the first, which is increased by movement. If the patient is a child he cries out in a shrill, sharp, characteristic manner, called the "cry encephalique." There is spasmodic, forcible vomiting, without nausea; the tongue is coated and the bowels constipated. Sometimes the patient is dull and stupid, with intervals of restlessness and wild delirium. Aphasia is present in varying degrees, the gait is staggering and uncertain, and there are involuntary muscular twitchings. Convulsions may follow each other in rapid succession.

The above symptoms continue for a few hours or days and then the patient passes into the second stage of the disease. The symptoms abate somewhat in severity; the delirium, although still present, is not so violent; there

is jactitation and subsultus tendinum, with a tendency to slide to the foot of the bed. The eyes become dull, glassy, oscillating, and insensible to light, and all the special senses are dulled. The patient grinds his teeth, rolls the head from side to side, and throws it backward, boring into the pillow. A comatose state may now supervene, the pulse becoming slow, weak, and irregular, the respiration shallow and arrhythmic. There is retention of urine and constipation, with marked abdominal retraction. About this time also convulsions of groups of muscles of the face and limbs occur, and finally paralysis, total or partial, comes on.

The patient passes into the third stage in a state of complete collapse and deep coma. There is a cadaveric expression of the face. The skin is cold and clammy and the urine and feces are involuntarily discharged; the pulse becomes extremely weak and indistinguishable at the wrist and death finally occurs. When recovery takes place the return to health is slow, and, in many cases, grave and permanent sequelæ remain.

In the sub-acute form of meningitis, the course of the disease is longer; the symptoms, while of the same general character as in the acute form, are milder, and recovery is more frequent.

Chronic meningitis attacks adults, for the most part. In this form of the affection, the inflammatory processes are usually either confined to the convexity or to the base of the brain. It is very common in insanity, and in fact may be regarded as a frequent cause of permanent mental aberration. Chronic meningitis is often met with as a complication in syphilis, gout, rheumatism, phthisis, or chronic alcoholism, and may result from deficient nourishment, anxiety, worry, grief, and emotional excitement.

The affection comes on gradually. There is a change in the disposition of the patient; he becomes morose, peevish,

apathetic, and drowsy, and is the subject of illusions and hallucinations; the gait is unsteady.

There is a persistent headache, constant, but not so severe as in the acute form of meningitis. Vertigo, tinnitus aurium, and *muscæ volitantes* are common symptoms, while vomiting of a mechanical, violent expulsive nature, without marked nausea, is a characteristic feature. Mental and physical exhaustion are always present, the patient being sometimes too weak to speak above a whisper. The speech is thick, indistinct and irrelevant. Cutaneous sensitiveness is dulled. When the base of the brain is affected there will be, in addition to the other symptoms, facial palsy, sluggish lingual movements, and dysphagia. Optical illusions with irregularities of the pupils or complete blindness may occur when the occipital pia is implicated. As the disease progresses, there is urinary and fecal incontinence, the patient becomes drowsy and stupid with the Cheyne Stoke's respiration. He finally sinks into a stupor from which he is with difficulty aroused, death being preceded by a few hours of profound coma.

TREATMENT.—The patient should be placed in a cool, well ventilated room, disturbing influences removed, and strict quietude enjoined. The diet should be light and nourishing and given in liberal quantities. At first, in the acute form, active measures are to be recommended; they may consist of counter-irritation to the head and nape of the neck, revulsives, active catharsis, the wet sheet pack, and sinapisms to the extremities. Careful nursing is one of the greatest essentials in the treatment of meningitis.

ACIDUM HYDROCHLORICUM: Deep red, broad and full tongue, sordes on teeth; heavy, moist, glutinous, dark brown coat on tongue.

SP. MED. ACONITE: Pulse small and frequent, pyrexia. restlessness.

AMMONIUM BROMIDE: Epileptiform conditions, sudden movements of the body with jerking and twisting of the facial muscles.

AMMONIUM CARBONATE: Feeble pulse, diminished cutaneous circulation, skin pallid, extremities cold, dyspnœa.

SP. MED. APIS: Itching and burning in skin, frequent urination, œdema.

SP. MED. APOCYNUM: Eyelids swollen, feet œdematous, urine scanty.

SP. MED. BAPTISIA: Skin and mucous membranes purplish, moist pasty fur on tongue, sweetish offensive breath, oppressed pulse, headache.

SP. MED. BELLADONNA: Pyrexia, dullness, drowsiness, tendency to coma, dilated pupils; dull, heavy, aching pain in head.

SP. MED. BRYONIA: Hard vibratile pulse, right cheek flushed, constant and severe headache extending from forehead to occiput on right side, pain aggravated by motion.

SP. MED. CACTUS: Irregular pulse, nervousness, sleeplessness, dyspnœa, anxiety.

SP. MED. CANNABIS INDICA: Severe pain in back of head, stupor, vertigo, feeble and irregular pulse.

CHLORAL HYDRATE: Violent pain in head, tendency to convulsions, nervous excitement, insomnia.

SP. MED. DIGITALIS: Feeble pulse, faint heart sounds, dropsy.

SP. MED. ECHINACEA: Nausea and vomiting, bluish colored skin, oppressed breathing and cyanosis.

SP. MED. ERGOT: Pulse weak, surface cold, pupils contracted, mental torpor.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, head hot and painful, restlessness, spasmodic contraction of muscles, suffusion of eyes, delirium.

SP. MED. HYOSCYAMUS: Headache, delirium, cerebral irritation and excitement, wakefulness, muscular spasm.

SP. MED. JALAP: Obstinate constipation with heavily coated tongue.

SP. MED. PASSIFLORA: Headache, restlessness, sleeplessness, pain, cerebral irritation.

SP. MED. PODOPHYLLUM: Vertigo, heavy feeling in head, speech slow and confused, tongue full and sodden, heavily coated at base, general fullness of tissues.

POTASSIUM CHLORATE: Pallid tongue, bad taste in mouth, cadaveric odor of breath.

POTASSIUM BROMIDE: Sleeplessness, restlessness, pulse strong, face and neck flushed and red, spasmodic muscular contractions, headache.

SP. MED. PULSATILLA: Severe frontal headache, vertigo, loss of memory, melancholy.

QUININE: Periodical fever.

SP. MED. RHUS TOX: Pulse small with sharp stroke, marked contraction of tissues about the eyes, sudden starting from sleep, sudden shrill cry during sleep, severe frontal pain especially on left side, bright red spot on left cheek, tongue red, papillæ prominent.

SODIUM SULPHITE: Broad pallid tongue, thick, pasty, dirty, white coat, pallid mucous membranes.

SOLANUM: Muscular twitchings, patient appears to be dazed, is thrown into convulsions by the least excitement, perverted appetite, constipation.

SP. MED. STRAMONIUM: Acute delirium, mental excitement, head hot, hallucinations of sight, insomnia, rapid incoherent speech, patient violent and hard to control.

SP. MED. VERATRUM: Pyrexia, full and bounding pulse.

ZINCI PHOSPHIDE: Paleness, insomnia, mental depression, paralytic tendencies.

MENORRHAGIA—METRORRHAGIA.

Menorrhagia is the name applied to an excessive menstrual flow, either in time or quantity, while non-menstrual uterine hemorrhage is called metrorrhagia. Hemorrhage from the womb is, for the most part, symptomatic, and may affect females of all classes and conditions. The hemorrhage may be either acute or passive, and arises from a variety of causes, either general or local.

The general causes are, debility, exhausting diseases, prolonged lactation, insufficient nourishment, overwork, phthisis, typhoid fever, hæmophilia, purpura, scurvy, cardiac, renal and hepatic affections, plethora, or acute infectious diseases. The hemorrhage may also be due to sexual excesses, heavy lifting, abuse of stimulants, or emotional excitement.

The local causes of uterine hemorrhage are those situated in the uterus itself or adjoining organs, such as morbid growths, ulceration, traumatism, relaxation of uterine walls, uterine congestion, inflammation or displacement, ovarian irritation or abortion. Menorrhagia is of frequent occurrence during the menopause.

In active menorrhagia there is a profuse discharge of blood, with paleness, rapid pulse, and pain in the back and limbs. In some cases there is pyrexia, with alternate flashes of heat and rigors. The discharge may continue from one menstrual period to another, but usually lasts about ten days.

In the passive form of hemorrhage the blood is dark-colored; the patient becomes weak and pale, the pulse frequent and feeble, the extremities cold, and there is faintness, vertigo, nausea and vomiting, a feeling of weight and pain in the head, dyspnœa, and cardiac palpitation. Anæmia is marked. Abdominal pain with diarrhœa and dropsical accumulation in the face and extremities, occur

later on, and the patient is melancholy, nervous, and apprehensive.

TREATMENT.—An exhaustive and complete examination of the reproductive organs is of the greatest importance in order to establish a correct diagnosis and direct proper treatment. All local and general exciting causes should be removed if possible. The patient should be placed in bed in a cool and quiet room; the diet should be liberal and nourishing and non-stimulating, the bowels kept in a soluble condition, but straining at stool avoided. Cold applications to the pelvic and perineal regions are beneficial, and in bad cases the extremities may be ligatured. During the inter-menstrual period, tonics and restoratives should be given. Profuse hemorrhage may be checked by the introduction of tampons, and in the case of foreign growths or retained products, intra-uterine injections or curetting may be necessary.

ACIDUM GALLICUM: Feeble pulse, cold extremities, inelastic skin, dull aching pain in lumbar region, headache, vertigo, nausea.

SP. MED. ACONITE: Small and frequent pulse, pyrexia, restlessness, embarrassed respiration.

SP. MED. ALETRIS: Nausea, anorexia, vertigo, constipation, lack of uterine energy.

SP. MED. APOCYNUM: Skin puffy and blanched, eyelids swollen, feet œdematous, urine scanty.

SP. MED. BELLADONNA: Dullness, drowsiness, pupils dilated, face full and bluish, extremities cold.

SP. MED. BERBERIS: Tumid and profusely secreting mucous membranes, weakness and debility.

SP. MED. CACTUS: Impaired heart's action, shortness of breath on slight exertion, nervous irritability, feebleness.

SP. MED. CANNABIS IND.: Occipital pain, stupor, vertigo, feeble and irregular pulse,

SP. MED. CAPSELLA: Continuous and excessive menstrual flow.

CAPSICUM: Thirst, chills, sunken eyes, blanched lips, cold extremities, small and frequent pulse.

CARBO VEG.: Passive hemorrhage, capillary oozing, sensation of epigastric fullness, paleness.

SP. MED. CINNAMON: Profuse hemorrhage, coldness of extremities, faintness, vertigo, spasmodic uterine pains.

SP. MED. COLLINSONIA: Sharp sticking pains in abdomen, sense of constriction in epigastric region, full pulse.

SP. MED. CUPRUM: Anæmia, exhaustion, langour, indisposition to exercise, anorexia, bronzed skin, emaciation.

SP. MED. DIGITALIS: Pulse small and weak, easily compressed, faint heart sounds, dropsical tendencies.

SP. MED. ERGOT: Profuse arterial hemorrhage, increased blood pressure, dullness, lack of spinal innervation, enlarged uterus.

ERGOTINE: By hypodermic injection in profuse hemorrhage, where the stomach is irritable and rejects all medicine.

ERECTHITES HIERAC (OIL): Passive hemorrhage, weakness and debility.

SP. MED. ERIGERON: Passive hemorrhage, increased blood pressure, spasmodic muscular contractions.

SP. MED. GELSEMIUM: Bright eyes, flushed face, nervousness, pyrexia, ovarian pain.

SP. MED. GERANIUM: Relaxed mucous membrane, passive hemorrhage, diarrhœa.

SP. MED. GOSSYPIUM: Backache, dragging pain in pelvis, lack of uterine contraction.

SP. MED. HAMAMELIS: Sense of fullness and relaxation in pelvis and perineum, feeble venous circulation.

SP. MED. HELONIAS: Weakness and relaxation of the uterine walls, mental depression, irritability.

SP. MED. HYDRASTIS: Passive hemorrhage, uterine atony, anorexia, indigestion, constipation.

SP. MED. IPECAC: Bright red blood, paleness, nausea and vomiting.

SP. MED. MACROTYS: Uterine pain and tenderness, sense of soreness and dragging pain in back, muscular pain in limbs.

SP. MED. MANGIFERA IND.: Tissues relaxed and feeble, hemorrhage continual but not profuse, diarrhœa.

SP. MED. MATICO: Persistent uterine hemorrhage with relaxation of mucous membranes.

OPIUM: Pain and hemorrhage, spasmodic uterine contractions, pulse soft and open, face pallid, eyes dull.

POTASSIUM BROMIDE: Headache, restlessness, pulse strong, face and neck flushed, vigorous circulation without fever.

SP. MED. RHUS AROMATICA: Hemorrhage at menopause, paleness, prostration, anæmia.

SP. MED. SABINA: Patient plethoric, robust, florid, persistent passive hemorrhage.

SP. MED. SENEIO: Uterine and ovarian irritation, nervousness, aching and weight in pelvis.

SP. MED. SERPENTARIA: Sensation of weight and dragging in the loins, urine scanty, sense of fullness in chest, difficult respiration.

SP. MED. TRILLIUM: Passive hemorrhage, lack of vascular tone.

SP. MED. USTILAGO: Relaxed uterine walls, prolonged lochial discharge, sub-involution.

SP. MED. VERATRUM: Full and bounding pulse, pyrexia.

METRITIS.

Inflammation of the uterus may be either acute or chronic. It is confined to no age or social condition, and is usually found as an extension of endometritis or in the puerperal state. Metritis arises from a variety of causes, among which may be mentioned, cold, menstrual perversions, uterine displacements, cervical stenosis, gonorrhœa, traumatism, abortion, sexual excesses, masturbation, onanism, habitual constipation, retained placenta or blood clots, dysmenorrhœa, cervical lacerations, and morbid growths.

The acute form of the disease commences with a chill, followed by a continuous fever, persistent without marked exacerbations. There is pelvic and sacral pain, which varies in character, being at times sharp and lancinating, and at others dull and heavy, with abdominal tenderness on pressure. The pain is increased by movement, coughing, and vomiting. Urination is frequent, the urine being high-colored and scalding, sometimes bloody. Although the bowels are constipated, there are frequent ineffectual attempts to defecate, and occasionally there may be a profuse hemorrhage from the bowels. Acute uncomplicated metritis does not as a rule terminate fatally, but ends in resolution, or passes into the chronic form.

In chronic metritis, there is a dull, heavy, dragging pain in the pelvic region, extending to the back and down the thighs. The uterus is swollen and tender, soft, spongy, and may be prolapsed; later on it becomes atrophied, with but little sensitiveness.

As a rule menstruation is irregular or absent, but sometimes profuse and prolonged menorrhagia may occur. Coitus causes pain and there is a loss of sexual desire. There is more or less leucorrhœa with bloody mucous discharges. Intercostal neuralgia with swollen and painful breasts is a common symptom. The patient complains of

headache, nervousness, insomnia and indigestion. Cutaneous eruptions are of frequent occurrence, and there is dyspnœa, cardiac palpitation, general debility, and melancholy.

TREATMENT.—In acute cases, rest in bed is of prime importance. The abdomen should be rubbed with turpentine and sweet oil, and hot antiseptic injections used freely. In the chronic form of metritis the patient is not, as a rule, confined to bed, but quiet and rest are conducive to recovery. The daily introduction of the cotton tampon with glycerine or the tannate of glycerine or glycerine and iodine will prove of benefit. The dietetic, hygienic, and climatic measures should receive attention. In some cases surgical interference for the removal of the uterus and appendages is necessary to complete a cure.

SP. MED. ACONITE: Pulse frequent and feeble, skin dry and hot, pyrexia.

ALOES: Headache, constipation of lower bowel, patient plethoric.

AMMONIUM IODIDE: Dull heavy headache involving top and back of head, vertigo, ringing in the ears.

SP. MED. APOCYNUM: Eyelids swollen, feet œdematous, urine scanty.

SP. MED. BELLADONNA: Dullness, dilated pupils, dull heavy aching pain in head, impaired capillary circulation, urinary incontinence.

CHLORAL HYD.: Nervousness and excitement, vigorous circulation, flushed face, pyrexia, pain.

SB. MED. DIGITALIS: Pulse small and weak, tendency to dropsy.

SP. MED. DIOSCOREA: Abdominal pain with tenderness on pressure, sharp cutting pains aggravated by motion, tympanites.

SP. MED. ERGOT: Pulse weak, extremities cold, mental torpor, hemorrhagic tendencies.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, nervousness, pyrexia, frequent urination, with burning in bladder.

SP. MED. GOSSYPIUM: Feeling of heaviness and fullness in pelvis, scanty menstrual flow.

SP. MED. HAMAMELIS: Feeling of fullness and relaxation in pelvis, passive hemorrhage.

SP. MED. HYDRASTIS: Irritation with enfeebled circulation, leucorrhea, anorexia.

SP. MED. IGNATIA: Morning chills, patient feels better in open air, sense of soreness and constriction around waist, depression of spirits, headache, hysteria.

SP. MED. MACROTYS: Uterine pain and tenderness, sense of soreness with dragging pain in back, muscular pain in hips and thighs.

SP. MED. MITCHELLA: Sense of uneasiness and weight, weakness of pelvic tissues.

OPIUM: Intense pain with soft open pulse and clean tongue.

SP. MED. PODOPHYLLUM: Full dirty tongue, full tissues, full veins, constipation, vertigo.

POTASSIUM BROMIDE: Nervousness, restlessness, tendency to convulsions, flushed face, vigorous circulation.

POTASSIUM CHLORATE: Pallid tongue, bad taste in mouth, foul cadaveric odor of breath.

POTASSIUM IODIDE: Pale, leaden-colored tongue, with blue lines on gums.

SP. MED. PULSATILLA: Despondency, ovarian irritation, cardiac palpitation, menstrual irregularities, pain in top of head.

SP. MED. RHUS TOX: Burning pain in uterus and vagina, frontal headache on left side, papillæ of tongue red and prominent.

SANTONIN: Painful and difficult micturition.

MUMPS—PAROTITIS.

Mumps is an acute, febrile disease, characterized by inflammation and swelling of the parotid glands. There are no symptoms peculiar to the incubation period of mumps; the attack may begin in from eight to twenty days after exposure to infection. The invasion of the disease is marked by a chill, followed by fever, thirst, nausea, anorexia, and constipation. The tongue is coated, and there is more or less irritation and nervousness.

These symptoms continue for twenty-four or thirty-six hours, when swelling of the parotids commences. There is not much redness in the locality of the enlargement, but the glands gradually increase in size, and there is considerable swelling of the contiguous cellular tissue. In some cases the swelling is very great, giving the head and neck a pyramidal appearance; mastication is restricted and painful, and swallowing is difficult, but the throat is not markedly sore; there is, however, much pain in the swollen glands, one or both of which may be affected. This state continues for four or five days, when the swelling begins to subside and the symptoms mitigate. In three or four days after this the patient is convalescent.

A peculiar feature of parotitis is a tendency to metastasis, notably to the testicles in the male, and the breasts, uterus, and labia majora in the female. Occasionally the affection involves the brain. Recovery is usually rapid and complete; in some cases, however, the glands remain hard and enlarged for a considerable time, and an affected testicle may atrophy. Mumps most commonly affects children from the ages of five to fifteen, regardless of sex. The disease prevails in spring and autumn; one attack confers immunity.

TREATMENT.—The disease can not be abbreviated, and in most cases but little treatment is required. Rest, hygi-

enic and dietary measures are usually sufficient. Pain in the glands may be allayed by hot poultices and liniments of a rubefacient nature. The patient should be protected from exposure to wet and cold, and remain indoors during the height of the attack. In metastasis to the testicles or mammæ, poultices and hot fomentations are indicated.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. BELLADONNA: Dullness, drowsiness, dilated pupils, tendency to cerebral congestion.

SP. MED. MACROTYS: Muscular pain in back and limbs, tendency to metastasis.

SP. MED. PHYTOLACCA: Enlarged lymphatics, patchy tongue, skin eruptions.

SP. MED. PULSATILLA: Tendency to testicular metastasis.

SP. MED. RHUS TOX: Sharp pulse, frontal pain, papillæ of tongue enlarged, shining skin.

MYELITIS.

Myelitis is an inflammation of the substance of the spinal cord. The disease may be acute or chronic, primary or secondary, and is usually complicated by involvement of the meninges. Acute myelitis occurs most frequently in youth and childhood; the chronic form in adult age.

Among the causes of myelitis may be mentioned, spinal injuries, exposure to extreme heat and cold, mental or physical exhaustion, excessive venery, dentition, constant jarring of the body, alcoholism, or metastasis or rheumatism. The disease may also be due to the administration or introduction into the body of lead, mercury, arsenic, phosphorus, and other drugs, in poisonous quantities. The secondary variety of myelitis may arise from compression of the cord, extension of inflammation from neighboring parts, or as a complication in debilitating constitutional diseases.

The acute form of the affection generally begins with a chill followed by fever, and in children there may be convulsions. There is headache, anorexia, feeble and irregular pulse, and spinal pain extending to back and limbs. The patient complains of a feeling of constriction around the body, and of tingling and creeping sensations in the limbs. During the early period of the attack there may be retention of urine, followed later by incontinence. As the disease progresses spasmodic muscular contractions appear, the reflexes are diminished, and finally paralysis, both motor and sensory, may develop. Muscular degeneration and atrophy follow the paralysis, the paralyzed parts become dry and scaly, the extremities cold and joints swollen, while cutaneous eruptions and bedsores are common. Should the respiratory muscles be implicated in the paralysis, pulmonary complications and asphyxia may cause death. As a rule the mind remains clear, and the intelligence unimpaired. The disease may terminate fatally in from one to three weeks, or pass into the chronic form.

Chronic myelitis is rarely attended with fever. The symptoms, while resembling those of the acute form, are milder and more gradual in their development. There is headache, anorexia, emaciation, and weakness. The nervous phenomena and paralysis come on gradually. As time passes the patient may apparently improve and then grow worse alternately, but on the whole gradually failing until death ensues.

TREATMENT.—Rest in bed is imperative. The diet should be mild and unstimulating, yet nourishing and easily digested. Counter irritation and electricity are beneficial.

SP. MED. ACONITE: Pulse frequent and feeble, pyrexia.

ARGENTI NITRATE: Dizziness, unsteady gait, muscular twitching, dimness of vision, insomnia.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse, extremities cold, emaciation.

SP. MED. BELLADONNA: Dullness, drowsiness, dull heavy pain in head, impaired capillary circulation, loss of memory, indistinct speech, cramp in limbs, trembling of hands.

SP. MED. BAPTISIA: Tongue reddened and dusky, mucous membrane purplish, breath sweet, sickening and offensive, face purplish, moist pasty fur on tongue.

SP. MED. ERGOT: Dullness, languor, indisposition to exertion, venous congestion.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, headache, nervousness, pyrexia.

IRON (ACID SOL.): Anæmia, shortness of breath, weakness, lips pale, emaciation.

SP. MED. PHOSPHORUS: Mental derangement, nervousness.

SP. MED. PHYSOSTIGMA: Pulse weak, surface cool, pupils contracted, mental torpor.

POTASSIUM BROMIDE: Headache, sleeplessness, restlessness without fever, circulation strong, muscular twitching.

POTASSIUM IODIDE: Syphilitic taint, pale, leaden-colored tongue, blue line on gums, enlarged lymphatics.

ZINC PHOSPHIDE: Headache, paleness, dizziness, mental weakness, anæmia.

NEURALGIA.

Neuralgia is a term applied to painful nervous conditions unaccompanied by structural change. The affection is confined to no age or sex, but is more frequent in adult life and in females. Neuralgia may be superficial or visceral, acute or chronic, pyretic or apyretic. The principal inciting causes of neuralgia are atmospheric vicissi-

tudes, cold and dampness, nerve injuries, neuritis, irritation, either peripheral or central, anæmia, indigestion, fatigue, metallic poisoning, syphilis, and other chronic debilitating diseases.

Most of the special neuralgias are treated under their respective names, such as tic douloureux, migraine, cardialgia, gastralgia, odontalgia, angina pectoris, etc. The manifestations of the disease are modified by its situation, but the cardinal symptom of neuralgia, whether it be visceral or superficial, is pain. The attack comes on suddenly and with great severity, or its approach may be more gradual. The pain may be markedly local, or may follow all the ramifications of a nerve. As a rule, the parts are extremely sensitive to touch, although in some cases, deep and heavy pressure may give relief. Sometimes the affected localities are pale and cold; at others red and hot. When mucous membranes are involved there is increased secretion.

Neuralgia may subside suddenly, but it is usually a few hours in passing away. The disease may become chronic. Malarial or periodical neuralgia, is mostly confined to the frontal region of the head, and is characterized by the regularity of its approach, culmination, and disappearance at stated hours, every second, third, or fourth day. Various trophic and cutaneous disturbances, as well as aberrations of special sense, occur with superficial neuralgia. In visceral neuralgia, there is some derangement of function, and more or less tenderness in the organ or part affected.

TREATMENT.—All exciting causes should be sought out, and if possible removed. Existing constitutional or local diseases should receive appropriate treatment. Mental and physical fatigue must be avoided. The diet should be nourishing. A change of climate and surroundings is, many times, beneficial. Electricity, properly applied, will

afford relief in some cases; while counter-irritation, massage, and hydropathic measures, have all met with more or less success. In obstinate neuralgia and in special cases, neurotomy, neurectomy, or nerve stretching, must be resorted to before permanent relief can be obtained.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. AGARICUS MUS.: Involuntary muscular twitchings, dimness of sight, disposition to fall backwards, tremors, restlessness.

AMYL NITRITE: Coldness and pallor of the surface, fluttering and irregular pulse.

SP. MED. APOCYNUM: Skin puffy, blanched and glistening, sluggish capillary circulation, constipation, scanty urine.

ARSENIC: Sallow, œdematous skin, pulse soft and feeble, tongue contracted and pointed, extremities cold, emaciation.

SP. MED. ASCLEPIAS: Pulse full and soft, scanty perspiration, acute pain.

AURUM ARSENIATE: Syphilitic diathesis, hypochondriasis, melancholy, suicidal tendencies, torpid liver.

SP. MED. BELLADONNA: Dullness, drowsiness, eyes dull, pupils dilated, affected part dusky red.

SP. MED. BRYONIA: Tensive pain in right side of head, pulse hard and vibratile, pain in joints.

SP. MED. CANNABIS IND.: Pain, stupor, vertigo, feeble and irregular pulse, sensory illusions.

SP. MED. CHAMOMILE: Irritability, restlessness, extreme sensibility to pain, hysteria.

SP. MED. CHELIDONIUM: Torpid liver, portal congestion, sense of weight in gastric region, hepatic pain, migraine.

CHLORAL HYDRATE: Extreme nervousness and excitement, vigorous circulation, pulse full and strong, muscular agitation.

SP. MED. COLCHICUM: Pain of a rheumatic character, swelling of joints, constipation.

SP. MED. COLYCYNTH: Sharp, boring, cutting pains, abdominal fullness, pain increased by motion.

SP. MED. CUPRUM: Anæmia, bronzed skin, langour, exhaustion.

SP. MED. CYPRIPIEDIUM: Nervous irritability and sleeplessness, restlessness, delirium, convulsions, patient inclined to be in constant motion.

SP. MED. DIOSCOREA: Sharp cutting pains, tenderness on pressure, pain aggravated by motion.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, increased heat of head, bright redness of affected part.

GLONGIN: Pain increased by heat, dizziness, faint heart-beat, spasmodic pain.

SP. MED. GUARANA: Face pallid, pulse feeble, anæmia, migraine.

LYCOPODIUM: Pain worse between two and four in afternoon, urine red, with a brickdust sediment.

SP. MED. MACROTYS: Pain increased by muscular contraction, ovarian and uterine pain.

MAGNESIA PHOSPHATE: Sharp shooting pain, with a sense of constriction in the part.

SP. MED. MELLILOTUS: Periodical neuralgia, spasmodic neuralgia, sciatica associated with lameness.

MORPHINE SUL. (Hypodermatically): Pain intense, pulse normal, tongue clean, skin cool.

