

**Elements of homoeopathic practice of physic : an appendix to Dr. A.G. Hull's Laurie's "homoeopathic domestic medicine" : arranged as a practical work for students : containing also the diseases of the urinary and genital organs.**

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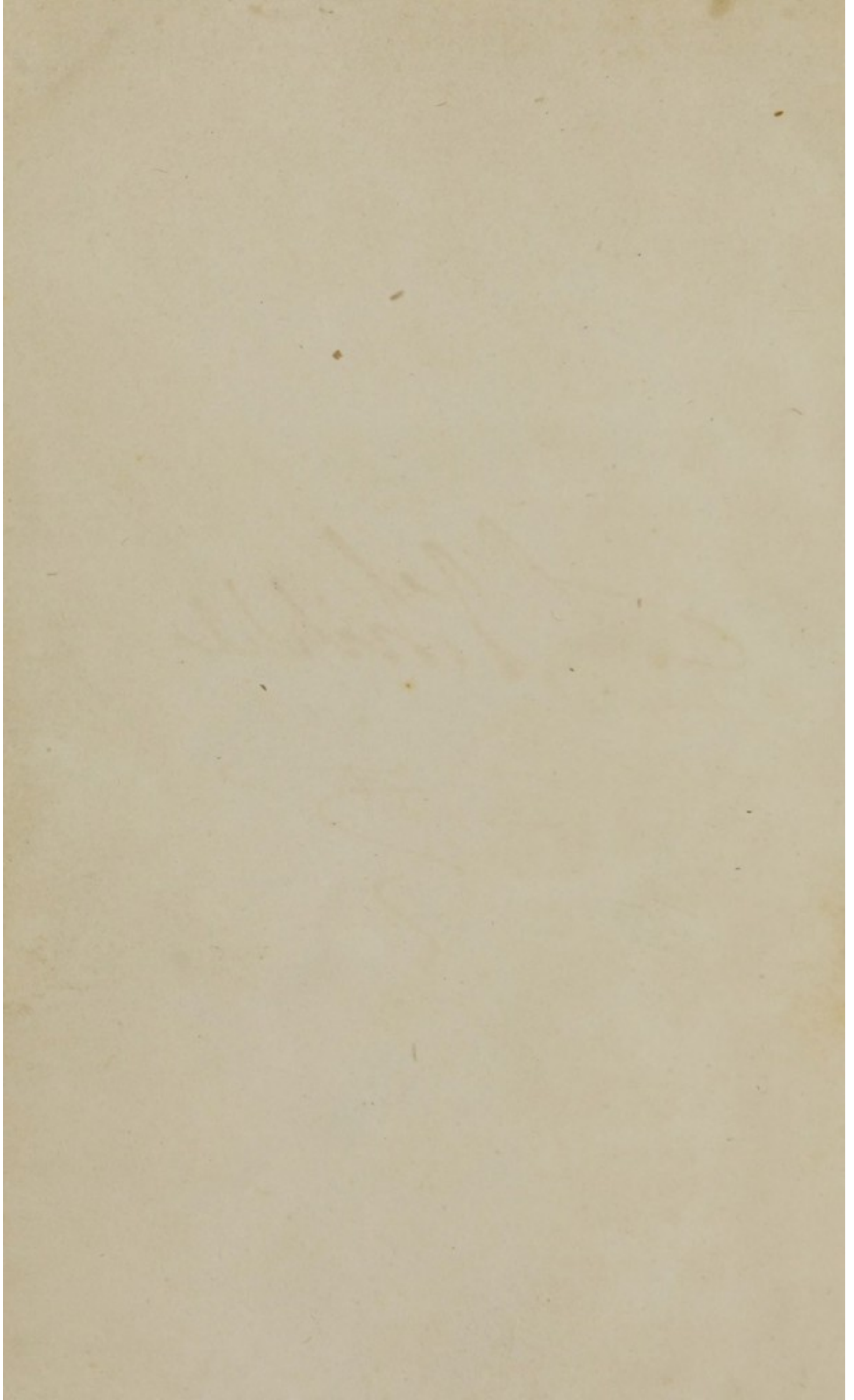
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BY J. H. STUBBS

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ELEMENTS  
OF  
HOMŒOPATHIC PRACTICE  
OF  
PHYSIC:  
AN APPENDIX  
TO  
DR. A. G. HULL'S  
LAURIE'S "HOMŒOPATHIC DOMESTIC MEDICINE."

ARRANGED AS A PRACTICAL WORK FOR STUDENTS.

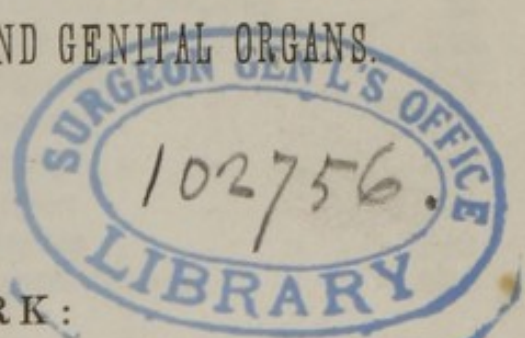
CONTAINING ALSO THE

DISEASES OF THE URINARY AND GENITAL ORGANS.

NEW-YORK:

WILLIAM RADDE, 322 BROADWAY.

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WILLIAM RADDE,

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**HOMŒOPATHIC MEDICINES.**

WM. RADDE, 322 Broadway, New-York, respectfully informs the Homœopathic Physicians, and the friends of the System, that he is the sole Agent for the Leipzig Central Homœopathic Pharmacy, and that he has always on hand a good assortment of the best Homœopathic Medicines, in complete sets or by single vials, in *Tinctures*, *Dilutions* and *Triturations*; also, *Pocket Cases of Medicines*; *Physicians' and Family Medicine Chests to Laurie's Domestic* (60 to 82 Remedies)—EPP'S (58 Remedies)—HERING'S (82 Remedies).—*Small Pocket-Cases*, at \$3, with Family Guide and 27 Remedies.—*Cases* containing 415 Vials with Tinctures and Triturations for Physicians.—*Cases* with 260 Vials of Tinctures and Triturations to Jahr's New Manual, or Symptomen-Codex.—Physicians' *Pocket Cases* with 60 Vials of Tinctures and Triturations.—*Cases* from 200 to 300 Vials with low and high dilutions of medicated pellets.—*Cases* from 50 to 80 Vials of low and high dilutions, etc., etc. Homœopathic Chocolate. Refined Sugar of Milk, pure Globules, etc. *Arnica Tincture*, the best specific remedy for bruises, sprains, wounds, etc. *Arnica Plaster*, the best application for *Corns*. *Urtica urens*, the best specific remedy for *Burns*. Also, Books, Pamphlets, and Standard Works on the System, in the English, French, and German languages.



## INTRODUCTION.

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### NATURE AND FORM OF HOMŒOPATHIC MEDICINES.

We make use of the same simple substances in homœopathy as in the old school ; but, instead of making of them, as in it, compound remedies, we seek, on the contrary, to procure each medicine in all its purity, and to administer it without any admixture which might alter its proper virtues. Without going into detail here on the preference to be given to this mode of administration, we should, nevertheless, observe, that it is bound to the principle of homœopathy in so firm a manner, that it cannot be sundered without injury to the practice. In consequence of the principle, that no medicine can be employed with success, except so far as it is known in its pure effects, homœopathy has subjected to examination a number of simple medicines, which it is important now to reproduce, such as they have been experimented on, if we wish to rely on these observations. Even for the medicines which have not yet been experimented on, it is not the less important to submit them to these experiments in all their purity and simplicity ; for though each compound remedy forms, after all, also a kind of remedial unity, which may be studied in its effects, still we can never reproduce a second time precisely the same effects as the first, whilst the productions of nature exhibit at all times and in every place the same properties.

In thus rejecting all the compound remedies of the old school, as improper to be submitted to study and to be employed in practice, homœopathy claims not, however, the pretension to use only perfectly simple bodies, such as sulphur, for example, metals, and other elementary substances ; she derives, on the contrary, her medicines from three kingdoms of nature, the same as the old school, and all the various chemical combinations, which, after invariable laws, are constantly produced in the same manner, can be of use to it as remedial means.

In one word, the simplicity of homœopathic preparations,



of which we speak, has no reference to the primitive substance, which serves for the medicine, but to the medicine itself, which, as such, ought to be composed of only one remedial substance, and prepared in such a manner that the virtues of that substance be as pure and as developed as possible.

If all substances endowed with remedial virtues, presented themselves under a form as convenient as some mineral waters, for example, nothing would be more natural nor more rational than to employ them as nature presented them. But with a great many of these substances, the real virtue is found in a state more or less latent, and could not be put into activity except by the destruction of the primitive matter, and the addition of another substance, which in quality of simple vehicle, receives the developed virtue, and transmits it to the organism. In other substances, on the contrary, the remedial virtue is found developed, but it is so energetic that, without the addition of a substance which can moderate the effects, we cannot employ them without danger to the health, or even the lives of the sick. In fine, there are yet other substances which, though their virtues need not to be either developed or moderated, present themselves under a power which opposes as well to their dispensation as preservation, and which, in consequence, equally exacts the addition of foreign substances in order to be conveniently prepared for use.

The preparation and administration of medicines being then impossible under any mixture, it is important to discover substances which, at the same time operating under the form of medicines, are innocent enough in themselves not to alter the virtues of them. This condition, simple as it may appear in theory, is not, however, so easy to fulfil as it appears—for, perhaps, there exists not a substance in the world, which, under such and such circumstances, may not exercise a pathogenetic influence, and, consequently, alter the specific effects of a medicine with which it may be mixed. Even *pure water*, the substance the most innocent that we know, is not completely exempt from this inconvenience; and even were it so, it would not suffice alone, neither for the preparation nor the preservation of medicines. In consequence, homœopathy has substituted two



other vehicles, viz. : 1. *Alcohol* or spirits of wine, for the preparation of liquid or soluble substances ; 2. *Sugar of milk*, for the preparation of dry substances ; and though these two substances are not entirely void of medicinal effects, the practical facts are still the same as if these substances were entirely pure, since all the preparations which are made in this manner, are constantly the same among themselves.

By means of these two substances, *pure alcohol and sugar of milk*, homœopathy makes all its medicinal preparations, without exception, whether under the form of tinctures or powders. The first are obtained, that is, the tinctures, in mingling with alcohol the juice recently expressed from fresh plants, or in infusing in this liquid the dry substances, the active principles of which can be extracted in this way. The powders, on the other hand, are obtained by the trituration of the insoluble substances with a suitable quantity of sugar of milk. The *alcoholic tinctures* and the *powders* are then the only preparations known in homœopathy. All kinds of *essences, syrups, pastes, ptisans*, and other inventions of the old school, are entirely foreign to it.

From this, however, it does not follow that homœopathy always employs the *primitive* preparations of medicines ; on the contrary, in the majority of cases she considers them too energetic to be administered such as they are obtained. But instead of seeking to diminish their energy by the means which the old school call *correctives*, homœopathy endeavours to obtain this end by the simple *attenuation* of the primitive substance. It is thus that, seeing that a grain or a drop of the primitive preparation of a poisonous substance, for example, would be too active, she attenuates this drop or this grain in mingling it with a new quantity of vehicle, until a preparation is obtained, which is neither too strong nor too weak to operate the cure, nor too energetic to fear any unfortunate consequences. Homœopathy thus prepares out of each substance a series of *attenuations* of which the following one contains ordinarily the 100th or sometimes the 10th part of the active principle of the preceding one, and it is generally from one of these attenuations, and rarely from the primitive preparation of a medicine, that the homœopathic physician administers to his patients.



Finally, as to the form under which the homœopathic physician dispenses his medicines, it is not less simple than the preparation, and is equally made without any other mixture than that of the least medical substances, such as *alcohol*, *pure water*, *sugar of milk*, and *globules* composed of *sugar and sugar of milk*. The attenuations of each medicine being previously prepared, the patient receives of them the dose prescribed, either in form of *solution*, with a convenient quantity of pure water, or water mixed with alcohol; or in form of *powder*, mixed with a small quantity of sugar of milk; or yet again in form of *globules* impregnated with the alcoholic attenuation of the medicine.

#### OF HOMŒOPATHIC ATTENUATIONS.

In speaking of the nature and form of homœopathic medicines, instead of correcting the too energetic effects of some substances by the addition of another medicinal substance, homœopathy seeks to mollify them by the preparation of a series of *attenuations*, in which the medicine is found mingled in the vehicle but in a very small proportion. In the commencement of his medical career, Hahnemann limited himself in these attenuations to 1 to 100; that is to say, in mingling a very small quantity of the concentrated substance with a quantity 100 times larger of a substance non-medicinal; but seeing that these preparations often acted too powerfully still, he soon went further, and prepared a *second*, and then a *third* attenuation, in mingling for the second the 100th part of the first, and for the third the 100th part of the second with 100 parts of the vehicle. This third attenuation, though only containing the medicine in the proportion of 1 to 100<sup>3</sup>, or of 1 to 1,000,000, Hahnemann still found at times too active, which induced him to carry the attenuations yet further, and to go from attenuation to attenuation, in order to find the one the most appropriate. It is thus that, latterly, he has carried the number of attenuations, for all the medicinal substances without distinction, up to 30, so that, in this last attenuation, the medicine is found mingled with the vehicle but in the proportion of 1 to 100<sup>30</sup>, or of 1 to 1,000,000-10.



However absurd the first view of these infinitesimal attenuations may appear, it is not the less true that, even the 30th, far from having lost all efficacy, often shows itself too energetic; and Dr. Korsakow, of St. Petersburg, who has carried the attenuations as high as 1500, has declared the same fact as to the last preparation of his series. In effect, on examining attentively the degree of intensity with which the various homœopathic attenuations act, we may easily perceive that the diminution of their energy is in no way proportioned to the diminution of their matter. On the contrary, many substances which, in their state of concentration, have little or no action on the body, as lycopodium, vegetable charcoal, etc., often become very active at the second or third attenuation, so that we are almost inclined to believe that the mode of preparation adopted by Hahnemann rather contributes to develop than to weaken the virtues of medicines; or, at any rate, to render them more apt to exercise, in the smallest doses, their influence on the organism. Hence Hahnemann has, for a long time, ceased to look upon these preparations as *dilutions*, in the true acceptation of this word; and if, at the present time, he wishes all the medicines to be carried to the 30th attenuation, it is only in the supposition that by this procedure they can best develop all their active principles,\* and become more suitable for practice.

To explain the extraordinary fact of the efficacy of his attenuations, Hahnemann has endeavoured to set down as a principle, that the more we destroy the material parts of a substance, so much the more we develop or loosen the dynamic force, or, in other words, the *spirit* of the medicine; and that, to augment the energy of preparations to an incredible extent, we have only to carry them from attenuation to attenuation, in submitting them at the same time to a great number of triturations and shakes. If this principle were conformable to experience, it would result that, from a substance, for example, of which one grain would be sufficient to cause death, the same dose of the 30th attenuation would produce the same effect in a much more certain manner; which, however, is not the fact. If we would

\* Or be more readily received into the system in consequence of the minute subdivision or segregation of the particles.—J. L.



even limit this principle to those substances which only exhibit their virtues by attenuation, it is still equally adverse to observation that the 30th attenuation, for example, of these substances, have an action *absolutely* more energetic than the 6th, 12th, 15th, etc. On the contrary, to judge from the experience of many homœopaths, the degrees of energy among the attenuations of a medicine are so small, that thus far a decision has not been formed with certainty whether it is the first or the last attenuations which exhibit the strongest action. This is the reason why, in admitting the efficacy of the attenuations, many homœopaths have rejected the explanation given by Hahnemann, and have considered the procedure by which they acquire their efficacy as analogous to the infection by miasm. According to them, the active principle of the drug being set free by the destruction of the matter, it communicates itself to the vehicle, which thereby becomes infected and as active as the drug itself.

As to the comparison with miasms, this last opinion is, without contradiction, that which merits the most attention; but the explanation it gives is far from satisfying all demands, since, instead of explaining the difficulty, it refers it to another order of facts, which, though generally admitted, are not, however, themselves yet explained. Miasm, though being an imponderable body, it is not the less for that, a body; that is to say, matter, and amenable to the laws of matter. Now, every action of matter, whether mechanical or dynamical, is proportionate to the quantity of active atoms which a given volume presents; and every one knows, that not only a large stone weighs more than a small one, but also that a magnet of considerable volume is capable of developing and of manifesting a much stronger action than another which is less voluminous. If, then, we would pretend that there is manifested somewhere the action of a body, either ponderable or imponderable, we are absolutely obliged to admit also the presence of a certain quantity of atoms; and, what is still more certain, is, that as this quantity diminishes in a given volume, the action of it will also diminish in energy. Thus we see that, even should we prove that our attenuations, to be able to act, only require to be impregnated with imponderable particles, like miasms, we shall still



have accomplished nothing in demonstrating that their energy does not diminish in proportion to the loss of matter which they suffer; or in explaining how an attenuation, for example, which contains but the billionth part of the medicinal atoms of another, manifests an intensity not only equal, but often also superior to that of this last.

These facts are, however, such as we cite them; and, perhaps, we should not have found anything astonishing if, at the beginning, we had reflected better on the manner in which our medicines act in general, and on the changes which substances undergo by our mode of preparation. We ought to have noticed that each medicinal dose contains a great number of atoms which are perfectly inactive, in consequence of their being shut up in the interior of the molecules, and not brought into contact with our organs; it therefore follows, that every time we, by any means whatever, come to divide these molecules into smaller corpuscles, and thus augment their whole surface, the energy of the dose will so increase that the smallest part will become capable of exercising an influence, if not superior, at any rate equal to that of the entire dose in its primitive condition. It is thus that Dr. Doppler, of Prague, has explained the efficacy of our attenuations; and such is, according to him, the effect which the infinite division produces on the molecules, that if the molecules of a fine powder are, at the dose of 5 centigrammes (1 grain), in a condition to constitute, by the sum of their surface, a total superficies of 100 metres square, and if each trituration of 20 minutes only divided each molecule into 100 lesser corpuscles, the molecules of the 30th attenuation would be so divided that, at the dose of one drop only, they would occupy, by the sum of their surfaces, a total superficies of many millions of decametres square.

If this calculation, which any one can easily verify, is just, there is nothing, in truth, more easy than to conceive, not only how the 30th attenuation may yet be able to exhibit efficacy, but also how a single globule of this attenuation may still have virtue enough to render a tumbler of water almost as energetic as the pure drug. For let us suppose that the total superficies of a drop of the 30th attenuation can cover, by the surfaces of



its infinitely small molecules, even only four thousand decametres square, on imbibing with this drop 200 sugar-globules, each globule will contain enough to cover a superficies of at least 200 metres square, and will act, in consequence, with a force not less than that which ten centigrammes (2 grains) of a non-attenuated substance would exhibit, but which will be reduced to a powder fine enough for the molecules of each centigramme to cover a total superficies of 20 metres square. Now, if one globule of the 30th attenuation has such power, it is clear that, in dissolving it in a volume of 8 spoonfuls (4 ounces, or 120 grammes) of water, the preparation we shall obtain will in no instance be less efficacious than a mother tincture, which, in 30 grammes (one ounce) of liquid, will contain 5 centigrammes (one grain) of the preceding, and dissolved so that the molecules of this grain may cover a total superficies of 500 metres square. All these calculations are, it is true, not rigorously exact; but if there is error, it is rather on account of having placed the ciphers too low than too high; and if we suppose, which is more than probable, that each trituration of 20 minutes changes each molecule of the primitive substance into more than two or three smaller corpuscles, the result will be still more astonishing.

Arguments have been raised against homœopathic preparations, that if the influence exercised by trituration and succussion were really such as the homœopaths pretend, the energy of the attenuations ought not only to increase with the number, but also increase in a prodigious manner, since more powerful means are employed in each attenuation to effect the division of the molecules. This is undoubtedly true in principle, and we should daily obtain practical evidence of the fact, were it always possible to make use of the increase in surface which a given volume has gained in the said manner. But the total surface which, after the usual triturations and succussions, a single globule of the 20th attenuation would afford is really so vast, *that if time be not allowed*, it will never find sufficient space in the organs to develop itself so that all its infinity of molecules can enter into action; and it is thus that all that we could add to this quantity of molecules would only increase the



number of those which remain inactive. This is the explanation, also, why two, three, or four globules, and even a whole drop of an attenuation, often appear to produce no more effect than a single spoonful of a solution of a globule in eight spoonfuls of water; and if we seek the reason why these last attenuations are not distinguishable from the first by any other quality than that of a more prolonged action, it is still in the same way that we shall find the means to account for it.

There are, however, certain substances whose energy really augments in a sensible manner as the attenuations advance, and which, often altogether inert in their natural condition, become by this method of preparation not less active than the most energetic medicines. Such are those substances which, even in the state of the finest powder, have probably their truly active molecules still shut up in a species of envelope, which prevents them from coming into immediate contact with the organs, and which the ordinary means of pulverization and of solution are incapable of destroying. For in rubbing, as is ordinarily done, the substances by themselves, the molecules of a powder, already very fine, escape the force which tends to render them still finer, and it is only in triturating them with another substance, against the corpuscles of which they can be rubbed, that we can succeed in accomplishing an infinite division. But we shall only accomplish this in a very incomplete way, if, at the same time, we do not take care to separate the newly obtained particles as much as possible, in proportion as the trituration increases the number; since the more the molecules remain agglomerated one with the other, so much the less easily will the whole be divided. This is the reason why many substances frequently do not seem to develop all their virtue till after three successive triturations, prepared so that each new trituration shall contain the 100th part of the preceding.