SP. MED. NUX VOM.: Pain associated with nausea, unpleasant sensations in stomach and bowels, sallowness about the mouth.

OPIUM: Pulse soft and open, skin moist, face pallid, eyes dull.

PHOSPHORUS: Nerve atrophy with increased irritability, mental weakness.

SP. MED. PHYSOSTIGMA: Pulse weak, surface cool, pupils contracted, mental torpor.

SP. MED. PIPER METHYSTICUM: Gastralgia, anorexia, vertigo, feebleness.

SP. MED. PISCIDIA: Migraine, nausea, restlessness.

SP. MED. PLANTAGO: Odontalgia, pain and swelling.

POTASSIUM IODIDE: Syphilitic neuralgia, pallid, leaden-colored tongue, blue-line on gums.

SP. MED. PULSATILLA: Ovarian neuralgia, sadness, despondency, paleness, nervousness.

QUININE: Periodic neuralgia, malarial neuralgia.

SP. MED. RHUS TOX.: Small sharp pulse, burning, stinging pain, left orbital neuralgia.

SODIUM SALICYLATE: Acute muscular neuralgia, rheumatic diathesis.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia.

SP. MED. XANTHOX.: Tingling sensations in affected parts, anæmia, anorexia, tympanites, increased cutaneous sensitiveness.

NEURASTHENIA.

Neurasthenia is the term applied to a peculiar condition of the nervous system, characterized by various neurotic aberrations without definite pathological bases. The disorder is also known under other names, such as nervous prostration, nervous irritability, neurotic diathesis, or weakness of the nerves. The affection covers all the ground from a slight nervous debility up to the most severe attack of nervous prostration or mental alienation.

Neurasthenia may exist in connection with other morbid states, such as gastric, hepatic, cardiac, uterine, or ovarian affections. While hypochondriasis may occur with neurasthenia, neurasthenia may present itself as a distinct disease. In many cases the neurasthenic condition is not so much a definite disease as it is a departure from health,

and there are many cases in which there is but a shade of variation from the normal standard.

One of the most fertile causes of neurasthenia is heredity. It may also be due to gout, anæmia, and constitutional diseases generally, or to impaired nutrition, irregular habits, dissipation, sexual excesses, alcoholism, or the use of tobacco. Mental and physical exhaustion, an active emotional life, fright, grief, or anger, ovarian or uterine troubles, eye strain, or local irritation, may induce it.

The neurasthenic patient is easily fatigued, nervous, and over sensitive to pain and to the ordinary inconveniences of life. Trifling irritations produce digestive disturbances, diarrhœa, vesical irritation, or neuralgia. The patient is morbidly apprehensive of disease, and has exaggerated fears in regard to the cleanliness of food, and of contamination from articles in daily use. Unimportant events are regarded with unreasonable solicitude, while graver matters are viewed with indifference. Some endeavor to attract attention by peculiarity of dress or manner, while others are over modest and retiring. Disorders of vision are common, work with the eyes soon causing neuralgia and backache. There may be pain in the muscles and joints simulating rheumatism. Headache, both occipital and frontal is frequent. Various vasomotor disturbances such as a feeling of formication and numbness over the body, and cutaneous eruptions attended with itching, annoy the patient. In some cases there is an irritable cough with constant expectoration, the patient complains of a sensation of a foreign body in the throat. In many cases insomnia is one of the most distressing symptoms. Flashes of heat, shortness of breath, and palpitation of the heart, are characteristics of neurasthenia. The urine is usually increased in quantity, and there is hepatic torpidity with constipation. The affection never proves directly fatal; the prognosis is favorable.

TREATMENT.—In the treatment of neurasthenia, much more benefit is, as a rule, conferred upon the patient through the advice and personal magnetism of the physician, than by the administration of drugs. If there should be any definite pathological condition, it should be removed, and errors of refraction corrected. The patient's surroundings should be healthful and cheerful, a change of scene being beneficial in many instances. Moderate exercise and social diversions are advantageous. The regimen is of extreme importance in the treatment of neurasthenia. Baths with massage and electricity are of benefit.

ACIDUM HYDROCHLORICUM: Deep red tongue, broad and full, dark brown coat.

SP. MED. ACONITE: Small and frequent pulse, pyrexia, tickling and unpleasant sense of constriction in fauces.

SP. MED. ADONIS VERNALIS: Irregular and feeble heart-beat; dull, heavy, congestive headache.

ÆTHUSIA: Nausea, intestinal tormina, restlessness, peevishness and fever.

AGARICUS MUSC.: Involuntary muscular twitching, neuralgic pain, dimness of sight, tendency to fall backward.

SP. MED. APIS: Burning and stinging sensations over the body, urine scanty, burning and smarting in urethra.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

ASAFCETIDA: Hysterical conditions, headache, vertigo, nervous irritation and mental depression.

SP. MED. BELLADONNA: Mental hebetude, dullness, drowsiness, dull, heavy, aching pain in head, impaired capillary circulation.

SP. MED. BYRONIA: Pulse hard and vibratile, dull pain at base of brain.

SP. MED. CACTUS: Nervousness, sense of oppression in chest, impaired heart's action, irregularity without abnormal increase in frequency.

SP. MED. CANNABIS IND: Insomnia, nervousness, unpleasant dreams, bright staring eyes, hallucinations.

CHLORAL HYD.: Extreme weakness and nervousness, inability to sleep.

COD LIVER OIL: Tissues soft and atonic, skin relaxed, paleness and emaciation, frequent pulse.

SP. MED. CYPRIPIEDUM: Nervousness, sleeplessness, melancholia, patient feels better when in motion.

SP. MED. DIOSCOREA: Cramps in stomach and bowels, colicky pains with tenderness on pressure.

SP. MED. EPILOBIUM: Diarrhoea with colicky pains, feculent discharges, tenesmus, contracted abdomen.

SP. MED. ERGOT: Dullness, languor, indisposition to exertion, venous congestion.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, nervousness, hysteria.

SP. MED. HELONIAS DIOICA: Mental depression, indigestion, loss of sexual appetite, atony of the urinary organs.

SP. MED. HYOSCYAMUS: Mental excitement, unpleasant dreams, choking sensations, twitching of the muscles.

SP. MED. IGNATIA: Depression of spirits, mental disturbances, nervousness, headache.

IRON, ACID SOL.: Anæmia, shortness of breath on slight exertion, weakness, lips pale, skin alternately flushed and pale.

LACHESIS: Flushing of face, palpitation of the heart, sinking sensations, flashes of heat, tickling and irritation in the throat.

SP. MED. MACROTYS: Congestive headache, muscular rheumatic pains, delayed menses, pulse open, skin soft and moist.

ÆNOTHERA: Feeble innervation, insomnia, emotions easily excited, tendency to tears upon slight annoyance.

SP. MED. PASSIFLORA: Restlessness, insomnia, oppressed respiration, cardiac palpitation, sudden fright or excitement.

POTASSIUM PHOS.: Loss of mental vigor, depression, irritability, timidity, melancholia.

SP. MED. PHOSPHORUS: Insomnia, prostration, mental fatigue, sexual impotency.

SP. MED. PODOPHYLLUM: Dizziness, feeling of weight in the head, speech slow and confused, full tongue covered with a yellowish pasty coat, hepatic torpor, constipation.

STRYCHNINE: Cutaneous anæsthesia, dullness of hearing, impaired vision, olfactory illusions, muscular tremors.

SYR. HYPOPHOSPHITES COMP.: Pallid waxen surface, extremities cold, emaciation, feeble nutrition.

TINCT. FERRI ACETAS: Pallor of surface, anæmia, chlorosis, blue tongue, dull heavy pain in back of head, aversion to motion.

ORCHITIS.

Inflammation of the testicle may be produced by any of the ordinary causes of inflammation. The symptoms are about the same whatever the cause. Among the causes of orchitis are gonorrhœa, syphilis, tuberculosis, metastasis of mumps, traumatism, lifting, straining, exposure to cold, excessive venery, horseback or bicycle riding, and the use of stimulants. The disease begins with a sensation of weight and dragging in the spermatic cord. There is pain on movement, such as walking or jarring of the body, and the patient is forced to assume the recumbent position in order to obtain relief. The testicle is swollen and tender; there are tense, lancinating pains in the swollen gland, and the scrotum may be distended and reddened or white and glistening.

The disease may come on rapidly, reaching its full development in two or three days, or it may be a week before the highest point of inflammation is attained. Gonorrhœal orchitis appears upon suppression of the urethral

discharge, and may disappear when the discharge returns. In some cases there is fever and considerable constitutional disturbances. Suppuration is rare, the inflammation usually terminating in resolution.

When the disease assumes the chronic form, the symptoms are less severe. The testicle remains permanently enlarged; its increased size and weight causes much discomfort. There are sensations of fullness, dragging and aching in the spermatic cord; the swollen gland is tender and is frequently hurt by contact with extraneous objects. Associated with chronic orchitis may be irritable bladder, constipation, and piles. The disease is frequently syphilitic in character.

TREATMENT.—Rest in bed is imperative. External applications are of some benefit. They may consist of iodine tincture, a solution of iodide of ammonia, Mayer's ointment, or the lead and opium wash; but the most effective local measure is support of the enlarged testicle. This may be obtained in various ways, but the application of the adhesive plaster bandage is perhaps the best.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. BELLADONNA: Parts blue and congested, dull aching, dragging pain in spermatic cord.

SP. MED. COLLINSONIA: Sharp aching pains in testicle, unpleasant sticking pains in rectum, hemorrhoids.

SP. MED. CLEMATIS: Soreness and swelling of the testicle, urethral irritation.

SP. MED. ECHINACEA: Pain on pressure, syphilitic diathesis, burning of surface with redness and aching.

SP. MED. GELSEMIUM: Frequent desire to urinate, irritability of neck of bladder, sharp pain in back and loins.

SP. MED. HAMAMELIS: Vesicle irritability, sensation of fullness in rectum, feeling of fullness about anus.

OPIUM: Pain, restlessness, insomnia, frequent urination.

SP. MED. PHYTOLACCA: Chronic enlargement of the testicles, pallid mucous membrane, dry skin.

POTASSIUM BROMIDE: Sleeplessness, restlessness, face and neck flushed, sexual excitement.

POTASSIUM IODIDE: Syphilitic orchitis, pale leaden colored tongue, chronic skin eruption.

SP. MED. PULSATILLA: Testicle swollen and tender, feeling of weight and tension in spermatic cord.

SP. MED. SANIX NIGRA AMENTS: Excessive sexual desire, lascivious dreams, chordee.

SP. MED. STAPHYSAGRIA: Prostatic irritation, spermatorrhœa, teasing desire to urinate,

SP. MED. VERATRUM: Full and bounding pulse, throbbing of arteries, pyrexia.

OVARITIS.

Ovaritis, or inflammation of the ovaries, occurs in both the acute and chronic forms. It may affect one or both ovaries. The disease varies in severity from a slight hyperæmia and tenderness of the ovaries to an intense inflammation and suppuration of one or both of these organs. While ovaritis is rare, except as a complication in the puerperal state, it does sometimes appear in non-puerperal peritonitis or cellulitis, and may also be due to blows, wounds, injuries in the ovarian region, cold and exposure, extension of gonorrhœal inflammation, menstrual difficulties, sexual excesses, masturbation, or exhaustion.

The affection begins with a chill, followed by fever, headache and severe pain in ovarian region, extending to the back and limbs. The ovary is enlarged and tender on pressure; there is frequent and difficult micturition, and the bowels are constipated, with pain on defecation. The acute symptoms subside in a week or ten days, either in resolution or suppuration. A suppurating ovary may dis-

charge into the rectum, bladder, or into the peritoneal cavity.

In chronic ovaritis, the ovarian pain is of a dull, heavy, aching character, and varies in severity, being increased at the menstrual period. Dysmenorrhœa is frequent; in some cases there is amenorrhœa, in others menorrhagia. The affected ovary is tender and painful on pressure; the pain extends to the rectum, back, and limbs, making walking unpleasant, and all manner of physical exertion distasteful. In this form of ovaritis there is always more or less leucorrhœa, which sometimes becomes very profuse and acrid, excoriating external parts. Sterility may result from long continued inflammation and degenerative processes in the ovary. A patient afflicted with chronic ovaritis usually has an association of troublesome gastric, hepatic, and nervous disorders.

TREATMENT.—One of the most important measures during the acute form of the disease is rest in the recumbent position. The patient should be kept very quiet, and not permitted to rise from the bed. Poultices and hot fomentations should be applied over the abdominal region; later, counter-irritation and stimulating liniments will be beneficial. The diet should be nourishing, but non-stimulating, and the bowels should be kept in a soluble condition.

SP. MED. ACONITE: Pyrexia, restlessness, pulse small and frequent.

SP. MED. BELLADONNA: Dullness, drowsiness, dull headache, capillary congestion.

SP. MED. BRYONIA: Pulse hard and vibratile, steady dull pain extending to loins.

SP. MED. CAULOPHYLLUM: Ovarian pain and tenderness, feeling of fullness and weight in pelvis, irregular menses, dysmenorrhœa,

SP. MED. DIOSCOREA: Sharp, cutting, abdominal pains, aggravated by motion, tympanites.

SP. MED. GELSEMIUM: Scanty urine, vesical tenesmus, irritation, and determination of blood to the brain.

SP. MED. MACROTYS: Tensive, dragging pains, backache, muscular soreness.

OPIUM: Severe pain, pulse small and open, insomnia, involuntary discharges.

SP. MED. PHYTOLACCA: Dragging pains in groin and vulva, pallid mucous membranes, patchy tongue, dry and scaly skin.

SP. MED. PODOPHYLLUM: Dizziness, feeling of weight in the head, full tongue covered with a yellowish pasty coat, hepatic torpor, constipation.

POTASSIUM CHLORAS: Pallid tongue, bad taste in mouth, foul breath, offensive smelling leucorrhœa.

SP. MED. PULSATILLA: Menstrual irregularities, nervousness, despondency, pain in top of head.

SP. MED. RHUS TOX.: Burning pain extending to vagina, frontal headache, pulse sharp and quick.

SP. MED. SALIX NIGRA: Sexual excitement, nervousness, apprehension.

SODIUM SULPHAS: Broad pallid tongue, thick, pasty, dirty white coat, pallid mucous membrane.

SP. MED. VIBURNUM: Uterine pain and cramps, tenderness on pressure.

PARALYSIS.

Paralysis is a diminution or loss of sensation or motion in all or part of the body. The condition is but a symptom of disease, and is founded on many different aberrations of the nervous system. It may be produced by central, intermediate, or peripheral lesions. The central causes of

paralysis may be situated in the brain, spinal cord, or adjacent tissues. Paralysis may be due to poisoning by lead, mercury, or phosphorus, inflammation of nerves or centers, division of nerves, pressure of tumors or foreign bodies, exostoses, ligatures, constricting bands, congestion, apoplexy, cerebral hemorrhage, blood clots, serous effusions, etc. The disease has received various names according to the parts affected and the causes entering into its production; hemiplegia, paraplegia, facial paralysis, lingual paralysis, labial paralysis, bulbar paralysis, spinal paralysis, paralysis agitans, progressive paralysis of the insane, and so on.

TREATMENT.— SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. BELLADONNA: Dullness, drowsiness, tendency to coma, pupils dilated, face blue and congested.

SP. MED. BYRONIA: Hard vibratile pulse, dull pain in frontal region.

SP. MED. CANNABIS IND: Insomnia, headache, vertigo, sensory illusions.

CANTHARIDES: Incontinence of urine, partial paralysis of the sphincter vesicæ.

SP. MED. ERGOT: Dullness, hebetude, spinal congestion, enfeebled circulation, venous congestion.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, restlessness, and headache.

SP. MED. HYOSCYAMUS: Insomnia, pain, mania, irritation, and debility of nerve centers.

LACHESIS: Nervous prostration, mental depression, flashes of heat, tremulous action of the heart, tickling and irritation in the throat.

SP. MED. MACROTYS: Muscular pains in back and limbs, weak heart.

SP. MED. NUX: Broad, pallid, and expressionless tongue,

yellow ring around the mouth, hypochondriasis, pain in the forehead, nausea, indigestion, and constipation.

SP. MED. PHOSPHORUS: Nervous atrophy, feebleness of reproductive organs, mental weakness.

POTASSIUM ACETATE: Dull, heavy pain in head, scanty urine, pale tongue with light pasty fur.

SP. MED. RHUS TOX.: Bright redness of the affected parts, burning pain, pulse small and sharp, frontal headache, tongue red with prominent papillæ.

SP. MED. STICTA: Pain in shoulder, extending to occiput, feeling of tension in forehead.

STRYCHNINE: Cutaneous anæsthesia, dullness of hearing, impaired vision, difficult respiration, feeble and tardy urination, muscular debility.

PERICARDITIS.

Pericarditis is an inflammation of the pericardium. The affection may be acute or chronic, general or local, primary or secondary, and usually results in an exudation of serum into the pericardial cavity.

The causes of pericarditis are exposure to cold, traumatism, or extension of inflammation from other parts. It frequently appears as a complication with acute rheumatism or myocarditis. It also occurs with phthisis, pleurisy, pneumonia, cancer, Bright's Disease, chorea, hepatitis, typhoid fever, eruptive contagia, and other chronic or acute affections. The disease commences with a chill, followed by fever, the skin is hot, the temperature elevated, and the pulse increased in frequency. There is a feeling of acute pain, weight and oppression, with tenderness on pressure in the præcordial region. The cardiac impulse is forcible, sometimes irregular and tumultuous. Paroxysms of palpitation occur, accompanied by anxiety and restlessness. As the disease progresses, the pain and dis-

tress increase, the pulse becomes feeble and irregular; the heat of the body is augmented, while the feet and hands are cold and clammy; respiration is hurried and shallow; nausea and vomiting with singultus add to the discomfort of the patient; cough with scanty expectoration is an annoying symptom; the patient refrains from movement and leans to the left side. In the latter stages of the disease there is dizziness, delirium, sinking sensations, tendency to syncope, convulsions, and in fatal cases coma and death. Effusion occurs about the third or fourth day. The physical signs of pericarditis vary with each stage of the disease. There are no special evidences at first except friction sounds.

When effusion takes place, there is a swelling in the præcordial region, varying with the amount of exudation, and the respiratory movements upon the left side are diminished. The apex beat is lessened in force, sometimes becoming almost imperceptible, and its position is changed, being found at the left of the usual point. The area of cardiac dullness is increased, and the heart-sounds are feeble and irregular. The duration of pericarditis is from five to eight days; as a rule, the prognosis is favorable.

TREATMENT.—The patient must have absolute rest, both for body and mind; the room should be quiet, and conversation prohibited. The diet must consist of nourishing but easily digested food, which should be given in liquid form, frequently, in small quantities. Externally, cold applications should be used over the præcordial region, and where the effusion is excessive, threatening life by pressure on surrounding parts, the fluid should be removed by aspiration.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. BRYONIA: Pulse strong and vibratile, sharp, cutting pain in heart, cough.

SP. MED. CACTUS: Irregular pulse, sense of tightness and constriction in præcordial region.

SP. MED. DIGITALIS: Pulse small and weak, easily compressed, faint heart sounds, dropsical tendencies.

SP. MED. EUPATORIUM: Full pulse, pain in chest, dyspnoea, dry skin, scanty urine.

SP. MED. LOBELIA: Feeling of oppression in præcordial region, pulse full and oppressed.

OPIUM: Pain, pulse soft and open, skin moist, face pallid, eyes dull.

SP. MED. PASSIFLORA: Restlessness, insomnia, oppressed respiration, pain and tenderness, irregular pulse.

SP. MED. PULSATILLA: Headache, vertigo, despondency, fear that dissolution is impending.

SP. MED. RHUS TOX.: Sharp and wiry pulse, frontal pain especially on the left side, restlessness, tongue red and pointed with papillæ prominent.

SODIUM SALICYLATE: Thin, filmy, white coat on tongue, rheumatic diathesis.

SPIGELIA: Rheumatic pain, cardiac palpitation, hurried respiration.

PERTUSSIS—WHOOPIING COUGH.

Pertussis is an acute contagious affection of the nervous system, the characteristic features of which are a peculiar spasmodic cough, attended with inflammatory processes in the respiratory mucous membrane. The incubatory period is from ten to twenty-one days, after which the distinctive symptoms of the disease appear, viz., a spasmodic cough and an inspiratory whoop. A spasm of cough consists of several rapid expiratory efforts, which are followed by a long inspiration. During the inspiration the larynx is contracted, and the passage of air through the constricted tube gives rise to a crowing sound

or whoop. This stage of the disease generally continues three or four weeks, after which there is a gradual decline in the severity of the symptoms.

Whooping cough is self-limited, and runs a determinate course. Recovery may be anticipated in from six to eight weeks, if there are no complications. One of the most frequent complications is bronchitis. This may be suspected if there is a continuance of the cough during the intervals of whooping spasms, and the face retains a turgid appearance. Pneumonia may set in, and is indicated by rapid respiration, accelerated pulse, crepitant rales, and all the ordinary symptoms of that disease. Congestion of the lungs sometimes occurs during a violent convulsion of coughing, and the patient may be suddenly asphyxiated. Emphysema is occasionally caused by rupture of air vesicles, from a fit of coughing. Dilatation of the bronchi, atelectasis, or pulmonary œdema, may complicate pertussis. General convulsions may be anticipated when the head remains hot, the thumbs are drawn into the palms, the eyes have a vacant stare, and there are involuntary twitchings of the muscles.

Whooping cough is a disease of infancy and childhood, but may occur at any age. The prognosis is favorable, but must be guarded on account of the many and dangerous complications and sequelæ.

TREATMENT.—Medication must be aided by hygienic and dietary measures. The temperature of the sick room must be kept equable. The diet should be nourishing and easily digested, and may consist of eggs, milk, tender and well cooked meat, animal soups and broths.

ACIDUM NITRICUM: Violet colored tongue.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

ALCOHOL: Pulse small, frequent, and fluttering, hurried respiration, weakness and prostration.

AMMONIUM BROMIDE: Sudden movements of body, with jerking and twisting of facial muscles; spasmodic cough with convulsions, worse at night.

ASAFÆTIDA: Nervous irritation, headache, vertigo, cardiac palpitation,

SP. MED. BELLADONNA: Dullness, drowsiness, dizziness, dilated pupils, blueness of face and extremities, deep mucous rales.

CODEINE SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing.

SP. MED. DROSERÄ: Irritating cough, uncontrollable, explosive cough, dryness of air passages, nervousness.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, determination of blood to the head, nervousness and delirium.

SP. MED. HUMULUS: Delirium, nervous irritability, wakefulness.

SP. MED. HYOSCYAMUS: Choking sensation, muscular spasms, fright, terror, dryness of mouth, dilated pupils, flushed face, rapid and excited action of the heart.

SP. MED. IPECAC: Feeling of irritation and burning in chest, oppressed breathing, gastro-intestinal irritation, violent expulsive cough.

SP. MED. LOBELIA: Præcordial oppression, pulse full and oppressed, sibilant rales.

MUSK: Stupor, delirium, subsultus.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and insomnia.

SP. MED. PASSIFLORA; restlessness, insomnia, cerebral irritation, pain.

QUEBRACHO: Dyspnœa, rapid respiration, cyanosis, rapid and feeble pulse.

SP. MED. SANGUINARIA: Sense of tightness and constriction in the respiratory passages, dry hacking cough, burning and tickling in throat and larynx.

SP. MED. SENEGA: Deep hoarse paroxysmal cough, free expectoration, mucous rales, nausea with occasional vomiting.

SP. MED. SILPHIUM: Spasmodic dry cough, sense of dryness and constriction in the throat.

SPONGIA: Voice harsh and husky, dry hoarse croupal cough, wheezing inspiration.

SP. MED. STICTA: Cough, pain in back and shoulders extending to occiput.

SYR. IODIDE OF IRON: Pale leaden colored tongue, pallid countenance, cheeks alternately flushed and pale.

TARTAR EMETIC (2D TRIT): Hoarseness, hollow reverberating cough, sub-crepitant rales, laryngeal tenderness.

TRIFOLIUM: Spasmodic irritable condition of the respiratory mucous membrane, weakness and prostration.

SP. MED. VALERIAN: Spasmodic contraction of muscles, headache, nervousness.

SP. MED. VERBASCUM: Dry hoarse cough, worse at night.

PERITONITIS.

Peritonitis is an inflammation of the serous membrane lining the abdominal cavity and investing its contents. The disease may be acute or chronic, traumatic or idiopathic, local or general. It may occur at any age or in either sex. The affection may be caused by cold and exposure, over-exertion, traumatism, extension of inflammation from other parts, strangulated hernia, intestinal obstruction, ulceration or perforation, rupture of the stomach, or visceral lesions generally. Secondary peritonitis

may complicate pyæmia, septicæmia, puerperal inflammation, Bright's disease, tuberculosis, syphilis, rheumatism, and fevers.

The disease begins with a chill, followed by a high fever. The pulse is accelerated, the skin hot and dry, the tongue coated; there is headache, and a general arrest of secretion. One of the earliest symptoms is a sharp, lancinating pain in the affected part; the abdomen is swollen, tympanitic, and tender on pressure, and the patient lies on his back with his legs drawn up to relax the abdominal muscles.

As the disease progresses the symptoms increase in severity. There is anorexia with nausea and vomiting, the ejections becoming at times stercoraceous; the bowels are generally constipated, and there may be retention or suppression of urine. Respiratory movements are restricted; the temperature remains elevated until the latter stages of the disease, when it may sink below normal. The pulse is very frequent, and later grows weak and fluttering. The features become drawn and sunken, with an anxious expression of countenance; the nose is pointed and pinched, the eyes hollow, and the voice weak; the teeth and tongue are covered with dark-brown sordes. Consciousness may continue unimpaired until the end, but usually the patient sinks into a low muttering delirium, subsultus and coma preceding a fatal issue.

In favorable cases, effusion occurs in from two to five days, and there is then an abatement in the severity of the symptoms.

Subacute peritonitis is usually caused by extension of inflammation from some abdominal viscus. The pain is not so acute nor the tenderness so marked as in the acute form; the general constitutional derangement is not so severe. Chronic peritonitis is a rare affection, and the symptoms are obscure. It is characterized by tenderness

on pressure over the abdominal region, and by serous effusion into the abdominal cavity.

TREATMENT.—Absolute rest in bed is essential for the successful treatment of acute peritonitis. Externally, hot fomentations of hops, stramonium, or linseed meal, should be applied over the abdominal region. Stimulating liniments and counter-irritation are also beneficial. Constipation should be relieved by copious enemata of warm water. Laparotomy is the dernier resort.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. ARNICA: Pulse rapid and feeble, feeling of soreness in abdominal region, traumatic peritonitis.

SP. MED. BAPTISIA: Tongue reddened and dusky, breath offensive, face and lips purplish, moist, pasty fur on tongue.

SP. MED. BELLADONNA: Full and oppressed pulse, drowsiness, tendency to coma, face blue and congested.

SP. MED. BRYONIA: Hard, vibratile pulse, right cheek flushed, abdominal tenderness, pain aggravated by motion.

SP. MED. DIOSCOREA: Cramps in stomach and bowels, abdominal pain with tenderness on pressure, sharp cutting pains aggravated by motion, tympanites.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, increased heat of head, frequent desire to urinate, with burning in the bladder.

MAGNESIUM CITRATE: Severe abdominal pain, renal torpor, scanty urine.

MAGNESIUM SULPHATE: Constipation, dirty lead-colored tongue, tormina and tenesmus, nausea and vomiting.

OPIUM: Pain, pulse soft and open, skin moist, face pallid, eyes dull.

POTASSIUM CHLORATE: Foul, cadaveric odor of breath and discharges, bluish-white tongue, covered with a thick, dirty coating.

SP. MED. RHUS TOX.: Sharp stroke of pulse, burning in

bowels, left frontal headache, prominent tongue papillæ.

SODIUM SALICYLATE: Tongue coated white, intestinal flatus, rheumatic tendency.

SODIUM SULPHATE: Broad pallid tongue, with thick, pasty, dirty-white coat, pallid mucous membranes.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia.

PHLEBITIS.

Phlebitis is an inflammation of the structures forming the walls of the veins. The affection is associated with ulceration and local or general inflammatory processes. It may follow amputation, wounds or injuries, and is of frequent occurrence during the puerperal state. When the disease is superficial its manifestations are readily detected. The skin over the inflamed vein is red or purple, the vein is hard, knotted, and cord-like, and a sharp pain extends along its course. There is considerable congestion and hardening of contiguous parts, with more or less œdema. Phlebitis is attended by constitutional disturbance, such as chills with fever of a remittent character, loss of appetite, headache, and a general suppression of secretion. In some cases there is extreme prostration. Presently coagula form in the veins, and a collateral circulation is established. Suppuration sometimes occurs, followed by pyæmia.

TREATMENT.—In the treatment of phlebitis, absolute rest is necessary; hot fomentations are useful. Abscesses should be opened early.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. APIS: Itching and burning in the parts, œdema, stinging sensations over the body.

SP. MED. BAPTISIA: Tissues full and purplish, pulse frequent, full and oppressed, breath offensive, moist pasty coat on tongue.

SP. MED. BELLADONNA: Dullness, drowsiness, dull, heavy pain in back of head, impaired capillary circulation.

SP. MED. BRYONIA: Hard, vibratile pulse, right cheek flushed, dull pain in parts aggravated by motion.

HAMAMELIS: Parts full and relaxed, enfeebled circulation, vesical irritability.

SP. MED. MACROTYS: Muscular pains in back and loins, feeling of stiffness in parts.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and restlessness.

SP. MED. PODOPHYLLUM: Dizziness, head heavy, speech slow and confused, tongue full and sodden, heavily coated at base.

QUININE SULPH.: Periodicity in the manifestation of the symptoms.

SP. MED. RHUS TOX.: Rapid, wiry pulse, strawberry tongue, itching and tingling in skin.

SODIUM SULPHITE: Broad, pallid tongue, with thick, pasty, dirty-white coat, pallid mucous membrane.

TINCT. FERRI CHLOR.: Dusky redness of surface, glistening skin, tongue red.

SP. MED. VERATRUM: Pulse full and bounding, fever.

PHTHISIS PULMONALIS.

Phthisis pulmonalis is an insidious and intractable disease of the respiratory apparatus, characterized by cough, emaciation, and tuberculous deposits in the lungs. The disease is of frequent occurrence, and is amenable to curative measures only in the early stages.

Pulmonary consumption is prevalent in youth and middle age. It may be either acute or chronic. The exciting causes of consumption are cold and exposure, variable climate, insufficient and improper food, unfavorable hygienic surroundings, depressing influences, and general

debility. It is sometimes met with in those engaged in the preparation of acrid and corroding chemicals, or who work in air filled with irritating vapors or dust. It may follow pneumonia, measles, pleurisy, or any debilitating disease. Hereditary tendencies have a great influence in the production of phthisis.

The development of the disease is preceded by a gradual decline in the general health. The patient becomes weak and emaciated. There is indigestion, the appetite becomes capricious, with a dislike for fatty food, the bowels are irregular, the feet cold, pulse rapid and night sweats occur. In females amenorrhœa is a common symptom. In acute cases, when the disease declares itself, the temperature is elevated, the pulse is accelerated, although it is weak and small, the respiration is hurried, with frequent attacks of dyspnœa. The cough, which at first is dry and frequent, later becomes deep, rattling, and accompanied with profuse expectoration. In acute cases the tubercular deposits break down rapidly. Sometimes the first indication of phthisis is hæmoptysis, more or less profuse. A physical examination in phthisis will reveal dullness on percussion over the affected portion of the lung. The expiratory movements are prolonged, and upon auscultation dry friction sounds may be heard, crepitant and mucous rales, and bronchial murmurs.

Various complications may occur, such as bronchitis, pleurisy, dysentery, diarrhœa, or pneumonia. Acute phthisis generally proves fatal in a few weeks. Chronic phthisis is the usual form of consumption. As a rule it advances insidiously. The first and most common symptom is cough; this is associated with pain and aching in the shoulders, a feeling of constriction in the chest, and shortness of breath upon slight exertion. At first there may be no dullness on percussion nor abnormal respiratory sounds. Presently expectoration grows profuse

and frothy; later it is opaque, purulent, streaked with blood, and sinks in water. As the disease progresses, the symptoms become intensified, the appetite fails, there is fever, the pulse is accelerated, and the patient emaciated, pale and languid. There is now dullness on percussion, harsh bronchial breathing, crepitant rales, and increased vocal resonance.

As the disease advances the area of pulmonary dullness increases, and both lungs become implicated. The crepitant rales augment, and large mucous ronchi are audible. With increased vocal resonance there is bronchophony. The cough becomes more persistent, the expectoration more profuse; hemorrhages are common, there are night sweats, quick pulse, hectic fever, and diarrhœa. Various complications now appear, viz., laryngitis, bronchitis, pleuritis or gastro-intestinal lesions. Cavities form in the lungs, giving rise to moist rales, splashing, gurgling sounds, bronchial or amphoric breathing and pectorilquy. Percussion elicits the cracked-pot sound. Sometimes coarse creaking sounds are present, indicating pleuritic adhesions. The cough becomes more harassing, being worse in the morning and in the evening; sleep is disturbed; there is dyspnœa or orthopnœa. The sputa is profuse and greenish, ichorous, and offensive. The chest is flattened, there is severe pain, the feet become swollen and dropsical. Frequent chills occur, night sweats become profuse, and a colliquative diarrhœa may set in, followed by rapid prostration and death. Chronic phthisis extends over a variable period, and may continue for months or years. Its course is erratic, the patient apparently improving at times and then again growing worse, and so on, until the end.

TREATMENT.—Dietary, climatic, and hygienic measures are of the greatest importance in the treatment of phthisis, but no specific rules can be laid down; for each case must be given especial attention.

SP. MED. ACHILLÆ: Hæmoptysis, rigors, sore throat, irritation of the urinary tract.

ACIDUM GALLICUM: Night sweats, diarrhœa, mucous membranes relaxed.

ACIDUM HYDROCHLORICUM: Deep red tongue, dark brown coat, sordes, nervous prostration, pungent heat of skin.

ACIDUM HYDROCYANICUM: Nausea, elongated and pointed tongue with reddened tip and edges, scanty expectoration, pain and soreness in larynx, gastric cough.

SP. MED. ACONITE: Pulse small and frequent, pain and pyrexia.

AMMONIUM CARBONATE: Weak and feebly acting heart, feeble pulse, difficult respiration, skin pallid and cold, severe cough, scanty viscid expectoration.

AMMONIUM MURIATE: Lack of secretion, dry cough, tickling in the larynx, dusky redness of surface.

ARSENIC: Pulse soft and feeble, extremities cold; soft, doughy, pallid skin, alternate flushes and paleness in cheeks, contracted and pointed tongue, emaciation.

SP. MED. BELLADONNA: Blueness of face and extremities, hands and feet cold, dullness and drowsiness.

BISMUTH SUB. NIT.: Gastric acidity, feeling of uneasiness in stomach, irritant diarrhœa, elongated and pointed tongue with reddened tip and edges, heart-burn, water-brash.

SP. MED. CACTUS: Irregular pulse, præcordial oppression, difficult breathing, spasmodic cough, vertigo.

CALCIUM SULPHIDE: Profuse purulent expectoration, feeble recuperative powers, weakness.

SP. MED. CANNABIS IND.: Headache, vertigo, insomnia, feeble and irregular pulse, paleness.

CHLORAL HYD.: Nervous headache, insomnia, pain, pulse soft and temperature normal.

COD LIVER OIL: Cough and expectoration, temperature elevated in afternoon, pulse rapid, paleness and emaciation, tissues soft and atonic.

CODEINE SULPHATE: Constant irritating cough, diminished secretion, inability to sleep from coughing.

SP. MED. COLLINSONIA: Cough with sense of pain and fullness in larynx, hæmoptysis, sore throat, sticking pains in lungs and larynx.

SP. MED. DIGITALIS: Feeble pulse, faint heart-sounds, dropsy, dyspnœa, cyanosis.

SP. MED. EPILOBIUM: Colicky pains, contracted abdomen, diarrhœa with large discharges.

SP. MED. ERGOT: Hæmoptysis, dullness, languor, indisposition to exertion, venous congestion, slow and oppressed pulse.

SP. MED. ERIGERON: Colliquative diarrhœa, frequent and large discharges with tenesmus and cramps, passive hemorrhage from the lungs, night sweats.

SP. MED. EUONYMUS: Anorexia, indigestion, cough, torpid liver, constipation.

FERRI IODIDE SYR.: Paleness, anæmia, lymphatic enlargements, syphilitic diathesis.

SP. MED. GERANIUM: Chronic diarrhœa, mucous discharges, relaxed mucous membranes, passive hemorrhages.

GUAIAACUM: Frequent pulse, increased heat of surface, dry skin, renal torpidity, constipation, constant cough.

SP. MED. HYOSCYAMUS: Constant dry cough, worse at night, relieved by sitting up, choking sensation, nervousness, delirium.

LACTACARIUM: Nervous irritation, vascular excitement, rapid pulse, fever, pain, insomnia.

SP. MED. LOBELIA: Sense of fullness and oppression in the præcordial region, dyspnœa, sibilant rales, cardiac palpitation, dry harsh cough, hectic fever, full and oppressed pulse.

SP. MED. LYCOPUS: Chronic cough with frequent pulse and high range of temperature; sense of burning, soreness, and irritation in lungs; hæmoptysis, cardiac palpitation, nervousness, debility.

MORPHINE SULPHATE: Pain, pulse soft, tongue clean, skin cool, no fever.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and sleeplessness.

SP. MED. PHOSPHORUS: Dry hacking cough, nervous debility, increased irritability, mental derangement.

SP. MED. PRUNUS VIR: Rapid and weak pulse, shortness of breath, feeble, inefficient cough, copious muco-purulent expectoration.

QUEBRACHO: Dyspnœa, rapid respiration, cyanosis, rapid and feeble pulse, cough, palpitation of the heart.

QUININE: Weakness and debility, feeble innervation, loss of appetite, indigestion.

SP. MED. RHUS TOX.: Rapid and wiry pulse, cough with burning pain in chest, pain over left eye, tongue elongated and pointed, papillæ prominent.

SP. MED. SANGUINARIA: Irritating, tickling cough, burning sensation in throat, muco-purulent expectoration streaked with blood.

SP. MED. SENECA: Deep, hoarse cough, mucous rales, free expectoration, nausea with occasional vomiting.

SYR. HYPOPHOSPHITES COMP.: Pallid, waxen surface, extremities cold, feeble nutrition, loss of appetite, general debility and weakness, cough and expectoration.

TINCT. FERRI CHLOR.: Tongue and mucous membranes red, tissues relaxed, prostration, anæmia.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia.

PLEURISY.

Inflammation of the serous covering of the lungs is a disease of frequent occurrence. It attacks both sexes, being more prevalent in adult males, and is found in all climates. The disease may be acute or chronic, local or general, but is usually confined to one side.

The causes of pleurisy are exposure to cold, injuries, or physical exhaustion. It frequently arises as a complication during the course of acute or chronic affections, such as eruptive fevers, pneumonia, rheumatism, gout, bronchitis, phthisis, pyæmia, and other constitutional derangements.

Pleurisy begins with a chill, followed by a fever. There are sharp lancinating pains in the left side, headache, suppressed hacking cough, with scanty expectoration. The patient speaks in a low, restrained manner. The respiratory movements are limited, and there is more or less dyspnœa or orthopnœa. The bowels are constipated and the urine scanty and high-colored. In the first stage of pleurisy, the respiratory movements on the affected side are diminished, the respiration is catching and irregular and the respiratory murmur feeble and interrupted, while auscultation will reveal friction sounds. In the stage of plastic exudation, the vocal fremitus is faint, and there is dullness on percussion. As a rule, effusion occurs in a few days. The pain is then somewhat lessened, but the respiratory movements are more difficult. The fever is lower, the pulse softer, and there is coldness of the extremities. The cough is harassing, and the expectoration profuse. The patient loses strength and becomes much prostrated. The physical signs of the stage of effusion depend upon the amount of fluid exudation. The vocal fremitus is suppressed; there is dullness on percussion over the area of effusion. The respiratory sounds are diminished or absent, at or below the level of the fluid, and exaggerated above this point.

The prognosis of pleurisy is favorable. The average duration being about eight days. However, death may occur during the first or second stages. In the first stage, when the fever is very high, the pain extremely severe and lancinating, the pulse wiry and quick, with delirium and embarrassed respiration, death may occur in forty-eight hours.

Should the disease result fatally in the stage of effusion, the patient usually passes into a low form of fever, with delirium and gasping respiration, followed by coma.

TREATMENT.—The patient should be placed in a well ventilated room, with all disturbing influences removed. Counter-irritation in the form of sinapisms or thapsia plaster should be applied to the affected side. The feet should be kept warm, the head cool, and the diet must be nutritious but non-stimulating.

SP. MED. ACONITE: Pulse small and frequent, fever, embarrassed respiration, cough, increased secretion.

SP. MED. ÆSCULUS GLAB.: Spasmodic cough, oppressed breathing, scanty expectoration.

SP. MED. AGRIMONIA: Cough with pain under the floating ribs, thick, profuse and offensive expectoration, spasmodic cough with dribbling of urine.

AMMONIUM CARBONATE: Severe cough, scanty, viscid expectoration, feeble pulse, skin pallid and cold, respiration difficult.

AMMONIUM MURIATE: Harsh cough, scanty expectoration, dry rales, tickling in larynx, lack of secretion.

AMMONIUM AROMATIC SPIRITS: Dyspnœa, increased bronchial secretion, hacking cough.

SP. MED. ASCLEPIAS: Pain, skin moist, pulse full and soft, dyspnœa, pyrexia, cough.

SP. MED. BELLADONNA: Dullness, drowsiness, dull, heavy, aching pain in head, throat dry, extremities cold.

SP. MED. BRYONIA: Pulse hard and vibratile, right cheek flushed, suppressed and hacking cough with pain in affected side, respiratory movements restricted.

CODEINE SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing.

COD LIVER OIL: Cough, elevated temperature, weakness, and emaciation.

SP. MED. COLLINSONIA: Full pulse, sharp, sticking pains in side, laryngeal irritation, cough.

CORALLORRHIZA: Hacking cough, loss of weight, lack of secretion, anorexia, weakness, pain and pyrexia.

SP. MED. DIGITALIS: Weak pulse, faint heart sounds, dyspnoea, cyanosis.

SP. MED. DROSER: Expulsive irritating cough, lack of secretion, pain in the chest.

SP. MED. ERIODICTION: Chronic cough, profuse expectoration, loss of appetite, impaired digestion, emaciation.

SP. MED. EUONYMUS: Cough, weakness, hepatic torpidity, constipation.

SP. MED. EUPATORIUM: Full pulse, pain in chest, hoarseness, shortness of breath, skin moist.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, pain and pyrexia.

GLYCYRRHIZA: Short, weak cough, great feebleness and relaxation, cold extremities.

SP. MED. GRINDELIA ROB.: Hard dry cough, soreness in chest, respiration labored, cardiac palpitation, whistling rales.

HEPATICA: Cough, with increased secretion, irritation of mucous membranes.

SP. MED. INULA: Teasing cough, post-sternal pain, catchy respiration.

SP. MED. IPECAC: Expulsive cough, muco-purulent expectoration, sense of burning, irritation in the lungs.

SP. MED. JABORANDI: Skin dry and harsh, pain in back and limbs, lack of secretion, pyrexia, pulse full and strong.

SP. MED. LOBELIA: Sense of fullness and oppression in the præcordial region, pulse full and oppressed; oppressed respiration, sharp pain.

SP. MED. LYCOPUS: Frequent and irritating cough, rapid respiration, fever, scanty secretions.

SP. MED. MACROTYS: Cough, with muscular pains in back and limbs.

MORPHINE: Pain, pulse small and soft, tongue clean.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and sleeplessness.

POTASSIUM ACETATE: Dull, heavy pain in head, renal torpor, pale tongue, with light pasty fur.

SP. MED. PRUNUS: Deep, constant, harassing cough, full, hard pulse, copious expectoration, fever.

QUEBRACHO: Dyspnœa, cyanosis, face livid, lips blue, cardiac palpitation.

SP. MED. RHUS TOX.: Cough, with burning pain in chest; sharp, quick pulse, strawberry tongue, pain in left side.

SP. MED. SANGUINARIA: Irritating, tickling cough, burning sensations in throat, sense of tightness and constriction in lungs.

SP. MED. SENEGA: Deep, hoarse cough, mucous rales, free expectoration.

SP. MED. SILPHIUM: Spasmodic, dry cough, sensation of dryness and constriction in throat.

SPONGIA: Dry, harsh cough, with whistling respiration.

SP. MED. STICTA: Cough, with pain in back and shoulders extending to occiput.

SULPHUR: Persistent cough, copious expectoration, crepitant rales, thick yellow sputa.

SYR. HYPOPHOSPHITES COMP.: No fever, general debility and weakness, loss of appetite, phthisical tendencies, cough and expectoration.

SP. MED. TELA ARANEA: Dry, whistling, spasmodic cough.

TOLU: Fever, cough, scanty expectoration.

In some cases it will be necessary to remove serous or purulent effusions by aspiration.

PNEUMONIA.

Pneumonia is an inflammation of the lungs. It may be either croupous or catarrhal, acute or chronic. Croupous pneumonia is an acute inflammation of the alveoli of the lungs, which results in an exudation into the air vesicles, causing a condition called hepatization. The affection may affect one lobe or an entire lung. Occasionally both lungs are involved in the diseased process. The lower lobe of the right lung is the part most frequently attacked; double pneumonia being usually found in infancy and old age. Croupous pneumonia has an average duration of from fourteen to eighteen days. An attack of pneumonia may be divided into three stages: a stage of engorgement, which extends over a period of from three to five days; a stage of red hepatization, which continues for about the same time; and a stage of gray hepatization, which lasts from two to six days.

The causes of pneumonia are poverty, unhealthy surroundings, cold and exposure, blows or injuries to the chest, and the inhalation of irritating vapors or noxious gases. It may occur as a complication in acute contagious diseases, or in uræmia, pyæmia, septicæmia, chronic alcoholism, rheumatism, pleurisy, bronchitis, cardiac or gastro-intestinal lesions. There are no distinctive prodromata in pneumonia. The acute onset begins with a chill more or less severe; this is followed by fever, headache, delirium, and in children there may be convulsions. The skin is hot, the pulse full and bounding, the face flushed, and there is thirst, anorexia, nausea, and vomiting. The patient endeavors to suppress a short, hacking, painful cough, respiration is hurried, speech is difficult and gasping, and there is prostration with anxiety and restlessness. The pulse is accelerated, the urine scanty and high-colored, the tongue dry, and the bowels constipated. The symp-

toms continue to increase in severity until the crisis, which may occur at any time from the third to the ninth day. All the symptoms rapidly ameliorate, and in favorable cases convalescence sets in. In some instances the return to health is more gradual, and the patient recovers by lysis instead of crisis. In unfavorable cases the symptoms maintain their severity; the respirations are shallow and markedly increased in frequency; there is cardiac weakness and pain of a sharp shooting character, which is intensified by coughing, sneezing, and deep inspirations. The sputa is at first frothy, later it becomes gelatinous, viscid, and rusty, or of a prune-juice color; in some cases it may be creamy or purulent. The fever is usually highest about the third day; it then maintains a lower range until the period of crisis, when it falls to normal. In recovery by lysis the fall is more gradual. Some cases assume the typhoid form in which the lips and tongue are brown, cracked and covered with sordes, and there is great prostration. Intestinal hemorrhage, hæmaturia, or epistaxis, frequently occur; the pulse becomes rapid, small, and feeble; bed sores appear, and an acute diarrhœa may set in. The patient passes into a condition of stupor, drowsiness, and low muttering delirium, with muscular tremors and subsultus tendinum, followed by coma and death.

The physical signs of croupous pneumonia vary with the different stages of the disease. In the first stage, or stage of engorgement, the respiratory movements are restricted; there is dullness on percussion over the inflamed parts; the respiratory murmurs are diminished in intensity in the affected portion, and exaggerated in the sound parts of the lungs. When exudation commences, crepitant rales may be heard. In the second stage, or stage of red hepatization, the respiratory movements are diminished on the affected and increased on the unaffected side. The

vocal fremitus is increased; there is marked dullness on percussion, bronchial respiration and bronchophony are heard. In the third stage, or stage of gray hepatization, there is diminished dullness, the respiratory movements become freer, crepitant rales or rales redux appear, and as the patient improves, respiration gradually becomes normal. The prognosis of acute croupous pneumonia is favorable, but one attack predisposes to another.

Catarrhal pneumonia is an inflammation of the parenchyma of the lungs. It is generally confined to one lung, and to certain groups of lobules. It is called lobular in contra-distinction to lobar or croupous pneumonia. Catarrhal pneumonia affects isolated or contiguous lobules, while croupous implicates entire lobes. The catarrhal form is usually complicated with inflammation of the bronchi or bronchioles. It may be circumscribed or diffuse, sub-acute, acute or chronic. The disease runs a variable course, recovery rarely taking place under two weeks. This form of pneumonia is always secondary, has no period of crisis, and frequently implicates the pleura.

TREATMENT.—The patient should be placed in bed in a large, cheerful, and well ventilated room, with plenty of fresh air. The diet should be nourishing and liberal. Fomentations or poultices and compound emetic powder should be applied to the external surface of the thorax.

ACIDUM HYDROCHLORICUM: Tongue deep red, dry and contracted, inclined to fissure, brown coat, sordes on teeth and lips.

ACIDUM SULPHUROSUM: Bad taste in mouth, dirty tongue, covered with stringy, viscid, mucous secretion.

SP. MED. ACONITE: Pulse small and frequent, sense of burning and constriction in fauces, pyrexia.

ALCOHOL: Pulse quick and feeble, respiration hurried, weakness and prostration.

AMMONIUM CARBONATE: Scanty, viscid expectoration, severe cough, especially in the aged, feeble pulse, diminished cutaneous secretion, skin pallid and cold, respiration difficult, insomnia.

AMMONIUM MURIATE: Harsh cough, scanty expectoration, dry rales, dusky redness of surface, easily effaced by pressure, and returning slowly, tickling and heat in the larynx.

SP. MED. ASCLEPIAS: Pulse full and soft, cough, scanty expectoration, moist skin, acute pleuritic pain, pyrexia.

ARSENIC: Soft, feeble pulse, inelastic skin, small pallid tongue.

SP. MED. BAPTISIA: Pulse frequent, full, and oppressed; tongue and mucous membranes purplish in color; breath sweet, sickening, and offensive; smooth, grayish, viscid coat on tongue, sordes on teeth and lips, prune-juice expectoration, full abdomen.

SP. MED. BELLADONNA: Pyrexia, dullness, drowsiness, dilated pupils, dull, heavy, aching pain in head, blueness of face and extremities, impaired capillary circulation.

SP. MED. BRYONIA: Full and tense pulse; suppressed hacking cough, with pain in right side; respiratory movements restricted, pleuritic pains, swelling of joints.

SP. MED. CACTUS: Irregular pulse, præcordial oppression, spasmodic cough, vertigo, nervousness, anxiety.

CAFFEINE: Cardiac insufficiency, renal torpor, dropsy, headache.

CAMPHOR: Great prostration, feet and hands cold, voice weak and husky, pulse feeble, nausea, vomiting, vertigo.

CARBO-VEG.: Pallid, flabby tongue, with soft, moist coat, bad smelling alvine discharges, tendency to hemorrhage.

SP. MED. DIGITALIS: Weak pulse, faint heart sounds, dyspnœa, dropsy.

SP. MED. ECHINACEA: Breath offensive, dusky colored mucous membranes, profuse acrid saliva, oppressed breathing and cyanosis, threatened pulmonary gangrene.

SP. MED. EUPATORIUM PER.: Full pulse, pain in chest, hoarseness, shortness of breath, sweating.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, pyrexia.

HEPATICA: Cough, with increased secretion and bronchial irritation.

SP. MED. INULA: Teasing chronic cough, post-sternal pain,

SP. MED. IPECAC: Oppressed respiration, diminished expectoration, mucous rales, hypersecretion in bronchioles, weakness, feebleness.

SP. MED. JABORANDI: Dryness of mouth and throat, dry skin, irritating cough, lack of secretion in bronchial tubes, pleuritic pains, pulse strong.

SP. MED. LOBELIA: Sense of fullness and oppression in præcordial region, dyspnœa, sibilant rales, tendency to perspiration.

SP. MED. LYCOPodium: Cough with bloody sputa, congestive headache, low fever.

SP. MED. MACROTYS: Cough with pain in back and limbs.

MUSK: Loud rales in lungs, stupor, muttering delirium, subsultus tendinum.

POTASSIUM CHLORATE: Moist tongue, putrid odor of breath, increased secretion, chronic pneumonia.

SP. MED. PHOSPHORUS: Pinkish, flushed face, eyes wild and glassy, delirium, dyspnœa, pulmonary hyperæmia, sputa markedly rusty, cough, diarrhœa, scrofulous diathesis.

SP. MED. PRUNUS VIR.: Constant deep and harassing cough, copious muco-purulent expectoration, dyspnœa, pyrexia.

QUEBRACHO: Face livid, lips blue, orthopnœa, dyspnœa, cyanosis, pulse small.

SP. MED. RHUS TOX: Cough with burning pain in chest, pulse sharp and quick, burning pain in left side.

SP. MED. SANGUINARIA: Irritating cough, sense of rawness and constriction in the throat, frothy muco-purulent expectoration.

SCILLA: Cough with purulent expectoration and renal torpidity.

SP. MED. SENEGA: Deep, hoarse, paroxysmal cough, free expectoration, mucous rales.

SP. MED. SERPENTARIA: Sense of fullness in chest with difficult respiration, dragging pains in the loins, scanty urine.

SODIUM SULPHITE: Broad pallid tongue, thick, pasty dirty, white or grayish coat, pallid mucous membrane.

SP. MED. STICTA: Cough, with pain in back and shoulders extending to occiput, abundant sputa.

TARTAR EMETIC (3D TRIT.): Cough, sub-crepitant rales, sub-acute inflammation, capillary bronchitis.

TR. FERRI CHLOR.: Cheeks flushed, surface glistening, deep red tongue, papillæ prominent, red blotches on extremities, grumous, prune-juice sputa.

SP. MED. VERATRUM: Pyrexia, full and bounding pulse.

PROSTATITIS.

Prostatitis, or inflammation of the prostate gland, may be either acute or chronic. The disease is caused by blows or injuries in the prostatic region, by the introduction of instruments into the bladder, cystitis, gonorrhœa, urethral stricture, urinary calculi, irritating urethral injections, over-exertion, excessive venery, exposure to cold, horse-back or bicycle riding, syphilis, and other constitutional maladies.

An acute attack of prostatitis is characterized by a feeling of weight and tension in the perineum, and a dull, heavy, aching pain which is increased by pressure or

movement. There is pain in the neck of the bladder, extending to the back and down the limbs; micturition is frequent and difficult, and defecation is painful. There may be retention of urine. In some cases there may be considerable general disturbance, with fever, nervousness, and restlessness. The acute form terminates in resolution in from three to six days. Suppuration is rare; occasionally, however, abscesses form, which may open into the bladder, rectum, or externally through the perineum.

Chronic prostatitis is more frequently found in advanced age. It may be the sequel of an acute attack, or begin with characteristic chronic manifestations. There is an uncomfortable feeling of fullness in the perineal region, which is increased by physical exertion. The prostate is the seat of deep, tensive, aching pains, and can be felt enlarged and tender by introducing the finger into the rectum. Urination is frequent, with vesical tenesmus; dribbling of the urine is a common symptom, and there is constant teasing desire to pass the urine, which is not relieved by micturition. The disease varies in intensity, the patient growing better and then worse, and so on up and down through a long course of years. Prostatitis is usually attended by a thin, viscid, whitish urethral discharge.