What we have just said of the trituration of substances in powders, equally applies, in the same way, to the attenuation of liquid substances, and to the succussion of soluble substances with a liquid vehicle. For though the molecules of liquids, on account of their globular nature, are absolutely incapable of being divided by any kind of ordinary rubbing,



being triturated with a vehicle in form of powder, or being treated by succussion with a liquid vehicle, they undergo, as well as solid substances, infinite division. The same holds good for all substances ordinarily insoluble in water or alcohol, whilst, by sufficient triturations, their molecules are sufficiently divided to be held in suspension between the molecules of these liquids; they then become abstracted not only from the law which held them in a state of aggregation, but being shaken with the vehicle, which has dissolved them, they also receive all the other ulterior divisions of which liquid substances are susceptible. It is thus that, after the third trituration, the attenuation even of metals may be continued, without the least inconvenience, by the succussion of these substances with the liquid vehicles; and it is thus also that all the attenuations made in this way tend, as well as the triturations, to increase the resources of our doses, so that if we submit to new succussions, the solution made with a single globule of the 30th in 8 ounces of water, we may render this solution such that each drop of it shall form a dose much stronger than that of the globule which was dissolved in it.

If then there is a method more than any other capable of furnishing energetic medicines, it is, without contradiction, the mode of preparation adopted by homœopathy. As to the substances which, in their natural state, have their virtues already suitably developed, this proceeding will not, it is true, augment the energy of the usual doses of the school, since, as we have above said, there is scarcely a means of making use of all the resources which these doses may create; but the advantage we shall derive from them will always be that of finding the attenuations of these substances, at the dose of a single globule, not only equally as efficacious as the entire dose of which they have been made, but also more appropriate in exercising a longer and more continued action. The same may be said of those substances whose virtues are latent, when their virtues have been fully developed; the attenuations made beyond this point cannot act with any more striking effect over the energy of usual doses, but the farther we carry them, the more we shall see that the smallest possible dose is still more



than sufficient to produce all the effects that can be produced by medicines, given in the strongest usual doses; that may even be carried to the point that if, by simple mixture and without any succussion, we dissolve a single globule of a sufficiently high attenuation in a volume of three or four glasses of water, and even more, each teaspoonful of this mixture would still be equal to produce all that could be obtained from an entire drop of the ordinary medicinal preparations.

From this we see, that if we wish to obtain much from little (*multum per pauca*), it is indispensable to prepare the medicines after the prescribed method of homœopathy; whilst, if we wish to render the effects of the usual doses, at times already too violent, more prompt and more violent still, this proceeding will be not only useless, but altogether contrary to the end we propose. For though the resources of doses augment by this method of preparation, it is, however, not the less ascertained, that many substances also lose their primitive energy by attenuation, as for example, all poisons, which, as all homœopaths well know, are much less to be feared in their attenuations than in their primitive state. This will even be the case with all substances whose molecules, besides the property of being easily absorbed and spread in the organism, have likewise that of undergoing a certain solution or division. In the attenuations they will still possess the first of these properties; but as soon as art has divided them more than the organism can do, none of the subsequent attenuations can, at a given dose, be in a state to furnish to the absorbing faculty as many active elements as the substance in its primitive condition. Up to this point the energy of doses will even gradually diminish; whilst, this limit passed, their resources will augment in proportion as art shall operate, in the subsequent attenuations, the ulterior division of molecules, the same as that which takes place in other substances.

All the theoretic explanations which we have just given would be entirely without value, if practice did not confirm all the facts which we have above mentioned. Many homœopaths



it is true, have supposed that they have observed that the last attenuations which they make use of do not always produce effects conformable to those which they had the right to look for, if the theory, upon which this doctrine is based, were correct. But, according to our view, these exceptions are rather made to confirm the theory than to destroy it; above all, if we remember that these contradictory observations have been made for the most part by individuals who did not prepare the attenuations they employed, or who did not conform more or less exactly to the indispensable rules to be attended to in their preparation. For it is certain that if we neglect to produce in each new attenuations a new division of molecules, the first attenuations thus obtained may still have sufficient resources; but as we advance in this way, the more will they become exhausted. If the division of molecules in the first triturations has been carried to a sufficiently high degree, it is even possible that, without any new division, we may continue the simple partition of doses up to the 30th, without this last failing in its resources; but the preparations thus obtained will not the less be pure *dilutions*, and not *dynamizations*, as they would be if, in each one, we had anew augmented the resources of the doses.\*

## OF THE DISPENSATION AND PRESERVATION OF HOMŒOPATHIC MEDICINES.

### 1. *Of the Dispensation of Homœopathic Medicines.*

Homœopathic medicines are generally administered in the form of powder. To effect this, we mix the drop or the prescribed number of globules with a few grains of sugar of milk, and inclose it in a paper, to be administered to the patient either dissolved in a spoonful of water, or in the dry state. The sugar of milk being only intended in this case to act as the vehicle, and not to produce a new dynamization, we have no need of rubbing it up with the medicinal dose; we should even guard against doing it, if we wish that this last should not act with too much force, since by doing so we should still increase

\* For preparing Homœopathic medicines, see: *Jahr's New Homœopathic Pharmacopœia* and *Posology*.



the power. Again, should we wish this dose to act more promptly and with more energy, we dissolve it in a spoonful of water, which immediately develops more powers, and presents them to the organs in a greater extension than when the dose is taken dry. In some cases also, in order to avoid the continued administration of a white powder, which might in time become disgusting to the patient, we may add to the sugar of milk a small portion of the powder of cocoa, liquorice, or salep; these powders will give to the doses another colour, without interfering in the least with their virtues. The quantity of sugar of milk we ought to add to the dose is usually two, three, or four grains; but for those patients who would not be satisfied with such small powders, we may add as much as they seem to wish.

Another method, not less frequently made use of in homœopathy, is to dissolve the dose we wish to administer in four or six ounces of water, and to give to the patient a single spoonful, or several, at intervals, more or less extended. As, in this case, the water is no more designed than the sugar of milk to augment the powers of the doses, but only to develop them, and render the reception easier, it would be equally adverse to the end proposed to submit this solution to new succussions. In general, the best way to obtain these solutions is, to put the dose in a bottle of a sufficiently large size to permit the wished-for quantity of filtered water to be poured on it, and to leave the medicine to dissolve of itself; after which we give a few shakes to this solution, sufficient only to mingle the parts well, without, however, operating a new division of molecules. We will only add, that if for each solution we employ a new bottle, we shall do better than if we make the solution in a tumbler belonging to the patient himself; for, notwithstanding the most careful recommendations on the part of the physician, these tumblers are scarcely ever cleansed with sufficient care to prevent an alteration of the medicine by the particles which might remain of the preceding one.

In cases where the imagination of the patient must be gratified, we add to the medicinal doses a few powders of sugar of milk alone.\* Thus, for example, if we wish to give the patient six powders, of which three only contain the medicine (*Aurum* for instance), we should write, if these powders are to be taken alternately,

Aur. 3/15. No. 1. 3. 5.

Pulv. sacch. lact. q. s. No. 2. 4. 6.

\* A procedure which is often necessary where patients have long been accustomed to the daily use of medicine under allopathic treatment.—J. L.



Or else, if the first three are to contain the medicine :

Aur. 3/15. No. 1. 2. 3.

Pulv. sacch. lact. q. s. No. 4. 5. 6.

A still more simple plan consists in not indicating the sugar of milk in the prescription, but placing the numbers which are to contain this vehicle behind those which are to contain the medicine, and separating them by the following sign (#) as for example :

Aur. 3/15. No. 1. 3. 5. # 2. 4. 6.

Or else :

Aur. 3/15. No. 1. 2. 3. # 4. 5. 6.

## 2. *On the Preservation of Homœopathic Medicines.*

All the medicines, not excepting the powders, ought to be preserved in bottles; boxes afford too great access to air, and allow too much evaporation. For the alcoholic tinctures, cork stoppers are the best, since they adapt themselves to the bottle in a more exact manner than those of glass, and more effectually guard against evaporation. As to very strong and very volatile substances, it is better to tie a piece of prepared bladder over the stopper. Moreover, these stoppers ought to be changed from time to time, above all, those of bottles which contain metallic solutions; and in general, we should not neglect to do so as soon as we discover that their extremity begins to change colour; for in the latter case, alcohol may, without this precaution, dissolve a little of their medicinal virtue, and impair the efficacy of the preparation.

As nothing has more influence on the preservation of homœopathic medicines than heat, the rays of the sun, and light of the day, we must be very careful to exclude these as much as possible. The action of the solar light and of the light of the day easily acidifies alcohol, and, besides, destroys the virtues of the medicines. This is the reason why we should preserve homœopathic preparations in a cool and dark place, and assure ourselves, from time to time, that they are in a good state of preservation. As to substances and their dilutions, which are more especially sensible to the action of the light, as the prussic acid, phosphoric acid, &c., it is prudent to preserve them in bottles of black glass, or, at any rate, covered with black paper. Finally, it is also advisable to put the homœopathic medicines, particularly the acetate of lime, hepar sulphuris, barytes, and all the preparations which are preserved in the form of powder, beyond the reach of humidity,—as they become deteriorated when exposed thereto.



# LIST OF MEDICINES

WHICH ARE WELL ADAPTED TO PARTICULAR  
TEMPERAMENTS, CONSTITUTIONS, AND DISPOSITIONS.

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**LYMPHATIC TEMPERAMENT** (characterized by superabundance of the humours with repletion of the cellular tissue, giving a considerable bulk to the whole body, which is, moreover, distinguished by roundness of form, softness of the muscular system, fair hair, pale clear skin, and a lustreless, or hazy, inanimate eye. The circulation is slow, the brain inactive, and the passions languid). *Merc., Sulph., Calc., Puls., Caps., China, Ars., Acid. nit., Bella, Hyos., Phosph., Hell., Dulc., Sep., Ant, Lyc., Carb. v., Arn., Dig., Con., Clem., Sil., etc.*

**SANGUINE TEMPERAMENT** (indicated by predominant activity in the circulating system, with a moderately full habit, soft skin, florid complexion, blue eyes, red, auburn, or yellow hair; corporal and mental activity). *Acon., Arn., Bella., Calc., Hep., Merc., Cham., Nux v., Bry., Lach., Phosph., Ac. nitr., Ars., Cocc., etc.*

**BILIOUS TEMPERAMENTS.** (By this term is meant that habit of body which is distinguished by black hair, dark eyes and skin, the latter generally inclining to yellow, moderate fulness, but much firmness of flesh; the countenance strongly marked, and expressive of the great energy of character which this temperament obtains; the passions violent, the pulse strong, hard, and frequent.) *Acon., Bry., Nux v., Cham., Cocc., Ars., Arn., China, Sulph., Plat., etc.*

**MELANCHOLIC TEMPERAMENT.** (A modification of the bilious, with less activity of the nervous and muscular systems; black hair, dark complexion; the disposition grave, meditative, suspicious, and gloomy. Derangement of the functions of the nervous system, with sluggish bowels, dry habit of body, hard, slow, and habitually contracted pulse, usually attend this, so to speak, abnormal modification of the bilious temperament.) *Nux v., Lach., Sulph., Aurum, Staph., Veratr., China, Con., Grat., Mosch. natr.,*



*Phosph.*, *Stann.*, *Viol odor.*, *Acid. nitr.*, *Plat.*, *Ambra.*, *Ars.*, *Bry.*, *Sil.*, *Puls.*, *Sep.*, *Magn. m.*, etc.

**NERVOUS TEMPERAMENT.** (Defined by fine thin hair, thin skin, small, attenuated muscles, paleness of countenance, and often indifferent or delicate health. Predominant activity of the brain and entire nervous system; suddenness and mutability of decision and judgment; quickness in muscular motion.) *Acon.*, *Coffea*, *Bry.*, *Cham.*, *Nux v.*, *Sep.*, *Plat.*, *Lach.*, *Ac. nitr.*, *Cocc.*, *Ambr.*, *Ars.*, *China*, *Zinc.*, *Cup.*, *Ign.*, *Phosph.*, etc.

**CONSTITUTION OR HABIT OF BODY, CACHECTIC.** *Ars.*, *Sulph.*, *Calc.*, *China*, *Merc.*, *Ac. nitr.*, *Phosph.*, *Sil.*, *Natr. m.*, *Carb v.*, *Arn.*, etc.

— **DEBILITATED OR EXHAUSTED:** *Ars.*, *Sulph.*, *Calc.*, *Phosph.*, *Phosph. ac.*, *Ars.*, *Carb. v.*, *Nux v.*, *China*, *Lach.*, *Merc.*, *Natr. m.*, *Staph.*, *Ac. nit.*, *Sep.*, *Veratr.*, *Sil.*, *Ant. c.*, *Kali*, *Arn.*, *Can.*, etc.

— **DRY:** *Bry.*, *Nux v.*, *Ac. nitr.*, *Ambra*, *China*, etc.

— **PLETHORIC, CORPULENT, Leuco-phlegmatic:** *Acon.*, *Bella.*, *Calc.*, *Arn.*, *Baryt. c.*, *Ant.*, *Sulph.*, *Puls.*, *Hell.*, *Merc.*, *Sep.*, etc.

**LEAN HABIT OF BODY:** *Nux v.*, *Sil.*, *Lach.*, *Ac. nitr.*, *China*, *Ambra*, *Bry.*, etc.

**DISPOSITION, CHOLERIC:** *Bry.*, *Nux v.*, *Cham.*, *Cocc.*, *Acon.*, *Sulph.*, *China*, etc.

— **HYPOCHONDRIACAL:** *Nux v.*, *Sulph.*, *Staph.*, *Veratr.*, *Aurum*, *China*, *Con.*, *Stann.*, *Phosph.*, *Grat.*, *Mosch.*, *Puls.*, *Asa.*, *Bella.*, *Cham.*, *Magn. m.*, *Hell.*, *Plumb.*, *Mez.*, *Val.*, *Zinc.*, etc.

— **MELANCHOLY:** *Acon.*, *Ign.*, *Natr. m.*, *Lach.*, *Ars.*, *Nux v.*, *Bry.*, *China*, *Sulph.*, *Merc.*, *Graph.*, *Calc.*, *Staph.*, *Aur.*, *Lyc.*, *Plat.*, *Puls.*, *Veratr.*, *Sil.*, *Sep.*, *Ac. nitr.*, *Stram.*, *Calc.*, *Con.*, *Chel.*, etc.

— **MILD (quiet, easy):** *Puls.*, *Ign.*, *Ambra*, *Cic.*, *Mag. arct.*, *Stann.*, *Sulph.*, *Calad.*, *Lyc.*, *Sil.*, etc.

— **PHLEGMATIC, (inactive, inanimate, indolent):** *Caps.*, *Cocc.*, *Puls.*, *Ac. phos.*, *Sep.*, *Anac.*, *Ars.*, *Hell.*, *Bella.*, *Scill.*, *Sil.*, *Sulph.*, *Zinc.*, *Ac. mur.*, *Natr. m.*, *Cyc.*, *Euph.*, etc.

— **SENSITIVE:** *Ign.*, *Cap.*, *Phosph.*, etc.

As we very frequently meet with mixed forms of temperament, such as a combination of the sanguine and lymphatic, the nervous and lymphatic, and the nervous and bilious, forming the sanguine-lymphatic, the nervo-sanguine and the nervo-bilious temperaments, the remedies which correspond to the two pure varieties which form the compound one ought to be selected where possible, or those which correspond best to the more prominent development of temperament, when a medicament cannot be found which is equally well adapted to the two different temperaments forming the mixed variety. We must, of course, be guided by the entire morbid picture in making a selection from amongst the medicaments which are most applicable to particular temperaments.



# TABLE OF MEDICINES

CONTAINED IN THIS WORK,

TOGETHER WITH THE ABBREVIATIONS AND ANTIDOTES  
EMPLOYED.

## *Remedies.*

1. Acon.—Aconitum napellus.
2. Act.—Actæ spicata
3. Æth.—Æthusa Cynapium.
4. Agar.—Agaricus muscarius.
5. Agn.—Agnus castus.
6. Al.—Alcës.
7. Alum.—Alumina.
8. Ambr.—Ambra grisea.
9. Am. c.—Ammonium carbonicum.
10. Am m.—Ammonium muriaticum.
11. Anac.—Anacardium.
12. Anis.—Anisum stellatum.
13. Ang.—Angustura vera.
14. Ant.—Antimonium crudum.
15. Arg.—Argentum.
16. Arn.—Arnica montana.
17. Art.—Artemesia vulgaris.
18. Ars.—Arsenicum album.
19. Arum.—Arum maculatum.
20. Asa.—Asafetida.
21. Asar.—Asarum europæum.
22. Aur.—Aurum foliatum.
23. Aur. m.—Aurum muriat.
24. Bar. c.—Baryta carbonica.
25. Bar. m.—Baryta muriatica.
26. Bell.—Belladonna.
27. Berb.—Berberis vulgaris.
28. Bis.—Bismuthum.
29. Bor.—Borax veneta.
30. Bov.—Bovista.
31. Brom.—Bromium.
32. Bry.—Bryonia alba.
33. Bruc.—Brucea anti-dysenterica.
34. Cal.—Caladium seguinum.
35. Calc.—Calcarea carbonica.
36. Calc. ph.—Calcar. phosphorata.
37. Calend.—Calendula.
38. Camph.—Camphora.
39. Cann.—Cannabis.
40. Canths.—Cantharis.
41. Caps.—Capsicum.
42. Carb. an.—Carbo animalis.
43. Carb. v.—Carbo vegetabilis.

## *Antidotes.*

1. Acetum, Camph., Nux. v
2. Camph. ?
3. Vegetable acids.
4. Camph., Coff., Puls.
5. Camph.
6. Vinegar.
7. Bryon, Cham., Ipec.
8. Camph., Nux v., Puls.
9. Arn, Camph., Hep.
10. Ars, Camph., Coff.
11. Camph., Coff.
12. Cham., Coff., Opium.
13. Camph. ?
14. Hep. s, Merc., Puls.
15. Merc., Puls.
16. Camph., Ipec., Verat.
17. Camph. ?
18. Camph., Op., (Sugar?)
19. Vinegar.
20. Camph., China.
21. Camph., Vinegar.
22. Bell, China, Merc.
23. Merc. ?
24. Bell., Camph.
25. The white of an egg.
26. Coff, Camph., Puls.
27. Camph.
28. Calc. c., Caps., Nux v.
29. Cham., Coff.
30. Camph.
31. Opium, Coff.
32. Acon., Cham., Nux v.
33. Cham., Coff., Op.
34. Caps.
35. Camph., Nitr. ac.
36. Camph.
37. Camph.
38. Opium, Vinegar.
39. Camph.
40. Camph., Vinegar.
41. Camph.
42. Camph., Ars., Coff.
43. Ars., Coff., Camph.



<i>Remedies.</i>	<i>Antidotes.</i>
44. Casc.—Cascarilla.	44. Camph. ?
45. Cast.—Castoreum.	45. Camph., Opium.
46. Caus.—Causticum.	46. Coff., Coloc., Nux v.
47. Cham.—Chamomilla.	47. Acon., Coff., Nux v.
48. Chel.—Chelidonium.	48. Camph.
49. Cin.—Cina.	49. Bryon., China, Ipec.
50. Cic.—Cicuta virosa.	50. Arn., Tabac.
51. Cinch., Chin.—Cinchona officinalis, China.	51. Arn., Ars., Bell., Nux v.
52. Cinn.—Cinnabaris.	52. Nitr. ac., China, Op., Sulph.
53. Cinnam.—Cinnamomum.	53. Camph. ?
54. Cist.—Cistus canadensis.	54. Camph. ?
55. Citr.—Citri acidum.	55. It antidotes Euphor., Stram.
56. Clem.—Clematis erecta.	56. Bryon.
57. Coccion.—Coccionella.	57. Camph. ?
58. Cocc.—Cocculus.	58. Nux v.
59. Coff. Coffea cruda.	59. Acon., Cham., Nux v.
60. Colch.—Colchicum.	60. Cocc., Nux v., Puls.
61. Coloc.—Colocynthis.	61. Camph., Caust., Coff.
62. Con.—Conium maculatum.	62. Coff., Nitrum.
63. Conv.—Convolvulus arvensis.	63. Camph. ?
64. Cop. Copaivæ balsamum.	64. Merc., Merc. corr.
65. Coral.—Corallia rubra.	65. Calc. c.
66. Croc.—Crocus sativus.	66. Acon., Bell., Op.
67. Crot.—Crotum Tiglium.	67. It antidotes Plumb.
68. Cub.—Cubebæ.	68. Opium.
69. Cupr.—Cuprum.	69. Bell., Nux v., Sulph.
70. Cyc.—Cyclamen.	70. Pulsat.
71. Daph.—Daphnæ indica.	71. Bry., Dig., Rhus, Sil.
72. Diad.—Diadema.	72. Merc.
73. Dict.—Dictamus albus.	73. Camph. ?
74. Dig.—Digitalis purpurea.	74. Vinegar, Camph.
75. Dros.—Drosera rotundifolia.	75. Camph.
76. Dulc.—Dulcamara.	76. Camph., Ipec., Merc.
77. Eug.—Eugenia Iambos.	77. Coffea.
78. Euphor.—Euphorbium officinale.	78. Camph.
79. Euphr.—Euphrasia.	79. Camph., Pulsat.
80. Evon.—Evonymus europæus.	80. Camph. ?
81. Fer.—Ferrum.	81. Ars., Ipec., Puls.
82. Fer. ch.—Ferrum chloratum.	82. China, Hep. s.
83. Fer. mg.—Ferrum magneticum.	83. Ars., Ipec., Puls.
84. Fil.—Filix mas.	84. Camph.
85. Frag.—Fragaria vesca.	85. Camph. ?
86. Gran.—Granatum.	86. Camph. ?
87. Graph.—Graphites.	87. Ars., Nux v.
88. Grat.—Gratiola officinalis.	88. Camph. ?
89. Guai.—Guaicum officinale.	89. Camph. ?
90. Hæm.—Hæmatoxyl. camp.	90. Camph.
91. Hell.—Helleborus niger.	91. Camph., China.
92. Hep.—Hepar sulphuris calcareum.	92. Bell., Cham.
93. Hyos.—Hyoscyamus niger.	93. Bell., Camph., China.
94. Hyper.—Hypericum.	94. Mesmerism.
95. Jalap.—Jalappa.	95. Camph.
96. Iatr.—Iatropa.	96. Ol. a., Crot., Camph.
97. Ign.—Ignatia amara.	97. Puls., Cham.
98. Ind.—Indigo.	98. Camph., Op.
99. Iod.—Iodium.	99. Merc., Ars., Op., Hyos.
100. Ipec.—Ipecacuanha.	100. Arn., China, Nux v.
101. Kal.—Kali carbonicum.	101. Camph., Coff.
102. Kal-ch.—Kali chloroticum.	102. Puls., Bell.



<i>Remedies.</i>	<i>Antidotes.</i>
103. Kal. h.—Kali hydrylicum.	103. Am. m., Ars., Sulph.
104. Kreos.—Kreosotum.	104. China, Ars., Ipec.
105. Lach.—Lachesis.	105. Alum., Ars., Bell.
106. Lac.—Lactuca virosa.	106. Coffea
107. Lam.—Lamium album.	107. Camph. ?
108. Laur.—Laurocerasus.	108. Amm. c.
109. Led.—Ledum palustre.	109. Camph.
110. Lyc.—Lycopodium	110. Camph., Puls., Coff.
111. Magn.—Magnesia carbonica.	111. Cham., Puls., Merc. s.
112. Magn. m.—Magnesia muriat.	112. Ars., Cham.
113. Magn. s.—Magnesia sulphur.	113. Camph.
114. Mang.—Manganum oxydat.	114. Coff., Merc.
115. Men.—Menyanthes.	115. Camph.
116. Meph.—Mephitis putorius.	116. Camph.
117. Merc.—Mercurius.	117. Nitr. ac., Nitr. ph., Hep. s., Sulph.
118. Merc. c.—Mercur. subl. corr.	118. China, Hep. s., Calc. c.
119. Mez.—Mezereum.	119. Vinegar, Camph.
120. Mil.—Millefolium.	120. Camph. ?
121. Mosc.—Moschus.	121. Camph., Coff.
122. Mur. ac.—Muriatis acidum.	122. Bry., Camph.
123. Natr.—Natrurn carbonicum.	123. Ars., Camph.
124. Natr. m.—Natrurn muriaticum.	124. Ars., Camph.
125. Natr. n.—Natrurn nitricum.	125. Ars., Camph.
126. Natr. s.—Natrurn sulphuricum.	126. Camph. ?
127. Nic.—Niccolum.	127. Camph. ?
128. Nitr.—Nitrum.	128. Camph. ?
129. Nitr. ac.—Nitri acidum.	129. Calc., Camph.
130. Nitr. sp.—Nitri spirit. dul.	130. Camph. ?
131. Nux. mos.—Nux moschata.	131. Camph. ?
132. Nux. vom.—Nux vomica.	132. Coff., Camph., Op. (Wine.)
133. Oleand.—Oleander.	133. Camph., Cocc., Nux v.
134. Ol. an.—Oleum anim. æther.	134. Camph., Nux v., Op.
135. Ol. jec.—Oleum jecoris morhuæ.	135. Camph. ?
136. Onis.—Oniscus asellus.	136. Camph. ?
137. Op.—Opium.	137. Coff., Camph.
138. Pæon.—Pæonia.	138. Camph.
139. Par.—Paris quadrifolia.	139. Camph., Coff.
140. Petr.—Petroleum.	140. Acon., Nux v.
141. Petros.—Petroselinum.	141. Camph. ?
142. Phell.—Phellandrium aquat.	142. Camph. ?
143. Phos.—Phosphorus	143. Camph., Nux v., Coff.
144. Phos. ac.—Phosphori acidum.	144. Camph., Coff.
145. Pin.—Pinus.	145. Camph. ?
146. Plat.—Platina.	146. Puls., Spir. n.
147. Plumb.—Plumbum.	147. Bell., Hyos., Nux v., Op.
148. Prun.—Prunus spinosa.	148. Camph.
149. Puls.—Pulsatilla.	149. Cham., Coff., Nux v., Sulph.
150. Ran.—Ranunculus bulbosus.	150. Bry., Camph., Puls.
151. Ran. sc.—Ranunculus sceleratus.	151. Puls.
152. Rat.—Ratanhia.	152. Camph.
153. Rhab.—Rhabarbarum (Rheum palmatum).	153. Camph., Cham., Coff.
154. Rhod.—Rhododendron.	154. Camph., Clem., Rhus.
155. Rhus.—Rhus toxicodendron.	155. Bry., Camph., Coff., Sulph
156. Rhus v.—Rhus vernix	156. Camph.
157. Rut. g.—Ruta graveolens.	157. Camph.
158. Sabad.—Sabadilla.	158. Camph., Puls.
159. Sabin.—Sabina.	159. Camph., Puls.
160. Samb.—Sambucus nigra.	160. Ars., Camph.



<i>Remedies.</i>	<i>Antidotes.</i>
161. Sang.—Sanguinarius canadensis.	161. Camph. ?
162. Sap.—Sapo domesticus.	162. Camph. ?
163. Sass.—Sassaparilla.	163. Camph. ?
164. Sec.—Secale cornutum.	164. Camph., Sol. nigr.
165. Selen.—Selenium.	165. Ign., Puls.
166. Seneg.—Senega.	166. Arn., Bell., Bry.
167. Senn.—Senna.	167. Camph. ?
168. Sep.—Sepiæ succus.	168. Acon., Tart. e., Dule.
169. Sil.—Silicea.	169. Camph., Hep. sulph.
170. Sol. m.—Solanum mammosum.	170. Camph. ?
171. Sol. n.—Solanum nigrum.	171. Camph. ?
172. Spig.—Spigelia.	172. Aur., Camph.
173. Spong.—Spongia.	173. Camph.
174. Squill.—Squilla (scilla) maritima.	174. Camph.
175. Stann.—Stannum.	175. Pulsat.
176. Staph.—Staphysagria.	176. Camph.
177. Stram.—Stramonium.	177. Vinegar, Nux. v., Op.
178. Stront.—Strontiana.	178. Camph.
179. Sulph.—Sulphur.	179. Acon., Camph., Nux. v.
180. Sulph. ac.—Sulphuris acidum.	180. Pulsat.
181. Tab.—Tabacum.	181. Camph., Ipec., Nux. v.
182. Tan.—Tanacetum vulgare.	182. Camph. ?
183. Tarax.—Taraxacum.	183. Camph.
184. Tart.—Tartarus emeticus.	184. China, Ipec., Op.
185. Tart. ac.—Tartari acidum.	185. Camph. ?
186. Tax.—Taxus baccata.	186. Camph.
187. Tereb.—Terebinthina.	187. Camph., Canthar.
188. Teucr.—Teucrium marum verum.	188. Camph., Ignat.
189. The.—Thea cæsarea.	189. China, Ferr., Thuja.
190. Ther.—Theridion curassavicum.	190. Camph. ?
191. Thuj.—Thuja occidentalis.	191. Cham., Cocc., Merc.
192. Tong.—Tongo.	192. Acetum.
193. Tussil.—Tussilago pet.	193. Camph. ?
194. Urt.—Urtica urens.	194. Camph. ?
195. Uva.—Uva Ursi.	195. Camph. ?
196. Valer.—Valeriana.	196. Camph., Coff.
197. Verat.—Veratrum album.	197. Acon., Camph., Coff.
198. Verb.—Verbascum thapsus.	198. Camph.
199. Vinc.—Vinca minor.	199. Vegetable acids.
200. Viol. od.—Viola odorata.	200. Camph.
201. Viol. tr.—Viola tricolor.	201. Camph.
202. Zinc.—Zincum.	202. Camph., Hep. sulph., Ignat.
203. Zinc. s.—Zincum sulphuricum.	203. Camph., Hep. s., Ignat.
204. Zing.—Zingiber.	204. Camph. ?
205. Mgs.—Magnus artificialis.	205. ?
206. M. arc.—Magnetis polus arcticus.	206. ?
207. M. aus.—Magnetis polus australis.	207. ?



## INFLAMMATORY FEVER.

(Addition to page 24.) \*

**CANTHARIS** has been recommended in irritative fever bearing a close resemblance to pure synocha, and especially when the following symptoms become developed: the fever is very intense during the night, and is accompanied by burning heat of skin, strong accelerated pulse, general redness of the surface, dryness of the mouth, and violent thirst. Further, when pains are complained of in the right side of the body, attended with great anxiety and raving. **CHAMOMILLA** is useful in pseudo synochal fever, with burning heat and bright redness of the cheeks, tremulous, anxious palpitation of the heart, extreme irritability of temper, and over-sensibility of the senses, alternate heats and chills, and, sometimes, spasmodic attacks, &c. **CHAMOMILLA** is peculiarly applicable when the above symptoms have been excited by a fit of passion or vexation. A dose or two of **ACONITE** is, however, generally requisite in the first place, when the derangement has been excited by the aforesaid cause. Dose:  $0\frac{0}{3}0$  or  $0\frac{0}{6}0$ .

## NERVOUS FEVER.

(Addition to page 35.)

The prognosis in typhus is to be formed by the type of the fever, the regularity of its course, the local complications, the greater or lesser intensity of the symptoms, and the tendency to a dissolved state of the fluids;—continued delirium and stupor; carpologia, subsultus tendinum, impeded speech and de-

\* These Additions refer to the larger Work of Laurie's Homœopathic Domestic Medicine, by A. G. Hull, M. D., and the page referred to is to be found in that work, a new edition of which has just left the press.



glutition, tremulous or paralytic state of the tongue; a fetid exhalation from the body; excessively offensive, dark, dysenteric stools; effusions of blood under the skin, or the early appearance of miliary eruption; involuntary evacuation of fæces and urine; hemorrhages and hiccough are highly unfavourable signs. On the other hand, the absence of stupor and delirium, or abatement of febrile heat and thirst, returning strength of pulse, a gentle transpiration over the whole body, loose bilious stools, gradual clearing of the previously turbid urine, or moderate cloudiness in place of the former clear or colourless urine, and deposition of a lateritious sediment, are to be held as favourable indications. Typhus fever generally begins to subside in this and other temperate or cold climates about the fourteenth or sixteenth day, but is frequently protracted to a much longer period. In warm climates, again, the fever commonly terminates in six or eight days.

The following remedies have been found the best adapted to the different forms of typhus: Dose  $\frac{0.0.0}{3}$  or  $\frac{0.0.0}{6}$ .

*Acon.*, *Bella.*, *Bryon.*, *Rhus.*, *Nux.*, *Acid. m.*, *Lycop.*, *Hyosc.*, *Stram.*, *Cham.*, *Natrum m.*—in nervous fever, characterized by erythismus (FEBRIS NERVOSA VERSATILIS.)

*Bella.*, *Rhus*, *Arsenic.*, *Bryon.*, *Op.*, *Hyosc.*, *Stram.*, *China*, *Cocc.*, *Nux v.*, *Veratr.*, *Arn.*, *Nitr. sp.*—in FEBRIS NERVOSA STUPIDA, or slow typhus.

*Acon.*, *Bella.*, *Hyosc.*, *Bry.*, *Lach.*, *Op.*, *Stram.*, *Rhus*, *Acid. phosph.*, *Cupr. ac.*—in TYPHUS CEREBRALIS.

*Bryon.*, *Rhus*, or *Acon.*, *Merc.*, *Cham.*, *Nux*, *Veratr.*, *Bell.*, *Hyosc.*, *Arsenic.*, *China*, *Sulph.*, and *Senega*,—in PNEUMOTYPHUS, TYPHUS PULMONALIS.

*Ipecac.*, *Puls.*, *Cham.*, *Bryon.*, *Nux*, *Ignat.*, *Cocc.*, *Arn.*, *China*, *Digit.*,—in TYPHUS BILIOSUS S. TYPHUS GASTRICUS.

*Rhus*, *Bryon.*, or *Arsenic.*, *Merc.*, *China*, *Carb. v.*, *Phosph.*, *Canth.*, *Puls.*, *Sulph.*, *Calc.*, *Acid. nitr.*, *Nux mosch.*—in TYPHUS ABDOMINALIS, *Typhus gravior* (malignant, putrid, or petechial fever.)

During the period of incubation the development of the disease may sometimes be prevented, or the attack rendered much milder by the employment of *Bryonia* or *Rhus*, or both of these



remedies in alternation (see the indications given further on). In the *Inflammatory* period BRYONIA is one of the most important remedies, but it will not unfrequently be found necessary to select one or more of the following in this stage : *Acon.*, *Bell.*, *Cham.* *Hyosc.* *Nux v.*, *Lycopod.*, *Stram.*

In the period of *debility*, RHUS is almost always of a greater or less degree of utility, and is often alone sufficient to effect such a favourable change as to render it a comparatively easy task to conduct the fever to a successful issue. The other remedies, which are often required at the debile stage, are : *Arsenicum*, *Carbo vegetabilis*, *Acidum muriaticum*, *Mercurius*, and *Cinchona* ; or, *Acid. phosph.*, *Lach.*, *Arn.*, *Nux mosch.*, and *Sulph.*

In ILEO-TYPHUS, with ulcerations, *Carbo v.*, *Rhus*, *Acid. nitr.*, *Phosphor.*, and *Lycop.*, are the most deserving of attention.

CARB. V. is occasionally of service in cases which seem utterly hopeless; the pulse, from being almost imperceptible, becoming stronger, and the sinking energies rallying in such a manner, after the employment of this remedy, that the patient is readily placed out of danger by the aid of one or more of the medicaments above enumerated, and particularly such as *Rhus*, *China*, *Arsenic*, etc.

CARB. VEG., with symptoms of incipient ulceration, or with signs of so-called putrescency, and tendency to metastases. *Carb. v.* is, moreover, a most serviceable remedy; and in the *second* stage of malignant typhus, or typhus abdominalis, it may be employed with decided advantage when the symptoms are as follows: Burning, lancinating pains in the epigastrium and deep in the abdomen, which become renewed after partaking of nourishment of any kind, and are accompanied by great anguish, excessive flatulency, and the evacuation of burning, light-coloured, fetid, watery, sanguineous stools, with tenesmus; desire for salt food, and for coffee, but aversion to meat,—the patient, however, generally dreads to satisfy any inclination which he may have for food, on account of the above-mentioned sufferings which such indulgence entails;—anxiety and burning heat of skin, arising from congestion to the head and chest; agglu-



tinuation of the eyelids during the night ; deafness and ringing in the ears, as also bleeding from the nose, and obstruction of the latter from the formation of incrustations ; eruption around the nose, and the brown or blackish-looking cracked lips ; the legs are drawn up, during sleep, which is restless and disturbed by frequent waking.

**DIGITALIS** is indicated when Nervous Fever, or rather typhus biliosus is ushered in by yellow, jaundiced hue of the skin, violent bilious vomiting, spasmodic pains in the stomach ; sensibility of the left hypochondrium on pressure ; frequent desire to make water, particularly at nig' t, with scanty, bilious urine ; burning heat of the head and face ; anxiety of mind, and dread of some imaginary impending misfortune ; urination painful and difficult, or entirely suppressed.

**RHUS TOX.** In *Typhus abdominalis*, characterized by continued heat and dryness of the skin ; violent delirium ; oppression at the heart, with sighing and moaning ; pains in the limbs ; extreme debility ; tongue and lips dry, or covered with a brown or blackish tenacious fur ; red, burning cheeks, subsultus tendinum ; carpologia ; coma somnolentum, with muttering and stertor ; weak, accelerated pulse ; anxious expression of countenance ; sleep disturbed, or prevented by the frequent recurrence of sudden starts ; eyes inflamed, watery, and insensible ; features collapsed ; breath highly offensive ; involuntary evacuations of fæces and urine ; coldness of the extremities ; sinking energies ; petechiæ ; miliaria.—Rhus is, moreover, a most efficient medicament. During the period of incubation, or the premonitory stage of typhus (particularly of *Febris nervosa stupida*) it is also of great value. Its employment is called for here when, either after exposure to a thorough wetting, or without any assignable reason, the patient is seized with diarrhœa, accompanied by colic, and complains of chilliness even when seated close by the fire ; further, when aching pains (or pains as if arising from the effects of contusions) are experienced in particular parts of the body, or when a painful sensation is experienced as if the flesh had been torn from the bones ; the tongue is furred white, and there is giddiness, inclination to vomit, or actual vomiting of mucus ; the patient is tormented by numbness, creeping and tingling in the parts of the body on which he



lies, together with lancinations, drawing pains, and stiffness in the nape of the neck and in the back, rigidity and feeling of paralysis in the extremities; all the symptoms are, generally speaking, exacerbated during rest and at night. Again, in the period of convalescence, it is a remedy of considerable importance, especially when the progress towards recovery proceeds slowly, the pulse retaining a febrile character, the appetite, although improved, being capricious, the bowels prone to become relaxed, and the chest not yet exempt from feelings of oppression.\*

In many cases it will be found useful to give *Bryonia* and *Rhus* in alternation, at intervals of from three to six hours.

*Camphora* frequently proves useful after *Rhus* (according to the experience of some of the continental homœopathists); it is indicated especially when the symptoms are chiefly as follows: heat of the head, with confusion of ideas; or violent delirium; giddiness; throbbing headache; burning heat in the forehead; cold and clammy skin; continuous coldness of the hands and feet; debilitating and clammy sweat; tendency to diarrhœa; scanty, cloudy urine, which deposits a thick sediment; great weakness, and feeble, scarcely perceptible pulse. *Dose.* A drop of the tincture every quarter of an hour until symptoms of amendment supervene, and a change of prescription is called for.

*Cocculus* is often serviceable after the previous employment of *Rhus* or *Camphora*, especially when the great debility continues, and the patient complains of giddiness and headache; or when there is a tendency to syncope, or paralysis of the limbs, and when there are prominent symptoms of gastric disturbance. *Arnica* is also of some importance in *febris nervosa stupida*, with coma somnolentum, or delirium and carpalgia; or when the patient lies in a state of unconsciousness, as if he had been stunned by a concussion of the brain.

*NITRI SPIR.* In desperate cases of *Febris nervosa stupida*, with complete apathy or *insensibility*, and fixed, expressionless,

\* See Hartmann's "Acute and Chronic Diseases," by Chs. Hempel, M. D., vol. ii., p. 230,—4 vols., 1849, bound, \$6.



or haggard eyes; dry, brown, or blackish lips; sopor, with low muttering delirium. As soon as signs of improvement set in from the employment of this remedy, it will in general be found requisite to follow up the treatment by prescribing some one or other of the remedies mentioned above, such as *Rhus.*, *Ac-ph.*, *Nux-v.*, *Bell.* (See Hartmann's *Acute diseases.*)

**LYCOPodium** is often a valuable remedy after *Calc.* in the second stage of typhus, when miliaria is slowly and scantily developed, and there is sopor with muttering delirium; confounding of words; stammering; subsultus tendinum; carpologia; meteorismus, with constipation; affections of the bladder; or, when there are shiverings alternating with heat; circumscribed redness of the cheeks; debilitating sweats; excessive debility; complete hanging of the lower jaw; half-closed eyes; slow respiration; or, state of excitement without heat or congestion in the head or face; redness of the tongue; constipation; burning urine; tranquil and resigned state of mind, or surliness and malevolence, especially on waking.

**LACHESIS** is spoken of as being likely to prove serviceable in typhoid fever, attended with *vertigo* on *rising* or *sitting up*; *muttering delirium*; hanging of the lower jaw; vacant expression of countenance; sunken features; bitter taste; yellowish tongue, with bright red margins; cracked tongue; smooth dry tongue; or furred, white slimy tongue; heaviness of the tongue, *with difficulty of protruding it*, and *inarticulate speech*; seeming paralysis of the eyelids; lethargic sleep, and tendency to lie in the prone position; thirst, with disinclination to drink; brownish-red, copious urine.

**SECALE CORNUTUM** is, in like manner with *Natrum m.* and *Helleborus*, recommended by many homœopathists who have had frequent opportunities of treating nervous fevers, particularly in cases occurring in the wake of other diseases; but is more especially appropriate where the symptoms developed clearly proceed from irritation of the spinal nerves, with wandering, fugitive, spasmodic pains extending from the dorsum and sacrum into different parts of the body; the spasms which affect the face, become subsequently chronic; whilst those that



have their seat in the hands and feet, partake of a chronic character. This remedy is further indicated by dry heat of skin, insatiable thirst, accelerated pulse, great restlessness and sleeplessness; excessive languor: aversion to food. Should the spasmodic affections readily yield to the employment of secale, but the febrile symptoms continue, some other remedy appropriate thereto must be prescribed.

PHOSPHORUS is also serviceable when, notwithstanding the pneumonic concentration, there is, moreover, sensibility and rumbling in the cæcal region, or when there is continued heat of skin, with small, hard accelerated pulse, throbbing of the carotids, and nocturnal sweats; sleep disturbed by crowding of ideas, weeping, whimpering, sudden cries, and restlessness. The patient awakes from sleep complaining of great thirst and dryness of the mouth, excessive heat, and aching of the whole body. In addition to these symptoms, there is burning sensation in the abdomen and anus, with frequent semifluid stools streaked with blood; giddiness, confusion, and throbbing pains in the head; deafness, frequent discharge of blood on blowing the nose, and heat in the face; tongue and lips dry and cracked; bitter taste; copious evacuation of urine, which deposits a whitish or reddish sediment; venereal orgasm; delirium; obstupefaction.