TREATMENT.—In the acute form rest in bed is imperative. Rectal injections of warm water and the hot sitz bath are to be recommended. Poultices and stimulating applications may be applied to the perineum.

In the chronic form the patient should also be kept as quiet as possible, and endeavor to avoid all irritating and exciting habits. The compound tar plaster worn over the perineal region will be beneficial if continued for a length of time. The patient should be given a catheter and instructed how to use it, so that the bladder may be emptied regularly and at proper times.

CHIMAPHILLA: Scanty urine, muco-purulent sediment, vesical tenesmus, frequent and ineffectual attempts to urinate, with smarting pain.

SP. MED. COLLINSONIA: Sticking pain and fullness in rectal region, pain upon contraction of sphincter ani, sensation of a foreign body in rectum.

SP. MED. ELATERIUM: Scanty urine, voided with difficulty, thick, heavy, sediment, sensations of pain and heat in prostate, bowels constipated.

SP. MED. GELSEMIUM: Frequent desire to urinate, painful and difficult urination, sharp pains in back and limbs, spasmodic contraction of vesical sphincters.

SP. MED. HAMAMELIS: Sensation of fullness in rectum, vesical irritability, tenesmus, hemorrhoids.

SP. MED. IGNATIA: Dragging pain in right hypochondrium, deep-seated pain in loins.

OPIUM: Severe pain, frequent micturition, pulse soft and open, no fever.

SP. MED. PHOSPHORUS: Increased vesical irritability, frequent urination, prostatorrhœa.

POPULUS: Frequent urination with irritation and debility.

POTASSIUM ACETATE: Dull, heavy pain in head, renal torpor, pale tongue, with light pasty fur, scanty urine.

SP. MED. SAW PALMETTO: Prostatorrhœa, difficult micturition, pain and soreness in prostatic region, enlargement and swelling of prostate.

SP. MED. SALIX NIGRA AMENTS: Sexual irritability, spermatorrhœa, frequent urination, apprehension, patient nervous and easily alarmed.

SP. MED. SENECEO: Soreness, pain and bearing-down feeling in prostate, difficult urination.

SP. MED. STAPHISAGRIA: Prostatic irritation, spermatorrhœa, despondency attended with moroseness and violent outbursts of passion, hypochondriasis.

SP. MED. RHUS AROM.: Nocturnal enuresis, relaxation of sphincter vesicæ, enlarged prostate.

SP. MED. THUJA: Dribbling of urine in the aged, enlarged prostate, vesical atony.

PURPURA.

Purpura is a disease characterized by the appearance of smooth, reddish, or purple patches in the skin. The disease is classified into purpura simplex and purpura hemorrhagica.

Purpura simplex consists of small red spots which appear in the skin and mucous membrane. The spots, which vary in size from a pin-head to a split pea, make their appearance suddenly, but are accompanied by very slight, if any, constitutional disturbance. They are bright red at first, and later become of a purplish hue. They usually occur on the lower limbs, about the hips and thighs, but may extend over the entire body. Purpura simplex occurs most frequently in the aged. It may continue for a week or two, new spots appearing as the older ones fade.

Purpura hemorrhagica is an effusion of blood into the skin, membranes, and tissues of the body. The hemorrhages are more extensive than those of the simple form, and may occur in any part of the body.

Purpura hemorrhagica usually begins abruptly, with more or less constitutional disturbance, such as headache, pain in the body and limbs, weakness, and anorexia; there is no fever. The hemorrhagic spots vary in form and size, some of them attaining several inches in diameter. Free hemorrhage occurs from the nasal and pharyngeal mucous membranes, and from the lungs, kidneys, stomach, or intestines. Sometimes there is obstinate bleeding from the gums. Blisters filled with blood occur

on the skin and mucous membranes. Sometimes black, scaly scabs form, which, when removed, reveal a pale, anæmic surface. Hemorrhages into serous cavities and into the brain are found in fatal cases. If hemorrhage is excessive, the patient becomes greatly anæmic, with weakness and exhaustion, pallor and œdema, fainting spells, and danger of syncope. The disease may continue for months, new hemorrhagic areas appearing as the first ones disappear.

TREATMENT.—**ACIDUM GALLICUM:** Feeble pulse, cold extremities, inelastic skin, dull, aching pain in body, headache, vertigo, nausea.

ACIDUM SULPHURICUM AROMATICUM: Relaxed skin, profuse sweating, chills, paleness, weakness.

SP. MED. ERGOT: Dullness, languor, indisposition to exertion, slow and oppressed pulse, surface cold, œdema.

SP. MED. HAMAMELIS: Enfeebled circulation, thickening of mucous membranes, passive hemorrhage.

SP. MED. NUX VOM.: Broad, pallid, expressionless tongue and face; pale, sallow ring about mouth, weakness and prostration, abdominal pain pointing to umbilicus.

QUININE: Periodicity in the manifestation of the symptoms, malarial hæmaturia.

TINC. FERRI CHLOR.: Cheeks flushed, surface glistening, deep red tongue, papillæ prominent, red blotches on body, tissues relaxed.

TURPENTINE (emulsion): Bleeding from mucous membranes, large purple spots in skin, anæmia, weakness.

PYÆMIA.

Pyæmia is a disease arising from the absorption of pus or its constituents, by the blood, and is characterized by the formation of abscesses in various parts of the body.

The disease is caused by infection from wounds, ulcers, carbuncles, phlebitis, filthy surroundings, uncleanness, periostitis, otorrhœa, cellulitis, erysipelas, dissecting wounds, endo-carditis, endo-metritis, and suppurative inflammations generally, especially where veins are involved. The affection commences with a severe rigor, followed by high fever and profuse perspiration. There may be several rigors or but one. The pulse is small, frequent, and feeble, the tongue is coated a dirty brown, there is nausea and vomiting, the bowels are irregular, and the discharges dark and offensive, the urine scanty, high-colored, and bad smelling, and the extremities may be cold and clammy while the body is hot. If there is an open wound it becomes the seat of sharp pain, and there is a feeling of soreness and tenderness over the body, especially in the joints and viscera. There may be delirium, involuntary muscular twitchings, and restlessness.

As the disease progresses, localized inflammatory processes occur in the viscera, joints, and tissues; these processes run a rapid course and terminate in suppuration. Sometimes several parts of the body are simultaneously attacked, and small abscesses form in many places. The conjunctiva and skin assume a yellow tinge, the breath becomes sweetish and offensive, the respiration is rapid and prostration is marked. Finally the face becomes drawn and anxious, the pulse rapid and feeble, the patient sinks into a state of coma, and death occurs. The average duration of the disease is from four to ten days. The prognosis is grave.

TREATMENT.—All exciting influences should be removed, and the patient rigidly supported. Wounds must be cleansed, all sources of sepsis removed, and the air kept fresh, sweet, and clean.

SP. MED. AMYGDALUS: Elongated and pointed tongue,

with reddened tip and edges; nausea and vomiting, diarrhœa, nervous irritability.

ALCOHOL; Pulse quick and feeble, respiration hurried, weakness and prostration.

SP. MED. BAPTISIA: Tongue reddened and dusky, looks like raw beef, papillæ enlarged, coating slick and heavy toward base; breath of an offensive, sweetish odor, face, dusky, lips purple, offensive diarrhœa.

SP. MED. BELLADONNA: Dullness, drowsiness, pupils dilated, impaired capillary circulation, congestion.

CALCIUM SULPHIDE: Localized inflammations, pustular eruptions, persistent suppuration, lack of vitality in tissues, feeble recuperative energy.

SP. MED. ECHINACEA: Breath offensive, nausea and vomiting, profuse and bad-smelling alvine discharges, tendency to gangrene and sloughing.

POTASSIUM CHLORATE: Pallid tongue, bad taste in mouth, foul cadaveric odor of breath and discharges.

QUININE: Weakness, nervousness, general debility, chills.

SP. MED. RHUS TOX.: Pulse small and sharp, frontal headache, scanty urine, strawberry tongue, itching and tingling in skin, restlessness, pain in left frontal region.

SODIUM SULPHITE: Broad, pallid tongue, thick, pasty, dirty-white coat; pallid mucous membrane.

SULPHUROUS ACID: Slimy, brown coat on tongue: mucous membrane dull red, tissues full and dirty-looking.

TINC. FERRI CHLOR.: Cheeks flushed, surface glistening, deep-red tongue, papillæ prominent, red blotches on body, tissues relaxed, impaired digestion, anorexia.

SP. MED. VERATRUM: Pyrexia, pulse full and bounding.

PYELITIS.

Pyelitis is an inflammation of the mucous membrane of the pelvis and calices of the kidneys. It may be acute or chronic. The disease is caused by cold and exposure, acrid diuretics, irritation from urinary calculi, traumatism, extension of inflammation from neighboring parts, or by retention of urine. It occurs as a complication in typhoid fever, diphtheria, Bright's disease, pyæmia, myelitis, and other acute and chronic diseases.

A patient afflicted with pyelitis complains of pain in the back over the region of the kidneys. The pain extends down the limbs, and is felt in the bladder and urethra. Urination is frequent and painful. The urine at first may contain blood and mucus with epithelium; the specific gravity is increased, and some albumen may be present. In the later stages there is pus in greater or smaller quantities, depending upon the extent of the inflammatory processes. There is pain on pressure in the lumbar region; the tongue is red and fissured; there are chills, fever, headache, anorexia, and vomiting.

Acute catarrhal pyelitis generally runs its course in from three to eight days; when the pyelitis becomes chronic from retained calculi or extension of cystic inflammation, the duration is uncertain, and the disease may continue for weeks or months.

TREATMENT.—The patient should be placed in bed, and counter-irritation applied over the region of the kidneys. If the kidney has become much disorganized, or contains a calculus too large to pass the ureter, surgical measures must be resorted to.

ACIDUM BENZOICUM: Irritable bladder, phosphatic deposits, fermentation of the urine.

SP. MED. AGRIMONIA: Acute, deep-seated pain in lumbar region, extending to bladder.

AMMONIUM BENZOATE: Scanty, dark-red urine, with pungent odor and thick sediment; headache, drowsiness, pain in back and limbs.

SP. MED. APIS: Burning and stinging sensations over the body, urine scanty, voided frequently, with burning and smarting in urethra.

SP. MED. ARNICA: Dull, aching, bruised feeling in lumbar region.

SP. MED. BUCHU: Acid urine, constant desire to urinate, muco-purulent urine.

CAMPHOR: Frequent and difficult micturition, tenesmus and strangury, cold hands and feet, prostration, voice weak and husky.

SP. MED. CANNABIS IND.: Pain and burning in urethra and bladder, stupor, vertigo, feeble and irregular pulse.

SP. MED. CHIMAPHILLA: Scanty urine, muco-purulent sediment, vesical tenesmus.

COCCUS CACTI: Dark-colored urine, pain in back extending to ureters and bladder.

SP. MED. DIGITALIS: Pyrexia, pulse frequent and feeble, vertigo, nausea, thirst.

SP. MED. EPIGEA: Uric acid deposits, purulent urine, urinary incontinence.

SP. MED. ERYNGIUM: Scanty and frequent urination, burning and scalding in urethra, pain in bladder, extending to loins.

SP. MED. GELSEMIUM: Scanty and difficult urination, pulse full and hard, skin dry, headache, bright eyes, contracted pupils, flushed face, feeling of weight in back and pelvis.

SP. MED. HYDRANGEA: Irritation of bladder and urethra, difficult urination with blood in the urine, calculous deposits, deep-seated pain in the region of the kidneys.

SP. MED. JABORANDI: Suppression of urine, skin dry and harsh, pain in back and limbs, pyrexia, pulse full and strong.

LITHIUM BENZOATE: Continuous irritation of the urinary passages, fetid breath, bad taste in mouth, imperfect nutrition.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and sleeplessness.

SP. MED. PASSIFLORA: Constant, deep pain in lumbar region, pain on pressure, nervousness, insomnia.

PICHI: Pain in uterus and bladder, frequent urination, worse at night.

RHUS AROM.: Dribbling of urine, relaxed tissues, sodden skin, paleness and emaciation.

SYZYGIUM JAMBOLANUM: Red and fissured tongue, pale gums, lumbar pain.

TRITICUM: Irritation of the urinary organs, sandy deposits in the urine, frequent urination, pain in back.

UVA URSI: Dragging pain in loins, irritation of bladder, weakness, relaxation.

RACHITIS—RICKETS.

Rickets is a chronic disease of childhood, characterized by osseous softening, deformities, and general constitutional disturbances. The causes of the affection are insufficient and improper food, bad hygienic surroundings, hereditary syphilis, malaria, mal-nutrition, and debilitating diseases.

In the beginning, about the only symptoms are peevishness, and a desire upon the part of the child to be let alone. Presently the patient becomes emaciated and is subject to attacks of diarrhœa, alternated with constipation. There is cutaneous hyperæsthesia, and profuse sweating, especially about the head. The muscles are soft and atrophied, and the joints abnormally supple. The child becomes unable to stand or even to sit up. The spinal column is bent, and the head rolls about from side to side, the patient

being unable to steady it. Teething is delayed, and the teeth, when they do appear, are small and irregular. There is rarely any fever, the appetite is good, but there is excessive thirst. The bones become softened, and deformities result. The head is flattened, longer than normal, and the features appear small in comparison. The fontanelles are open and the sutures soft. Deformities of the spine are common. These are associated with softening of the ribs. The sternum projects, causing the characteristic "chicken breast" of rickets. There is usually considerable abdominal distention. Bow legs and flat feet are marked features of this disease. When recovery occurs, the bones harden rapidly and deformities are apt to become permanent. Gastro-intestinal disturbances are among the earliest symptoms. The patient may be listless and drowsy, or restless and irritable. Sometimes there are convulsions, dyspnœa, cyanosis, and cardiac palpitation. The patient is extremely sensitive to atmospheric changes. Many complications which may prove fatal occur in the course of rickets; the prognosis is otherwise favorable.

TREATMENT.—Improve nutrition, give the patient pure air and sunlight, insist upon perfect cleanliness. The best food for the patient is healthy mother's milk. Daily salt water baths should be given. Sudden atmospheric changes must be rigidly guarded against.

ARSENIC: Pulse soft and feeble, extremities cold, pale œdematous skin, flabby muscles, contracted and pointed tongue.

SP. MED. BERBERIS: Tumid and profusely secreting mucous membranes, indigestion, emaciation.

CALCAREA CARBONICUM: Enlarged lymphatics, pallid elastic skin, tissues soft, scanty urine, diarrhœa.

COD LIVER OIL: Tissues soft and flabby, frequent pulse, paleness and emaciation.

SP. MED. ECHINACEA: Offensive odor of breath, profuse and bad smelling alvine discharges, nausea and vomiting, feeble vitality, emaciation.

SP. MED. EUCALYPTUS: Diarrhœa, sensations of weight and coldness in the bowels, cold extremities, cold perspiration, pasty, bad smelling coat on tongue.

FERRI CITRATE: Pale transparent skin, pallid mucous membranes, hurried respiration, morbid appetite, nervousness, restlessness, anæmia.

SP. MED. IRIS: Bad blood, imperfect nutrition, enlarged thyroid glands, diarrhœa with sour watery discharges.

MILK AND LIME WATER: Acid eructations, vomiting of curdled milk, greenish-colored stools.

PEPSIN: Gastric acidity, pyrosis, vomiting, diarrhœa, imperfect digestion.

SP. MED. PHOSPHORUS: Pinkish, flushed face, dry hacking cough, dyspnœa, diarrhœa, nervous debility.

SP. MED. PHYTOLACCA: Pallid tongue with thick coat, soreness of mouth, irritation and burning of the skin, enlarged lymphatics.

POTASSIUM PHOSPHATE: Irritability, weakness, exhaustion, mental depression.

SP. MED. RUMEX: Glandular swellings, feeble recuperative power, syphilis, cough with pain and dyspnœa.

SODIUM PHOSPHATE: Acid eructations, pallid tongue, constipation, impaired nutrition, indigestion.

SYR. HYPOPHOSPHITES COMP.: Pallid waxen surface, extremities cold, feeble nutrition.

SYR. IODIDE OF IRON: Pale, leaden-colored tongue, cheeks alternately flushed and pale, anæmia, syphilitic diathesis.

REMITTENT FEVER.

Remittent fever is a continuous fever of malarial origin, marked by diurnal remissions in temperature. It may be simple, grave, or pernicious. The disease is also known under the names of gastric fever, bilious fever, and continuous intermittent fever.

An attack of remittent fever may be preceded for a period of several days by a feeling of malaise, languor, indisposition, and weariness. The appetite is capricious, there is a bad taste in the mouth, with a tendency to nausea and vomiting; the bowels are constipated, the skin dry, and there is a dull headache, with pain in the back and limbs of a dull, aching character.

The attack begins with a chill of more or less severity, which is followed by fever. In the febrile stage, there is an increase in the severity of the headache, and pain in the back and limbs. The skin is hot and dry, the face flushed, the eyes red and swollen, the pulse rapid, and the respiration accelerated and irregular; the tongue is coated and dry, and there is a feeling of oppression in the epigastrium, with nausea, and vomiting of viscid mucus streaked with bile. The bowels remain constipated, and the urine scanty and high-colored. There may be nervousness and delirium, or marked dullness with stupor.

In from eight to twenty-four hours there is a diminution in the severity of the symptoms. The temperature falls, although never to normal, and the patient is comparatively comfortable. In a variable period, from five to forty-eight hours, the temperature again becomes elevated and all the febrile symptoms re-appear. This is in time followed by another remission, and so the exacerbations continue throughout the entire course of the disease. As the attack progresses the remissions may become shorter and the temperature maintain a more elevated range. The

patient's strength fails, there is a tendency to exhaustion with great weakness during the time of the short remission. The pulse becomes weak and feeble or irregular, with a tendency to capillary congestion, the feet are cold and clammy, the body covered with a cold sweat, and there may be delirium, coma, and death. In the course of the disease the temperature is usually the lowest in the morning. Thirst and gastric irritation with vomiting are common and there is much epigastric pain and distress. Remissions and exacerbations are characteristic of remittent fever. As the disease increases in severity the remissions become less and less marked, the fever higher and more continuous, and the tongue dry and parched with sordes on the teeth. In the advanced periods of the disease there may be diarrhœa and tympanites, hiccough with small, thready and feeble pulse, picking at the bed clothes, and a tendency to slip to the foot of the bed.

In pernicious remittent fever the congestive tendencies are marked and there is a tendency to syncope. The pernicious form is frequently fatal; otherwise the prognosis is favorable.

TREATMENT.—Careful nursing is one of the essentials in the treatment of remittent fever. The room of the patient should be well ventilated, and kept clean and cool. Bathing with luke-warm alkaline water is to be practiced regularly. The diet should be given in liquid form, and should be easily digested and nourishing though non-stimulating.

ACIDUM HYDROCHLORICUM: Deep-red tongue, dry, brown, cracked coat; pungent heat of body, sordes on teeth and lips, nervous prostration.

ACIDUM NITRICUM: Tongue and mucous membranes bluish or violet.

ACIDUM SULPHUROSUM: Slimy, brown coat on tongue and teeth; tissues full, red, and dirty-looking.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. ALSTONIA: Skin sallow and dirty, pasty, dirty coat on tongue, deposits in urine.

SP. MED. AMYGDALUS: Nausea and vomiting, tongue small and red, gastric tenderness.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

SP. MED. ASCLEPIAS: Tendency to perspiration, pulse strong, shortness of breath, pleuritic pains.

SP. MED. BAPTISIA: Purplish hue of face and mucous membranes; breath offensive, sweet, and sickening; moist pasty fur on tongue; discharges from the bowels present appearance of raw meat washings.

SP. MED. BELLADONNA: Full and oppressed pulse, dullness, drowsiness, disposition to sleep, eyes dull, pupils dilated, cerebral congestion.

SP. MED. BRYONIA: Pulse hard and vibratile, right cheek flushed, pleuritic pains, dull pain in head, aggravated by motion.

Camphor: Feeble heart, coldness of extremities, tendency to syncope.

CAMPHOR MONO-BROMIDE: Intense headache, mental excitement, delirium, insomnia.

SP. MED. CYPRIPIEDUM: Nervous irritability, sleeplessness, restlessness, delirium, patient inclined to be in constant motion.

SP. MED. DIGITALIS: Pulse small and weak, easily compressed, faint heart-sounds, tendency to dropsy.

EMETICS: Tongue heavily coated at base, with foul, slimy coat, continuous nausea.

FERRI ACETATE TINC.: Surface pallid, aversion to motion, blueness of tongue, heavy pain in back of head.

SP. MED. GELSEMIUM: Bright eyes, pupils contracted, flushed face, determination of blood to the head, nervousness, tendency to convulsions, pyrexia.

SP. MED. HYOSCYAMUS: Nervousness and irritability, delirium with periods of stupor, spasmodic muscular twitchings.

SP. MED. IPECAC: Elongated and pointed tongue, irritation of mucous membrane with increased secretion, irritable diarrhœa.

SP. MED. JABORANDI: Pulse full and strong, skin dry, urine scanty, pain in back and limbs, pyrexia.

SP. MED. MACROTYS: Sense of soreness, with dragging pains in back and limbs, rheumatic pains.

MUSK: Stupor, muttering delirium, subsultus tendinum.

SP. MED. NUX VOM.: Broad, pallid, expressionless tongue with yellowish coat, paroxysmal pain pointing to umbilicus, face sallow with yellow ring about mouth, nausea, constipation.

OPIUM: Pulse small and open, face pallid, eyes dull, pain and sleeplessness.

SP. MED. PASSIFLORA: Restlessness, pain, insomnia, cerebral irritation.

SP. MED. PHYTOLACCA: Pallid mucous membranes, pallid, patchy tongue, burning and irritation in skin, enlarged lymphatics.

SP. MED. PODOPHYLLUM: Dizziness and feeling of heaviness in head, imperfect command of muscles, speech slow and confused, abdomen full and doughy, tongue full and broad with yellowish coat at base, full tissues, full, dirty pallor of face, constipation.

POTASSIUM ACETATE: Paroxysmal headache, tongue full and pallid, sluggish lymphatic circulation, renal torpor.

POTASSIUM BROMIDE: Excitability of nerve centers, sleeplessness, restlessness, convulsive tendencies.

POTASSIUM CHLORATE: Bluish-colored tongue, dirty, grayish coat, cadaveric odor of breath.

QUININE SULPHATE in full doses during the remissions.

SP. MED. RHUS TOX.: Sharp stroke of pulse, pain in

left frontal region, tip of tongue shows small red spots on upper surface, restlessness and delirium.

SODIUM BICARB.: Filmy white coat on tongue, acid eructations.

SODIUM PHOSPHATE: Pallid tongue and mucous membranes, constipation.

SODIUM SULPHITE: Broad, pallid tongue, thick, pasty, dirty-white coat.

SPIRITUS NITRE DULC.: Frequent pulse, nervous irritation, dry skin, renal torpor, pyrexia.

SYR. RHEI ET POT. COMP.: Bowels constipated, tongue coated white, gastric acidity, flatulence.

SP. MED. UVEDALIA: Enlarged spleen, weight and fullness in splenic region, skin full, inelastic, and sallow.

SP. MED. VERATRUM: Pulse full and bounding, elevated temperature, increased arterial tension, fullness of tissues, red streak down middle of tongue.

RHEUMATISM.

Acute articular rheumatism is an inflammation of the joints and adjacent structures. It usually attacks more than one joint, and changes about from place to place. It is a non-suppurative inflammation, attended with pyrexia and frequently affects the heart. It occurs throughout all seasons of the year, being most frequent in the winter and spring, and between the ages of fifteen and thirty.

This affection is due to perversion of the blood from digestive wrongs, induced by exposure, sudden suppression of perspiration, inherited predisposition, damp dwellings, sleeping on the ground, mental exhaustion, depressing emotions, excessive venery, prolonged lactation, or loss of blood, and may complicate scarlatina, dysentery, chorea, gonorrhœa, puerperal fever, diabetes, erysipelas, and constitutional diseases generally.

The mode of onset varies. The disease sometimes begins with a chill followed by fever. Occasionally the first manifestation is an attack of pericarditis or endo-carditis. Acute arthritis having become fully established, there is pain and swelling in the joints with fever, marked by intervals of excessive perspiration which does not reduce the temperature. The joints most frequently affected are the knee, elbow, wrist, hands, feet, hips, and shoulders. The swelling is accompanied by redness, tension, and tenderness. The character of the pain, which is worse at night, varies; it may be dull, heavy, and aching, but more frequently is sharp, excruciating, and increased by movement. The patient soon becomes unable to move and is helpless. The swelling may be slight, but it is usually extensive, and the parts are exquisitely tender. One of the characteristic features of acute inflammatory rheumatism is the rapidity with which the swelling disappears in one locality to appear in another. The swelling rarely remains in the same joint more than four or five days, but changes to another, to return again, perhaps three or four times during the course of the disease. There is usually profuse sour-smelling perspiration with sudamina, red eruptions, and urticaria. During the acute period the temperature is high, and the fever is remittent in character, the tongue is coated, there is anorexia, nausea, and constipation; the urine is scanty, high-colored, and sedimentary; the pulse is rapid, and the respirations frequent and shallow. The endocardium and pericardium are frequently attacked, in which case there will be severe pain, cardiac distress, and oppression, with all the symptoms of pericarditis or endocarditis. The duration of acute rheumatism varies from a few days to five or six weeks. Relapses are common. Pleurisy, bronchitis, pneumonia and meningeal inflammation are frequent complications.

In the acute form there is great anxiety and restlessness;

the patient does not move for fear of pain. There is anæmia; the saliva becomes acid, the perspiration acid. Cardiac complications are a marked feature. There seems to be no relation between the severity of the heart swelling and the extent of the joint swelling. A severe attack may have no cardiac complications, while a seizure otherwise mild may be attended with fatal heart complications. The cardiac affection may make its appearance at any time during the course of the disease. Congestion of the lungs sometimes appears, with restlessness, insomnia, delirium and convulsions.

The sub-acute form of chronic articular rheumatism is more prolonged, but milder in its course; the manifestations, while not so severe, otherwise resemble the acute form.

Chronic Articular Rheumatism is a chronic inflammation of one or more joints, unattended by marked structural change. It is a mild but persistent inflammation of the joints and contiguous parts, and may be local or general. Chronic articular rheumatism is a disease of adult and advanced life, afflicting either sex. It may occur as a sequel to acute articular rheumatism, or be chronic in nature from the beginning. It is induced by unfavorable hygienic surroundings, wet, cold, dampness, malnutrition and assimilation or sluggish secretions. Heredity has a great predisposing influence. The symptoms vary; in the milder forms there may be pain more or less severe in one or more joints, together with slight swelling, stiffness, and weakness. The pain is felt not only in the joint but also in surrounding structures, and is increased by movement or pressure. There is a weary aching in the affected parts, more especially at night, and preceding atmospheric changes. Sometimes creaking or squeaking sounds may be heard in the joints. The symptoms may continue with remissions for years, being more severe in spring and winter

especially in changeable weather. The structural changes resulting from chronic articular rheumatism are comparatively slight, considering the duration and character of the disease. The patient may be in fair physical condition, sometimes inclined to plethora. The swelling may attack all articulations seriatim, both large and small, and may locate in one for a time, then change to another. The affection may continue for years, incapacitating the patient during life. In some cases after a long time, a slow improvement begins, and the patient may ultimately recover. The duration of the disease is indefinite, but the immediate danger of life is small. During the course of the disease the general health may be good; there is rarely any fever, but there may be at times considerable general constitutional disturbance.

Gonorrhœal Rheumatism, or urethral arthritis, is associated with specific or non-specific inflammation of the urethra. It frequently occurs during the last stages of gonorrhœa. A single joint, or at most but a few joints, are implicated. The disease is very persistent, and may continue for weeks or months; it is never fatal, and there is usually very little, if any, constitutional disturbance. Its course and termination resemble sub-acute, or chronic articular rheumatism.