NATRUM MUR. with great debility, insatiable thirst, dryness of the tongue, and loss of consciousness, and particularly when they follow in the course of antecedent debilitated diseases.

HELLEBORUS in *febris nervosa*, occurring after other febrile affections, such as *scarlatina*, *rubeola*, *febris gastrica*, *febris verminosa*, and *cholera*, with pain as from contusion, combined with tumefaction, in the integuments of the head; disposition to somnolency, with confusion of ideas and extreme restlessness; dark, cloudy urine; heaviness, or feeling of stiffness and powerlessness in the limbs; depression of spirits, and obtuseness of faculties. In prescribing the above remedies, it will generally be found necessary to order the dose to be repeated every three or four hours; but as soon as an amendment sets in, or even if the symptoms become stationary, the medicine should be discontinued for a time, and only resumed (or changed, if called



for by the invasion of new symptoms requiring a different remedy) when the slightest signs of a relapse or an alteration for the worse can be detected.

Against the following *sequelæ*:—DECUBITUS, compresses with diluted alcohol, or a very weak lotion of *Arnica*, may be employed at the commencement; but when there is violent inflammation *Belladonna*, sometimes in alternation with *Sulphur*, should be had recourse to; when sphacelus supervenes, *Carb. v.* internally and externally, or *Arsen.* or *Cinchona*; where the bones are implicated, *Silicea*; and when granulation is retarded, *Sulphur* and *Cinchona* will generally prove the most useful medicaments. METASTATIC ABSCESS: *Bella.*, and *Hepar sulph.* FURUNCULI: *Arnica*, *Bella.*, and *Sulph.*, or *Lycopod.*, or *Silicea*. Frequent tendency to DIARRHŒA: *China*. Obstinate *night-sweats*, sometimes with dry nocturnal cough, *Sulph.* ŒDEMA OF THE FEET: *Bryonia*, *Lycopod.*, *Puls.*, *China*, *Sulph.*, according to the concomitant symptoms. Intestinal ulcerations: *Acid. nitr.*, *Arsenic.*, *Phosph.*, *Carb. v.*, *Sulph.*, *Calc.*, *Puls.*, *Bella*.

After severe cases of Typhus, a period of debility generally supervenes, of greater or less duration, according to the violence of the attack. In such instances the invigorating effects of pure air is for the most part preferable to all other roborants; the patient ought, therefore, under favourable circumstances, to get out of doors as soon as possible. In some cases, however, a dose or two of *Cinchona* may prove serviceable, particularly if the patient has suffered much from diarrhœa during the course of the disease. In others, *Valeriana*, *Cocculus*, *Nux v.*, or *Veratrum*, may be better indicated. *Ferrum c.* in repeated doses, is often more efficacious than *China*, where the pulse continues very weak and frequent after the cessation of profuse hemorrhage, particularly in the case of *chlorotic* females, or those who have previously suffered from chlorosis. Again, when the fever has completely subsided, as also the diarrhœa, and there remains only great debility with slow, small, feeble pulse, with profuse sweating towards evening, *Ruta* and *Sulph.*, in alternation, are of great utility. When debilitating sweats supervene, *Cinchona* should be administered, followed by *Sulphur*



if required. *Magnes. m.* is useful when, in nervous subjects, general aching pains remain behind, with great weariness and weakness of the limbs, and lowness of spirits; disturbed nights; giddiness; feeling of weight and confusion in the head.

STAPHYSAGRIA: Putrid smelling night-sweats; night-sweats smelling like rotten eggs. Costiveness for several days; copious red urine; oppressive, stupifying headache.

### FEBRIS LENTA NERVOSA.

Lingering nervous fever is characterized by a predominance of fever chills and coldness over heat, little or no sweats, or only fugitive sweats; pulse variable, but generally small and quiet. The fever commonly becomes increased in the morning, or while the patient is fasting, and is attended with great depression of spirits. After a meal it generally subsides, and leaves the patient in a more cheerful mood. Headache, spasmodic sufferings, and general uneasiness, are frequent attendants on this form of fever. The causes of the disease are generally attributable to those influences which exercise a debilitating effect upon the nervous system, as over-indulgence in venery, or self-abuse; the excessive loss of blood, either by artificial or natural means; protracted blenorrhœa; the weakening effects of nervous and other fevers; severe and prolonged mental and corporal exertion; care, grief, &c. The fever develops itself slowly and gradually, and continues for months without giving rise to any inflammatory appearances. The treatment must be regulated by the cause, and the nature of the symptoms. When the former is unknown, we must direct our attention carefully and minutely to the symptoms, and select a remedy in accordance therewith.

When vexation, care, or debility from venereal excess, has given rise to the disease, *Acid. phosph.* will rarely fail to effect a greater or less degree of improvement. The alternate employment of *Arsenicum* and *Acid. phosph.* has proved useful in some cases. When deep and concealed grief has been the exciting cause, *Ignatia* will, if administered early, generally suc-



ceed in arresting the disease, and will be found more or less useful in cases of long standing proceeding from the aforesaid cause. *Cinchona* will prove very useful, when constitutional debility, arising from the excessive loss of blood, or from prolonged self-abuse (onanism), has developed the fever. (*Acid. phosph.*, *Nux*, *Sulph.*, *Calc.* may be required after *China*.) In cases resulting from debilitating acute diseases, *Veratrum*, *China*, *Hepar*, *Silic.*, or *Acid. phosph.*, *Calc.*, *Lachesis*, and *Natrum m.*, will usually answer best. In other cases, *Ipecac.*, *Camph.*, *Helleb.*, *Coccul.*, *Merc.*, *Plumb.*, *Lycop.*, *Can.*, *Cupr.*, *Stann.* may be called for. Dose:  $\frac{0.0.0}{3}$  or  $\frac{0.0.0}{6}$ .

### INTERMITTENT FEVERS. *Ague.*

(Addition to page 47.)

The medicines should generally be administered in the apyrexia or interval between the paroxysms; but when the intervals are extremely short, or when they are attended with after-pains of the preceding paroxysms, they should be administered when the sweats, or other concluding features of the attacks, begin to subside.

In the treatment of ague, the type, although by no means to be held as unimportant, is yet of very secondary consideration to the other features of the malady. The following remedies have been found most appropriate in ordinary cases.

Against MARSH FEVERS the principal remedies are: *Cinchona*, *Arsenicum*, and *Ipecacuanha*; but the following are also useful in particular cases: *Carb. v.*, *Rhus*, *Veratrum*, *Natr. m.*, *Fer.*, *Arnica*, and in some severe and very obstinate cases, *Cimex lectul.*

Against intermittents which prevail in spring or summer, and in warm climates: *Bella.*, *Ipecac.*, *Veratr.*, *Caps.*, *Aru.*, *Lach.*, *Calc.*, *Cinc.*, *Sulph.*; *Bryon. Carb. veg. et a.*, *Puls.*, *Digi.*, &c.

Those in which COLD predominates, require chiefly the following remedies: *Veratr.*, *Ipecac.*, *Pu'sat.*, *Diad.*, *Sabad.*, *Phosph.*, *Carbo v.*, *Bry.*, *Capsicum*, *Staph.*; those with pre-



vailing HEAT: *Nux, Cocc., Ign., Sulph., Ars., Acon., Bella., Bryon., Ipecac., Sabal., Valer., Verat., Silic.*; and those in which sweating predominates: *Cocc., Caps., China, Merc., Ars., Bryon., Nux, Samb.*

Intermittents which consist in SHIVERINGS, HEAT, and SWEATING, (or a cold, a hot, and a sweating stage,) are most frequently to be cured by *Ipecac., Nux v., Ars., China, Veratr., Bella., Bryon., Caps., Cham., Puls., Rhus, &c.*

In those which consist in SHIVERINGS and HEAT, the principal medicines are, firstly, when the *heat precedes*: *Nux, Caps., Calc.*; secondly, when the *shivering precedes*: *Acon., Arn., Bryon., Caps., Carbo v., Ign., Ipec., Cinc., Natrum m., Nux v., Puls., Rhus, Sabid., Sulph., Veratr.*; thirdly, when the shivering and heat precede or follow in *alternation*: *Bella., Calc., Lycopod., Merc., Natrum m., Nux v., Sabad., Sil., Spig., Sulph., Veratr.*; and fourthly, when they occur *simultaneously*: *Acon., Arsenic., B ll., Cham., Ignatia, Ipecac., Lye., Nux, Rheum, Rhus, Sabad., Sulph.*

In those which consist of HEAT and SWEATING, the most important medicaments are, when the heat is *accompanied by sweating*: *Bella., Bryon., Caps., Cham., Cin., Hep., Ign., Merc., Nux v., Op., Puls., Rhus., Sabad.*; and when the sweating sets in after the heat: *Ars., China, Cin., Hep., Ign., Ipec., Puls., Rhus, Veratr.*

*Bryonia, Verat., Puls., Cocc., Bell.,* also deserve attention in intermittent fevers accompanied by constipation.

Fevers which consist only in RIGORS and SWEATING, call for *Lycopodium, Pulsatilla* and *Sulphur* principally, if the shivering and sweating are *simultaneous*; and *Caps., Carb. v., Lycop., Natr. m., Rhus, Sabad., Thuja, Veratr.*, if the sweating follows the shivering.

When there is *thirst before the attack*: *China, Arn., Puls.*;—during the COLD STAGE: *Ipecac., Bella., China, Carbo, Phosph., Sabadilla, Bryon., Cham., Cina, Ign., Caps., Rhus, Ars., Veratr.*;—after the COLD STAGE: *Sabad., Puls., Ars., China*;—after the HOT STAGE: *China*;—during the HOT STAGE: *Cham., Puls., Rhus, Veratr., Nux v.*; and when there is ADYPSIA during the HOT STAGE: *Puls., Ars., Veratr., Chi-*



*na*, *Nux v.*, *Ipecac.*, *Carb v.*, *Ignatia*, *Rhus*, *Sabad.*, are the principal remedies. In intermittent fevers, attended with somnolency during the paroxysms, *Opium*, *Nux vomica*, *Tartarus stibiatus*, and *Cocculus*; or, in some instances, *Bella.*, *Hyosc.*, and *Stramon.*, are amongst the most important remedies. In those with apoplectic and paralytic symptoms during the paroxysm: *Nux v.*, *Cocculus*, *Opium*, *Aconitum*; and, perhaps, also, *Arsenic*, or *Coffea*, are chiefly indicated.

Those with syncope during the paroxysms, *Veratrum album*; and possibly, also, *Ipecac.*, *Puls.*, *Sulph.*, *Sep.*, *Lyc.*, *Graph.*, &c.

With respect to the TYPE of the fever: *Pulsatilla*, *Ipecacuanha*, *Nux vomica*, *Caps.*, *Diadem.*, *Calc.*, *Sabad.*, may be instanced as being particularly useful in SIMPLE QUOTIDIAN fevers. *Ant.*, *Calc.*, *Caps.*, *Cham.*, *Dros.*, *Lyc.*, *Mez.*, *Staph.*, in TERTIAN; and *Arsen.*, *Acon.*, *Lyc.*, *Nux m.*, *Sabad.*, in those of a QUARTAN type.

Against DOUBLE QUOTIDIANS: *China*, *Bella.*, *Graph.*, *Stram.*, *Puls.* And against DOUBLE TERTIANS: *Nux v.*, *Arsenic*, *Rhus*, have, principally, been recommended.

Intermittent fevers which recur every year have, for the most part, been treated most successfully by means of *Nux v.*, *Arsenic*, *Rhus*, *Sulph.*, *Lyc.*, *Calc.*, *Sep.*, &c.

In reference to the *period of the day* at which the ague-fit generally comes on, *Arn.*, *Cham.*, *Sabad.*, *Staph.*, *Calc.*, have repeatedly cured those which appear in the morning (*matutinal fevers*). *Ign.*, *Sabad.*, *Staph.*, *Carb v.*, *Arn.*, *Lyc.*, *Sep.*, *Merc.*, against those which set in towards *evening*; and *Carb. v.*, *Cham.*, *Merc.*, those which make their appearance at *night* (*nocturnal fevers*).

But as has already been observed, the entire morbid picture must be taken into consideration in the selection of the remedies, and not merely a single peculiarity. Remedies which have proved useful in quartans or tertians, will, nevertheless, be found efficacious in other types, if they correspond accurately to the characteristic accompanying symptoms.

CINA is of great efficacy in quotidian agues, which are ush-



ered in by vomiting of ingesta, followed by bulimy; as also when the cold stage is attended with thirst.

**TART. EMET.** has also been recommended in such cases, and especially when the nervous system becomes prominently affected, as indicated by sopor, insensibility, with coldness of the extremities, rigidity of the whole body, or twitchings of the muscles of the face and limbs, and almost imperceptible pulse.

**BELLADONNA.** Severe headache, with giddiness, or heat and redness of the face, pulsation of the carotids, and excessive exacerbation of pain from meditation; partial shivering and shuddering, with heat in the other parts; great heat with slight shivering; or violent shivering with moderate heat; adypsia, or, on the contrary, intense thirst; extreme susceptibility, tearfulness, or depression of spirits, and desire for death, particularly when the sufferings are at their height.

**OPIUM** in *febris intermittens soporosa*, with stertor, convulsive movements in the limbs, and suppressed evacuations.—*Tart. emet.* may, however, be found more generally appropriate in cases of this description. *Nux v.*, *Cocc.*, *Bell.*, *Hyosc.*, *Stramon.*, and *Cham.* are likewise worthy of attention here.

**NATRUM M.** Ague fits commencing with head-ache, general aching pains; predominant or prolonged shivering; great thirst during the hot fit, and nearly to the same extent during the cold stage; also dryness of the mouth and tongue; tenderness of the scrobiculus to the touch; bitter taste and loss of appetite; debility, sallow complexion; soreness of the corners of the mouth; (sequelæ of the abuse of *Cinchona bark*, or of *Quinine*).

**CAPSICUM.** Excessive thirst during the cold stage; predominating cold, followed by burning heat; accumulation of mucus in the mouth and throat; or vomiting mucus; diarrhœa; slimy and burning stools; headache, restlessness, sensibility to noise, ill-humour, anxiety, and giddiness, which increase during the cold stage; aching pains in the back and limbs; painful swellings of the spleen (after the abuse of *China*).

In intermittent fevers of various types, which become developed after a thorough wetting, **RHUS TOXICODENDRON** is of



great use; and in those which are accompanied by *very copious* and sour, or otherwise offensive-smelling sweat, with palpitation of the heart; mixed heat and shivering, anguish and thirst during the hot stage, *Mercurius* does good. Agues which have become altered in character, and rendered much complicated by the abuse of *Cinchona* in large and long-continued doses, are in general very difficult to cure. The following remedies have been employed with more or less success in such cases: *Belladonna*, *Ipecac.*, *Veratr.*, *Arsenic.*, *Arnica*, *Bryonia*, *Caps.*, *Pulsatilla*, *Natr. m.*, *Sulph.*, *Sep.*, *Calc.*, *Carb. v.*, *Merc.*, *Cina*, *Nux*, *Lach.*, *Hell.*, *Fer.* Against œdema of the feet and hydrops abdominis, arising from a similar cause, *Bry.*, *Helleb.*, *Arsen.*, *Acid. hydr.*, may be found of great service.

Inveterate intermittents, occurring in bad habits of body, are most likely to be relieved by such medicaments as the following: *Sulph.*, *Calc.*, *Lycopod.*, *Sepia*, *Calc. sulph.*, *Carbo v.*, *Hepar s.*, *Cimex lent.*, *Natr. m.*, *Mez.*, etc. Dose:  $0\frac{0}{3}^0$  or  $0\frac{0}{8}^0$ .

## RAPHANIA.

*Morbus cerealis*, *Convulsio cerealis*. *Eclampsia typhoides*.

The term *Raphania* has been given to this disease from its being said to be produced by eating a species of radish. A residence in damp, ill-ventilated dwellings, combined with insufficient, indigestible, or otherwise unwholesome food, seems, however, to be the general predisposing cause. Most authors have divided it into two forms, the acute and chronic. The acute variety is of the severest and most dangerous character, and though not so frequently ushered in by premonitory symptoms as the chronic form, is yet occasionally preceded by indications of considerable gastric and nervous disturbance, such as: moist, foul tongue, insipid nauseous taste, eructation, inclination to vomit, spasm of the stomach, vomiting of dark or blackish brown-coloured bile; confusion in the head, giddiness, tremor and slight creeping sensations (formication) of the limbs, &c. The disease itself commences with cold chills and lassitude head-ache, and præcordial anxiety. These symptoms are suc-



ceeded by burning heat, intense, almost insatiable thirst, violent fever, delirium, feeling of suffocation, frequently attended with spasmodic palpitation of the heart, convulsions of various kinds, which latterly terminate in frightful tonic spasms. The cutaneous transpiration is either suppressed or the skin is covered with a cold clammy sweat, and the countenance wears an expression somewhat similar to that in febris nervosa stupida. After a few days the nervous state assumes a putrid type, the vital powers begin to sink, the spirits become extremely depressed, the face pale, the features distorted, the hearing obtuse, and stupor with fits of fainting supervene.

At length the pulse becomes almost imperceptible, purple exanthemata break out, or rigidity of all the joints, or tabes, succeeds; and finally, dry gangrene sometimes sets in, affecting either the fingers and toes alone, or entire limbs. The chronic variety is chiefly distinguished from the acute, by its marked exacerbations, paroxysms, remissions, and longer duration. It is, moreover, oftener introduced by premonitory symptoms, which generally partake of the following character: general languor, a distressing feeling of chilliness in the abdomen, back, and extremities; anxiety, headache, disturbed sleep, frightful dreams, rending, aching pains in the joints, and sensation of crawling in the extremities. Along with these, there are various signs of gastric derangement, such as eructation, pyrosis, nausea, vomiting of viscous mucus, gastrodynia, &c. When the paroxysm itself comes on, the creeping and painful sensations in the extremities increase in severity. Spasmodic contractions in various parts take place at the same time, the fingers being bent backwards, the eyes convulsed, and the pupils contracted; the patient is seized with tremor, contorts the limbs in different directions, stammers in his speech, and speaks feebly and incomprehensibly.

Constipation is an occasional concomitant symptom, as also colic, hiccough, asthmatic sufferings, and even epistaxis and hæmoptysis. In other cases, diarrhoea with discharge of worms, and vomiting, take place. When the attack is of a protracted nature, the clonic become converted into tonic spasms. The duration of the paroxysm varies from one to several hours. The



recurrences take place at least once a day, and commonly end in a fit of copious sweating followed by sleep, and subsequent insensibility of the affected limbs. The patients are not wholly exempt from abnormal conditions during the remissions, experiencing great languor, numbness of the extremities, especially of the fingers and toes. The skin becomes bluish, corrugated, and deprived of its sensibility; or colliquative sweats, petechia, and the other morbid states enumerated under the acute variety, succeed and put a period to the mournful scene.

**THERAPEUTICS.** Hahnemann was the first to recommend the employment of *Solanum nigrum* in this serious malady, and the opinion which he formed of its specific property, both in the acute and chronic forms of the malady, was amply confirmed by the successful result of subsequent trials. *Secale-cornutum* has also been favourably spoken of by some writers. The following remedies have, moreover, been mentioned as likely to prove useful in particular cases: *Belladonna*, *Rhus*, *Hyoscyamus*, *Stramonium*, *Aconitum*, *Arsenicum*, *Ignatia*, *Cina*, *Cuprum aceticum*, *Cinchona*.

**BELLADONNA**, when there is burning, heat of the skin, excessive thirst, trembling of the limbs, slight convulsions, contracted, immovable pupils, *muscæ volitantes*. *Rhus*, when the nervous appearances form a prominent feature of the disease, and the symptoms approximate to those of a *febris nervosa stupida*. *Hyoscyamus* and *Stramonium* correspond better than the foregoing to the convulsions, the former particularly to those which come on in the earlier stage of the disorder, and the latter to those of a more violent character, such as occur at a later period, and in the severer forms of the affection.

**ARSENICUM** may be of service in chronic cases attended with anxious and oppressive respiration, spasmodic palpitation of the heart, quick, nervous, small, and occasionally intermittent pulse, foul, brown-coated tongue, extreme prostration of strength. *Ignatia amara* is well adapted to, and has proved useful in some of the milder chronic forms of the complaint,\* more especially

\* See Hartmann's "Acute and Chronic Diseases," by C Hempel, M. D., vol. iv., p. 150.



when the convulsive movements resemble those which are met with in St. Vitus's dance. *Cina*,—spasmodic sufferings chiefly confined to the abdomen, vomiting, with discharge of worms. *Cuprum aceticum* afforded signal service in a species of *Raphania chronica*, in which the convulsions increased in intensity at every succeeding paroxysm.\*

## THE PLAGUE.

*Pestis. Pestis bubonico. Typhus pestilentialis.*

The term Plague is employed to designate a malignant disease which frequently prevails on the coast of the Levant, and which appeared in this country about 200 years ago. It is characterized by highly contagious typhus fever, buboes and carbuncles which have a strong tendency to take on a gangrenous character, petechiæ, hemorrhage, colliquative diarrhœa, and prostration of strength. Most authors who have written on the subject consider the plague to be a pestilential contagion, which is propagated almost solely by contact either with a diseased person, or with porous substances, such as wool and woollen cloths, which have absorbed and retained the specific poison; but it would seem that it occasionally prevails also as an epidemic disease. No certain statements have yet been made as to how long an individual who has been affected with the disease is capable of communicating it to others, nor how long the contagion may adhere to a non-susceptible person without developing the disease in the said party, and may yet be communicated, and the malady produced, in habits more susceptible to its influence. It has, however, been observed, that the disease generally appears so soon as the fourth or fifth day after infection. Sometimes premonitory symptoms, in the form of slight headache, and some degree of languor, are experienced by the patient, for many days previous to the outbreak of the disease; but it more frequently happens that great depression of

\* See Hartmann's "Acute and Chronic Diseases," by C. Hempel, M. D., vol. iv., p. 150.



strength, anxiety, palpitation of the heart, fainting, giddiness, violent headache, delirium, and stupor, together with a weak and irregular pulse, very soon supervene. Nausea, and vomiting of a dark bilious substance, are shortly superadded; and, as the disease proceeds on its course, buboes form in the axillary, parotid, cervical, maxillary, and inguinal glands; carbuncles also arise, or petechiæ make their appearance; or hemorrhages and a colliquative diarrhœa ensue.

The disease is always regarded as serious and pregnant with danger when it presents itself in a severe form.

Much appears to depend upon the particular character of the epidemy. When accompanied by buboes, it is commonly less fatal than when unattended by these inflammations. The invasion of healthy suppuration in the buboes is always held as critical, and conducive to recovery. The breaking out of a gentle perspiration has also been known to prove critical. Petechiæ, hemorrhages, colliquative diarrhœa, and a tendency to gangrenous degeneration of the carbuncles or buboes, have hitherto been regarded as positive indications of a fatal termination.

**THERAPEUTICS.** We are not aware of any detailed homœopathic writings on the treatment of plague, and presume that no homœopathic practitioner has as yet had an opportunity of treating the disease. We have every reason to believe, however, that this frightful malady will in time be found perfectly tractable under homœopathic treatment, and thereby bereft of much of the terror which its invasion inspires in those parts where it so frequently and so destructively rages. The following remedies may be named as likely to prove more or less useful: *Arsenicum*, *Lachesis*, *Cinchona*; *Carbo v. et a.*, *Veratrum*, *Rhus toxicodendron*, *Merc.*, *Acidum nitr.*, *Kreosotum*, and *Silicea*.

The leading indications for these remedies against the typhoid fever, will be found in the chapter on Nervous fever, to which, therefore, we beg to refer our readers.

*Arsenicum*, in addition to being appropriate to the fever, is, moreover, either alone or in alternation with *Veratrum*, well



adapted to the excessively irritable state of the stomach, with rejection of everything that is partaken of, or vomiting of blackish bilious matter, the great prostration, and the colliquative diarrhœa which so frequently accompany the disease. It is, further, well calculated to be of essential service in warding off a tendency to gangrenous degeneration when carbuncles arise, and may even prevent a fatal issue when gangrene has already commenced. In the latter case, *Lachesis* and *Cinchona* are also capable of being of some service, and may, perhaps, be advantageously given in rapid alternation with *Arsenicum*.

When buboes form, and threaten to become indurated, although they do not assume a livid appearance after the employment of *Arsenicum*, *Veratrum*, or any of the other remedies which may have been called for by the typhoid fever, such as *Rhus*, *Cinchona*, or *Lachesis*,—*Mercurius* may be useful, particularly when the parotid glands are affected, and the region of the liver is much distended.

*Acidum nitricum*, *Carbo v.*, or *Silicea* may be required after *Merc.*

When the integuments over the buboes present a purple or livid aspect, or when the buboes suppurate and discharge, but instead of showing a disposition to heal, exhibit a gangrenous tendency,—*Silicia* may possibly succeed in bringing about a healthy action; but *Lachesis*, *Arsenicum*, and *China* may claim a preference even here, provided they are better indicated by the entire morbid picture.

When petechiæ break out, *Arsenicum* and *Rhus* will deserve the most attention.

When there is colliquative diarrhœa, *Arsen.*, *Veratr.*, and *China*.

When debilitating, sanguineous, alvine evacuations take place, *Acid. nitr.*, *Rhus*, *Arsenicum*, *China*, and *Kreosotum*.

And when excessive epistaxis results, *Cinchona* and *Rhus*; or perhaps *Sulph.*, *Calc.*, or *Hepar s.*

It is probable that *Acid. hydrojod.*, *Acid. phosph.*, *Phosph.*, *Bryon.*, *Bella.*, *Hyosc.*, *Lycopod.*, *Spirit. nitr.*, &c., may also be worthy of notice in the treatment of plague. Dose:  $\frac{0.00}{3}$  or  $\frac{0.00}{6}$ .



## REMITTENT FEVER. YELLOW FEVER.

*Febris flava. Typhus icterodes.*

This fever is a disease of warm climates, and has obtained the name of yellow fever from the hue which the skin of those affected by it very frequently acquires. The more constant symptoms of the disease are: violent vomiting, first of bilious and subsequently of brownish black matter, which is also passed by stool; great anxiety and prostration, intense fever. Remarkable remissions take place in the course of the fever, succeeded in a few hours by exacerbations. The outbreak of the malady is generally preceded by sudden debility and restlessness, which are soon followed by headache, giddiness, faintness, and slight chilliness, to which are added præcordial oppression, want of appetite, and deranged digestion. In other cases, the seizure is sudden and unattended with premonitory symptoms, and the course of the disease exceedingly rapid, and a fatal termination not unfrequent within thirty-six hours from the accession of the attack. The more usual form which the disease takes is, however, as follows: Immediately after the fit of chilliness and horror, violent reaction sets in, announced by a high degree of fever, with great heat of skin, strong throbbing of all the arteries of the body, and determination of blood to the head. The respiration is hurried and often laborious, attended with deep sighing and gasping for air. The face is flushed, the eyes heavy, sensitive to light, and affected with burning pains; the tongue white, furred, and sometimes red, but soon becomes parched and dark-coloured, and tinged with yellow after the vomitings come on; the thirst is excessive. A burning pain is sometimes experienced in the scrobiculus; and excessive sensibility to the touch in the right hypochondrium; and the stomach, irritable from the first, is rendered so much so as the disease advances, that everything which is taken into it is almost immediately rejected, along with a quantity of bilious matter. Severe darting pains traverse the head, the small of the back,



and even extend down the thighs. The pulse is subject to variations, being in some cases quick and strong, in others quick, low and irregular; in plethoric individuals, who have not been long exposed to the relaxing effects of the warm climate, it is accelerated, full, and bounding, for some hours after the development of the reaction; the urine is suppressed, or scanty and offensive; the stools have likewise a most disagreeable fetor; the patient is excessively restless, tormented with spasms in the abdomen and legs, and tosses about with anguish. These symptoms constitute the first or inflammatory stage of the fever, and may continue from twenty-four to sixty hours and upwards, according to the severity or mildness of the attack. The second stage commences with the abatement of several of the preceding symptoms, and the increase or substitution of others. The skin and eyes present a yellow tinge; the head is confused, or delirium supervenes, and the eyes look glassy. The fits of vomiting are more violent, and the matter ejected becomes thicker and darker; the patient occasionally drops asleep, but instantly awakes in a fright, and sometimes he springs out of bed in a state of furious delirium, but instantly sinks to the ground in a state of tremor and exhaustion; the pulse flags, but is sometimes soft, at others high; the tongue is generally parched, harsh, and discoloured, but sometimes moist and covered with a dark fur; there is frequent hiccough, and the skin is soft and clammy. The duration of this stage is also variable; rarely if ever longer than forty-eight hours, sometimes only twelve. The first and second stages terminate by a remission of the more alarming symptoms, and a hope of recovery is entertained, but it is too often doomed to disappointment by insidious degeneration of the disease into the third stage, in which the pulse sinks, becomes irregular and intermittent, yet sometimes increases in frequency; the vomiting becomes incessant, and is attended with great straining and noise, from the violent belching of flatus; the matter vomited is grumous, resembling coffee-grounds, and is named the black vomit. The breathing becomes more laboured; the tongue black, or shrunk, dry and red; the eyes hollow and sunk, and the features shortened. A gradual aggravation of the symptoms then ensues, attended with



startings or twitchings of the tendons, the limbs become deadly cold, and the hiccough distressingly constant. Hemorrhage, or oozing of blood, takes place from different parts of the body; the urine is deep-coloured, the stools black or sanguineous; the abdomen often tense and tympanitic; vibices make their appearance, and death slowly or suddenly terminates the scene.

**THERAPEUTICS.** From the scantiness of the information which is at present to be gleaned from homœopathic authors respecting the treatment of the disease, we are, in the absence of any personal experience, precluded from giving even a brief sketch of the characteristic indications for the employment of the appropriate remedies. Under such circumstances we can but simply offer a list of those medicaments which will, in all probability, be found of the greatest value in remittent fevers. They are chiefly as follows: *Aconitum* and *Bellad.*, (in the inflammatory stage,) *Nux v.*, *Bryonia*, *Pulsatilla*, *Digitalis*, *Crotalis*, *China*, *Lachesis*, *Rhus*, *Arsenicum*, *Veratrum*, *Carbo v.* (the three last named particularly in the third stage, but also in the second, in malignant cases), and perhaps also *Arnica*, *Amon. m.*, *Sulph.*, &c. When the disease partakes of the character of a highly congestive or malignant typhus, which it would appear to be prone to do when it occurs in situations where the marsh miasm is unusually concentrated, or where its effects are aggravated by the depressing influences of unhealthy locality, damp, ill-ventilated, crowded dwellings, together with deficient or unwholesome nutriment, the same medicaments that we have given in the chapter on Nervous Fever (which see) may be resorted to. (See also article *Cholera*, where, as well as in that on *Nervous Fever*, a few of the leading indications for *Ars.*, *Veratr.*, *Carb. v.*, in some of the forms of this disease, will be met with.)

### HECTIC FEVER    *Febris hectica.*

Hectic fever, properly so called, may be defined to be febrile symptoms occurring in the course of, and depending on the existence of some internal or local chronic disease. It usually commences slowly and insidiously, the only symptoms which



present themselves, for some months, being lassitude after a short walk, or any trivial corporeal exertion, failure of appetite, and emaciation. Subsequently, the debility becomes excessive; the blood forsakes the skin, which accordingly looks pale, except the cheeks, which display what has been denominated the *hectic flush*; the appetite, impaired from the first, grows more and more fastidious, and the stomach becomes extremely irritable, frequently rejecting all the aliment introduced, the pulse quick and weak, the artery giving from ninety to a hundred and twenty strokes in a minute, even at the incipient stage of the fever, and sweating takes place spontaneously at night in bed, but is, moreover, at all times readily excited by any exertion. Diarrhœa sets in during the course of the disease in a large number of cases, and the discharge from the bowels is always exceedingly offensive. The breathing is anxious, the patient commonly very restless, and often complains of pains bearing a resemblance to those of rheumatism. The disease is subject to exacerbations, and from the circumstance that each paroxysm begins with chilliness, followed by reaction, which is soon succeeded in turn by copious perspirations, it has been mistaken for intermittent fever; but the history of the case, together with the appearance of the patient, the greater irregularity of the different stages, and the almost unremitting quickness of the pulse, sufficiently distinguish the hectic fever.

**THERAPEUTICS.** As hectic fever rests upon a morbid state of some portion or structure of the body, the treatment must be directed to the cure; or, *if incurable*, the removal, where practicable, of the part diseased. It frequently happens, however, that the source of all the mischief is involved in impenetrable obscurity, and we are compelled to attack the disorder solely as it is manifested by its symptoms. Here, as in many other similar instances, it is, that the homœopathist possesses such unequivocal advantage over the allopathist; for, by dint of a faithful collation of every symptom, from the most important to the apparently most trivial, he is generally enabled (where the affection is not already beyond the reach of art), by assiduously consulting his *Materia Medica*, and comparing



the pathogenetic symptoms therein detailed with those of the disease, to select a remedy specific to the case. It is of unquestionable advantage to the homœopathist, however, to pay due regard to the actual cause of the disease where that is discoverable, as by so doing he will materially facilitate his search after the appropriate remedy.

The following remedies have repeatedly proved efficacious, and in other instances been strongly recommended in hectic fevers. First, in hectic fevers, with internal or local affections such as *chronic inflammations*,—particularly of the mucous membrane of the stomach and bowels,—extensive suppurations, &c.: *Phosphorus*, *Acid. phosph.*, *Sulphur*, *Calc.*, *Acid. nitr.*, *Lachesis*, *Merc.*, *Arsenicum*, *China*, *Bellad.*, *Puls.*, *Sanguin. canad.*, *Cham.*, *Ipecac.*, *Colocynth*, *Secale c.*, *Ant.*, *Scilla*, *Nux v.*, *Hepar s.*, *Silicea*, *Lycopodium*. Second, against those arising from excessive *depletion* from loss of blood, immoderate indulgence in venery, &c.: *China*, *Acid. phosph.*, *Nux v.*, *Sulphur*, *Calc.*, *Staph.*, *Lachesis*, *Cin.*, *Artemisia absinthium*, *Carb. v.*, *Con.*, *Arnica*, *Anacard.*, *Natrum m.*, *Cocculus*, *Merc.*, *Sepia*, *Nux moschata*. Third, those proceeding from the effects of severe acute diseases, such as *typhoid fevers*, *cholera*, *scarlatina*, *measles*, &c.: *Cocculus*, *Bellad.*, *Hyoscyamus*, *Helleborus n.*, and *Acid. phosph.*; or, *Pulsatilla*, *Sulphur*, *Arsenicum*, *Veratrum*, *China*, &c. Fourth, those which have been developed by depressing emotions: *Acidum phosph.*, *Staphysagria*; or, *Ignatia*, *Lachesis*, *Merc.*, and *Hyoscyamus*, *Arsenicum*, or *Graphites*. In so-called *nervous* hectic fevers (*slow nervous fevers*): *Arsenicum*, *China*, *Merc.*, *Cocculus*, *Nux v.*, *Phosph. ac.*, *Staph.*, and *Veratrum*, have chiefly been recommended. And in hectic fevers proceeding from dyscrasia, such as *scrofula*, &c., or from disease of the brain, liver, or lungs, or else from the suppression of habitual discharges, normal or morbid, see the treatment pointed out for these affections in their respective chapters. The following characteristic indications for a few of the leading remedies may here be given; but in all where the symptoms are multifarious, or where no real cause for the disease can be



traced, reference must be made to Hahnemann's *Materia Medica*.

PHOSPHORUS, when we encounter *colliquative diarrhæa*; *colliquative, clammy, nocturnal*; chilliness and shivering towards evening, succeeded by dry heat; emaciation; extreme lassitude; shortness of, and laborious respiration.

SILICEA, which is often very efficacious after *Phosphorus*, and sometimes in alternation with *Phosphorus*, *Sulphur*, and *Calcarea*, is especially called for where there is great weakness, particularly of the joints; paleness of the surface, emaciation; anorexia; short, anxious respiration, febrile heat towards evening, or in the morning.

SULPHUR. Dryness and paleness of the skin during the day, when at rest, with night sweats or perspiration towards morning or after any exertion; *hectic flushes on the cheeks* (especially the left cheek) and feverish heat in the evening; thirst; dry, or *relaxed and slimy* motions; palpitation of the heart; short, oppressed respiration.

CALCAREA. Dryness and flabbiness of the skin; great emaciation and debility; constant heat of skin with little thirst; or frequent *flushes of heat*, with anxiety and palpitation of the heart; or continued chilliness, but particularly in the evening, with redness of the cheeks; apathy; extreme dejection after speaking; perspiration after the *slightest exertion*, or spontaneously during the night; anorexia, weak and sluggish digestion; *great anxiety and uneasiness respecting the state of the health*.

ARSENICUM. Excessive emaciation, with *great debility*; *dry, burning heat of the skin*; *thirst, with inclination to drink frequently, but in small quantities at a time*; palpitation of the heart; restless, unrefreshing sleep, frequently disturbed by sudden jerks and starts; constant desire for the reclining posture; *anorexia*, with impaired digestion; vomiting of all food; irritability of temper, and fastidiousness.

CINCHONA. Dryness and laxness of the cutaneous surface; sunken cheeks; paleness of the face; dryness and looseness of the skin; but tendency to perspire after the most *trivial exertion*, and spontaneous sweating at night; *anorexia*, with desire for



delicacies only, or *excessive hunger and voracity*, with weakness of digestion, indicated by uneasiness, distention of the abdomen, and other derangements after partaking of food; diarrhoea, sometimes with ingesta; sleeplessness, or *restless unrefreshing sleep*, with anxious dreams; great apathy, ill-humour.

**COCCULUS.** Great debility, with tendency to break out into perspiration *after the slightest exertion*, attended by dejection and trembling; frequent flushes of heat, especially at the cheeks; dryness of the mouth and tongue; anorexia; nausea after eating, and at other times; oppression at the chest, with ebullition of the blood, and anxious respiration; sleep disturbed by disagreeable dreams and frequent sudden starts; extreme depression of spirits; mildness of temper. (*Pulsatilla*, *Sulphur*, and *Calcarea* are, sometimes required after, or in alternation with *Cocculus*.)

**IPECACUANHA** is, occasionally, of considerable utility in alternation with *Arsenicum*, or *Nux v.*, or as an intermediate remedy during the employment of other remedies, when the following symptoms predominate: anorexia, with desire for *dainties exclusively*; nausea after every meal, and sometimes vomiting of the contents of the stomach; dry heat, particularly in the evening, accompanied with thirst; great restlessness, burning in the palms of the hands, and nocturnal sweats; apathy; indifference; shortness of breath after the slightest exertion.

**NUX VOMICA.** Want of appetite, with *bitter or sour eructations* after a meal, or *vomiting of ingesta*; great debility; perspiration excited by any slight exertion, or coming on spontaneously *early in the morning*; paleness or sallowness of the face; partial heat; coldness and shivering, with pains in the back and loins; constipation; or constipation alternately with diarrhoea; desire for the recumbent posture; dread of the open air; ill-humour.

The diet should be light and of easy digestion; and regular hours, with gentle exercise, ought to be enjoined.



## MUCOUS FEVER.

*Febris pituitosa. Febris mucosa.*

This is a form of continued fever which chiefly attacks persons of lymphatic temperament; is characterized by irritation of the gastro-enteric mucous membrane, with excessive secretion of mucus from this, and sometimes from the other mucous membranes. The premonitory symptoms, which, for the most part, precede the attack for a considerable period, consist in loss of appetite, insipid taste, or even complete loss of taste, moist, slimy, white furred tongue, nausea, fulness in the epigastric region, irregular stools, paleness of face, languor, &c. These symptoms rarely create any serious feelings, uneasiness, or anxiety, particularly as the patient has occasional intermissions of somewhat improved health. As the disorder progresses, vomiting of a tasteless white mucus supervenes, the stomach becomes deranged and distressingly distended after the smallest quantity of food; the tongue, which was previously uniformly white, and coated with mucus, is now free of mucus at the tip and margins, and of a somewhat dark red colour, which indicates the tendency to typhoid degeneration. Sometimes, however, the tongue remains white, though it becomes dry, throughout the entire course of the disease, especially towards evening; the taste is disagreeable, the mouth and fauces are besmeared with mucus, and in the morning the patient hawks up and even vomits a white tenacious mucus. Costiveness or constipation is generally present; though when the affection extends, the bowels are opened several times a day, accompanied with borborygmus and griping, the stools consisting of white, bilious, stringy mucus mixed with ingesta, and sometimes fragments of worms; the urine is straw-coloured and turbid, and deposits a mucous sediment. The fever is at first marked with remissions, but these subsequently become imperceptible; the pulse is rather soft and weak, seldom frequent; thirst and sweat generally moderate; there is considerable prostration of strength; drowsiness, pressive aching frontal pains, restless nights, dull lustreless eyes, and an indif-



ferent, indolent, morose disposition, are almost always in existence.

The duration of the disease varies considerably. In favourable cases it runs its course in fourteen days.

Recovery is generally preceded by the breaking out of a gentle sweat; or a profuse discharge of straw-coloured urine, which deposits a thick sediment; or it is ushered in by a gentle sleep. When the disease terminates fatally, it is either from the formation of aphtha which extend over the mucous lining of the alimentary canal and bronchial tubes, and become gangrenous, or in consequence of the repercussion or non-appearance of miliaria, or through paralysis of the abdominal nervous system, with meteorismus, involuntary putrid-smelling stools, and small, weak, and trembling pulse; or from superadded paralysis of the brain.

**THERAPEUTICS.**—In the treatment of this disorder it is of great importance to check it by means of appropriate remedies at the commencement of the attack, before the complete development of the fever, as by so doing we are thereby frequently enabled to arrest it with facility; whereas, when the disease is allowed to attain a more advanced stage, it assumes a most obstinate character, and is with difficulty conducted to a happy termination. The principal remedies which have been recommended in the first or premonitory stage (*status pituitosus*) are *Pulsatilla*, *Nux vomica*, *Ipecacuanha* (the leading indications for which, will be found under **DERANGEMENT OF THE STOMACH** and **DYSPEPSIA**, which see),—*Ammonium muriaticum*, *Mercurius*, *Dulcamara*, *Ignatia*, *Staphysagria*.

**AMMONIUM M.** is chiefly indicated by the following symptoms: tongue coated with whitish mucus, incessant clearing of the throat in order to rid it of an accumulation of tenacious mucus; disagreeable taste, with flow of limpid fluid into the mouth, nausea, aversion to food, eructation, risings of a sourish-bitter watery fluid, sensation of vacuity and hunger in the stomach, uneasiness or qualmishness, and warmth or heat in the stomach, evacuation of tenacious slimy stools, &c.

**DULCAMARA** is particularly recommended when the attack has been excited by exposure to cold, and the disorder is mani-



fested by insipid or soapy taste, great thirst, dryness of the tongue, increased secretion of saliva, disinclination for food, dirty white coating on the tongue.