Muscular Rheumatism—Myalgia.—Muscular rheumatism is a painful disorder of the fibro-muscular structures without inflammation or structural change. It is given names according to the localities in which it occurs, or the groups of muscles which it affects. The disease is due to exposure, cold and dampness, fatigue, muscular strain, debility, exhaustion, defective nutrition, or digestive perversions. The chief symptoms are pain on movement, and tenderness on pressure, although firm pressure sometimes relieves the pain. There is rarely any constitutional disturbance, but there may, at times, be slight fever.

The disease usually continues but a few days, rarely becoming chronic.

Rheumatoid Arthritis—Arthritis Deformans—Rheumatic Gout.—This is a form of rheumatism attended by deformity and disorganization of the joints. It may occur at any age, but most frequently attacks adult females. The disease is caused by exposure to cold; by living in low, damp dwellings, with bad hygienic surroundings; by poverty, general debility, frequent child-bearing, scrofula, mental anxiety, or inherited disposition. The affection comes on slowly, with neuralgic pains, stiffening and deformities of the joints. The soft parts become atrophied and this causes the joints to appear enlarged. There is very little if any inflammation, and no suppuration. The disease rarely causes death, but is persistent throughout life, the patient appearing sometimes better sometimes worse during the course of the disease. The affection begins in the smaller joints, but progressively involves all the articulations, causing many peculiar distortions or dislocations. There is usually dyspepsia, hepatic and renal disturbances, and torpidity of the lymphatic system.

TREATMENT.—In the acute form of rheumatism the patient should be placed in bed, in a well ventilated room of uniform temperature, and covered lightly. The body should be gently rubbed to remove the excess of perspiration, and the affected parts wrapped in cotton. Sometimes relief is obtained by the use of liniments and hot packs. The diet should be supporting and strengthening.

In chronic rheumatism the patient should be placed in the best possible hygienic surroundings, and given a thorough course of baths, massage and electricity. In gonorrhœal rheumatism the first and most important measure is to cure the gonorrhœa. Rheumatoid arthritis requires much patience and attention. The general condition of

the patient must be persistently treated. A change of climate is often beneficial.

ACIDUM BENZOICUM: Alkaline urine, vesical irritation, phosphatic deposits.

SP. MED. ACONITE: Skin dry and hot, pulse small and frequent, pyrexia.

SP. MED. ALSTONIA CONSTRICTA: Skin sallow and dirty, pasty, dirty, coat on tongue, deposits in urine, malarial infection, periodicity.

AMMONIUM BROMIDE: Spasmodic contraction of the muscles, worse at night.

SP. MED. APOCYNUM: Fullness of cellular tissues, skin puffy, blanched and glistening, cutting, lancinating pain in joints, œdema.

SP. MED. ARCTIUM LAPPA: Chronic articular rheumatism, feeble cutaneous circulation, impaired nutrition.

SP. MED. ARNICA: Feeling of soreness in joints as though they had been bruised, dull aching pain increased by movement.

ASCLEPIAS: Pulse full and soft, moist skin, acute pain.

SP. MED. AVENA SATIVA: Cardiac weakness, tensive swelling in joints, fever and delirium.

BERBERIS: Weakness, emaciation, indigestion, torpid liver, severe muscular pain.

SP. MED. BRYONIA: Hard, vibratile pulse, right cheek flushed, acute pain in joints aggravated by motion, pleuritic pains.

SP. MED. CACTUS: Nervousness, sense of oppression in the cardiac region, impaired heart's action, pain and dyspnœa.

SP. MED. CAULOPHYLLUM: Pain in fingers and toes unattended by structural change, patient plethoric, muscular pain, spasmodic in character.

CHLORAL HYD.: Pulse full and strong, pain, insomnia, nervous excitement.

SP. MED. COLCHICUM: Sudden tearing pain increased by motion, mental worry, irritability, restlessness, swelling of joints.

SP. MED. CORYDALIS: Chronic rheumatism, enlarged lymphatics, nodular swellings, yellow skin, scrofulous or syphilitic diathesis.

SP. MED. DULCAMARA: Feeble circulation, coldness of extremities, fullness of tissues, œdema.

SP. MED. EUPATORIUM PER.: Skin hot and moist, feeling of oppression in chest, dyspnœa, full pulse.

GUAIACUM: Chronic rheumatism with a tendency to tonsillitis, skin dry, joints swollen and tender.

SP. MED. HYDRASTIS: Anorexia, emaciation, gastric acidity with excessive secretion, pain and soreness in muscles on motion or pressure, no pain when quiet.

SP. MED. HYOSCYAMUS: Delirium, cerebral irritation and excitement, insomnia, pain.

SP. MED. IRIS: Enlarged lymphatics, imperfect nutrition, gastro-intestinal irritation, skin pallid, syphilitic taint.

IRON, ACID SOL.: Pale waxy skin, pallid mucous membranes, hurried respiration, weakness and delirium.

SP. MED. JABORANDI: Pain in limbs and joints, marked dryness of skin, pulse full and strong, scanty urine, pyrexia.

SP. MED. KALMIA: Muscular pain, frequent shifting, cardiac palpitation, dyspnœa.

LITHIUM BENZOATE: Bad taste in mouth, fetid breath, imperfect nutrition, uric acid diathesis, continuous irritation of the urinary passages.

LITHIUM CITRATE: Swelling of joints, acid eructations, indigestion, deposits in urine.

SP. MED. MACROTYS: Muscular pain in back and limbs, headache, pulse open, skin soft and moist.

MANACA: Dull, heavy, aching pain in joints, profuse sweating, pyrexia.

OPIUM: Extreme pain in joints, pulse small and open, sleeplessness, face pallid, eyes dull.

SP. MED. PASSIFLORA: Pain and restlessness, headache, insomnia.

SP. MED. PHYTOLACCA: Pallid mucous membrane, pallid tongue with thick coat, sore mouth, enlarged lymphatics, irritation and burning in the skin.

SP. MED. PODOPHYLLUM: Constipation, full tongue with dirty yellow coat, fullness of tissues, dizziness.

POTASSIUM ACETATE: Dull, heavy pain in head, tongue full and pallid with light pasty fur, renal torpor with sluggish lymphatic circulation.

POTASSIUM CHLORATE: Breath offensive, bad taste in mouth, pallid tongue and mucous membrane.

POTASSIUM IODIDE: Pale, leaden-colored and full tongue, blue line on gums, enlarged lymphatics, syphilitic diathesis.

SP. MED. RHUS TOX.: Bright redness of the affected parts, burning pain, pulse small and sharp, frontal headache, tongue red and pointed with prominent papillæ.

SP. MED. SANGUINARIA: Acute rheumatism, throbbing, burning, spasmodic pain.

SODIUM SALICYLATE: Tongue pallid with thin blueish white coat, metastatic pain.

SP. MED. STICTA: Pain in shoulders extending to occiput, increased by turning the head.

TINC. FERRI ACETATE: Pallor of surface, aversion to motion, anæmia, chlorosis, blue tongue, dull, heavy pain in back of head.

SCARLATINA.

Scarlatina is a contagious fever, characterized by a scarlet cutaneous eruption. The disease is of ancient origin, and its cause, like most contagia, is involved in obscurity; more recently pathogenic germs have been suggested as the *causa vera*. Scarlet fever spreads by contagion and infection. It occurs more frequently in children, and one attack generally confers immunity. The affection appears in three forms, viz., scarlatina simplex, or mild scarlet fever, scarlatina anginosa, more severe with marked throat symptoms, and scarlatina maligna, the gravest form of the affection.

The incubation period is from one to ten days. The invasion begins with a chill followed by fever. In scarlatina simplex the symptoms are mild. In the anginosal form the throat is inflamed, accompanied by dysphagia, stiffness of the neck, and tenderness and swelling of the lymphatic glands about the angle of the jaws. In this stage the temperature is elevated, the pulse rapid, the eyes bright and suffused, and the head hot; there is thirst, with anorexia and vomiting, the urine is scanty, and frequently contains albumen; diarrhœa sometimes occurs, and the tongue is coated in the center, with tip and edges reddened. The severer forms of scarlatina may be ushered in with convulsions.

The duration of the invasion stage is from twenty-four to forty-eight hours, when the eruption appears, first on the face and neck and upon the upper part of the chest; it spreads rapidly, and in about forty-eight hours the entire body is covered. The rash consists of pin-head-like dots, which are brightest in the center, gradually fading toward the periphery, and coalescing at their margins. Pressure causes a momentary disappearance of the rash. Sometimes the eruption begins elsewhere than on the face, and

may spread slowly, fading in one locality while just developing in others. It is usually deepest in color in the folds of the skin and about the joints. In mild cases the points of eruption may remain separated and distinct, but in severe forms the entire surface of the body is a brilliant scarlet, and imparts a feeling of roughness to the hand.

The rash reaches its maximum about the second day, after which it begins to fade in the order of its first appearance. With the decline of the eruption there is increased redness and swelling about the throat, swallowing is painful and difficult, the tonsils are enlarged and swollen, and the mucous membrane is covered with a whitish or brownish exudation; ulceration sometimes sets in, the breath is foul, the lips swollen, dry, and cracked, and the face turgid. The tongue now loses its white coat, and becomes bare and red, with prominent papillæ, presenting the characteristic strawberry tongue of scarlet fever.

After the fading of the eruption desquamation sets in. The parts upon which the eruption first appeared are first to scale; the cuticle falls off in bran-like scales, and may collect in the bedding as fine powder. Where the skin is thick the epidermis may separate in large pieces; the entire sole of the foot, or palm of the hand, coming off in one piece. In severe cases the hair and nails are shed. As desquamation progresses, the fever gradually abates; all the unpleasant symptoms disappear, and convalescence is established.

This disease is followed by a number of grave sequelæ, some of which may prove more serious than the original affection. Inflammation of the throat, instead of diminishing during the period of scaling, may increase, and the tonsils and uvulæ become dropsical; ulcerative processes occur, or lymphatic and retro-pharyngeal abscesses appear.

A troublesome coryza frequently remains after the sub-

sidence of the attack of scarlet fever; the inflammation sometimes extending from the nasal mucous membrane to the frontal sinuses, resulting in necrosis of bone and extensive gangrene. In some cases it may extend from the post-nasal region through the Eustachian tube to the membrana tympani, destroying it, and causing a troublesome otorrhœa, and permanent deafness.

At times, a stubborn diarrhœa supervenes, complicated with gastric irritation. Bronchitis, pleurisy, or pneumonia may follow an attack of scarlatina. Abscesses of the parotid and lymphatic glands about the throat often occur. Rheumatism of the articular variety may come on; suppurative arthritis generally proves fatal. Albuminuria and renal dropsy are among the grave sequelæ of scarlet fever.

The prognosis of scarlatina should be guarded, even in mild cases, for the severity of the sequelæ bear no relation to the acuteness of the initial attack. Social condition has no influence in the prognosis, but individual constitution, as well as the previous condition of health, should be taken into the account.

TREATMENT.—The patient should be placed in a well ventilated apartment with an open fire in winter. Rigid cleanliness and disinfection must be insisted upon. The diet should be nourishing and easily digested; it may consist of milk, gruel, panada, beef, and soups. Purgation is to be avoided.

The throat may be treated with crushed ice melted in the mouth, which will not only allay the sensations of thirst, dryness and soreness, but will reduce the temperature and lessen the frequency of the pulse. An inhalation of vinegar, water, and hops may be used frequently, and will give much comfort. Sprays of a solution of chlorate of potash, hydrochlorate of ammonia, borax, or alum, often relieve

the dryness of the throat and the constant desire to swallow. Poultices, externally applied, give much relief. When the throat assumes a putrid tendency, or ulceration threatens, it should be touched with dilute mineral acids or nitrate of silver, followed by a gargle of *Baptisia tinctoria*. If the throat be tumid and dusky with a tendency to sloughing, a solution of permanganate of potash is an excellent application. When abscesses form externally, they should be opened early to avoid spontaneous rupture. Coryza and otorrhœa should be treated according to their special indications. Rheumatism should be combatted with appropriate remedies, and the other sequelæ treated according to their nature and severity. Quinine inunction will allay the irritation and burning attendant upon the eruption.

SP. MED. ACONITE: Pulse small and frequent, fever.

ALCOHOL: Weak and feeble pulse, hurried respiration, prostration and dyspnœa.

AMMONIUM CARB.: Feeble pulse, skin pallid and cold, restlessness, danger of collapse and syncope.

SP. MED. APIS: Burning and stinging sensations over the body, urine scanty, voided frequently with burning and smarting in urethra, œdema.

SP. MED. APOCYNUM: Eyelids swollen, feet œdematous, urine scanty, skin puffy, albuminuria.

ARALIA HISP.: Extensive anasarca, shortness of breath, urine scanty, bowels constipated.

SP. MED. ASCLEPIAS: Pulse full and soft, skin moist, pleuritic pains, cough, pyrexia.

SP. MED. BAPTISIA: Tongue and mucous membrane purplish, moist pasty fur on tongue, breath offensive and sweetish, face and lips purplish, skin dry and husky.

SP. MED. BELLADONNA: Dullness, drowsiness, disposition to sleep, dilated pupils, face blue and congested, full and oppressed pulse.

BERBERIS: Tumid and profusely secreting mucous membranes, weakness, emaciation.

SP. MED. BRYONIA: Hard, vibratile pulse, right cheek flushed, dull pain in frontal region, swelling of the joints.

SP. MED. CANNABIS IND.: Severe pain in back of head, feeble and irregular pulse, delirium, bright, staring eyes, hallucinations.

SP. MED. CYPRIPIEDUM: Sleeplessness and nervousness, patient inclined to be in constant motion.

DIGITALIS (infusion combined with steam vapor): Dropsy, urine scanty, pulse feeble, circulation weak.

DIURETIN: Renal dropsy, scanty urine, feeble circulation.

SP. MED. DULCAMARA: Diminished perspiration, uriniferous odor, deficient cutaneous circulation, feet and hands cold and purplish, fullness of tissues, with a tendency to oedema.

SP. MED. ECHINACEA: Offensive odor of breath, dusky colored membranes, profuse acrid saliva, sore throat with tendency to gangrene and sloughing.

SP. MED. ELATERIUM: Excessive anasarca and ascites, pulse strong, urine scanty, bowels constipated.

SP. MED. EUPATORIUM: Full pulse, pain in chest, dry skin, dropsical effusions.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, increased heat of head, delirium.

SP. MED. IPECAC: Gastro-intestinal irritation, diarrhoea, nausea.

SP. MED. IRIS: Enlarged lymphatic glands, burning pain in mouth and throat, thyroid fullness.

SP. MED. JABORANDI: Marked dryness of skin, pain in back and loins, pulse full and strong, scanty urine, general lack of secretion, pyrexia.

SP. MED. PASSIFLORA: Cerebral irritation, pain, restlessness, insomnia.

SP. MED. PHYTOLACCA: Whitish-gray deposits, with

patches of redness on tongue, mucous membrane pale, sore mouth, enlarged lymphatics.

POTASSIUM CHLORATE: Breath fetid, mouth and gums tender, tongue covered with a thick dirty coating.

SP. MED. RHUS TOX.: Bright redness, burning and itching of skin, pulse small and sharp, tongue red, papillæ prominent.

SODIUM SULPHITE: Tongue enlarged and flabby, covered with a thick, dirty, pasty, white coat.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia.

SCIATICA.

Sciatica is a rheumatico-neuralgic affection of the hip and thigh. The inciting causes of the disease are cold and dampness, blows, falls, wounds, or pressure of tumors upon the sciatic nerve. It may also be due to spinal injuries, caries of bone, gonorrhœa, syphilis, lead or mercurial poisoning, malaria, or debilitating diseases generally.

Sciatica begins with a feeling of weakness, numbness, heaviness, and dull pain in the affected limb. The patient limps when walking, throwing his weight upon the opposite side. The pain increases in severity, and is felt with great acuteness in the posterior region of the hip and thigh, extending into the groin, up the back, and down the thigh, and is increased by pressure. There may be spasmodic muscular twitchings in the affected limb; tactile sensibility is blunted, but there are various abnormal sensations of heat and cold, burning and itching, tingling and formication; the skin becomes pale, cold and dry, cutaneous eruptions and boils sometimes appearing. Cramps in the muscles of the legs are common. The pain,

though always present, varies in severity, and a paroxysm may be excited by sudden exertion, coughing, straining at stool, jerking of the body, or a misstep. An acute attack of sciatica may continue for a week or ten days. In some cases the affection becomes chronic.

TREATMENT.—During an acute attack the affected limb should be given absolute rest. Baths, galvanism, and massage, with local counter-irritation by cups and the compound tar plaster, are the best external measures. In cases where the pain is severe and agonizing, it may be necessary to use morphine hypodermatically. Nerve stretching has proven curative in some cases.

ACIDUM BENZOICUM: Irritable bladder, alkaline urine, phosphatic deposits.

SP. MED. AGARICUS MUSC.: Involuntary muscular twitchings, dimness of sight, tendency to fall backward.

SP. MED. ALSTONIA: Skin sallow and dirty, pasty, dirty coat on tongue, urinary deposits, malaria.

SP. MED. APOCYNUM: Cutting, lancinating pains in the parts, sluggish circulation, feet œdematous, face puffy, constipation, urine scanty.

SP. MED. ARNICA: Dull, aching, bruised pain in the hip and thigh, pain on movement.

ARSENIC: Soft, doughy, pallid skin, contracted and pointed tongue, soft and compressible pulse.

SP. MED. BELLADONNA: Paroxysms of pain, with congestive tendencies.

SP. MED. BRYONIA: Pain sharp and acute, pulse full and tense, swelling of joints, right cheek flushed, dull, frontal headache.

CHLORAL HYDRATE: Extreme pain, pulse strong, face flushed, temperature normal.

SP. MED. COLCHICUM: Sudden tearing pains, extending from the back and hip downward.

SP. MED. COLOCYNTH: Sharp, sticking pains, increased by motion.

SP. MED. ERGOT: Pulse weak, surface cold, pupils contracted, indisposition to exertion.

SP. MED. EUGENIA JAM.: Dizziness, vertigo, abdominal pain extending to back and loins.

SP. MED. EUPATORIUM PER.: Lumbar pain, frequent urination, urine turbid, moist skin, full pulse.

SP. MED. GELSEMIUM: Flushed face, bright eyes, contracted pupils, frequent desire to urinate with burning in the urethra.

SP. MED. IGNATIA: Bad taste in mouth, coldness of extremities, headache, throbbing pain in hip.

LYCOPodium: Urine contains sandy deposits, low grade of fever, pain worse in afternoon.

MAGNESIUM PHOS.: Sharp shooting pain with sense of constriction in the hip joint, spasmodic pain.

SP. MED. MELLILLOTUS: Pain with lameness, periodical headache.

OPIUM: Pulse soft and open, skin moist, face pallid, eyes dull.

SP. MED. PASSIFLORA: Constant cutting pain in the hip, restlessness, insomnia.

SP. MED. PODOPHYLLUM: Dizziness and feeling of weight in the head, tongue full and heavily coated, fullness of tissues, headache, torpid liver, constipation.

POTASSIUM ACETATE: Dull, heavy pain in head, tongue full and pallid with light pasty fur, sluggish lymphatic circulation, renal torpor.

POTASSIUM IODIDE: Pale leaden colored tongue, blue line on gums syphilitic diathesis, malarial sciatica, periodical sciatica.

QUININE: Periodicity in the manifestations of the pain.

SP. MED. RHUS TOX: Sharp stroke of pulse, burning pain, bright spot on left cheek, pain in left frontal region, tongue red with enlarged papillæ.

SUMBUL: Restlessness, nervousness, insomnia and delirium.

ZINCUM VALERIANICUM. Paleness, dizziness, sleeplessness, anæmia.

SCROFULA.

Scrofula is a morbid constitutional condition characterized by the development of glandular swellings, degenerative ulcers, and a tendency to pulmonary and mesenteric consumption. The disease is generally hereditary, but may be acquired.

A latent scrofulous tendency may be incited into action by deficient nutrition, bad hygienic surroundings, eruptive fevers, eczema, catarrh, erysipelas, anæmia, chlorosis, or by renal affections.

Enlargement of the lymphatic glands is a common symptom of scrofula. The glands undergo a low grade of inflammation, with swelling and hardness of adjacent tissues. In some cases the inflammatory process is attended with very little pain, and it may be days or weeks before suppuration occurs. The pus may be laudable and quickly discharged, followed by rapid healing; but for the most part it is watery, greenish or brown, and the discharge becomes chronic, the gland showing no disposition to heal.

In addition to the glandular affection, there is often more or less constitutional disturbance. The patient is poorly nourished, pale, and anæmic; there is hectic fever, night sweats, and loss of strength. The disease begins in childhood, is exceedingly chronic, and may continue through life.

TREATMENT.—Improve the nutrition, give the patient plenty of wholesome food, baths, exercise, and pure air. Inflamed glands should be opened as soon as the pus is detected.

SP. MED. ALNUS: Scrofulous diathesis, feeble vitality, superficial diseases of the skin, pustular eruptions.

SP. MED. AMPELOPSIS: Deficient nutrition, sluggish lymphatic circulation, enlarged glands.

BARIUM IODIDE: Enlarged tonsils, ophthalmia, swelling and induration of testicles.

SP. MED. BERBERIS: Tumid and profusely secreting mucous membranes, weakness and debility.

CALCAREA CARBONICUM: Enlarged lymphatics, pallid, inelastic skin, tissues soft, scanty secretion.

CALCIUM CHLORIDE: Breath offensive, tongue dirty with pasty coat, enlarged lymphatics.

COD LIVER OIL: Tissues soft and atonic, pulse frequent, cough, pyrexia, anorexia.

SP. MED. CORNUS FLORIDA: Weak pulse, depressed temperature, relaxed and feeble tissues.

SP. MED. CORYDALIS: Scrofulous diathesis, nodular swellings, enlarged lymphatics, yellow skin.

SP. MED. ECHINACEA: Suppuration, with watery, ichorous, and bad-smelling discharge, feeble vitality, emaciation.

SP. MED. IRIS: Enlarged lymphatics, imperfect nutrition, thyroid fullness, paleness and anæmia.

SP. MED. PHYTOLACCA: Irritation and burning in the skin, soreness of the mouth, patchy tongue, pallid mucous membranes.

SP. MED. PODOPHYLLUM: Constipation, hepatic torpor, indigestion, full tongue and tissues.

POTASSIUM ACETATE: Retained secretions, deficient nutrition, scanty urine, pale tongue, with light, pasty fur.

POTASSIUM IODIDE: Pale, leaden-colored tongue, blue line on gums, enlarged lymphatics.

SP. MED. RHUS GLAB.: Stomatitis, spongy gums, hemorrhagic tendencies.

SP. MED. RUMEX: Deposits in glands and cellular tis-

sues, tendency to suppuration, with feeble recuperative energies.

SYR. HYPOPHOSPHITES COMP.: Pale, waxen surface, extremities cold, feeble nutrition, general debility, weakness.

SYCOSIS PARASITICA.

Barbers' itch affects the hairy parts of the face and neck. It is caused by a parasite, the micro-sporon menta-graphytes, which takes up its abode in the root sheaths of the hair. It is contagious, spreading from one to another by contact. As it is often communicated by the indiscriminate use of shaving utensils, it is called barber's itch. The affection is chronic, produces considerable discomfort, sometimes deformity, and is for the most part confined to the male.

It begins with a sensation of itching and burning in the sub-maxillary regions and on the neck; there is a feeling of heat and tingling in the parts, which become reddened, swollen, and scabby. In a few days pustular elevations and hard swellings of a tubercular character develop. The elevations contain pus, only at their summit, while their base is surrounded by a hard and red aureole. The pustules usually occur in groups, but are sometimes isolated. The tubercular swellings also appear in groups, so closely placed together that they form a nodulated and raised patch, resembling carbuncle. These patches soon become raw and secrete a muco-purulent fluid, which forms a dirty, greasy-looking brown scab. When the scab becomes detached, a moist, glistening, red surface is revealed. These nodular patches are characteristic of the disease, and are especially noticeable about the chin and the neck. The pustules reach complete development in about ten days, then they dry up and scab over, the hair becoming dry and

brittle and inclined to break. When the scab is removed, the hair is pulled off with it, leaving a bare or bald spot. The discomfort of the disease is sometimes increased by enlargement and suppuration of the sub-maxillary lymphatics. The affection may be confined to a small circumscribed spot, but is usually much more extensive, and covers the entire face wherever there is beard, except the upper portion of the cheeks and upper lip. The disease is very persistent, and is frequently associated with ringworm of the body, it is extremely contagious, but individuals differ in susceptibility.

TREATMENT.—First gently remove all loose scabs and crusts with soap and warm water, using, for this purpose, a shaving brush, absorbent cotton, and a pair of small forceps. Such hairs as are not firmly attached should be removed with the epilation forceps, after which the parts should be shaved or clipped. These manipulations sometimes cause considerable pain, which can be prevented in a great measure by painting the parts with a ten-per-cent. solution of cocaine before commencing the operation. After the above measures, parasiticides should be applied. When the disease is mild, a solution of sodium salicylate, two drachms to an ounce of rose water, will prove efficient. This failing, sulphurous acid, citrine ointment, weak sulphur ointment, oleate of mercury ten to thirty per cent., solution of mercuric bichloride four per cent., solution of asepsin ten per cent., mild zinc solution, or oxalic acid solution, may be found beneficial in the order named. In some cases it is necessary to curette or scrape the face with a sharp spoon. Of course if this operation is to be extensive, the patient should be anæsthetized. More recently, in cases of sycosis barbæ, the external application of a ten-per-cent. solution of dynamine has been successful.

SP. MED. ALNUS: Pustular eruptions, superficial diseases of the skin and mucous membranes.

CALCIUM SULPHIDE: Inflammation of connective tissues, pustular eruptions, persistent suppuration, lymphatic torpor.

SP. MED. IRIS: Enlarged lymphatic glands, gastrointestinal irritation, imperfect assimilation, secondary syphilis.

SP. MED. RUMEX: Deposits in glands and cellular tissues, feeble recuperative power, syphilitic conditions with chronic sore throat.

SYNOVITIS.

Synovitis is an inflammation of the synovial membranes. It is caused by cold or exposure, blows, falls, or wounds in the neighborhood of the joints. It may also occur as a complication with gonorrhœa, syphilis, gout, pyæmia, septicæmia, and other local or general diseases. The affection commences with a feeling of stiffness and soreness in the joints, while sudden movement will produce severe pain. In from twenty-four to forty-eight hours, there is a chill, followed by fever; the skin becomes hot and dry, the pulse frequent, the tongue coated, and the urine scanty. The bowels are constipated, and there is pain in the back and limbs. The affected joint swells rapidly, and becomes enlarged, red, and hot. There is now a tensive, throbbing, stabbing, and lancinating pain in the parts, which is aggravated by motion, and the joint is very tender on pressure. The articulation becomes distended with a serous effusion; this may presently become organized, forming adhesions, or suppuration may occur. In some cases erosion of the cartilages covering the articular surfaces of the bone occurs, and osteitis sets in, causing deformities and ankylosis.

The disease runs its course in four or five weeks; sometimes, however, the severity of the symptoms mitigate, and the affection becomes chronic.

TREATMENT.—It is essential that the joint should be given perfect rest; this may be obtained by inclosing it in a plaster-paris splint, or, if the attack is mild, the surgeon's adhesive or belladonna plaster may be sufficient to restrain movement. Fomentations, sedative liniments, or counter-irritation with dry cups, may afford some relief. Should suppuration occur, the joint should be opened early.

SP. MED. ACONITE: Pulse small and frequent, pyrexia.

SP. MED. APOCYNUM: Cutting, lancinating pains, skin puffy, blanched, and glistening; dropsical tendencies.

SP. MED. BELLADONNA: Severe and continuous pain, heavy aching in the head, eyes dull, pupils dilated.

SP. MED. BRYONIA: Hard vibratile pulse, right cheek flushed, tensive pain and swelling in joint.

CHLORAL HYDRATE: Pulse strong, face flushed, extreme pain.

SP. MED. COLCHICUM: Sudden, tearing pains in joint, swelling, gouty diathesis.

SP. MED. EUPATORIUM: Full pulse, skin hot and moist, frequent urination.

SP. MED. JABORANDI: Swelling of joint, pulse full and strong, skin dry, intense pain, elevated temperature.