IGNATIA frequently proves of much efficacy at the commencement of the disorder, when the feelings of the patient vary considerably; when there is great disinclination to exertion and desire to retain the recumbent posture; when there is headache, with a feeling of weight and pressure in the sinciput, pain in the scrobiculus, and alternate paleness and redness of the face; dry, cracked, or chapped lips, white tongue, insipid or disagreeable taste, disgust at food and drink, and bitter regurgitations; further, when there are frequent, white, slimy stools accompanied by sudden general flushes of heat, with small, accelerated pulse.

MERCURIUS is one of the most important medicaments in the treatment of this disease, both in its incipient and in its more developed form. It corresponds especially when, along with increasing loss of appetite, the tongue is coated with a white fur, and covered with mucus; the act of swallowing is accompanied by a painful feeling of dryness in the throat and gullet, the taste putrid, and the breath offensive; further, when there is nausea, with tearing burning pains in the temples, pressive aching or weight and tension in the scrobiculus, stomach, and region of the liver; risings into the mouth consisting of an acrid fluid; cloudy slimy urine, with deposition of sediment; irregular alvine evacuations, with frequent inclination for stool; pale, earthy, yellow face; great debility; inanimate, indolent disposition.

The characteristic indications are, thick, dirty, slimy coating on the tongue; insipid, pap-like, soapy taste; longing for highly-seasoned food; sensation of dryness in the mouth and throat; aphthæ; sluggish stools, or constipation; or relaxed, slimy, very offensive alvine evacuations; extreme mental and physical depression.

STAPHYSAGRIA. This remedy has been found of great utility in the height of disease; but it may, like *Ignatia*, also prove of service in the first stage, more particularly when mental emotion has given rise to disease. (See *Ignatia* and *Sta-*



*physagria* under art. MENTAL EMOTIONS.) As already remarked, however, it is chiefly in the advanced stage of mucous fever, and even when it has degenerated into a nervous or putrid type, that this remedy is especially serviceable.

SENEGA has chiefly been recommended against the following symptoms: slight rigors and heat, accompanied by pulsating headache; oppressed and anxious respiration, shooting pains in the chest, general aching of the body, and considerable thirst, with accelerated pulse; accumulation of tenacious mucus in the throat, and constant efforts to expel it. *Senega* is, like *Pulsatilla* and *Capsicum*, peculiarly adapted to persons of phlegmatic temperament and soft, flabby muscular system. In fully-developed mucous fever DIGITALIS is a valuable remedy, especially with extreme depression of the vital powers, slow, languid pulse, great prostration of strength, pressure and fulness in the pit of the stomach, incessant nausea, and frequent fits of vomiting, thirst, diarrhoea, frontal headache, especially over the orbits, short, disturbed sleep. In cases which become protracted, but without assuming a serious character, with predominant *plethora venosa abdominalis*, SEPIA is deserving of attention. *Lycopodium*, *Natrum*, *Kali c.*, *Magnesia c.*, and *Calcarea*, are also well adapted to those cases which take an obstinate character. *Arnica*, *Spigelia*, *Dulcamara*, *Cina*, *Valeriana*, on the other hand, have been spoken of as most suitable to those forms of mucous fever which, after a longer or shorter interval of improvement, relapsed into their previous state. If signs of inveteration accompany the disorder, the principal remedies to be had recourse to, are: *Merc.*, *Cina*, *Cicuta.*, *Spigelia*, *Sulph.*, *Sil.*, *Nux v.*, *Digital.*, *Hyos.*, *Valerian*, *Stram.*, *Stann.*, &c. When the fever assumes a torpid character, and nervous symptoms make their appearance, *Bryonia*, *Rhus*, *Belladonna*, *Veratrum*, or *Phosphorus*, are commonly the most appropriate remedies. BRYONIA is indicated by violent congestion to the head, dry burning heat of skin, dry lips, dry red tongue, pressure in the scrobiculus, constipation, slight delirium, &c. *Rhus* is indicated by a similar train of symptoms, but with great depression and extreme feebleness of pulse.

BELLADONNA is to be preferred, if signs of cerebral irritation



predominate, the pulse is quick and hard, the skin dry and hot, and the tongue parched. PHOSPHORUS is called for when the increased secretion of mucus extends over the bronchial tubes as well as the entire alimentary canal, and is accompanied by expectoration of mucus, rattling in the chest, and diarrhœa; further, when the patient lies motionless, with the mouth open, the lips and tongue being at the same time dry, cracked, and blackish; lastly, when there is oppressed respiration, delirium, and carpalgia, VERATRUM will often be found useful in the torpid form of mucous fever, with tinnitus aurium, dulness of hearing, and delirium.

In the event of threatening miliaria, announced by a peculiar sighing respiration, IPECACUANHA is chiefly recommended. And when the miliary eruption has made its appearance, or has been driven in, ARSENICUM is the remedy on which we must place our chief reliance; the usual symptoms in such a case are sopor, cold sweat, sordes on the lips and teeth, offensive breath, dry, tremulous tongue, insatiable thirst, meteorismus, involuntary stools and urine, oppressive respiration, stertorous breathing, small, tremulous, much accelerated pulse, nocturnal delirium. (*Acid. phosph.*, and *Carbo v.* are also deserving of attention here.) *Arsenicum* is further indicated when aphthæ form, and are either of a simple kind or disposed to become gangrenous, and extend throughout the entire alimentary tube. MERCURIUS, as has already been observed, is well adapted to cases attended with the development of aphthæ, nocturnal exacerbations of fever, offensive breath, and sometimes swelling of the parotis. ACID. NITRICUM may frequently be employed with advantage after *Mercurius*.

*Acid. sulphuricum* and *Mezereum* may also be found applicable to some cases with the formation of aphthæ. When mortification seems inevitable, *China*, *Carbo v.*, *Baryta c.*, and *Acid. muriaticum*, are, in addition to *Arsenicum*, the remedies which are mainly to be depended on. (See *Febris nervosa*.)

The diet must, both in the first stage of the fever, and in that of convalescence, be light and of easy digestion, chiefly fluid, and only in small quantities at a time; plenty of cold



water should be drank, or rice or barley-water, to which, during the period of convalescence, it has been found advantageous to add a little wine.

GASTRIC FEVER. BILIOUS FEVER. FEBRIS  
GASTRICA BILIOSA.

This is a form of fever in which, as its name implies, the digestive organs are chiefly affected; it has some degree of affinity with typhus, but is distinguished from the latter by the absence of nervous symptoms, although, when it assumes a torpid character, these are occasionally developed,—by the absence of the pressive aching pains in the occiput; and by the absence of disturbance or derangement in the senses of sight and hearing; further, that the pain in the cæcum, which is so constant a symptom in typhus, is not a feature of this disease.

The following are the principal symptoms of gastric fever: sensation of fulness and weight in the epigastrium; flatulent distention of the epigastric region, with inclination to vomit; eructations of offensive flatus, and sometimes vomiting of ingesta and tenacious mucus mixed with bile; thickly furred, dirty yellow tongue; abdomen soft; bowels costive; but in the advanced stage of the disease the evacuations are often very offensive, and contain portions of undigested food; frontal headache; languor; sickly and distressed expression of countenance, with yellow discoloration of the albuginea; more or less chilliness, succeeded by heat and dryness of skin; pulse quick but soft, sometimes intermitting or irregular, particularly the latter; urine thick, cloudy, and dark-coloured.

When bilious symptoms are predominant (*Febris biliosa*), all the symptoms commonly appear in an aggravated form; the heat of the skin is very considerable, the restlessness and thirst excessive, (the patient expressing a constant desire for acid drinks.) The epigastrium is, as in gastric fever, much distended with flatus, but, in addition to this symptom, the following are more or less marked: the tongue is coloured at first with a pale yellow fur, which gradually assumes a deeper or brownish



colour; the taste and eructations are bitter, and the substance vomited consists of a greenish, bilious matter; the bowels are either confined or relaxed, presenting in the latter case a yellow, green, or brown colour; the face exhibits an earthy, somewhat jaundiced aspect; sometimes there is also a greater or less degree of sensibility, hardness, tension, burning in the hepatic region; the urine is dark brown, bilious; the pulse full, accelerated, intermitting or double.

**THERAPEUTICS.** The following remedies are those which are most required in simple gastric fever: *Pulsatilla*, *Nux vomica*, *Ipecacuanha*; *Antimon. c.*, *Bryon.*, *Cham.*, *China*, *Cocc.*, *Tart.*, *Rhus.*, *Sulph.*, *Arsen.*, *Veratrum*, *Colocyn.*, *Acid. phos.* The principal indications for the selection of these will be found in the chapters on DERANGEMENT OF DIGESTION and DYSPEPSIA, which see. When mental emotions have given rise to the disorder, *Chamomilla*, *Bryonia*, *Colocynth*, and *Acid. phos.* are the most appropriate remedies. *Chamomilla* and *Bryonia* particularly, if in consequence of a fit of passion; *Colocynth*, from indignation, or mortification. *Staphysagria* is sometimes preferable to *Colocynth*, when vexation is combined with indignation. *Acid. phosph.*, if grief, care, or anxiety have been the chief exciting causes. (See MENTAL EMOTIONS.) In *Bilious fever* the most important remedies are, *Acon.*, *Cham.*, *Puls.*, *Nux v.*, *China*, *Cocculus*, *Digit.*, *Bella.*; *Arsenic.*, *Colocynth*, *Mercurius*, *Staph.*, *Colch.*, *Taraxac.*, *Ignatia*, *Asar.* (See DERANGEMENT OF DIGESTION, DYSPEPSIA, HEPATITIS, and also MENTAL EMOTIONS, when the disorder has been developed by such influences.)

When gastric or bilious fevers partake of a somewhat inflammatory character, *Bella.*, *Bryon.*, or *Cham.* will generally be required sooner or later in the disease. When the fever degenerates into a nervous character: *Bryonia*, *Rhus*, *Cocculus*, *Veratrum*, *Bella.*, or *Arsenic.*, *Carbo v.*, *China*, *Hyos.*, *Ipecac.*, *Puls.*, *Nux v.*, &c., will especially be called for in the majority of cases. (See NERVOUS and PUTRID FEVERS.) Dose:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{30}$ .



## SCARLET RASH.

*Purpura rubra s. Miliaris Hahnemann. Scarlatina miliaris. Miliaria purpurea.*

(Additions to page 59.)

To show, however, how very essential it is to make a careful selection of the remedy, in the strictest possible accordance with the law *similia similibus*, instead of blindly pursuing the path of routine, and prescribing remedies solely in consequence of their having been found useful in other epidemics of the same name, we add the following account of a severe epidemic which was described by Dr. Elbe, of Dresden:

“The scarlet fever epidemic of 1845, which raged not only in Dresden and its environs, but also in many other remote parts of Germany, was unquestionably of a more violent character than has appeared for a long time. There were but few families that entirely escaped its ravages, and the number that fell victims to it was very large. It is well known, that in many families as many as from three to four children died of it; in one case, indeed, seven children out of a family of eight; and from this great mortality a conclusion may be drawn of the violence and malignity of the fever.

It will perhaps not be wholly superfluous to remark, that a rubeoloid epidemic, but which was not exactly of a malignant character, prevailed here in 1844. After it had passed over, the scarlet fever appeared in the spring of 1845, sporadic, but of slight character, and continued thus till August; in the said month, however, the epidemic assumed a malignant character, which may perhaps, in a great measure, be ascribed to the excessive heat we had in July (frequently 32° Reaum. in the shade). So much is certain, that a great number of children died from that time forward of scarlet fever, although there were also slight cases which occurred during the course of the epidemic, which were readily cured by *Acon.* and *Belladonna*, or recovered by the unaided efforts of nature. This, however,



happens in all epidemics ; and as nothing of interest is to be elicited from it, either as regards pathology or therapeutics, I shall pass these over, and confine myself to pointing out the characteristics of the more malignant cases, and to mentioning those remedies which proved specific thereto.

The exanthema itself, appeared in many cases very suddenly, without any precursors ; in others, a fever preceded the eruption for several days, which possessed, however, in the absence of all local disturbance, no-determined character. The only circumstance worthy of notice being, that the skin was usually more dry, and of higher temperature, than it commonly is in fevers, and that *Acon.* had no effect. In some cases, headache, hemorrhage from the nose, sore throat, vomiting, and diarrhoea, showed themselves as precursors. Neither the nature of the precursory symptoms, nor the character of the exanthema justified the prognostication that the disease would take a malignant course ; cases turned out dangerous, with a scanty as well as with an abundant efflorescence, and *vice versa*. This alone, I observed, that those cases were more dangerous, in which the single patches were confluent and more elevated than usual ; frequently also these larger patches had not the proper scarlet red, but more of violet colour. The violence of the angina was, likewise, a certain criterion of a malignant case ; on the other hand, the intensity of the fever (although even some cases, where almost no fever existed, suddenly terminated with death), with an asthenic character, which appeared usually with the first eruptions, sometimes also with the following, was an almost infallible prognostic ; the skin was at the same time burning hot, partly dry, partly covered with colliquative sweat ; the pulse small, weak, and very quick (130 to above 160) ; the face bloated ; the tongue mostly dry, at first furred yellow, afterwards brown ; the tip red, and the papillæ swollen ; the lips dry, and brown, as in typhus ; the teeth often covered with a viscid brown mucus ; thirst, usually excessive ; the difficulty in the performance of the act of deglutition was not always uniformly great ; in some cases it proceeded from the swelling of the tonsils, in others, the cause appeared to be an inflammation of the throat, and again, in others, it manifested itself only during



the febrile exacerbations, which mostly took place in the evening; strangury was not unfrequently an unfavourable symptom; the urine which was voided, often emitted an ammoniacal or putrid smell, and was as clear as water. So far, the more malignant cases were analogous, but from here they can, as regards the affected organs, the brain or lungs, be divided into two classes. The affection of the brain was, as usual, accompanied by violent delirium, periodical or continuous unconsciousness, involuntary evacuations of the urine and fæces, which latter were mostly of a light colour; the skin, which had previously been hot, became cool, the pulse thready, the efflorescence scanty and violet-coloured; death followed from paralysis of the brain. The affection of the chest betrayed itself not only by short, but also by difficult and laborious breathing, by mucous rattling in the bronchi, and sometimes also by an efflux of pus from the nostrils. In this variety, also, involuntary evacuations took place latterly; the excretions were in almost all cases clayey, as in icterus in adults, but the urine clear, like water. Delirium was, moreover, not wholly absent, but certainly not so violent as in the affections of the brain; the disease terminated with paralysis of the lungs.

I have drawn the distinction between the two forms thus prominently, from the circumstance, that it was of importance in conducting their respective treatment. In most cases, death ensued on the third, but often not before the fifth day, and in rarer instances, already on the first day of the disease. I may transitorily mention that many other symptoms, such as convulsions, &c., made their appearance towards the close of the disease, but all danger was usually over when once the period of desquamation had commenced. The epidemy continued with almost unabated intensity till February, 1846, when it suddenly assumed a milder character, and then gradually disappeared.

The sequelæ of the disease consisted chiefly in hydrops anasarca, ascites, hydrocephalus, glandular swellings, and abscesses, which always yielded readily to the usual remedies.

Before I enter upon the treatment, I must add, that I by no means found the prophylactic power of *Belladonna* so very



generally confirmed. I had, it is true, cases, where children to whom I gave *Belladonna* as a palliative, escaped the scarlet fever, even when it was in the family; but I as often found that others were attacked by the fever although they had taken *Belladonna* for many weeks, and that, notwithstanding the long-continued use of the same, the subsequent disease was not in the least mitigated by it.\*

Of the treatment of the milder cases I shall say nothing here, since, as mentioned above, *Aconitum* and *Belladonna* perfectly sufficed. That these remedies, however, had no effect, and could have none, in the more malignant cases, may be accounted for by the fact, that in these the fever was not sthenic, or similar to the inflammatory; that the tendency to paralysis was occasioned by pure nervous weakness, i. e., by prostration of the vital power; that *Acon.* and *Belladonna*, on the other hand, can only prove beneficial against erethic and inflammatory fever, and although unquestionably also against paralysis, they are only so when the latter has originated in congestion; consequently, that their curative power in febrile, congestive, and inflammatory states, rests upon their capability of suppressing abnormally excited vital power, but which must, in cases of the description noticed here, by all means be avoided; on the contrary, we must endeavour to invigorate the already but too much depressed vitality, the lowered condition of which presented so much difficulty in the treatment of the epidemy in question.

The remedies employed in typhus, viz., *Bryon.*, *Acid. phos.*, *Phosphor.*, *Carb. veg.*, *Acid. muriat.*, *Arsen.*, *Rhus*, and *Ammon. carb.*, appear to correspond to the indication just mentioned, as also to all the other symptoms, and yet none of them had any unequivocal beneficial effect; for although single cases took

\* *Belladonna* may only be expected to act as a preservative when it happens to be specific to the prevailing epidemy. Had the remedies (*Calcareia* and *Zincum*) which were subsequently employed with such striking success in the treatment of this epidemy, been used as prophylaxes, there is every reason to surmise that *these remedies* would not have failed to exert a preventive effect.—J. L.



a favourable course, still, the fatal termination was unfortunately the more frequent; it was therefore much to be doubted whether the more rare favourable termination was to be ascribed to these remedies or to nature.

Amongst the remedies quoted, *Rhus* and *Ammon. carb.* undoubtedly appear the best suited against scarlet fever. Still *Rhus* has no specific relation to this disease, for, although we certainly know it to be appropriate in erysipelatous, phlyctænous, pustular, scabby, and herpetic forms of eruptions, it is not so in any which are analogous to the efflorescence of scarlatina. The observation of Dr. Kreussler, that *Rhus* proved a specific remedy against scarlatina, combined with an intense vascular fever, I did not see confirmed; it is, moreover, well known that the *intense vascular fever* abates as soon as the eruption has fully taken place, and before this period it will hardly be possible to mitigate the fever. According to my opinion, a beneficial effect, and that with some certainty, can only be expected from *Rhus* in scarlet fever, if the latter is complicated with a typhoid state. *Ammon. carb.*, therefore, appeared to hold out the most favourable expectations, especially as it had been already successfully employed by many; this year, however, no advantage followed its employment, and this no doubt arose from the circumstance that every epidemy possesses its peculiarities, as is shown in that described by Schrön, (Hyg. 21, 1,) in which he prescribed *Ammon. carb.* with great success; for, in the first instance, the frequency of the pulse, in the cases described by Schrön, was not above 130, whilst it rose here to 164, consequently a difference of more than 30 pulsations in the minute; secondly, in Schrön's cases, danger was indicated by the intensity of the redness and the extent of the efflorescence, whilst in our cases this was not of any prognostic moment; and lastly, in Schrön's cases, paralysis of the brain usually took place after vomiting, and in cases where the eruption was scanty, whilst it was here mostly unpreceded by any perceptible precursory symptoms, and could only be recognised by its consequences, viz., by the diminished temperature of the skin, by the retrocession of the exanthema, and by involuntary evacuations. Schrön makes no mention of cases in which the lungs were implicated.



These may be considered as the principal distinguishing characteristics of the two epidemics, and may account for the circumstance, that remedies declared as curative by Schrön, were of no avail in the epidemy which occurred in this place.

All the remedies mentioned having failed, I was compelled to search for others, and I found *Calcareo carbonica* and *Zincum* to be the most suitable, according to the entire morbid picture of the disease. We shall, however, proceed first to attempt to compose, from the pathogenetic symptoms which can be produced by *Calc. carb.*, a form of disease which presents a strong resemblance to the state described above.

We find, as the effects of *Calc. carb.*\*—

*With regard to the Exanthema:*

**SYMPTOMS.**—Red, hot, turgid countenance.—Small painless rash on the face.—Eruption on the face resembling miliaria.—A fine eruption about the neck and chin attended with itching.—Red streaks on the shin-bone, which consist of miliary vesicles, with violent itching and burning after being rubbed.—Burning in the palms of the hands and soles of the feet.

*With regard to Fever.*

Difficulty in falling asleep in consequence of excessive heat, in a cold room.—Restless dozing, during the night, with excessive heat and confusion in the head, as in fever.—Accelerated pulse.

**CONCOMITANT SYMPTOMS.**

*a. Affections of the Throat.*

Difficulty of deglutition.—Swelling and inflammation of the palate and tonsils.—Indicate inflammatory action in the pharynx.

*b. Trachea and Lungs.*

Loud rattling in the windpipe, during the act of expiration, as

\* Hahnemann's "Materia Medica," by C. Hempel, M. D., 4 vols., bound, \$6.



if from an accumulation of mucus in the chest.—Hot breath, with heat in the mouth.—Difficulty of breathing.—Precordial anxiety.—Mucus in the chest, without cough.

c. *Cavity of the Mouth, and Intestinal Tube.*

Dry tongue.—Thirst.—The fæces perfectly white.

d. *Urinary System.*

Strangury.—Wetting the bed (involuntary emission of urine).—Copious emission of watery urine.—Offensive, acrid smell of the urine, which is very clear and pale.

e. *Nervous Symptoms.*

Involuntary exuberance of ideas, with visions during sleep.—Indications of delirium.—Decided delirium in the case of a child.—Weakness, debility.