SP. MED. RHUS TOX.: Bright redness of the affected parts, burning pain, pulse small and sharp, tongue red and pointed, with prominent papillæ.

TONSILLITIS.

Inflammation of the tonsils may be either parenchymatous or follicular. The affection is most prevalent between the ages of fifteen and twenty-five. It may be caused by exposure to cold and dampness, traumatism, the inhalation of irritating vapors, or the swallowing of acrid substances. It may also occur as a complication in eruptive diseases and continued fevers. Hereditary tendencies and the rheumatic diathesis have an influence upon its production.

The disease begins with pain and aching in the joints and muscles, chilliness, alternate flashes of heat, and there is a feeling of stiffness and dryness in the throat, with pain on swallowing. As the disease progresses, the temperature becomes elevated, the tonsils continue to enlarge, and there is considerable external swelling about the neck and angle of the jaws. Sometimes the swelling extends to the Eustachian tubes, causing partial deafness. Swallowing becomes extremely painful, and in some cases almost impossible. The jaws are fixed, and there is dribbling of saliva. The mouth is covered with slimy, viscid mucus, the tongue swollen and heavily coated, the breath offensive, and teeth covered with *sordes*. There is intense swelling and tumidity of the pharyngeal and faucial tissues, with much pain, and in some cases dyspnoea. Suppuration occurs; when the pus escapes the symptoms abate. Obstinate constipation is characteristic of this disease, and the urine is scanty and high-colored. The duration of quinsy is from four to eight days.

In the follicular form of tonsillitis, the swelling is not so marked, the mucous membrane is bright red, and white spots of exudation are seen scattered over the tonsils. There is usually considerable fever, pain and aching in the joints and muscles and difficult deglutition, but abscesses do not form as in quinsy.

TREATMENT.—In the beginning the disease may sometimes be aborted by penciling the tonsils with specific veratrum. Relief may be obtained by inhalations of hot steam from hops, vinegar, and water. Astringent and antiseptic gargles or sprays sometimes afford comfort. In cases where suppuration is inevitable, the external application of poultices about the throat will hasten the formation of pus. The tonsils should be lanced as soon as fluctuation is detected.

SP. MED. ACONITE: Pulse small and frequent, pyrexia, numbness and tingling in throat and tongue.

SP. MED. BELLADONNA: Dullness, drowsiness, dilated pupils, dull heavy aching in head, cerebral congestion.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, increased heat of head.

GUAIACUM: Swelling and tumidity of the tonsils, feeling of dryness and stiffness in throat, pain on swallowing.

SP. MED. PHYTOLACCA: Enlarged and swollen tonsils, dribbling of saliva, whitish deposit on tongue, irritation and burning in skin.

POTASSIUM CHLORATE: Pallid tongue, foul breath, bad taste in mouth, excessive secretion.

SP. MED. RHUS TOX.: Sharp stroke of pulse, throat red and swollen, tongue and mucous membrane dotted red.

SODIUM SALICYLATE: Thin, filmy, white coat on tongue, rheumatic diathesis.

TINC. FERRI CHLOR.: Tongue and mucous membrane red, tissues relaxed, cheeks flushed, surface glistening.

TYPHOID FEVER—ENTERIC FEVER.

Typhoid fever is a continued febrile condition of uncertain duration. It is marked by an affection of the solitary and agminated glands of the intestines. It commences with lassitude, anorexia, chilliness, and pain in the right iliac fossa, followed by tympanites and diarrhœa. Death, when it occurs, usually takes place in the fourth week. The disease may be divided into three forms: first, that in which the intestinal affection does not declare itself until late in the disease; second, that in which the intestinal lesion is marked in the beginning; third, that in which all the symptoms are severe from the start, and the disease runs a rapid course.

Typhoid fever is most frequently met with in the first form. The affection comes on insidiously, so that the patient can hardly say when he began to feel unwell. There is more or less headache, the tongue is coated with a light, whitish film, and there is a feeling of languor, weariness and debility, the patient being disinclined to either mental or physical exertion. There is little, if any, fever during this period of the disease, but slight chills, or hot and cold flashes, alternate over the body. The appetite is capricious, and the bowels constipated, diarrhœa rarely appearing until later. One characteristic of this fever is the readiness with which the bowels respond to the action of cathartics. This is an important feature in the diagnosis of incipient typhoid.

The above dubious and disagreeable period continues for an uncertain time, after which the distinctive symptoms make their appearance. The tongue is now coated whitish with reddened tip and edges, or covered with a thick pasty coat; the skin is dry and harsh, sometimes slightly moist, and imparts a rough feeling to the hand. The temperature is elevated, and the pulse accelerated,

being usually weak, wiry, and easily compressed. There is nausea, with vomiting of a greenish, viscid mucus. A marked symptom of this stage is epistaxis, which may be present even from the first. Diarrhœa now appears, the number of passages varying from two or three up to twenty-four in the course of the day and night. The stools are liquid, clay-colored, and contain particles of shreddy substance. When allowed to stand the dejections separate into a light and dark layer. The bowels are tympanitic, with pain on pressure and gurgling in the right iliac fossa.

Bronchial cough, together with the physical signs of bronchitis, are present in most cases. The urine is usually scanty and high-colored, although at first there may be an abundant discharge with a whitish sediment. The face assumes a peculiar sodden and expressionless appearance.

The patient is now partially deaf, and answers questions slowly and wanderingly. Delirium, either mild or severe, is rarely absent. There may be at this time typhomania. The tongue is protruded slowly, tremulously, and in a hesitating manner, and all the voluntary movements are wavering and uncertain. About this time a rose-colored eruption may be seen; it resembles small flea-bites, and may present only two or three spots, but there are usually twenty-five or thirty. A few spots appear one day, and a few more the next, and so on. They are usually found on the breast, abdomen, and inner side of the thighs. A little later, sudamina make their appearance.

As the disease continues, the tongue becomes coated brown, and furred; whitish ulcerations appear on the tongue and inner side of the mouth, and the teeth become covered with sordes. The breath is hot and offensive; the temperature still maintains an elevated range, the skin is dry and hot, and the pulse, though weak and feeble, is rapid. No food is asked for or taken except when put in the

mouth of the patient, when it is unconsciously swallowed. The epistaxis still continues, and the nasal cavities sometimes become clogged with foul, decomposing blood-clots. The abdomen is excessively distended and painful, and the diarrhœa persists, the stools being clay-colored and bad smelling. There may be retention of urine.

The patient now lies in a stupor, or in a condition between sleeping and waking, called *coma vigil*. There is low muttering delirium, and the mind seems to be reveling in memories of the past, or making excursions into the future. The patient lies supine, and is inclined to slip toward the foot of the bed. Jactitation and subsultus tendinum come on. He may now quietly sink and die almost imperceptibly, or there may be an attack of great suffering, attended by furious delirium, with which the life of the patient terminates.

When recovery takes place, there is an abatement in the severity of the symptoms; the mind becomes clear, the appetite returns, the tongue cleans, the pulse and temperature become normal, the body is covered with perspiration, and convalescence sets in. The duration of typhoid fever is from fourteen to fifty days.

Among the accidents to be dreaded in the later period of typhoid fever are perforation of the intestine and hemorrhage. When these result, the disease is usually fatal. Perforation may be suspected, should there be a sudden occurrence of acute abdominal pain, increased tympanites, and heat in the bowels. Hemorrhage is abruptly announced by a pale and blanched face, great prostration, and a discharge of blood per rectum. There may be no discharge of blood, the intestines being found gorged with it after death.

During a tedious convalescence the tongue does not clean promptly, and when it does become bare it remains abnormally red, with enlarged papillæ, and presently becomes

re-coated; this may occur several times. Great care must be taken during convalescence, for relapses are frequent, which, if they do not result fatally, greatly prolong the disease. An increased pulse and an elevated temperature indicate the occurrence of complications.

From the first there is an elevation of both the evening and the morning temperature, the evening temperature usually being about two degrees higher than the morning temperature. Later, there is a difference of three or four degrees. A continual high grade of temperature marks the gravest forms. If, in the second week, the morning temperature is above 103° and the evening temperature is above 104° , convalescence will be delayed until the fourth week. Elevation of the morning temperature above the evening is an unfavorable symptom. In the third week there is generally from four to six degrees difference between the morning and evening temperature, in favorable cases. If the temperature in the third week still increases recovery will be deferred until the fifth week. A high temperature in the sixth week denotes complications.

Diarrhœa is generally present in all cases; it may come on in the beginning, or not for several days. The stools are liquid in character, and of a pale ochre color, containing particles of slough from intestinal ulcers, dietary debris, and shreds from the mucous lining of the bowels. The odor is strong and offensive. The urine is scanty and high-colored, containing an excess of urea, uric acid, and chlorine. Peritonitis appears when the ulcers have almost perforated the bowel, and starting from the point of irritation, may spread rapidly. Perforation usually occurs in the small intestine, about five inches from the ilio-cœcal valve. When the intestine has become adhered to other structures, there may be no escape of fecal matter into the abdominal cavity. Tympanites may be present

from the start; if not, it soon occurs, causing much pain and abdominal distension.

Should typhoid fever complicate pregnancy, abortion almost invariably results.

Typhoideus Ambulatorius, or walking typhoid, is a form of the disease which is occasionally met with. The symptoms are not severe enough to cause the patient to take his bed, but the dangers from perforation, hemorrhage, and other complications, are quite as great.

Numerous sequelæ may follow typhoid fever. Among the gravest are pulmonary and renal diseases.

TREATMENT.—**ACIDUM GALLICUM**: Hemorrhage, with feeble pulse, cold extremities, inelastic skin.

ACIDUM HYDROBROMICUM DILUTUM: Headache, tinnitus aurium, pyrexia, delirium, tongue red and dry, dull abdominal pain, peevishness and fretfulness.

ACIDUM HYDROCHLORICUM DILUTUM: Deep-red tongue, brownish coat, sordes on teeth, pungent heat of skin.

ACIDUM HYDROCYANICUM: Nausea and vomiting, elongated and pointed tongue with reddened tip and edges.

ACIDUM NITRICUM: Violet-coated tongue.

ACIDUM SULPHUROSUM: Broad and full tongue, slimy, brown coat; viscid, stringy sordes on teeth; mucous membrane and tongue dull red, tissues full and dirty-looking.

SP. MED. ACONITE: Small and frequent pulse, pyrexia.

ALCOHOL: Pulse quick and feeble, feeble and irregular heart, hurried respiration, dyspnœa, weakness and prostration.

AMMONIUM CARBONATE: Feeble pulse, diminished cutaneous circulation, skin pallid and cold, respiration difficult, insomnia.

SP. MED. ASCLEPIAS: Pulse full and soft, skin moist, cough, pyrexia.

SP. MED. BAPTISIA: Tongue reddened and dusky, papillæ

enlarged, heavy slick coat, breath sweet, sickening and offensive, face and lips dusky, discharges from the bowels present the appearance of meat washings, dull headache, oppressed pulse.

SP. MED. BELLADONNA: Dullness, drowsiness, pupils dilated, cerebral congestion.

BISMUTH SUBNITRATE: Nausea and vomiting, pyrosis, gastro-intestinal irritation, elongated and pointed tongue, with reddened tip and edges.

SP. MED. BRYONIA: Pulse hard and vibratile, right cheek flushed, frontal headache, aggravated by motion.

SP. MED. CACTUS: Nervousness, sleeplessness, sense of oppression in chest, irregular heart's action.

CAMPHOR: Feet and limbs cold, face pale, pulse feeble.

SP. MED. CANNABIS IND.: Severe pain in back of head, sensory illusions, stupor, vertigo, feeble and irregular pulse.

CARBO-VEG.: Intestinal hemorrhage, pallid flabby tongue, with soft, moist coat, salty taste in mouth.

SP. MED. COLOCYNTH: Abdominal fullness and distension, sharp, cutting, boring, twisting pain in lower bowel, flatulent discharges.

SP. MED. CYPRIPEDIUM: Nervous irritability, sleeplessness, delirium and convulsions, patient inclined to be in constant motion.

SP. MED. DIGITALIS: Pulse small and weak, easily compressed, faint heart sounds, dropsical tendencies.

SP. MED. DIOSCOREA: Abdominal pain with tenderness on pressure, sharp cutting pains aggravated by motion, tympanites.

SP. MED. DULCAMARA: Diminished perspiration with uriferous odor, deficient cutaneous circulation, extremities cold and purplish.

SP. MED. ECHINACEA: Nausea and vomiting, profuse and bad smelling discharges, feeble vitality, emaciation.

SP. MED. EPILOBIUM: Diarrhœa with colicky pains, feculent discharges, tenesmus, contracted abdomen.

SP. MED. ERGOT: Intestinal hemorrhage, pulse weak, surface cold, pupils contracted, mental torpor.

SP. MED. ERIGERON: Frequent and large discharges from the bowels, severe tenesmus and cramps, hemorrhage.

ETHER SULPHURICUM: Headache with pallid and expressionless face, feeble pulse, cold extremities.

SP. MED. EUCALYPTUS: Diarrhœa, sensations of weight and coldness in the bowels, cold extremities, cold sweat.

SP. MED. EUPATORIUM PER.: Full pulse, pain in chest, hoarseness, shortness of breath, sweating.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, determination of blood to the head.

SP. MED. HAMAMELIS: Passive hemorrhage, increased mucous secretion, sensation of fullness in rectum.

SP. MED. HÆMATOXYLON: Painless diarrhœa, relaxation of mucous membrane without irritation.

SP. MED. HELLEBORUS: Mental sluggishness, feeling of heaviness in head, head and face cold and covered with clammy sweat.

SP. MED. HUMULUS: Delirium. nervous irritability, wakefulness.

SP. MED. HYOSCYAMUS: Delirium, cerebral irritation and excitement, insomnia, flushed face, rapid and excited action of the heart.

SP. MED. IPECAC: Gastro-intestinal irritation with increased secretion, nausea, gastric pain, pyrexia.

SP. MED. JABORANDI: Pulse full and strong, pain in back and limbs, suppression of urine, skin dry and harsh.

KALI: Tenesmus, diarrhœa with pain and mucous discharges, abdominal tenderness on pressure, thirst.

SP. MED. LOBELIA: Sense of fullness and oppression in præcordial region, pulse full and oppressed, nausea, vomiting, heavily coated tongue.

SP. MED. MACROTYS: Muscular pain in back and limbs.

SP. MED. MUSK: Stupor, muttering delirium, subsultus tendinum, hiccough.

SP. MED. NUX VOM.: Broad pallid tongue, sallow expressionless face, yellow ring about mouth, abdominal pain pointing to umbilicus.

SP. MED. PASSIFLORA: Restlessness, insomnia, irregular pulse, cerebral irritation, pain.

POTASSIUM CHLORATE: Pallid tongue, foul, cadaveric odor of breath, bad taste in mouth.

SP. MED. PULSATILLA: Pain in top of head, mental depression, apprehension, nervousness.

SP. MED. RHUS TOX.: Pulse small and sharp, pain in left frontal region, features pinched and sharp, strawberry tongue, itching and tingling in skin, patient cries out abruptly in sleep, awakes frightened.

SODIUM BICARBONATE: Whitish coat on tongue, pyrosis.

SODIUM SULPHITE: Broad and pallid tongue and mucous membranes, heavy, grayish, dirty-white coat on tongue.

SPIRITUS NITRE DULC.: Frequent pulse, nervous irritation, dry skin, renal torpor, pyrexia.

TINC. FERRI ACETATE: Pallor of surface, blueness of tongue, dull, heavy pain in back of head, aversion to movement.

SP. MED. VERATRUM: Pulse full and bounding, increased arterial tension, marked throbbing of arteries, fullness of tissues, red stripe down middle of tongue, fever.

VARICELLA—CHICKEN-POX.

Varicella is a contagious febrile disease attended with an eruption. The cause of varicella is a contagious principle which is propagated by contact. One attack confers immunity,

The incubation period is from one to three weeks. The attack commences with a chill, followed by moderate febrile disturbance, with nausea, headache and anorexia. These symptoms continue for about twenty-four hours, when the eruption appears. The first day a few spots come out on the face and neck. The second day a few more, while those that appeared at first are going on to maturation. Each successive day for about five days, generally speaking, a new crop appears, and consequently the eruption presents all stages at the same time. The eruption first appears in the form of red elevations. In a few hours these become vesicular and transparent, later opaque, then dry, and fall off in the form of scabs. Desquamation may begin in twenty-four hours after the appearance of the vesicles, and continue during the attack. The usual health then returns, and all the symptoms vanish. No serious complications or sequelæ attend this disease and the prognosis is favorable.

TREATMENT.—The treatment of varicella is very simple. All that is necessary being mild expectant remedies. For the troublesome itching, sometimes attending the eruption, a mixture of bismuth, glycerine, and rose water, may be applied externally.

SP. MED. ACONITE: Pulse small and frequent, restlessness and fever.

SP. MED. BELLADONNA: Jaundice, drowsiness, dilated pupils, impaired capillary circulation.

SP. MED. EUPATORIUM PER.: Full pulse, pain in chest, hoarseness, shortness of breath.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, nervousness and pyrexia.

SP. MED. MACROTYS: Headache, nervousness, muscular pain in back and limbs.

VARIOLA—SMALL=POX.

Small-pox is an infectious and contagious febrile disease. The infection is divided by most writers into two forms, the discrete and the confluent.

Variola discreta is the mildest phase of the disease, and the pustules appear singly.

Variola confluens is the severest form of the disease; the pustules cover the surface thickly and coalesce.

Variola may manifest itself in a grade of severity between these two extremes. An attack of this disease may be divided into a period of incubation, a period of invasion, a period of eruption, a period of maturation, and a period of desquamation.

The average duration of the stage of incubation is now generally admitted to be about twelve days. There are no distinctive symptoms in this period, but toward its termination, especially when the following attack is of a severe or confluent nature, there may be some fever, pain in the head and back, with nausea and vomiting.

The stage of invasion is marked by a chill, the severity of the chill indicating the character of the succeeding attack. The chill is followed by fever, thirst, constipation, coated tongue, and a characteristically severe pain in the back. In children there may be convulsions. The duration of the invasion period is about forty-eight hours, when the stage of eruption comes on. The eruption appears first upon the face, breast, and wrists, from which it gradually extends over the body. The first manifestations of the eruption are small red spots about the size of

a pin-head ; these impart a shotty-like feeling to the hand, and the redness disappears on pressure, to immediately return when the pressure is removed. The papules reach the stage of maturation by first becoming vesicular, then pustular.

In the discrete and semi-confluent varieties of variola, the symptoms abate in severity upon the appearance of the eruption. There is a peculiar odor about a variolous patient which is readily recognized by those experienced in the disease. The eyes are generally swollen, sometimes entirely closed, and there is salivation ; the skin is sensitive and tender. As the eruption appears first on the face and body, and then on the extremities, it follows a like course in maturation.

The vesical is marked by a depression or umbilication in the center, which is a diagnostic feature of the disease. The eruption appears in groups of three or five, and sometimes assumes a crescentic form ; two of the crescents coming together may form a complete circle. In the confluent form of small-pox the pustules run together, and the pus formed beneath what is now a continuous scab renders the patient offensive and uncomfortable.

About the eighth or ninth day the pustules on the face have begun to desiccate and the patient enters upon the stage of desquamation and secondary fever. The process of desiccation may be progressing on the face while the eruption is far less advanced upon the body and extremities, and thus the eruption in all its later stages may exist upon the body at the same time. A secondary fever now appears, which is supposed to be caused by the absorption of pus from the pustules, for the reason that the violence of the fever is in proportion to the amount of eruption. Death is sometimes caused by this secondary fever, and it is to be closely watched. Desiccation may

continue four or five weeks, often leaving indelible scars upon the face.

Many grave complications occur in small-pox and the sequelæ are numerous and dangerous.

Varioloid, or modified small-pox, may occur in those who have been vaccinated, and others. It is milder in all its manifestations than variola, but at times may be somewhat severe; it usually confers immunity. Varioloid is rarely fatal.

TREATMENT.—The patient should be placed in a cool and well ventilated room, with sufficient clothing to prevent chill. All carpets, curtains, and unnecessary articles of furniture should be removed from the apartment. Baths should be given daily, and in most cases it is best to cut the hair for the sake of cleanliness. The diet should be light and nourishing, and may consist of non-irritating, easily digested articles, such as tea, milk, toast, orange juice, grapes, and other fruits. The sore throat is due to the presence of the eruption on the mucous membrane. It may be relieved somewhat with mild and astringent gargles. Various methods have been recommended to prevent the pitting of small-pox. The constant application of sweet oil, combined with zinc oxide, the early removal of the scabs, and cleanliness, are perhaps best.

ACIDUM HYDROCYANICUM: Deep red tongue, brown coat, sordes.

ACIDUM PHOSPHORICUM: Thirst, nervous and mental disturbances, sleeplessness.

SP. MED. ACONITE: Small and frequent pulse, pyrexia.

SP. MED. ADONIS: Irregular and feeble heart beat, dull, heavy, congestive headache.

SP. MED. ASCLEPIAS: Cough, lack of secretion, skin moist, pleuritic pain.

SP. MED. BAPTISIA: Purplish colored tongue with smooth grayish coat, breath sweet and offensive.

SP. MED. BELLADONNA: Dullness, drowsiness, tendency to coma, face blue and congested.

SP. MED. BRYONIA: Pulse hard and vibratile, right cheek flushed, dull pain in head.

SP. MED. CYPRIPIEDUM: Nervousness, sleeplessness, delirium, convulsions.

SP. MED. ECHINACEA: Offensive odor of breath, dusky colored membranes, profuse acrid saliva, tendency to gangrene and sloughing.

SP. MED. GELSEMIUM: Bright eyes, contracted pupils, flushed face, determination of blood to the head, nervousness and pyrexia.

SP. MED. JABORANDI: Pulse full and strong, pain in back and limbs, marked dryness of skin, general lack of secretion.

SP. MED. MACROTYS: Muscular pain in back and limbs.

SP. MED. PASSIFLORA: Restlessness, sleeplessness, pain, cerebral irritation.

SP. MED. PODOPHYLLUM: Dizziness and feeling of weight in head, imperfect command of muscles, full tissues, full tongue covered with pasty secretion, constipation.

POTASSIUM CHLORATE: Pallid tongue and mucous membrane, breath offensive.

SP. MED. RHUS TOX.: Pulse small and sharp, bright redness of affected parts, tongue red and pointed, papillæ prominent.

SODIUM SULPHIS: Tongue heavily coated with grayish-white fur.

SUMBUL: Restlessness, nervousness, insomnia, delirium.

SP. MED. VERATRUM: Pulse full and bounding, pyrexia.

REMEDIES.

Their Specific Indications and Dose.

ABIES CANADENSIS: General asthenia, pallid mucous membranes, feeble digestion, irritation of the respiratory mucous membrane, scanty urine, cutaneous affections. Thirty drops to four ounces of water; teaspoonful every two, three or four hours.

ACHILLÆ MIL., SP. MED.: Atonic condition of stomach and bowels, vaginal irritation, leucorrhœa, capillary relaxation, irritation of the urinary tract, hæmaturia. One ounce to three of water; teaspoonful every four hours.

ACIDUM BENZOICUM: Irritable bladder, alkaline urine, phosphatic deposits, fermentation of urine with tendency to sepsis. One to ten grains three times a day.

ACIDUM GALLICUM: Hemorrhage with feeble pulse and cold extremities, inelastic skin, capillary relaxation, hæmaturia, dull aching pain in lumbar region, headache, vertigo, nausea. From three to ten grains, according to urgency of hemorrhage.

ACIDUM HYDRO-BROMICUM DILUTUM: Tongue red and dry, headache, tinnitus aurium, pyrexia, delirium, dull abdominal pain, peevishness, fretfulness. One-half drachm to four ounces of water; teaspoonful every two hours.

ACIDUM HYDRO-CHLORICUM DILUTUM, SP. MED.: Deep red tongue and mucous membrane, dry, brown, cracked coat on tongue; tongue is contracted with a brownish stripe in centre, sordes on teeth, digestion slow, nervous prostration, pungent heat of skin. One drachm to four ounces water; teaspoonful every two or four hours.

ACIDUM HYDROCYANICUM: Elongated and pointed tongue with reddened tip and edges, nausea and vomiting, gastric pain and irritation, gastric cough with scanty expectoration, pain in cardiac region, vertigo. Five drops to four ounces water; teaspoonful every two or four hours.

ACIDUM LACTICUM: Deep red tongue, diarrhœa with green stools and gastric irritation, thirst, itching of skin, cutaneous eruptions. Three to five grains every four hours.

ACIDUM NITRICUM: Tongue and mucous membranes bluish or violet, harsh cough occurring at intervals. Ten to twenty drops to four ounces water; teaspoonful every four hours.

ACIDUM PHOSPHORICUM: Thirst, nervous and mental disturbances, insomnia. Five drops to four ounces water; teaspoonful every two hours.

ACIDUM SULPHUROSUM, SP. MED.: Broad and full tongue, glutinous brown coat, viscid, sordes on teeth, tissues full and dirty looking. One-half ounce to four ounces water; teaspoonful every four hours.

ACONITE, SP. MED.: Pulse small and frequent, pyrexia, restlessness, skin hot and dry, numbness and tingling in throat and tongue. Five to ten drops to four ounces water; teaspoonful every two hours.

ACTÆA ALBA, SP. MED.: Headache, melancholia, insomnia, convulsions, delirium. Ten to twenty drops to four ounces water; teaspoonful every two hours.

ADONIS VERNALIS, SP. MED.: Irregular and feeble heart-beat, diminished arterial pressure, dull, heavy, congestive headache. Ten drops to four ounces water; teaspoonful every two hours.

ÆSCULUS GLAB, SP. MED.: Grasping sense of constriction in post sternal region, dyspnœa, bronchial irritation, spasmodic cough, scanty expectoration. Two drachms to four ounces water; teaspoonful every two hours.

ÆSCULUS HIP., SP. MED.: Headache, portal congestion,

pain in back, hemorrhoids with a feeling of dryness and constriction in the rectum, hard and difficult stools, epigastric fullness, neuralgia of internal viscera. Ten drops to one-half drachm in four ounces water; teaspoonful every two hours.

ÆTHUSIA CYN.: Gastro-intestinal catarrh in bottle-fed babies, summer diarrhœa of infants, intestinal tormina, nausea, restlessness, peevishness, delirium, dizziness, confusion of intellect, fever. Two drops to four ounces water; teaspoonful every two hours.

AGARICUS MUSC.: Involuntary muscular twitchings, dimness of sight, pain in occiput, tendency to fall backwards, tremor, restlessness. One-half drop to four ounces water; teaspoonful every two hours.

AGNUS CASTUS: Irritability of the sexual organs, nervousness and melancholy, mild dementia, agalactia. Ten drops to four ounces water.

AGRIMONIA, SP. MED.: Cough with pain under floating ribs extending to lumbar region, thick, profuse and offensive expectoration, spasmodic cough with dribbling of urine, acute, deep-seated pain in lumbar region extending to bladder, catarrhal conditions of the bladder. One ounce to three ounces water; teaspoonful every three hours.

AILANTHUS, SP. MED.: Spasmodic muscular contractions, cardiac palpitation. Ten drops to four ounces water; teaspoonful every two hours.

ALCOHOL: Pulse weak and feeble, irregular heart's action, hurried respiration, prostration. Dose one to two ounces.

ALETRIS, SP. MED.: Too frequent menstruation, atonic condition of uterus, constipation, flatulence, digestion slow. Ten drops to four ounces water; teaspoonful every two hours.

ALNUS, SP. MED.: Superficial diseases of the skin and

mucous membranes, eczema of the face and scalp, syphilitic or scrofulous diathesis, feeble vitality. Ten drops to one drachm of the tincture three times a day.

ALOES: Plethora, disinclination to exertion, constipation, patient evacuates the lower bowel with difficulty, headache, sluggish circulation, coldness of extremities, indigestion, pruritus ani. Ten drops to four ounces water; teaspoonful every four hours.

ALSTONIA CONSTRICTA: Skin sallow and dirty, pasty, dirty coat on tongue, deposits in urine, malaria. Thirty drops to four ounces water; teaspoonful every four hours.

ALUMINA: Lack of intestinal secretion, scanty, glue-like discharges, difficult urination, scaly eczema with moist oozing beneath the scabs, constipation, dry hacking cough. One-hundredth to one-tenth grain three times a day.

AMMONIUM BROMIDE: Epileptiform conditions, fits come on at night, sudden movements of body with jerking and twisting of facial muscles, spasmodic cough with convulsions, whooping cough. Two drachms to four ounces water; teaspoonful every three hours.

AMMONIUM CARBONATE: Weak and feeble aching heart, tendency to collapse and syncope, severe cough in the aged with scanty viscid expectoration, feeble pulse, diminished cutaneous circulation, skin pallid and cold, difficult respiration, restlessness, insomnia. One-tenth to one-half grain every hour.

AMMONIUM BENZOATE: Scanty, dark-red urine with strong pungent odor and thick sediment, incontinence in the aged with irritation or sub-acute inflammation of the bladder, pain in the back and limbs, headache, drowsiness. Two to three grains, first dec. trit. every four hours.

AMMONIUM IODIDE: Dull pain in head, ringing in ears, dizziness, temporary forgetfulness, difficulty in controlling voluntary muscles. Two drachms to half an ounce in four ounces of water; teaspoonful every two hours.

AMMONIUM MURIATE: Lack of secretion, subdued cough, sense of heat in throat, dusky redness of surface, easily effaced by pressure, returns slowly, tickling in larynx when speaking or singing. One drachm to four ounces of water; teaspoonful every two hours.

AMPELOPSIS: Deficient nutrition, scrofulous diathesis, sluggish lymphatic circulation. Ten to thirty drops of the tincture, three times a day.

AMYGDALUS, SP. MED.: Nausea and vomiting, elongated and pointed tongue with reddened tip and edges, gastric and abdominal tenderness, diarrhœa. Twenty drops to four ounces of water; teaspoonful every hour.

AMYL NITRITE: Fluttering and irregular pulse, coldness and pallor of surface, increased throbbing of arteries, tense spasmodic conditions of the heart. One-half drop every half hour.

ANTHEMIS, SP. MED.: Green, watery, flatulent, colicky, alvine discharges, restlessness, sweating of head, enuresis, chronic urethral irritation with muscular relaxation of the bladder and debility of the urinary organs. Twenty drops to one drachm in four ounces of water; teaspoonful every two hours.

APIS, SP. MED.: Itching and burning in the parts, urine voided frequently with burning and smarting in the urethra, tendency to œdema. Five drops to four ounces of water. Teaspoonful every two hours.

APOCYNUM, SP. MED.: Fullness of cellular tissues, sluggish circulation, eyelids swollen, feet œdematous, constipation, urine scanty, diarrhœa with cutting, lancinating, griping pain in the bowels, flatulent discharges, jaundice. Ten drops to one drachm in four ounces of water; teaspoonful every three hours.

ARALIA HISP, SP. MED.: Extensive anasarca, œdema, dropsy of cavities, shortness of breath, pain in back, liver

torpid, urine scanty, bowels constipated. One ounce to three ounces of water; teaspoonful every two hours.

ARCTIUM LAPPA: Feeble cutaneous circulation, dry and scaly eruptions, impaired nutrition. Ten drops to one drachm of the tincture three times a day.

ARGENTI NITRAS: Tormina and tenesmus, diarrhœa with pinkish discharges streaked with blood, gastralgia, flatulence, profuse secretion of mucus, cardiac palpitation. One-fourth to one-half grain in pill form, every four hours.

ARNICA, SP. MED.: Feeling of soreness over entire body, cystitis with a feeling of bruised soreness in bladder, cystitis from a fall or blow, cardiac palpitation from over exertion with dull heavy aching pain in heart, headache with bruised tensive feeling and pain on movement, hæmaturia with dull aching pain in lumbar region, hæmaturia following over exertion or excitement. Ten drops to four ounces of water; teaspoonful every two hours.

ARSENICUM (Fowler's solution, Donovan's solution): Pale œdematous skin, flabby muscles, pulse soft and feeble, contracted and pointed tongue, extremities cold. One to ten drops in four ounces of water; teaspoonful every four hours.

ARSENICUM BROMIDE: Choreic tendencies, asthma, anæmia, soft flabby skin. Ten to twenty drops in four ounces of water; teaspoonful three times a day.

ARSENICUM IODIDE: Chronic eczema, dyspepsia, feeble nutrition, weakness, debility, profuse acrid nasal discharge causing erosion where it comes in contact with skin. Three to five grains third trituration three times a day.

ARUM TRIPHYLLUM, SP. MED.: Sense of burning and constriction in throat, bleeds easily, thin ichorous discharge from nose. Ten drops to four ounces of water; teaspoonful every two hours.

ASAÆTIDA: Hysterical conditions, headache, vertigo, nervous irritation and mental depression, gastro-intestinal

irritation, flatulence, cardiac palpitation, dry cough with sense of choking in throat. Ten to thirty drops of the tincture every four hours.

ASARUM (Infusion): Suppressed menses from cold. Drink freely.

ASCLEPIAS TUB. SP. MED.: Pulse strong, skin moist, cough, pleuritic pain, aggravated by motion, pyrexia. Ten drops to four ounces of water; teaspoonful every two hours.

AURIUM BROMIDE: Nervousness and apprehension, night terrors, sleep walking, epilepsy. One to three grains third trit. every three hours.

AVENA SATIVA, SP. MED.: Cardiac weakness, tensive swelling in joints, fever and delirium, nervous exhaustion. One drachm to four ounces of water; teaspoonful every two hours.

BAPTISIA, SP. MED.: Tongue and mucous membrane full and purplish in color, papillæ enlarged, moist pasty fur on tongue, breath sweet, sickening and offensive, face and lips dusky or purple as though exposed to cold, pulse frequent and oppressed. Ten drops to one ounce in four ounces of water; teaspoonful every two hours.

BAROSMA, SP. MED.: Urine abnormally acid, renal and vesical irritation, profuse mucus discharges, constant desire to micturate without relief. Teaspoonful every three hours.

BARIUM IODIDE: Enlarged tonsils, swelling and induration of testicles. Two to three grains third trit. three times a day.

BARYTA CARBONICA: Weight and pressure in pubic region, scanty menstruation extreme sensitiveness to cold. One-fourth to one grain, sixth trit. three times a day.

BELLADONNA, SP. MED.: Dullness, drowsiness, eyes dull, pupils dilated, blueness of face and extremities, coldness of hands and feet, cerebral congestion. Ten drops to four ounces of water; teaspoonful every two hours.

BERBERINÆ SULPHAS: Profuse menorrhagia, circulation strong. One to two grains every four hours.

BERBERIS AQUIL., SP. MED.: Tumid and profusely secreting mucous membranes, indigestion, torpid liver, yellow skin, weakness, emaciation, One drachm to four ounces of water; teaspoonful three times a day.

BISMUTH SUB-NITRATE: Elongated and pointed tongue with reddened tip and edges, gastric acidity, nausea and vomiting, intestinal irritation, diarrhœa. Twenty to thirty grains every two hours.

BOLETUS LAR., SP. MED.: Chills alternated with flashes of heat, bearing down pains in back. Ten drops to four ounces water; teaspoonful every two hours.

BOLDO, SP. MED.: Pain in stomach, jaundice, nervousness and debility. One-half drachm to four ounces of water; teaspoonful three times a day.

BURSA PASTORIS, SP. MED. (Capsella Bursa Pastoris): Chronic hemorrhages, frequent urination, indigestion and diarrhœa. One drachm to four ounces of water; teaspoonful three times a day.

BRYONIA, SP. MED.: Hard and vibratile pulse, right cheek flushed, pleuritic pain increased by coughing, swelling of joints, with tensive cutting pain, hacking cough, acrid nasal discharge, right cephalalgia. Twenty drops to four ounces water; teaspoonful every two hours.

CACTUS GRAND., SP. MED.: Impaired heart's action, nervousness, sense of oppression in chest, anxiety, apprehension, hysterical conditions, tobacco heart. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

CAFFEINE: Cardiac insufficiency, renal torpor, cerebral hyperæmia, headache, dropsy. Two to five grains every three hours.

CALCAREA CARBONICUM: Enlarged lymphatics, pallid inelastic skin, tissues soft, urine scanty, diarrhœa, head

sweats, scrofula. One to three grains third trit. every four hours.

CALCIUM BROMIDE: Anæmia, nervous debility from lack of nutrition. One to three grains every four hours.

CALCIUM CARB.: Chronic cough with profuse expectoration, bronchorrhœa. One to three grains every four hours.

CALCIUM CHLORIDE: Offensive breath, pasty dirty coat on tongue, enlarged lymphatics. One to three grains third trit. every four hours.

CALCIUM FLOURIDE: Hemorrhoids, apoplectic tendencies, varicose veins. One to three grains, third trit. three times a day.

CALCIUM PHOS.: Anæmia, excessive menstruation, leucorrhœa, weakness, colliquative sweats, hectic fever, strumous diathesis. Two to five grains third trit. three times a day.

CALCIUM SULPHIDE: Inflammation of connective tissues, pustular eruptions, boils occurring in successive crops, feeble recuperative energy, lymphatic torpor. One to five grains third trit. three times a day.

CALENDULA, SP. MED.: Chronic suppuration, varicose veins, old ulcers. Ten drops to four ounces of water; teaspoonful every four hours.

CAMPBOR: Insomnia, restlessness, prostration, face blueish, extremities cold, voice weak and husky, feeble heart-beat, frequent and difficult urination, tenesmus and stranguary, burning pains in stomach, vertigo, nausea, vomiting, diarrhœa. One-eighth to one grain every two hours.

CAMPBOR MONO-BROMIDE: Headache, mental excitement, insomnia, delirium, hysteria. One to ten grains every two hours.

CANNABIS: Insomnia, nervousness, unpleasant dreams, bright staring eyes, hallucinations, pain and burning in urethra, frequent urination, severe pain in back of head, stupor, vertigo, feeble and irregular pulse, facial pallor

spasms of cerebral blood vessels, cardiac palpitation with sharp sticking pains in heart, menstrual headache, illusions of sight, hearing, and space. Ten to twenty drops to four ounces of water; teaspoonful every two hours.

CANTHARIS: Vesical irritation, partial paralysis of sphincter vesicæ, teasing desire to urinate, dribbling of urine. Three to ten drops of the tincture every two hours.

CAPSICUM: Colic, distended abdomen, pain increased by movement, thirst, chills, delirium tremens, shrunken eyes, blanched lips, cold extremities, small and feeble pulse, hemorrhoids with diarrhœa and tenesmus. Ten to thirty drops of the tincture every two hours.

CARBO-VEG., SP. MED.: Pallid skin, feeble circulation with hemorrhage, pallid flabby tongue with soft, moist coat, lifting in patches; tumid, doughy abdomen; salty taste in mouth; frequent, bad-smelling, hemorrhagic alvine discharges; passive renal hemorrhage, hæmoptysis, asthenic hemorrhages. One to ten grains third trit. every two hours.

CARDUUS MARIANUS, SP. MED. (Cuicus): Face sallow, appetite capricious, nervous irritation, languor, weakness, feeling of weight and tension in pelvis, jaundice, portal congestion, varicose veins. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

CASCARA SAG.: Constipation due to nervous and muscular atony of the lower bowel, with diminished sensibility, constipation due to neglect. Ten to thirty drops three times a day.

CAULOPHYLLUM, SP. MED.: Irregular menses, dysmenorrhœa, spasmodic uterine contractions, patient plethoric with rheumatic tendencies, colicky pains in bowels coming on after eating, pain in fingers and toes unattended by structural change. Ten drops to four ounces of water; teaspoonful every three hours.

CEANOTHUS, SP. MED.: Enlarged spleen, sallow skin,

expressionless face. Ten drops to two drachms in four ounces of water; teaspoonful every three hours.

CERIUM OXALATE: Nausea and vomiting, gastric inflammation, nervousness, dysmenorrhœa with colicky pains before flow, patient plethoric. Five to ten grains every four hours.

CHELIDONIUM, SP. MED.: Full, pale, sallow tongue and mucous membranes; skin pale and sallow, sometimes greenish; jaundice, torpid liver, cough with pain in region of liver, sense of weight in stomach, indigestion, melancholy. One to ten drops of the tincture three times a day.

CHIMAPHILLA, SP. MED.: Atony of urinary organs, scanty urine, frequent and ineffectual efforts to pass urine, smarting pain in urethra, chronic urethral irritation, muscular relaxation of bladder, debility of urinary organs. Two drachms to four ounces water; teaspoonful every three hours.

CHIONANTHUS, SP. MED.: Pain in epigastrium and right hypochondrium, simulating colic, hepatic pain, yellowish tinge of conjunctiva, jaundice, pale, thin, watery stools, itching in skin, nausea, tympanites. Two to five drops in four ounces of water; teaspoonful every four hours.

CHLORAL HYDRATE: Pain, sleeplessness, pulse soft, temperature normal. Ten to twenty grains every two hours.

CHLORODYNE: Chronic cystitis with painful urination and frequent micturition. Five to ten drops every hour.

CINCHONA CAL., SP. MED.: Anæmia resulting from chronic suppuration, empyema, afternoon pyrexia, paleness, weakness, loss of appetite and strength, deficient recuperative energy. One drachm to four ounces water; teaspoonful every four hours.

CINNAMON (TINCTURE OF OIL): Profuse hemorrhage, paleness, coldness of extremities, apprehension, uterine hemorrhage, hæmoptysis, hæmaturia. Ten drops to two drachms every hour.

CITRUS LIMONUM: Rheumatic pain, tongue and mucous membranes red, urine alkaline. Thirty drops to one drachm three times a day.

CLEMATIS TR.: Vesicular eruptions about head and face, soreness and swelling with cutaneous irritation. Ten to twenty drops in four ounces of water; teaspoonful three times a day.

COCA, SP. MED.: Fatigue, difficult and labored respiration, general feeling of weariness and exhaustion both mental and physical, temperature normal. Five to twenty drops every two hours.

COCCUS CACTI TR.: Colica renalis with dark-colored urine and pain extending down ureters to bladder. Ten to thirty drops in four ounces water; teaspoonful every two hours.

COCCULUS INDICUS; Cardiac palpitation with uterine colic and neuralgic dysmenorrhœa. Ten to twenty drops of the tincture to four ounces water; teaspoonful every two hours.

CODEA SULPH.: Constant irritating cough, diminished secretion, inability to sleep from coughing. One-fourth to one-half grain every two hours.

COLCHICUM, SP. MED.: Sudden tearing pain extending from back down limbs, rheumatic pain, gouty headache with swelling of joints, nervousness, constipation. Thirty drops to four ounces water; teaspoonful every two hours.

COLLINSONIA, SP. MED.: Laryngeal and bronchial irritation, sore throat, cough with sense of pain and constriction in larynx, cough aggravated by speaking, sticking pain in larynx, feeling of foreign body in larynx, minister's sore throat, contracted abdomen, pain in lower bowels, sharp sticking pain in anal region as if some foreign body were lodged there, full pulse, sticking pain in heart, sharp sticking pain in bladder, vesical tenesmus, hemorrhoids. One ounce to four ounces of water; teaspoonful every two hours.

COLOCYNTH TR.: Diarrhœa and dysentery with sharp, cut-

ting, boring, twisting pain in bowels, flatulent discharges, constipation with sharp griping pain in lower bowel, tensive rheumatic pain increased by motion. Five to twenty drops to four ounces water; teaspoonful every two hours.

COLUMBO, SP. MED.: Feeble digestion, anorexia and weakness. Thirty drops to one drachm three times a day.

CONIUM, SP. MED.: Pain of neuralgic character, restlessness, nervousness, pain in stomach, gastric ulcer. Ten to thirty drops to four ounces of water; teaspoonful every two hours.

CONVALLARIA MAJ., SP. MED.: Palpitation and vehement action of heart with disordered rhythm, diminished arterial pressure, dyspnœa, scanty urine, dropsy. Twenty drops to one drachm in four ounces of water; teaspoonful every two hours.

COPAIBA BALS.: Pressure and tenesmus in bladder, desire to urinate frequently, urine discharged by drops, itching, smarting, burning sensations in urethra after urinating, mucous discharge from urethra, inflammation and swelling of urethral orifice, cough with thick tenacious expectoration, loud mucous rales, laryngeal irritation. Twenty drops to one drachm in capsule every four hours.

CORALLORHIZA: Hacking cough, lack of secretion, loss of weight, anorexia, weakness, pleuritic pains, pyrexia. One drachm to four ounces water; teaspoonful every two hours.

CORNUS CIRC.: Constant nausea, bitter taste in mouth, aversion to food, indigestion. Twenty drops to one drachm of tincture three times a day.

CORNUS FLOR., SP. MED.: Pulse weak temperature depressed, relaxed and feeble tissues, quinism. One drachm to four ounces of water: teaspoonful three times a day.

CORYDALIS FORMOSA: Scrofulous or syphilitic diathesis, enlarged lymphatics, nodular swellings, yellow skin. Ten drops to one drachm of tincture three times a day.

CYPRIPEDIUM, SP. MED.: Nervousness, patient inclined to be in constant motion, sleeplessness, delirium, convulsive tendencies, melancholy, menstrual irregularities. Thirty drops to one drachm in four ounces of water; teaspoonful every two hours.

CYSTUS: Cough, dryness and blueness of mucous membranes, tickling and itching in pharynx, chronic pharyngitis. Ten drops of tincture to four ounces water; teaspoonful every four hours.

DAMIANA, SP. MED.: Sexual impotence, weakness, and debility, nervousness, mental depression. One drachm to four ounces water; teaspoonful every four hours.

DIGITALIS, SP. MED.: Weak pulse, faint heart's sounds, dropsy. Ten drops to four ounces water; teaspoonful every four hours.

DIOSCOREA, SP. MED.: Colicky pains in bowels with tenderness on pressure; sharp, cutting pains aggravated by motion; frequent, flatulent, and small alvine discharges. Ten drops to one drachm in four ounces water; teaspoonful every two hours.

DIURETIN: Renal dropsy, scanty urine, feeble circulation. Ten to twenty grains every four hours.

DROSERA, SP. MED.: Expulsive irritating cough, uncontrollable explosive cough, dryness of air passages, cough of measles, irritation and nervousness. Ten drops to four ounces water; teaspoonful every two hours.

DULCAMARA, SP. MED.: Diminished perspiration with uriniferous odor, deficient cutaneous circulation, feet and hands cold and bluish, fullness of tissues with tendency to œdema. Ten to thirty drops every four hours.

ECHINACEA, SP. MED.: Strumous and syphilitic diathesis, ulceration with profuse secretion, tendency to systemic poisoning, foul phagedenic ulcers, diarrhœa with nausea and vomiting, profuse and bad smelling discharges, purplish skin with bluish shining appearance, vesicular

eruptions, viscid exudations, painful superficial irritations, burning of surface, breath offensive, dusky colored mucous membranes, profuse acrid saliva, tendency to gangrene and sloughing, weakness and emaciation. Ten drops to one drachm in four ounces water; teaspoonful every three hours.

ELATERIUM, SP. MED.: Dropsy, constipation, urine scanty and voided with difficulty, thick, heavy sediment containing large quantities of mucus, cystitis, dyspnoea, rapid and feeble pulse, sensations of pain and heat in bladder, deep soreness in bladder, dragging sensations in perineum. Ten to twenty drops in four ounces water; teaspoonful every two hours.

EPIGEA REP., SP. MED.: Debility and relaxation of the bladder, irritable mucous membrane, urinary incontinence, uric acid deposits. Ten to twenty drops in four ounces water; teaspoonful every three hours.

EPILOBIUM, SP. MED.: Diarrhoea with colicky pains, feculent discharges, tenesmus, retracted abdomen, harsh, dirty, dry skin. One drachm every four hours.

EQUISETUM, SP. MED.: Irritation of the bladder, nocturnal incontinence of urine, continual desire to urinate, renal calculi, dropsy. Five to ten drops three times a day.

ERECTHITES TR.: Passive hemorrhage, albuminuria, dropsy, pale waxy skin, swelling of feet, scanty urine. Ten to twenty drops every four hours.

ERGOT, SP. MED.: Venous congestion, dullness, indisposition to exertion, hemorrhage, pulse weak, surface cold, pupils contracted, mental torpor, hemiplegia, spinal congestion, enfeebled circulation, oedema. Ten drops to one drachm in four ounces of water; teaspoonful every three hours.

ERIGERON, SP. MED.: Frequent and large discharges from the bowels, tenesmus, involuntary discharges, passive hemorrhages from the lungs with night sweats, pas-

sive capillary hemorrhage from any organ. One drachm to four ounces of water; teaspoonful every two hours.

ERIODYCTION GLUT., SP. MED.: Chronic asthma with cough, profuse expectoration, thickening of bronchial mucous membrane, loss of appetite, impaired digestion, emaciation. Five to twenty drops in four ounces of water; teaspoonful every two hours.

ERYNGIUM, SP. MED.: Frequent and scanty urination with scalding and burning in urethra, dull pain in bladder extending to loins. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

ETHER SULPH.: Headache, face pallid, pulse feeble, extremities cold, colicky pains with convulsive tendencies. Five to ten drops every hour.

EUCALYPTUS, SP. MED.: Diarrhœa, sensations of weight and coldness in the bowels, cold extremities, cold perspiration, chronic vesical catarrh, urine contains pus; sore throat, profuse secretion, pasty bad smeling coat on tongue, fetid false membrane. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

EUGENIA JAMBOL, TR.: Gastro-intestinal irritation, dizziness and vertigo, abdominal pain extending to back and loins. One to two drachms in four ounces of water; teaspoonful every two hours.

EUONYMUS, SP. MED.: Anorexia, indigestion, constipation, weakness, malarial infection. Ten to thirty drops three times a day.

EUPATORIUM PER., SP. MED.: Full pulse, cough, hoarseness, dyspnœa, pain in chest, skin hot and moist, frequent urination, urine turbid. Five to twenty drops in four ounces of water; teaspoonful every two hours.

EUPHORBIA COR., SP. MED.: Elongated and pointed tongue, papillæ prominent, uneasy sensations in stomach, cholera infantum with greenish irritating discharges, hot,

tender abdomen, constant desire to go to stool. Ten drops to four ounces of water; teaspoonful every two hours.

EUPHORBIA PIL., SP. MED.: Cough, dyspnœa, sneezing, suffusion of the eyes, hay asthma. Ten drops to four ounces of water; teaspoonful every two hours.

FERRI ACETAS, TR.: Surface pallid, aversion to motion, bluish tongue, heavy pain in back of head. One to five drops three times a day.

FERRUM, ACID SOL.: Pallid mucous membrane, weakness, debility, anæmia, skin alternately flushed and pale, digestion slow. One to five drops three times a day.

FERRUM CHLOR. TR.: Cheeks flushed, surface glistening, deep-red tongue, papillæ prominent, grumous prune-juice sputa, tissues relaxed, impaired digestion. Five to ten drops every four hours.

FERRUM CITRATE: Anæmia, pale, transparent skin, pallid mucous membranes, hurried respiration, morbid appetite, nervousness and restlessness. One to five grains three times a day.

FERRUM PHOS.: Dyspepsia, anæmia, vertigo, dyspnœa, perverted appetite. Five to ten grains 3d trit. three times a day.

FERRUM SULPH.: Relaxed and languid state of the general system, uterine torpor, amenorrhœa. One to five grains 3d trit. three times a day.

GAULTHERIA: Increased sexual excitement, prostatic and cystic irritation. Five to ten drops of the tincture every three hours.

GELSEMIUM, SP. MED.: Flushed face, bright eyes, contracted pupils, nervousness, pyrexia, ovarian pain, irritability of the neck of the bladder, frequent desire to urinate, painful and difficult urination, sharp pain in back and loins, hysteria. Ten to twenty drops in four ounces water: teaspoonful every two hours.

GERANIUM, SP. MED.: Dysentery, diarrhœa, frequent

and large discharges, constant desire to go to stool, relaxed mucous membrane, passive hemorrhage. Ten to twenty drops in four ounces water; teaspoonful every two hours.

GLONOINE: Spasmodic pain in cardiac region, dyspnœa, faint heart, vertigo. Five to ten drops 3d dec. dil. in four ounces water; teaspoonful every two hours.

GLYCYRRHIZA: Short, weak cough, feebleness and relaxation, coldness of extremities. Twenty drops to one drachm of the tincture every two hours.

GOSYPIUM, SP. MED.: Delayed menses, backache, dragging pain in pelvis, sense of fullness and weight in bladder, difficult micturition, mechanical obstruction. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

GRAPHITES: Eczema with scales, thin viscid secretion beneath, impaired sexual functions, irregular and painful menstruation, leucorrhea, sensations of fullness in pelvis. Ten drops 1st dec. dil. to four ounces of water; teaspoonful every two hours.

GRINDELIA: Feeble circulation, labored and asthmatic breathing, rawness and soreness in chest, harsh dry cough, palpitation of the heart, plethora. Two drachms to four ounces of water; teaspoonful every two hours.

GRINDELIA SQAR., SP. MED.: Malarial cachexia, pain and fullness in splenic region, pain in stomach, anorexia. One drachm to four ounces of water; teaspoonful three times a day.

GUAIACM: Swelling and tumidity of tonsils, dribbling of saliva, dryness and stiffness in throat, pain on swallowing. Five to ten drops of tincture every two hours.

GUARANA, SP. MED.: Headache, migraine, pallid face, feeble pulse, cerebral anæmia, depression, mental exhaustion. Ten drops to one drachm three times a day.

HAMAMELIS, SP. MED.: Passive hemorrhage, enfeebled venous circulation, increased mucous secretion, fullness in

anal region, prolapsus ani, difficult defecation, bleeding piles. Ten to thirty drops every three hours.

HÆMATOXYLON: Painless diarrhœa with relaxation of mucous membrane without irritation. One-half to one drachm of infusion every two hours.

HEDEOMA: Amenorrhea from exposure to cold, wet feet, draughts of air, uterine torpor. Infusion; teaspoonful every half-hour.

HELLEBORUS NIG., SP. MED.: Cough, mental sluggishness, feeling of heaviness in head and face, cold clammy sweat, jelly-like mucous discharges from bowels, scanty menstrual flow, flashes of heat, burning in region of nates and thighs, perineal sensitiveness, hysteria, hypochondria. Five drops to four ounces of water; teaspoonful every two hours.

HELONIAS DIO., SP. MED.: Mental depression, irritability, loss of sexual appetite, atony of urinary organs, indigestion and mal-assimilation, nausea from reflex irritation, reproductive disturbances in women, slimy viscid leucorrhea, albuminous urine. Ten to twenty drops to four ounces of water; teaspoonful every three hours.

HEPATICA, SP. MED.: Cough with increased secretion, irritation of mucous membranes. Ten drops to one-half drachm in four ounces of water; teaspoonful every three hours.

HUMULUS, SP. MED.: Delirium, nervousness and irritability, wakefulness, cerebral hyperæmia. One to two drachms in four ounces of water; teaspoonful every two hours.

HYDRANGÆA, SP. MED.: Irritation of urinary tract, calcareous deposits, deep-seated pain in the region of the kidneys, hepatic pain, vesical irritation, difficult urination, with blood in the urine. Ten drops to one-half drachm in four ounces of water; teaspoonful every two hours.

HYDRASTIS, SP. MED.: Indigestion, profuse gastric secretion, perverted appetite, enfeebled circulation. One drachm to four ounces water; teaspoonful three times a day.

HYOSCYAMUS, SP. MED.: Nervousness and irritability, flushed face, dilated pupils, rapid and excited action of the heart, fright, terror, delirium, choking sensation, muscular spasms, sharp, dry cough, worse at night and relieved by sitting up, violent mania, constant talking, amusing hallucinations. Five to ten drops in four ounces water; teaspoonful every two hours.

HYPERICUM TR.: Spinal tenderness, increased arterial throbbing, hysteria. Ten drops to four ounces water; teaspoonful every two hours.