If we take the sum of these symptoms, we shall find that it yields as distinct indications of the applicability of *Calcarea c.* to the treatment of scarlet fever,\* as may be gleaned from the pathogeny of *Belladonna* and *Ammon. carb.*, and more so than can be met with in that of any of the other remedies; the angina, the constant attendant on scarlet fever, is also clearly to be recognised. We certainly find here but a small number of febrile symptoms: only a few times “heat during the night, restlessness, and quick pulse;” experience, however, has long proved that *Calc.* is of great use in rather violent fevers, e. g., in fever accompanying dentition,—the *usus in morbis* is, therefore, in its favour. It is, moreover, known that every febrile state will yield, if the rest of the morbid picture, the source of the fever, corresponds with the remedy employed. Thus far we might already expect a curative effect from *Calcarea* in scarlet fever; but it is chiefly to be recommended in an epidemy of the character of that which is at present under our notice, by its so distinctly marked symptoms of paralysis of the lungs; it possesses also the nervous symptoms, which were never ab-

\* *Scarlatina miliaris.*—J. L.



sent in the more malignant cases, and even the fæces and the urine, with the peculiar smell of the latter, are of the same nature. There was, therefore, reason to conclude that a beneficial effect might be looked for from the employment of *Calcareæ*; and my expectations were realized in the most striking manner, for of all those children to whom I gave this remedy, I did not lose a single one. At the same time it will be seen from what I have stated, that *Calc.* is only indicated in that form of the disease where affections of the chest take place, and where paralysis of the lungs is to be feared. I gave it in the first instance in these bad cases only, and invariably effected a speedy cure by means of it; afterwards, however, I employed it in all cases without exception, from the commencement of the attack, and the disease, under such circumstances, always assumed a mild character, at least symptoms of threatening paralysis of the *lungs* never appeared after its use; the fever, however violent it might be, diminished so rapidly, that on the third day it was hardly perceptible; the development of cerebral symptoms, indicative of threatening paralysis alone, could not be prevented by it, and as soon as these appeared I discontinued the *Calc.* and proceeded as I shall hereafter describe.

I gave *Calc.* only once every twenty-four hours, and usually gr. j. of the third or fourth trituration. It may probably be asked, why I repeated the medicine so seldom in such precarious cases. But I must confess, that I have seen a decidedly better effect from these rare doses than from more frequent repetitions. Moreover, the curative effect of the *Calc.* develops itself with considerable quickness, as I often had occasion to observe; for example, I have even succeeded in arresting incipient paralysis of the lungs (a state which decidedly requires the promptest assistance), by one dose of the third trituration; and in a case which occurred in a child of one year old, where difficulty of deglutition appeared in the evening, during the febrile exacerbation, to such a degree that suffocation was to be apprehended, relief was so far afforded in the space of a few minutes by *Calc.* 4, gr. j., that the child was enabled to drink with ease, although the symptoms had existed for upwards of an hour before my arrival. The attack returned for



several evenings in succession with equal intensity, but as *Calc.* was then immediately administered, it never lasted above ten minutes. But great as was the curative power of *Calc.* in the above-mentioned form of this epidemy, it was inadequate to cope with the other variety, viz., that with threatening paralysis of the *brain*; here *Zincum* was indicated, its pathogenetic properties bearing not only a similitude to scarlatina in general, but with the form in question in particular, as the following catalogue will render manifest.

*The eruption is indicated by :*

**SYMPTOMS** :—Efflorescence in the face.—Violent itching in the knee, and redness of the same.—Itching between the shoulder-blades, with extensive eruptions.—Miliaria at the bend of the left elbow.—Red, small, round spots on the hands and fingers.—Pricking itching of the skin with miliary eruption after rubbing.—Itching miliary eruption in the popliteal space and the joint of the elbow.—Small red efflorescence with itching, disappearing after scratching.

*Fever*.—Sensation of heat in the head, and redness of the face.—Heat in the head, during the evening, with increased temperature of the cheeks.—Whilst in a sitting posture, almost burning heat is felt in single small spots.—Fever consisting only of heat.—Describes a febrile paroxysm with trembling of the limbs, which was characteristic in this variety of the epidemy.—Quick pulse, sometimes with a sensation of increased temperature.

**ANGINA.**

Pressive pain in both tonsils during deglutition, in the evening and throughout the night.—Feeling of contraction in the throat whilst swallowing.—Pain in the throat, as if caused by internal swelling.—Pain in the throat whilst swallowing, with swelling of the external parts, and of the tonsils.

*Lungs*.—Tightness of chest, two successive evenings, with small quick pulse.

*Mouth, and intestinal canal*.—Dryness of the tongue.—Much



thirst.—Dry, cracked lips.—Viscid, light yellow stools.—Solid, light-coloured stools.—Thinner and easier stools than ordinary.—In the morning, on awaking, involuntary discharge of liquid stools.

#### *Urinary System.*

Diminished emission of urine, of a pale colour.—Strangury.—Frequent and somewhat increased emission of urine, varying from the clearness of water to lemon colour.—Frequent but not copious emission of scanty, very light-coloured urine.—Involuntary emission of urine whilst blowing the nose.

### NERVOUS SYMPTOMS.

#### *a. Delirium.*

Fear of thieves, or horrible visions whilst waking, as in febrile delirium.—Unconnected ideas.—Restless sleep with anxious dreams, and delirium.

#### *b. Indications of Paralysis of the Brain.*

Diminished faculty of comprehension, and difficulty of collecting the thoughts.—Absence of thoughts, and mental torpor.—Oblivion of what has transpired during the day.—Great forgetfulness.—Sensation of weakness in the head.—Transfixed, motionless eyes, with absence of mind.

Further, with regard to the symptoms combined with suppressed activity of the brain:—

Pale countenance; and—Cold hands.

Rademacher also mentions, as the primary effect of zinc,—“great disposition to sleep, and a state between dreaming and sleeping,” and employs it for this reason in delirium; he, at the same time, admits its usefulness against sleeplessness in acute diseases of the brain, and considers its principal effect to be on the brain. When we come to compare the ensemble of these symptoms with the first variety of scarlet fever above described, we find a reflection of the whole picture of the dis-



ease ; we see an eruption not dissimilar to that of scarlet fever, a febrile state which consists only of dry heat, with a quick pulse and excessive thirst, as also the symptoms of difficult deglutition, (not merely those which are spasmodic, but likewise those which arise from swelling of the tonsils.) These are the reasons in general that are calculated to determine us to employ *Zincum* in scarlet fever ; but that which chiefly points out the sphere of its operation is its influence upon the brain, with incipient signs of paralysis of that organ, giving rise to the following concomitant phenomena : involuntary evacuations of fæces and urine, diminished temperature of the skin, accelerated pulse, trembling or paralytic state of the extremities. On the other hand, with the exception of the single symptom of oppression, we do not meet with any indications of a paralytic affection of the lungs. From what has been stated, it is sufficiently obvious that *Zincum* can only be beneficial in those cases which are complicated with affections of the brain ; the efficacy of *Zinc.* in analogous states, e. g., in paralytic states of the medulla spinalis, has been long known. I found it necessary to prescribe *Zincum* in large, and frequently repeated doses, (gr.  $\beta$ .—gr. j. of the first trituration,—at the commencement every hour, afterwards every two to three hours), from the circumstance that, in consequence of the prostration of activity in the central organ of the nervous system, the organism is neither readily nor lastingly acted upon by external agency.

As we have just seen, both forms of the disease possess exactly those symptoms in common, in which *Calc.* and *Zinc.* resemble one another, and both differ in those in which *Calc.* and *Zinc.* do not coincide. But in order to substantiate theory by practical evidence, may I be allowed to communicate at least two cases of cure by means of these remedies ?

Oskar Graf, 3 years old, scrofulous, but strong, formerly afflicted for a long time with hydrocephalus chronicus, had, on the 31st of December, been affected with general dry burning heat during the whole day. January 1st he complained, after a sleepless night, of headache and colic, and vomited once ; in the course of the morning the scarlet efflorescence began to appear, and spread over the whole body before the close of the



day; the skin was burning hot, the pulse small, weak, and could not be counted; there was also profuse sweat. The child, usually so cheerful, lay still and quiet, with closed eyes, and answered only reluctantly if spoken to; the face was bloated, the thirst excessive, and the patient drank often, but little at a time; in addition to these symptoms, grinding of the teeth and convulsions of the face took place almost every half hour (both symptoms in this case probably arising from the presence of ascarides); delirium subsequently supervened. I prescribed, in the forenoon, *Calc.* ʒ, gr. j. The child remained in much the same state throughout the day, only, in the afternoon, the heat became diminished, and the gnashing of the teeth less frequent; in the evening, however, both returned, with increased restlessness and delirium. In the night, between January 1st and 2d, the patient slept little, and was very restless, particularly between 12 and 1, and in the morning he passed the fæces and urine involuntarily; the paroxysms of teeth-gnashing had not returned so frequently, and the child appeared to be in a less soporous state, but was boring rather more with his head into the pillow; the heat was no longer so excessive; the pulse, towards evening, could at least be counted 152, and was consequently also no longer so small; the efflorescence looked well, (another dose of *Calc.* had been given that morning.) On January 3d the child was no better, and had passed a rather sleepless and restless night; the gnashing of the teeth was more violent and more frequent; the patient went on boring with the occiput into the pillows; and there was great anxiety, with oppressed respiration, and mucous rattling; the pulse as it was the day preceding. *Calc.* was repeated, whereupon the attacks ceased entirely during the day, the restlessness subsided, the respiration was no longer so difficult, and in the afternoon the child slept for a short time; in the evening the fever had not increased. During the following night the restlessness was not great, and the sleep continued for half an hour at a time; in the morning, an involuntary alvine evacuation occurred, but there was perfect consciousness, no sopor, no delirium, no difficult respiration, and no mucous rhonchus; the exanthema



still looked well. *Calc.* repeated. In the evening the fever did not increase, the temperature of the skin moderate, and the pulse no longer small, 142. January 5th, the child had passed a quiet night, sitting cheerfully on the bed; no dangerous symptoms were present, the eruption was receding, the temperature of the skin little increased, the pulse 115, no involuntary evacuations, and the child responded perfectly sensibly to all inquiries; no febrile exacerbation ensued in the evening. I accordingly discontinued the medicine, and the disease proceeded on its course, as free from danger as usual under the employment of *Calcareæ*.

Oskar Wagner, 4 years old, an uncommonly tall, stout, over-fed, flaccid, scrofulous boy, was attacked with several fits of vomiting in the night, between December 20–21. On the following morning the vomiting had ceased, the child was very restless, the surface of the body cool, and the exanthema made its appearance. *Calc. carb.* 3, gr. j. During the evening much heat, in the night delirium, and two involuntary, but liquid alvine evacuations. On the morning of the 22d very violent fever, the exanthema fully developed and very much raised, the single points or elevations standing together in groups; *Calc.* repeated. During the day, delirium, great thirst, dry brown lips; the state of the tongue could not be discovered, as the child could not be induced, during its whole illness, to show it; periodical unconsciousness and delirium, the latter continuing during the night with restlessness. *Calc.* repeated. On the 23d, early in the morning, intense fever with delirium. *Calc.* repeated. In the evening the child was in a state of complete sopor, pulse collapsed, small, 152; extremities cool,—*Zincum* 1, gr. j, every 2 hours; the night very restless, much delirium. After midnight the child appearing quiet, the parents discontinued the medicine.

This supposed quietude was, however, a bad symptom, for on the morning of the 24th I found the child lying perfectly motionless; the pulse very small, and could not be counted; utter unconsciousness; the extremities icy cold, the rest of the body cool, and the whole cutaneous surface blueish-red, except about the eyes, forehead, and chin, these parts being white;



the eruption remaining was but scanty. *Zinc.* 1, gr. j, every two hours. After the first dose, symptoms of returning consciousness were already perceptible; in the evening the skin was warm, and its blueish-red colour had disappeared; the pulse was somewhat strengthened, 150, and there was some degree of sweat; the night passed over pretty favourably, now and then delirium, but also several hours' sleep. On the 25th, the child appeared to have recovered more consciousness, he recognized his parents and asked for something to drink. The temperature of the skin was somewhat higher, the pulse no longer weak, 140, and, for the first time, the urine was not emitted involuntarily. *Zinc.* continued every three hours. The following night he slept perfectly quiet, without delirium; in the morning he was in full possession of his faculties, and wished to play; the temperature of the skin was natural, the pulse strong, 128, and the skin had commenced to exfoliate. *Zinc.* three times a day. On the 27th, the child was well, as far as circumstances could admit, and recovered perfectly without taking any more medicine.

The difference between the effects of *Calc.* and *Zinc.* in this epidemy, not only as elucidated by the symptoms enumerated in the *Materia Medica*, but also as established by experience, consists accordingly in the following: *Calc.* operates more upon the organs of the chest, *Zinc.* more upon the brain; *Calc.* diminishes the immoderate febrile heat and the frequency of the pulse; *Zinc.* does not affect the frequency of the pulse which is associated with febrile heat, but removes the icy coldness of the skin, (the result of depressed vitality), strengthens the small, quick pulse, and reduces it to a normal state of frequency; *Calc.* is only useful in slight delirium, but very effective in violent angina; *Zinc.* is as beneficial in violent delirium alternating with sopor, as in paralysis of the brain; *Calc.* is, on the other hand, preferable in incipient paralysis of the lungs. I must guard myself here against the imputation of any intention to hold *Zinc.* and *Calc.* curative in all malignant cases of scarlet fever, by stating, that it was only in this epidemy that I found them of such great efficacy, and it is only in similar instances that their beneficial effects



may be looked for. I was induced to make these communications, chiefly from the circumstance that I consider it would be attended with great advantage if the different epidemics were carefully described and compared, their distinguishing characteristics pointed out, and the remedies mentioned which had proved most serviceable in each,—as it is mainly by such means that the selection of the specific remedy, at the first outbreak of the disorder, can in future be facilitated, and a number of sacrifices thereby avoided.”

The remedies required for the occasional sequelæ of *scarlatina miliaris* are the same as those enumerated at the conclusion of the chapter on Scarlatina.

## SORE THROAT, OR QUINSY.

(Additions to page 88.)

SULPHUR may be called for after *Mercurius*. *Bryonia* and *Rhus* have been found useful in some forms of sore throat, the former especially when attended with considerable gastric disturbance, and where there was great dryness of the throat, with redness of the soft palate and tonsils, but no swelling;—the latter where there was considerable fever towards evening, hot dry skin, aching and pricking pain during deglutition, lowness of spirits, and excessive anxiety. *Bryonia* is indicated by sore throat, with difficult deglutition and hoarseness; pain in the throat as from excoriation; *excessive dryness of the throat*, and pressure in the throat as if caused by a hard angular body; pain and pricking in the throat, which is also experienced on external pressure or on moving the head; accumulation of adhesive mucus in the trachea, temporarily removed by coughing. It is further called for when there is marked gastric disturbance, the tongue covered with a dirty yellow fur, the taste insipid, and the bowels confined; when there was severe frontal headache and very disturbed sleep, with dryness of the throat, redness of the tonsils and palate (*velum palati*), without swelling. *Rhus toxicodendron*, when



the pains seem situated lower in the gullet, the disposition of the patient anxious, depressed, or disposed to tears; and when *Bryonia* has not been sufficient to remove the complaint. Where there is difficulty of swallowing, and, at the same time a sensation as if a plug, or some kind of foreign substance were in the throat,—*Lachesis*, *Nux v.*, and *Arsenicum* are useful when otherwise indicated. *Sulph.*, *Bellad.*, *Baryta*, *Merc.*, *Sep.*, *Ign.*, *Graph.*, *Am. c.* and *Cocculus* are also indicated by this latter symptom. In obstinate cases, such as are occasionally met with in bad constitutions, the healing of the cavity, after the matter has been discharged, goes on very unfavourably, and even fresh abscesses form in succession: *Sulphur*, *Hepar s.*, and *Psoricum*, repeated every eight or twelve hours, have chiefly been recommended to subdue these fortunately rare symptoms;—*Sulphur* in ordinary cases, *Hepar*, when the patient has been previously subjected to an abuse of *Mercury* under allopathic treatment, and *Psoricum* when *Sulphur* has been taken in excess.

SEPIA is a useful remedy in obstinate cases of angina, with pain in the fauces as if the parts were excoriated, and prickings during the act of deglutition.

Relaxed sore throats generally require *Nux*, *Puls.*, *Capsic.*, *Gentiana crutiana*, or *Sulph.*, &c. (See also the other remedies mentioned in the article on dyspepsia, as such sore throats are commonly connected with deranged digestion.)

The following remedies may also be mentioned as being useful in angina when the symptoms are as described:—

VERATRUM ALBUM is indicated by constrictive and suffocating pain in the throat, particularly during deglutition, sensation of contraction in the gullet; sense of roughness and scraping, or of extreme dryness in the throat; intumescence and burning in the gullet, sometimes attended with danger of suffocation.

COCCULUS is indicated by great dryness and *sensibility* of the gullet, causing everything partaken of to seem *pungent*, *acid*, or *too salt*; by constriction or *sensation of paralysis* in the gullet, and noisy or clucking deglutition.

CAPSICUM is often useful in sore throat from cold, when



*Pulsatilla*, *Cham.*, *Ign.*, *Bryon.*, or *Nux v.*, afford little relief, particularly when a degree of fever continues, with shiverings and thirst, followed by heat; pressive aching pains, accompanied by a sensation of spasmodic constriction in the throat; distressing cough; constant desire for the recumbent posture and for sleep, with dread of the slightest breath of cold air.

*Angina Pharyngea. Pharyngitis. Cynanche Pharyngea.*

Inflammation of the membrane which lines the pharynx is generally an attendant on tonsillitis; and, in like manner, when phlegmonous inflammation commences in the pharynx, it for the most part extends to the tonsils. In pharyngitis simplex, although there is usually some degree of inflammatory fever, it rarely attains a considerable height, and is, together with the local affection, with facility, subdued by means of a dose or two of *Aconite*.

When the inflammation spreads to the tonsils and neighbouring parts, the same remedies must be employed which have been enumerated under TONSILLITIS, which see.

When the velum palati is particularly implicated, *Coffea*, *Belladonna*, *Mercurius*, or *Nux vomica*, answer best after *Aconitum*, where the latter has been called for, but found inadequate to complete the cure. If, on the other hand, the uvula participates chiefly in the pharyngeal inflammation, *Nux v.*, *Coffea*, *Bell.*, *Merc.*, *Sulphur*, or *Calcarea* are, in addition to *Acon.*, the more important remedies.

When a spasmodic, almost suffocating constriction of the gullet takes place in pharyngitis, and *Belladonna*, *Mercurius*, or *Lachesis* fail, *Calcarea c.* often affords rapid relief.

INFLAMMATION OF THE ŒSOPHAGUS.  
ŒSOPHAGITIS.

Inflammation of the gullet is more frequently met with as a symptomatic disease. It is, accordingly, sometimes encountered



in strictures, measles, smallpox, and in the case of tumours in the neighbourhood of the œsophagus.

It does, however, occasionally occur in an idiopathic form, either in consequence of mechanical or chemical irritants, or otherwise. The disease is indicated by the following symptoms: a sense of burning heat is experienced in the œsophagus, either high or low in the tube, according to the seat of the disease, with painful and difficult deglutition. The patient can almost always point out the locality of these, generally circumscribed, sensations; and consequently refers them either to the neck or to the back, between the shoulders, and under the sternum.

In the treatment of symptomatic œsophagitis, our attention must be directed to the removal of the exciting cause, when this is practicable. In the idiopathic form again, we must be guided, in the selection of our remedies, by the law *similia similibus*. Amongst the medicines which are capable of producing symptoms, analogous to those which characterize the disease: *Belladonna*, *Hyoscyamus*, *Cantharis*, *Arsenicum*, *Mercurius*, *Arnica*, *Carbo v.*, &c., are the most important. In some instances it may be found requisite to commence with *ACONITUM*, but generally speaking, the attendant fever of the phlogistic character will find a sufficient antidote in *BELLADONNA*, which remedy is, moreover, better adapted to the collective features of the complaint. *HYOSCYAMUS* frequently succeeds in removing any signs of spasmodic contraction in the gullet when *Belladonna* is insufficient to remove them; but when the burning heat continues unabated, and deglutition is still performed with great pain, *CANTHARIS* should be resorted to. *MERCURIUS* is especially useful when symptoms of incipient suppuration make their appearance; *ARSENICUM*, when great prostration of strength sets in, either in the course of the complaint, or at the commencement of the attack, accompanied by intense thirst and sleeplessness. Should only partial relief result from *Arsenicum*, *CARBO v.* may be had recourse to. In other instances *VERATRUM* may be required. In cases arising from mechanical lesion, the early employment of *ARNICA* has been favourably spoken of. The remedy selected in



any case will rarely require to be repeated earlier than six to eight hours after the first dose; and subsequently at longer intervals, if the symptoms are found to yield. When the symptoms become more unfavourable after an interval of twenty-four hours from the taking of the first dose, another medicament must be prescribed.

## INDIGESTION, OR DYSPEPSIA.

(Additions to p. 101.)

The following are frequent additional pathognomonic signs of deranged digestion, and may, when taken in conjunction with others already described, facilitate the selection of the remedies placed in juxtaposition:

TONGUE, *swollen*: *Lach.*, *Merc.*, *Ars.*, *Bella.*, *Kali*, *Hell.*; *Calc.*, *China*, *Silic.*, *Dig.*, *Plumb.*, *Anac.*, *Elect.*, *Con.*, *Thuja.*, *Stram.*, *Sec.*

TONGUE with a *white fur*: *Puls.*, *Sulph.*, *Merc. tart.*, *Arn.*; —*Nux v.*, *Bry.*, *Ant. c.*, *Calc.*, *Sep.*, *Bism.*, *Ign.*, *Ipecac.*, *Dig.*, *Raph.*, &c.

TONGUE, with a *yellow fur*: *Nux*, *Puls.*, *China*, *Ipecac.*, *Plumb.*; —*Cham.*, *Bry.*, *Cocc.*, *Veratr.*, *Bella.*, *Alum.*, *Coloc.*, *China*, *Sulph.*, *Elect.*, &c.