IBERIS: Cardiac hypertrophy, pulse full and tremulous, dropsy, asthma. Ten to twenty drops of tincture in four ounces water; teaspoonful every two hours.

ICTODES: Dryness of mucous membranes, muscular tremors, epileptic tendencies, asthma. Ten to twenty drops of the tincture every two hours.

IGNATIA, SP. MED.: Depression, gloomy forebodings, violent outbursts of passion, chorea from grief or fright, sleeplessness, mental disturbances, indigestion, cutaneous hyperæsthesia, bad taste in mouth, pyrosis, tympanites, headache, gastralgia, coldness of extremities, hysteria, female sexual frigidity. Ten to twenty drops in four ounces water; teaspoonful every three hours.

INULA, SP. MED.: Teasing cough, post-sternal pain, increased secretion, bronchitis. Five to ten drops in four ounces water; teaspoonful every two hours.

IPECAC, SP. MED.: Intestinal irritation, diarrhœa, weakness and debility, cough, oppressed breathing, diminished expectoration, mucous rales, hypersecretion in bronchioles, elongated and pointed tongue, nausea, pain in stomach, pyrexia. Ten to twenty drops in four ounces of water; teaspoonful every two hours.

IRIS, SP. MED.: Thyroid fullness, lymphatic enlargements, imperfect nutrition, syphilitic taint, rough, greasy, discolored skin, diarrhœa with sour watery discharges large stools, nausea and vomiting, burning sensation in mouth and throat. Ten drops to four ounces water; teaspoonful every two hours.

JACARANDA: Mental feebleness, patient well nourished, appetite voracious, masturbation, epilepsy. One to two drachms of the tincture in four ounces water; teaspoonful every four hours.

JABORANDI, SP. MED.: Marked dryness of skin, suppressed urine, pulse full and strong, pain in back and limbs, pyrexia. One to two drachms in four ounces water; teaspoonful every two hours.

JALAP, SP. MED.: Colic with stercoraceous vomiting, pain and griping in lower bowel. Ten to twenty drops every two hours.

JEFFERSONIA, SP. MED.: Pain in head with feeling of tension, dizziness. Ten to twenty drops every three hours.

JUGLANS, SP. MED.: Constipation, flatulence, gastric irritability, acid eructations, diarrhœa of constipation, dirty and rough skin, torpid liver, pustular eruption with profuse secretion. Ten drops to one drachm three times a day.

KALI: Diarrhœa, tenesmus, tenderness on pressure, thirst, vomiting. One drachm of decoction every two hours.

KALMIA, SP. MED.: Reflex cardiac palpitation from gastric and intestinal irritation, syphilis. Ten to twenty drops in four ounces water; teaspoonful every two hours.

LACHESIS: Flushed face, cardiac palpitation, nervousness, sinking sensations in pit of stomach, mental depression, flashes of heat, tickling and irritation in throat. Two to three grains of 6th trit. every two hours.

LEPTANDRA, SP. MED.: Dull hepatic pain, enfeebled portal circulation, frontal headache, bitter taste in mouth,

cold extremities, dyspepsia, hemorrhoids. Ten to twenty drops in four ounces water; teaspoonful every four hours.

LILIUM TIGRINUM Tr.: Dysmenorrhœa, uterine irritation, bearing down pains, darting pains, nausea. Ten to twenty drops in four ounces water; teaspoonful three times a day.

LITHIUM BENZOATE: Bad taste in mouth, fetid breath, imperfect nutrition, continuous irritation of the urinary passages, uneasiness in loins extending to bladder, fullness and tension in perineum, frequent and difficult urination, phosphatic urine. One to two grains every four hours.

LITHIUM CITRATE: Gout, swelling of joints, acid eructations, indigestion, urinary deposits. One to five grains every four hours.

LITHIUM BROMIDE: Epilepsy, flushed face, insomnia, mental depression, severe pain in back between the shoulders, renal torpor. One to five grains every four hours.

LOBELIA, SP. MED.: Sense of fullness and oppression in præcordial region, difficult respiration, full and oppressed pulse, sharp lancinating pains in heart, tongue full and heavily coated, nausea. Ten to twenty drops every two hours.

LYCOPodium, SP. MED.: Cough with bloody sputa, congestive headache, spasmodic retention of urine, painful urination, urine containing phosphates and blood with sandy deposits, water brash, flatulence, borborygmus, constipation, cardiac palpitation, low grade of fever with diminished secretion of urine. One to ten grains every two hours.

LYCOPUS, SP. MED.: Chronic cough, frequent pulse and a high range of temperature, sense of burning, soreness and irritation in chest, rapid respiration, cardiac palpitation with hæmoptysis, incipient phthisis. Five to ten drops every two hours.

MACROTYS, SP. MED.: Uterine pain and tenderness, sense of soreness with dragging pains in back, muscular pains in thighs and hips, rheumatic pain, pulse open, skin soft and moist. Ten to twenty drops in four ounces water; teaspoonful every two hours.

MAGNESIUM PHOS.: Colic, sharp shooting pains, diarrhœa, painful defecation, nervousness and indigestion. Three to five grains 6th trit. three times a day.

MAGNESIUM SULPH.: Pendulous abdomen, dropsy, constipation, dirty leaden colored tongue, diarrhœa, small mucous discharges, tormina and tenesmus. Twenty grains to four ounces of water; teaspoonful every two hours.

MANGIFERA, SP. MED.: Relaxed and feeble tissues, profuse mucous discharges, chronic dysentery with muco-purulent stools. One drachm to four ounces water; teaspoonful every two hours.

MELILOTUS, SP. MED.: Diarrhœa and vomiting, cutting and lancinating pains with griping rumbling in the bowels, flatulence, forcible and windy discharges, dysuria, non-malarial headache. One to ten drops every two hours.

MORPHIA: Pain, pulse small and soft, tongue clean. One-eighth grain every two hours.

MUSK: Hiccough, stupor, muttering delirium, sub-sultus tendinum. One-half to three grains every two hours.

MYRICA, SP. MED. Profuse secretion of mucous, sore mouth, jaundice, chronic diarrhœa, large mucous discharges, full oppressed pulse, feeble capillary circulation. One to ten grains three times a day.

NEPETA CATARIA: Colic, flexing of thighs upon abdomen, persistent crying. One drachm of tincture to four ounces of water; teaspoonful every half hour.

NICKLE BROMIDE: Frequent attacks of epilepsy, coldness of hands and feet, mental feebleness. One to ten grains every four hours.

NUX, SP. MED.: Broad pallid tongue, face sallow, yel-

low ring about mouth, paroxysmal, abdominal pain pointing to umbilicus. Five to ten drops to four ounces of water; teaspoonful every three hours.

ŒNANTHE CROC., SP. MED.: Epilepsy, nervousness, loss of appetite, indigestion, weakness, frequent convulsions, mind bright, anæmia of the brain and spinal cord. Three to five drops to four ounces of water; teaspoonful every four hours.

ŒNOTHERA: Catalepsy, sallow dirty skin, tissues and tongue; feeble innervation, insomnia, emotions easily excited with tendency to tears, diarrhœa, vomiting, and restlessness. Twenty to thirty drops of the tincture every four hours.

OPIUM: Pain, pulse soft and open, skin moist, face pallid, eyes dull. One-half to two grains every two hours.

OLEUM MORRHUÆ: Chronic cough and expectoration, tissues soft and atonic, frequent pulse, increased temperature, lymphatic enlargements, paleness and emaciation. One to two drachms three times a day.

PANAX, SP. MED.: Nervousness, headache, cardialgia, mental fatigue, dullness, inability to control the voluntary muscles, nausea and vomiting, vertigo. Ten drops to one-half drachm, three times a day.

PAREIRA BRAVA, SP. MED.: Chronic cystitis, difficult urination, pain in urethra and glans penis. Ten to twenty drops every four hours

PASSIFLORA, SP. MED.: Restlessness, insomnia, cardiac palpitation from fright or excitement, hysteria, oppressed respiration, headache, neuralgia. Twenty drops to one drachm in four ounces of water; teaspoonful every four hours.

PENTHORUM, SP. MED.: Fullness of pharyngeal and nasal mucous membranes with abundant secretion, spongy gums. Two drachms to four ounces water; teaspoonful every two hours.

PHOSPHORUS, SP. MED.: Vesical irritability, frequent urination, prostaticorrhœa, delirium, pinkish flushed face, eyes wild and glassy, dyspnœa, pulmonary hyperæmia, rusty sputa, dry hacking cough, diarrhœa, nervous debility, increased irritability, mental derangement, scrofulous diathesis. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

PHYSOSTIGMA, SP. MED.: Pulse weak, contracted pupils, surface cool, mental torpor. Five drops to four ounces of water; teaspoonful every two hours.

PHYTOLACCA, SP. MED.: Pallid mucous membrane, pallid tongue with slick coat, soreness of mouth, dribbling of saliva, irritation and burning in skin, enlarged lymphatics, sore nipples, mastitis. Five to twentydrops in four ounces water; teaspoonful every two hours.

PICHI: Pain in bladder, frequent urination, worse at night. Ten to thirty drops of tincture three times a day.

PIPER METHYSTICUM, SP. MED.: Pain in stomach, anorexia, vertigo, despondency, sexual debility, retracted testicle, pain in head of penis, pain in loins and breast. Ten to thirty drops every four hours.

PISCIDIA: Migraine, insomnia, restlessness, nervousness. Twenty to thirty drops of the tincture three times a day.

PLANTAGO, SP. MED.: Nocturnal enuresis with profuse discharge of colorless urine. One to five drops every four hours.

PODOPHYLLUM, SP. MED.: Imperfect digestion, vertigo, torpid liver, constipation, head heavy, speech slow and confused, tongue full and sodden, heavily coated at base, abdomen full and doughy, skin sallow, temperature normal or sub-normal. One to five drops every four hours.

POLYGONUM, SP. MED.: Amenorrhœa from exposure to cold, tensive pains in back and limbs, skin harsh and inactive, chills. Ten drops to two drachms in four ounces of water; teaspoonful every two hours.

POTASSIUM ACETATE: Retained secretions, deficient nutrition, sluggish lymphatic circulation, pale tongue with light pasty fur, renal torpor, scanty urine, dull heavy pain in head. One to two drachms to four ounces of water; teaspoonful three times a day.

POTASSIUM BROMIDE: Sleeplessness, restlessness, nervousness, spasmodic muscular contractions, face flushed, vigorous circulation without fever, irritability of the reproductive apparatus. Five to ten grains every four hours.

POTASSIUM BICHROMAS: Cough with thick tenacious secretion, sub-acute inflammation, difficult respiration, tongue coated brown, breath offensive, muco-enteritis with irritating diarrhœa, pain and tenesmus. Two to three grains third trituration every two hours.

POTASSIUM CARBONATE: Pale tongue; feeble tremulous muscles, pain in joints. Five to ten grains three times a day.

POTASSIUM CHLORATE: Pallid tongue, bad taste in the mouth, fetid breath, cough with offensive expectoration, tenderness of mouth and gums, tongue covered with thick dirty coating, cadaveric odor of discharges. Five to twenty grains every four hours.

POTASSIUM HYPOPHOSPHITE: Chronic cough, thoracic pain, weak and rapid pulse, anæmia, emaciation. Three to five grains three times a day.

POTASSIUM IODIDE: Pale leaden-colored tongue, blue line on gums, syphilis, scrofula. One to ten grains three times a day.

POTASSIUM NITRAS: Scanty urine, difficult respiration, enlarged tonsils. Ten to twenty grains to four ounces of water; teaspoonful every three hours.

POTASSIUM PERMANGANAS: Amenorrhœa, after severe mental exertion, plethora, feeling of weight and dragging in pelvis, mental depression, fear of premature old age,

amenorrhœa after sea-sickness, home-sickness. Ten grains to four ounces of water; teaspoonful every four hours.

POTASSIUM PHOSPHATE: Mental depression, irritability, dull pain in back, phagedenic states, weakness and exhaustion. Five to ten grains third trituration three times a day.

POTASSIUM SULPHATE: Tissues full and sodden, skin dirty and scaly. Five to ten grains to four ounces of water; teaspoonful three times a day.

PRUNUS, SP. MED.: Rapid and weak pulse, deep constant harassing cough, copious muco-purulent expectoration, dyspnœa, cardiac pain, pyrexia, anorexia. Ten to thirty drops in four ounces of water; teaspoonful every four hours.

PULSATILLA, SP. MED.: Amenorrhœa, nervousness, despondency, pain in top of head, hysteria, sexual derangement. Ten to twenty drops in four ounces of water; teaspoonful every two hours.

QUEBRACHO: Asthma, face livid and blue, orthopnœa, cardiac palpitation with cough, dyspnœa, cyanosis, anxiety, pulse small. Ten to twenty drops of the tincture every hour.

QUININE: Periodicity. One to ten grains three times a day.

RHEUM, SP. MED.: Constipation with an unpleasant feeling of constriction in stomach and bowels, retracted abdomen, diarrhœa with abdominal tenderness on pressure, light colored discharges, sour smelling perspiration. Five drops to one-half drachm every two hours.

RHUS AROM., SP. MED.: Diarrhœa with painless large discharges, thin stools, abdomen soft and flabby, paleness, weakness and emaciation, nocturnal enuresis, relaxation of sphincter vesicæ, enlarged prostate. One-half drachm to four ounces of water every four hours.

RHUS TOX, SP. MED.: Scanty urine with dribbling, smarting pain in urethra, short sharp pulse, strawberry tongue, itching and tingling in skin, pain over left orbit, cough with burning pain in chest, restlessness, starting and crying out during sleep, pinched expression of countenance. Five to ten drops to four ounces of water; teaspoonful very two hours.

RUBUS VIL., SP. MED.: Atonic condition of the gastrointestinal tract, copious alvine discharges. Ten to twenty drops three times a day,

RUMEX CRISP., SP. MED.: Swelling in groin, deposits in glands and cellular tissues, feeble recuperative energy, syphilis, persistent dry cough, pyrexia, weight and fullness in chest, summer cough, chronic sore throat. Five drops to one-half drachm every four hours.

SALIX NIGRA AMENTS, SP. MED.: Sexual irritability, spermatorrhœa, frequent urination, prostatic irritation, teasing desire to urinate. Ten to twenty drops every two hours.

SANGUINARIA, SP. MED.: Irritating and tickling cough, scanty secretion, sputa streaked with blood, burning sensations in throat and nose, thirst, tongue large and red. Ten to twenty drops in four ounces of water; teaspoonful every two hours.

SANTONIN: Intestinal parasites, nocturnal enuresis, vesical tenesmus, high-colored urine, retention of urine following the administration of opiates. One to three grains every four hours.

SAVIN: Suppressed menses with colicky pains, general fullness of veins, headache. Five to ten drops of the tincture in four ounces water; teaspoonful every two hours.

SAW PALMETTO, SP. MED.: Prostatorrhœa, prostate gland enlarged and tender on pressure, difficult micturition. One drachm to four ounces water; teaspoonful every two hours.

SCILLA: Cough with lack of secretion, urine scanty and

high colored, continual feeling of pressure in bladder, inability to retain urine, skin dry, dropsy. Ten to twenty drops of the tincture every two hours.

SCUTELLARIA, SP. MED.: Convulsions from over study or long continued and exhaustive labor, tremor and twitching of lower limbs, insomnia, restlessness, cardiac palpitation, menstrual difficulties. Five drops to one drachm in four ounces water; teaspoonful every two hours.

SENECIO, SP. MED.: Profuse leucorrhœa, nervousness, headache, malaise, uterine and ovarian irritation, aching and weight in the pelvis. Five drops to one drachm in four ounces of water; teaspoonful every two hours.

SENEGA, SP. MED.: Deep hoarse cough, free expectoration, mucous rales, nausea and occasional vomiting. Ten drops to one drachm in four ounces water; teaspoonful every two hours.

SEPIA: Leucorrhœa supplanting menstrual flow, sticking pains in vagina, œdema of feet and limbs. Three to five grains third trituration every two hours.

SILICA: Vertigo, dyspnœa, pain in back and limbs, headache, feeble recuperative energy, diseased conditions of epithelium, gout, diabetes. Three to five grains third trituration every three hours.

SILPHIUM, SP. MED.: Spasmodic dry cough, sensation of dryness and constriction in the throat, asthma. Five to ten drops every two hours.

SODIUM BICARB: Tongue coated a filmy white, acid eructations, cardialgia. Five to ten grains every two hours.

SODIUM IODIDE: Pallid tongue, feeble pulse, paroxysmal cough, shreds of false membrane expectorated. Five to twenty grains every two hours.

SODIUM PHOSPHATE, SP. MED.: Pallid tongue and mucous membrane, tongue furred and dry, habitual constipation, feces hard and dry, acid eructations, itching about anus. Five to ten grains every three hours.

SODIUM SALCYLATE: Tongue pallid with thin bluish-white coat, intestinal flatus, rheumatism, Three to five grains every four hours.

SODIUM SULPHATE: Diarrhœa, tenderness on pressure in hepatic region, green watery discharges, greenish-gray coat on tongue, vomiting, headache, cutaneous eruptions, dropsy. Two to ten grains every two hours.

SODIUM SULPHITE, SP. MED.: Broad pallid tongue, thick dirty pasty white coat, pallid mucous membrane. Five to ten grains every three hours.

SOLANUM CAR.: Epilepsy, muscular twitchings, patient seems dazed, attacks brought on by slightest excitement, perverted appetite, constipation. Ten drops of the tincture to four ounces of water; teaspoonful every two hours.

SPARTEINE: Weak and irregular heart, cardiac palpitation, functional heart disease. Five to ten grains third trit. every two hours.

SPIGELIA: Rheumatic pain, palpitation, neuralgia, endocarditis. Ten to twenty drops of tincture in four ounces of water; teaspoonful every two hours.

SPIRITUS AMMONIUM AROMATICUS: Hacking cough, oppressed breathing, deficient secretion, nausea, flatulence. Ten to twenty drops every two hours.

SPIRITUS NITRE DULC.: Frequent pulse, nervous irritation, dry skin, renal torpor, pyrexia. Ten to twenty drops every four hours.

SPONGIA: Dry cough, whistling respiration, burning and soreness in larynx, voice dry and husky. Ten drops of the tincture to four ounces of water; teaspoonful every two hours.

STAPHYSAGRIA, SP. MED.: Irritation of sexual organs, prostatorrhœa, depression of spirits, hypochondriasis, violent outbursts of passion, spermatorrhœa. Ten drops to four ounces of water; teaspoonful every two hours.

STICTA, SP. MED.: Cough with pain in back and shoulders, extending to occiput, hay fever with headache, tearing pain in side of face and jaw, feeling of tension in forehead, sneezing, coryza, conjunctivitis, soreness and dull pain in chest. Ten drops to one drachm in four ounces of water; teaspoonful every two hours.

STRAMONIUM, SP. MED.: Passionate and violent delirium, rapid incoherent speech, vicious and destructive tendencies, hallucinations, head hot. Ten to twenty drops in four ounces of water; teaspoonful every two hours.

STROPHANTHUS, SP. MED.: Frequent and feeble cardiac contractions, tremulous pulse. Five to ten drops in four ounces of water; teaspoonful every two hours.

STRYCHNIA: Enuresis, tardy and feeble urination, cutaneous anasthenia, dullness of hearing, impaired vision, olfactory illusions, muscular tremors, feeble spinal innervation, nervousness and indigestion. One sixtieth to one-fortieth grain three times a day.

SUMBUL: Insomnia, restlessness hysteria, palpitation of the heart, delirium, neuralgia. Three to five grains third trituration every three hours.

SULPHUR: Dirty, sallow, brownish skin, persistent cough, mucous rales, sputum tough and hard to raise. Five to ten grains second trituration every four hours.

SYR. MICHELLA COMP.: Debility and weakness of the generative organs, dragging sensations in pelvis, frequent and difficult urination. One to two drachms three times a day.

SYR. HYPOPHOSPHITES COMP.: Pale waxen surface, feeble nutrition, cough and expectoration, anorexia, extremities cool, no fever. One drachm three times a day.

SYR. FERRI IODIDE: Pale, leaden-colored tongue, face pallid, cheeks alternately flushed and pale. One drachm three times a day.

SYR. RHEI ET POT. COMP.: Constipation, gastric acidity,

indigestion, flatulence, tongue coated white. One drachm three times a day.

SYZYGIUM JAMBOLANUM: Red and fissured tongue, pale gums, dental caries, hepatic pain, indigestion. Ten drops of the tincture to four ounces water; teaspoonful every four hours.

TAMARINDUS: Hemorrhoids, persistent burning and itching in anus, constipation. One to two drachms of the tincture in four ounces water; a teaspoonful every four hours.

TARAXACUM, SP. MED.: Anorexia, feeble digestion, torpid liver, constipation. Ten to twenty drops three times a day.

TARTAR EMETIC: Cough with sub-crepitant rales, sub-acute inflammation, capillary bronchitis, hoarseness, laryngeal tenderness, hollow reverberating cough. Three to five grains third trit. every two hours.

TELA ARANEA, SP. MED.: Dry whistling cough, spasmodic in character; periodical fever. Five to ten drops in four ounces of water; teaspoonful every two hours.

THUJA, SP. MED.: Dribbling of urine in the aged, enlarged prostate, vesical atony, bed-wetting of children. Ten drops to four ounces water; teaspoonful every two hours.

TOLU: Fever, cough, scanty expectoration. Five to ten drops of tincture every two hours.

TINC. CAJEPUT COMP.: Profuse diarrhœa, nausea and vomiting, cramps in abdomen and limbs, body covered with cold sweat. Five to ten drops every half hour.

TRIFOLIUM, SP. MED.: Spasmodic cough, irritable conditions of the respiratory organs, weakness. Ten to twenty drops in four ounces water; teaspoonful three times a day.

TRIOSTEUM: Headache, bilious vomiting, colic, diarrhœa. Ten to twenty drops of tincture three times a day.

TRITICUM, SP. MED.: Irritation of the urinary organs, sandy deposits in urine, frequent urination, pain in back. Five to ten drops three times a day.

URANIUM NIT.: Indigestion, perverted appetite, pyrosis, torpid liver, hæmatemesis, diabetes. Three to five grains third trit. every four hours.

URTICA DIOICA, SP. MED.: Profuse secretion of gastric juice, eructations and vomiting, diarrhœa or dysentery with large mucous discharges, chronic inflammation of the bladder with mucous discharges in the urine. Ten to twenty drops in four ounces of water; teaspoonful three times a day.

USTILAGO MAIDIS, SP. MED.: Pain in top of head, sexual derangements, uterine pain, vertigo, sleeplessness, hemorrhage, constipation. Ten drops to four ounces of water; teaspoonful every four hours.

UVA URSI: Dragging pains in loins, irritation of the bladder, muscular weakness and relaxation, diabetes. Ten to twenty drachms of tincture every four hours.

UVEDALIA, SP. MED.: Enlarged spleen, feeling of weight and heaviness in splenic and hepatic regions; skin full, inelastic and sallow. Ten to twenty drops three times a day.

VERATRUM VIR., SP. MED.: Pulse full and bounding, increased arterial tension, marked throbbing of arteries, pyrexia, fullness of tissues, red stripe down the middle of tongue. Ten drops to four ounces water; teaspoonful every two hours.

VERATRUM ALB.: Persistent vomiting, large watery discharges, eyes sunken, face cold, cramps in feet and legs, body covered with cold sweat. Ten drops of tincture in four ounces water; teaspoonful every two hours.

VIBURNUM, SP. MED.: Spasmodic uterine pains, bearing down expulsive pains, pain in back and thighs, cramps extending to extremities. Five to ten drops every hour.

VALERIAN, SP. MED.: Hysterical headache, mental depression, spasmodic muscular contractions. Five to ten drops every hour.

VERBASCUM, SP. MED.: Dry, hoarse, chronic cough, worse at night. Five to ten drops every two hours.

XANTHOXYLUM: Severe gastro-intestinal irritation, colicky pains in stomach and bowels, tympanites, flatulence, diarrhoea, tenesmus, uterine cramps, neuralgia. Five to ten drops of tincture every hour.

ZINCUM VALERIANICUM: Colic, reflex from ovarian or uterine disease, headache, paleness, dizziness, sleeplessness, anæmia. Three to five grains third trit. every two hours.

ZINZIBER, SP. MED.: Anorexia, flatulence, borborygmus, spasmodic contractions of stomach and intestines. Five to ten drops every two hours.

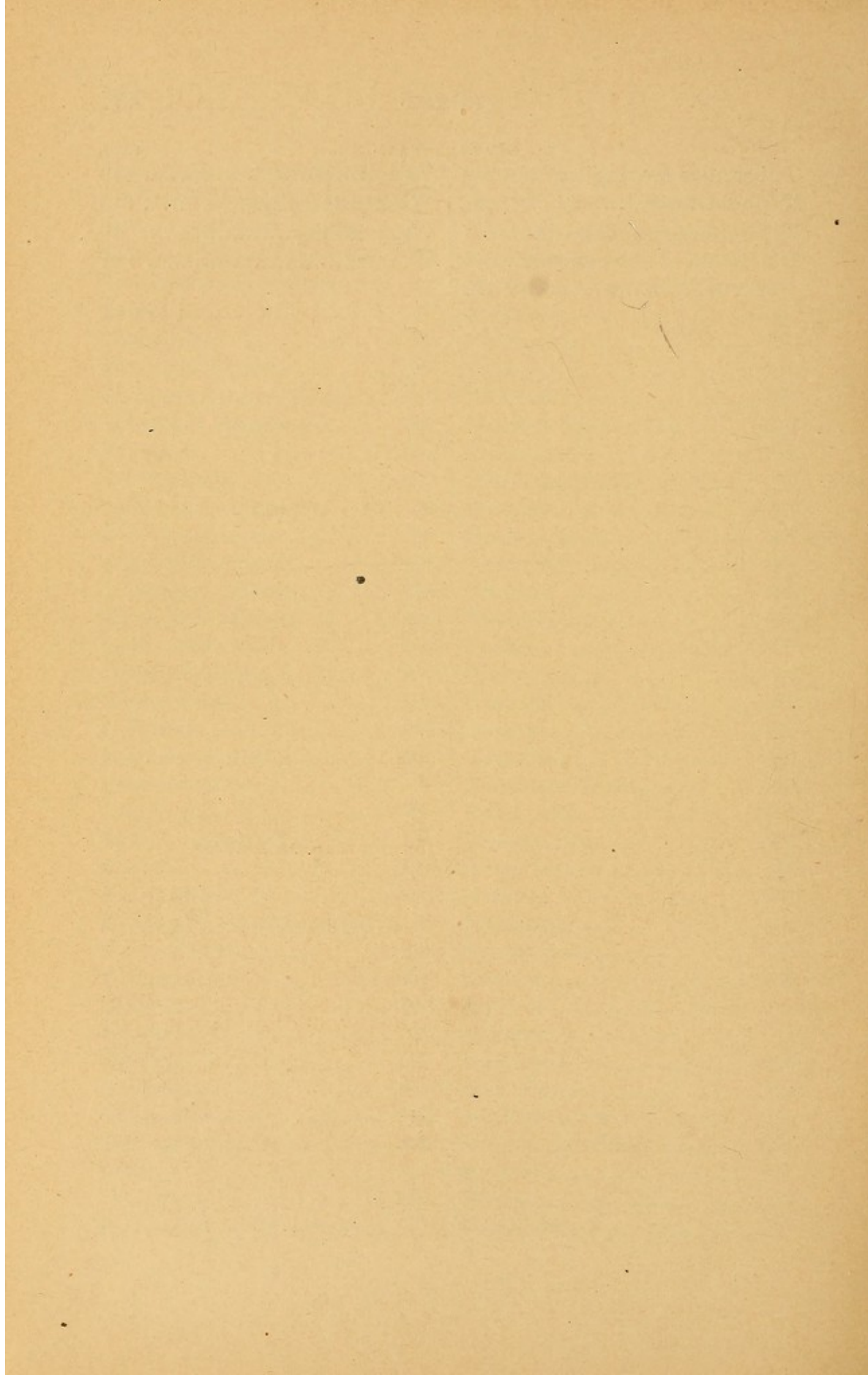
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