TONGUE, with a *slimy fur*: *Puls.*, *Sulph.*, *merc.*, *Bella.*, *Acid. phosph.*; —*Lach.*, *Chin.*, *Sulph.*, *Verb.*, *Nux mosch.*, *Cupr.*

TONGUE, with a *brownish fur*: *Sulph.*, *Bella.*, *Phosph.*, *Sil.*, *Verb.*, *Hyos.*, *Sabin.*, &c.

TONGUE, with a *grayish fur*: *Tart.*, *Amb.*, *Cupr. acet.*, *Puls.*

TONGUE, with a *grayish-brown fur* (whity-brown): *Ambra*, *Puls.*, *Nux*, *Bryon.*, *Ipecac.*, &c.

TONGUE with a *greenish fur*: *Plumbum.*

— with a *blackish fur*: *Merc.*, *Chin.*, *Phosph.*, *Lach.*

— with a *dirty fur*: *Bry.*, *Lyc.*, *Olean.*, *Anthraps.*

— with a *thick fur*: *Puls.*, *Merc.*, *Bella.*; —*Nux v.*, *Cham.*, *Sulph.*



TONGUE, *vivid red* at the margins : *Bella.*, *Nux v.*

— with *vivid redness* of the papillæ : *Bella*, *Ammon.*

— *red* at the tip : *Elect.*

— *vivid redness* of the whole tongue : *Bella.*, *Bry.*, *Lach.*, *Hyos.*, *Nux v.*, *Cham.*, *Ran. sc.*, *Rhus*, *Ars.*, *Sulph.*, *Veratr.*, &c.

TONGUE *dry* : *Nux v.*, *Sulph.*, *Veratr.*, *Bella.*, *Merc.*, *Nux mosch.*, *Cham.* ;—*Lach.*, *Bry.*, *Rhus.*, *Sep.*, *Carb. a.*, *Baryt. m.*, *Plumb.*, &c.

TONGUE *glazed, shining* : *Lachesis* ;—*Bella.*, *Sulph.*, *Bry.*, *Ars.*, *Veratr.*, &c.

TONGUE with *elevated papillæ* : *Elect.*, *Crocus*, *Oleand.*, *Bella.*, &c.

TONGUE *cracked, clefted, or split into furrows* : *Nux*, *Puls.*, *Lach.*, *Bella.*, *Chin*, *Plumb.*, *Cham.*, *Veratr.*, *Ars.*, *Baryt.*, *Cic.*, *Ran. sc.*, *Sulph.*

TONGUE *tremulous* : *Bella.*, *Ars.*, *Bry.*, *Merc.*, *Dig.*, *Dulc.*, *Nux*, *Cocc.*, *Ign.*, *Veratr.*, *Lach.*, *Rhus.*

SALIVA, *acid* : *Merc.*, *Dulc.*, *Veratr.*

— *alkaline* : *Galv.*

— *bitter* : *Ars.*, *Sulph.*, *Thuja.*

— *brownish* : *Bism.*

— *cool* : *Asar.*

— *frothy* : *Bry.*, *Plumb.*, *Ran. sc.*, *Sulph.*, *Spig.*, *Eug.*, *Berb.*, *Canth.*, *Phell.*, *Sab.*

SALIVA, *hot* : *Daph.*

— of a *mawkish, insipid taste* : *Bry.*, *Puls.*, *Ipec.*, *Ign.*, *Nux v.*, *Cham.*, *Lyc.*, *China*, *Caps.*, *Sulph.*, &c.

SALIVA, of a *metallic taste* : *Bism.*, *Ran. b.*, *Zinc.*, *Cocc.*, *Hepar*, *Agn.*, *Cup.*, *Natr. m.*, &c.

SALIVA, of an *offensive, fetid smell* : *Merc.*, *Dig.*, *Hydrarg. subm.*

SALIVA, of a *reddish colour* : *Sabin.*

— of a *saline taste* : *Sulph.*, *Sep.*, *Veratr.*, *Euph.*, *Merc. sol.*, *Hyosc.*, *Phosph.*, *Verb.*

SALIVA, of a *sour taste* : *Ign.*, *Sulph.*, *Calc.* ; *Calc. phos.*, *Galv.*, *Alum.*, *Lact.*, *Natr. s.*, &c.

SALIVA, of a *sourish-sweet taste* : *Zinc. oxyd.*



SALIVA, of a *sweetish* taste : *Puls.*, *Plumb.*, *Dig.*, *Sabad.* ;  
—*Alum.*, *Gran.*, &c.

SALIVA, thick : *Nux mosch.*, *Bism.*, *Bella.*, &c.

— thin, serous : *Puls.*, *Magn. m.*, *Kreos.*, *Mags. aus.*,  
*Galv.*, *Lobel.*, *Asar.*, *Thea.*, &c.

SALIVA, tenacious : *Puls.*, *Nux*, *Lach.*, *Phosph.*, *Staph.*,  
*Ars.*, *Zinc.*, &c.

SALIVA, of *white* colour : *Ran. b.*, *Ol. an.*, *Sabin.*, *Spig.*,  
&c.

GUMS, bleeding of the : *Nux v.*, *Carbo v.*, *Sulph.*, *Natr. m.*,  
*Acid. nitr.*, *Merc.*, *Phosph.*, *Sil.*, *Staph.* ; *Calc.*, *Graph.*,  
*Baryt. c.*, *Arn. c.*, *Alum.*, *Magn. m.*, *Acid. sulph.*, *Sep.*,  
*Kali c.*, &c.

GUMS, redness of the : *Carb. v.*, *Kreos.*, *Nux v.*, *Merc.*,  
*Kali*, *Natr. m.*, *Phell.*, *Ran. sc.*, *Hep.*, *Aur.*

GUMS, spongy : *Nux v.*, *Caps.*, *Natr. m.*, *Carb. a. et v.*,  
*Bry.*, *Ars.*, *Merc.*, *Staph.*, *Sulph.*, *Kreos.*, *China.*

GUMS, swollen : *Nux v.*, *Natr. m.*, *Sulph.*, *Merc.*, *Caps.*,  
*Staph.*, *Sep.*, *Baryt.*, *Am. m. et c.*, *China.*, *Ac. nitr.*, *Lach.*,  
*Lyc.*, &c.

GUMS, tender : *Nux v.*, *Lach.*, *Natr. m.*, *Caps.* ; *Staph.*,  
*Calc.*, *Agar.*, *Amb.*, *Acid. nitr.*, *Carbo v.*, *Hepar.*

GUMS, fetid : *Carb. a. et v.* ; *Acid. n.*, *Staph.*, *Hepar*, *China*,  
*Natr. m.*, *Merc.*, *Graph.*

GUMS, shrinking, or separation of the gums from the teeth :  
*Carb. v.*, *Merc.*, *Sulph.*, *Par.*, *Cist.*

GUMS, paleness of the : *Staph.*, *Plumb.*, *Acid. nitr.*, *Zinc.*,  
*Oleand.*, *Merc.*

TEETH, discoloration, aching, decay of the : *Nux v.*, *Puls.*,  
*Bryon.*, *Cham.*, *Merc.*, *Staph.*, *Lach.*, *China*, *Sulph.*, *Calc.*,  
*Plumb.*, *Ars.*, *Natr.*, *Veratr.*, &c.

LIPS, vivid redness and spongy state of the : *Nux v.*, *Bry.*,  
*Carbo v. et a.*, *Baryt. c.*, *Bella.*, *Hep.*, *Lach.*, *Caps.*, *Merc.*,  
*Sil.*, *Staph.*, *Sulph.*, *Alum.*, *China*, *Spig.*, &c.

LIPS, blanched, yellowish, and somewhat indurated : *Nux v.*,  
*sulph.*, *Calc.*, *Lycop.*, *Ars.*, *Lach.*, *Can.*, *Clem.*, *Silic.*, *Aur.*,  
*Natr.*, *Alum.*, *Spig.*

THROAT, sensation of excoriation, roughness, and dryness :



*Nux v.*, *Lach.*, *Carb. v. et a.*, *Sulph.*, *Puls.*, *Calc.*, *Merc.*, *Cham.*, *Ign.*, *Bryon.*, *Hep.*, *Teuc.*, *Scilla*, *Staph.*, &c.

THROAT, redness of the, with swelling of the uvula, &c. : *Nux v.*, *Bryon.*, *Ign.*, *Cham.*, *Caps.*, *Puls.*, *Lach.*, *Sulph.*, *Calc.*, *Baryt.*, *China*, *Sep.*, *Veratr.*, *Cocc.*

EYES, bleared and suffused : *Nux v.*, *Puls.*, *Natr. m.*, *Staph.*, *Graph.*, *Cham.*, *Calc.*, *Lyc.*, *Bism.*, *Ant.*, *Agar.*, &c.

EYES, muscæ volitantes : *Nux v.*, *Puls.*, *China*, *Lyc.*, *Sulph.*, *Sep.*, *Agar.*, *Merc.*, *Cocc.*, &c.

EYES, appearance of vapour or mist before the : *Puls.*, *Plumb.*, *Sulph.*, *Calc.*, *Merc.*, *Bell.*, *Cyc.*, *Dig.*, *Alum.*, *Ign.*, *Enon.*, *Am. m.*, *Ambr.*, &c.

EYES, sparks, flashes of flame : *Nux v.*, *Lach.*, *Lycop.*, *Dig.*, *Staph.*, *Calc. c.*, *Merc.*, *Natr. m.*, &c.

EYELIDS, thickened, gorged, inflamed at the margins : *Nux v.*, *Puls.*, *Cham.*, *Merc.*, *Hep.*, *Bry. Sulph.*, *Euph.*, *Veratr.*, *Lyc.*, *Ars.*, *Baryt. c.*, *Staph.*, *Sep.*, *Natr. m.*, &c.

NOSE, dryness of the nostrils : *Sulph.*, *Calc.*, *Sep.*, *Graph.*; *Bryon.*, *Bella.*, *Ign.*, *Mag. m.*, *Phosph.*, *Rhus*, *Kali*, *Sil.*, &c.

NOSE, excessive secretion from the : *Ars.* *Lach.*, *Ign.*, *Lyc.*, *Puls.*, *Ipecac.*, *Hep.*, *Bry.*, *Nux v.*, *Sulph.*; *Cocc.*, *Carbo v.*, *Alum.*, *Ammon. c.*, *Calc.*, *Merc.*, &c.

NOSE, itching in the nostrils : *Nux v.*, *Puls.*, *Carb. v.*, *Ign.*, *Am. c.*, *Agar.*, *Spig.*, *Teuc.*, *Cin.*, *Sabad.*, *Sulph.*, *Calc.*, &c.

NOSE, imaginary smells : *Nux v.*, *Puls.*, *Sulph.*, *Calc.*, *Ars.*, *Graph.*, *Alum.*, &c.

NOSE, deficient sense of smell : *Puls.*, *Sep.*, *Sulph.*, *Calc.*, *Alum.*, *Ipecac.*, *Natr. m.*

NOSE, great acuteness of smell : *Sulph.*, *Lyc.*, *Hep.*, *Colch.*, *Nux v.*, *Cham.*, *Calc.*, *Kali c.*, &c.

EARS, dryness of the (eustachian tube) : *Graph.*, *Lach.*, *Ac. nitr.*, *Peter.*, *Carb. v.*, *Ars.*, &c.

EARS, acuteness of hearing : *Lach.*, *Ars.*, *Lyc.*, *Bry.*, *Cham.*, *Veratr.*, *Sep.*, *Plumb.*, *Magn.*, *Chin.*, *Sil.*, &c.

EARS, dulness of hearing : *Nux*, *Puls.*, *Sulph.*, *Calc.*, *Carb. v.*, *Lach.*, *Bell.*, *Ars.*, *Veratr.*, *Ant.*, *Anac.*, *Asar.*, *Kal.*, *Hep.*, *Staph.*, *Bry.*, *Lyc.*, &c.

HEAD, frontal headache : *Nux v.*, *Puls.*, *Bry.*, *Ign.*, *Natr.*



*m., Chin., Plumb., Sep., Natr. m., Ant., Staph., Plat., Sulph., &c.* (See also Art. Cephalalgia.)

FACE, flushes of heat in the: *Lyc., graph., Cocc., Kali c., Alum., Ambr., Kali m., &c.*

FACE, pimples on the: *Nux v., Carb. v. et a., Lach., Sulph., Sep., Acid. nitr., Acid. m., Ambr., Alum., Hepar., &c.*

FACE, eruptions various, on the: *Nux v., Rhus, Sulph., Lach., Lyc., Graph., Merc., Sep., Calc., Am. c., Dig., &c. &c.*

FACE, (earthy colour of the, and of the skin in general): *Nux v., Ars., Lach., Lyc., Ign., Ipecac., China, Natr. m., Merc., Bry., Silic.*

FACE, pale: *Nux v., Puls., Carb. v., Lyc., Sulph., Veratr., Magn. m., Plumb., China, Sep., Calc., Anac., Dig., Graph., Ign., Am. c., Ambr., Olean., Merc., &c.*

FACE, red: *Bry., Nux, Cocc., Lyc., Puls., Plat., Hep., Ign., Sulph., Calc., Lach., &c.*

FACE, yellowish: *Nux v., Puls., Lyc., Natr. m., Magn. m., Carb. v., Graph., Calc., Merc., Bry., Sulph., Sep., &c.*

SKIN, like parchment: *Arsenicum; Lyc., Graph., China, Sep., Ambr., Am. c., Calc., Kali, Natr. c.*

GIDDINESS: *Nux, Puls., Plumb., Natr. m., Op., Bry., Calc., Kali, Natr. m., Lach., &c.* (See also Art. Vertigo.)

HEAD, confusion in the: *Bry., Nux, Puls., Calc., Sepia, Plumb., Op., Rhod., Zinc., Natr., Plat., Staph., Caps., Graph., Magn. m., Calc. ph., Nux mosch., Rhus, Ambr., Arn., &c.*

UPPER EXTREMITIES, tremulousness of the: *Bry., Rhus, Veratr., Phosph., Silic., &c.*

UPPER EXTREMITIES, numbness, (torpor): *Nux v., Lyc., Cham., Croc., Graph., Kali, Sep., Sulph., Verat., Silic., Magn. m., Ambr., Baryta, &c.*

UPPER EXTREMITIES, jerkings or spasmodic movements of the: *Puls., China, Ign., Lyc., Bry., Cham., Plumb., Cic., Sabad., Bella., Op., &c.*

HANDS, tremulousness of the: *Lach., Sulph., Calc.; Phos., Zinc., Agar., Cocc., Kali, Tart., Rhus, Sabad., Bis., &c.*

HANDS, numbness of the hands and fingers: *Nux v., Lyc., Puls., Croc., Carb. a., Cocc., Phosph., Lyc., Veratr., Zinc.,*



*Calc.*, *Am. c.*, *Baryta c.*, *Sep.*, *Sil.*, *Natr. m.*, *Kali*, *Zinc.*, *Cham.*, *Sulph.*, &c.

HANDS, *jerkings* or spasmodic movements: *Ign.*, *Lyc.*, *Bry.*, *Cham.*, *Kali*, *Cic.*, *Merc.*, *Phosph.*, *Sulph.*, &c.

UPPER EXTREMITIES, *tingling*, *crawling*, or *creeping* sensations in the: *Nux v.*, *Puls.*, *Ign.*, *Caps.*, *Rhod.*, *Sulph.*, *Arn.*, *Magn.*, *Bella.*, *Sabad.*, *Mgs.*, *Mags. aus.*, &c.

HANDS OF FINGERS, *tingling*, &c., of the: *Veratr.*, *Sulph.*, *Rhod.*, *Nat. m.*, *Magn.*, *Colch.*, *Lam.*, *Calc.*, *Sil.*, *Baryta c.*, *Nux*, *Bry.*, *Bella.*, *Cocc.*, &c.

FINGERS, *paleness* and *torpor* of the, as if dead: *Sulph.*, *Calc.*, *Thuja.*, *Chel.*; *Am. c.*, *Am. m.*, *Lyc.*, *Hep.*, *Phosph.*, *Acid. phosph.*, *Merc.*, *Acid. m.*, *Acid. n.*, *Hep.*, *Cic.*, &c.

HANDS OF FINGERS, coldness of the: *Nux v.*, *Sulph.*, *Puls.*, *Cocc.*, *Ambr.*, *Baryta c.*, *Cham.*, *Natr. m.*, *Phosph.*, *Petr.*, *Kali*, *Ac. nit.*, *Ran. b.*, *Scilla*, *Tart.*, *Thuja.*, &c.

HANDS OF FINGERS, burning heat in: *Nux*, *Lach.*, *Lyc.*, *Carbo*, *Staph.*, *Phosph.*, &c.

LOWER EXTREMITIES, *tremulousness* of the: *Nux*, *Cocc.*, *Puls.*, *Bry.*, *Lyc.*, *Calc.*, *Carbo v.*, *Cham.*, *Natr.*, &c.

LOWER EXTREMITIES, *numbness* of the (*torpor*): *Nux v.*, *Graph.*, *Petr.*, *Ant.*, *Carbo v.*, *Calc.*, *Lyc.*, *Alum.*, *Ambr.*, *Cham.*, *Platina*, *Plumb.*, *Cali*, *Olean.*, *Sulph.*, *Sep.*, *Silic.*, *Verat.*, *Led.*, *Thuja*, &c.

LOWER EXTREMITIES, *jerkings* or spasmodic movements of the: *Ign.*, *Puls.*, *Carbo v.*, *Op.*, *Lyc.*, *Kali*, *Ipecac.*, *Scilla*, *Natr. m.*, *Plat.*, *Sep.*, *Am. c.*, *Baryta c.*, *Silic.*, *Sulph.*, *Cic.*, &c.

LOWER EXTREMITIES, *torpor* and *paleness* (*deadness*): *Graph.* chiefly.

LOWER EXTREMITIES, *creeping*, *crawling* or *tingling* in the: *Plat.*, *Rhod.*, *Sulph.*, *Caps.*, *Bor.*, *Sabad.*, *Guai.*, *Raph.*, &c.

FEET, *creeping*, &c., in the: *Caps.*, *Sulph.*, *Sep.*, *Arn.*, *Par.*, *Zinc. ox.*, *Croc.*, *Ammonium*, *Calc.*, *Sec.*, *Am. m.*

FEET *torpor* and *paleness* (*deadness*) of the: *Calc.*, *Nux v.*, *Rhus*, *Lyc.*, *Chel.*, *Sec.*

FEET, feeling of *numbness* or *torpor* in the: *Nux*, *Cocc.*, *Lach.*, *Plumb.*, *Sep.*, *Kal.*, *Sil.*, *Oleand.*, &c.



FEET, feeling of *heat* in the : *Puls.*, *Staph.*, *Phosph.*, *Elect.*, *Petr.*, *Led.*, &c.

FEET, coldness of the : *Sulph.*, *Sep.*, *Sil.*, *Cocc.*, *Carbo a.*, *Graph.*, *Kali c.*, *Rhod.*, *Colch.*, *Con.*, *Dig.*, *Lach.*, *Lyc.*, *Plat.*, *Plumb.*, *Acid. nitr.*, *Natr. m.*, &c.

LOWER EXTREMITIES, tottering, staggering, (trembling) or giving way of the legs or knees : *Nux v.*, *Puls.*, *Bry.*, *Plat.*, *Lach.*, *China*, *Ruta*, *Sulph.*, &c.

LOWER EXTREMITIES, cramps in the : *Nux v.*, *Sulph.*, *Calc.*, *Lyc.*, *Bry.*, *Cham.*, *Acid. nitr.*, *Lach.*, *Carbo v. et a.*, *Baryt. e.*, *Am. c.*, *An.*, *Coloc.*, *Can.*, *Magn. m.*, &c.

LOWER EXTREMITIES, cramps in the feet : *Nux v.*, *Sulph.*, *Lyc.*, *Carb.*, *Plumb.*, *Staph.*, *Silic.*, *Rhus*, *Natr.*, *Ran.*, *Graph.*, *Am. c.*, *Petr.*, &c.

DROWSINESS, tendency to : *Puls.*, *Nux v.*, *Bry.*, *Ant.*, *Cocc.*, *Carbo v.*, *Plumb.*, *Staph.*, *Ign.*, *Arn.*, *Cham.*, *Coloc.*, *Ars.*, *Veratr.*, *Zinc.*, &c.

EMACIATION : *Nux v.*, *Puls.*, *Sulph.*, *Calc.*, *Ars.*, *Veratr.*, *Lyc.*, *China*, *Natr. m.*, *Cham.*, *Ant.*, *Am. c.* ; — *Cocc.*, *Carbo v.*, *Fer.*, *Plumb.*, *Graph.*, *Hep.*, *Lach.*, *Merc.*, &c.

OBESITY : *Calc.*, *Sulph.*, *Baryt. c.*, *Ant. c.*, *Ars.*, chiefly.

ASTHMA : *Nux v.*, *Carbo v.*, *Caps.*, *Cham.*, *China*, *Sulph.*, *Zinc.*, *Ars.*, *Verat.*, chiefly.

MORAL SYMPTOMS. HYPOCHONDRIASIS : *Nux*, *Puls.*, *Sulph.*, *Calc.*, *China*, *Bellad.* ; — *Cham.*, *Cocc.*, *Natr. m.*, *Staph.*, *Rhus.*, *Zinc.*, *Anac.*, *Ars.*, *Aur.*, &c.

ILL-HUMOUR, irascibility : *Nux v.*, *Bryon.*, *Cham.*, *Carbo v.*, *Ars.*, *Natr. m.*, *Graph.*, *Veratr.*, *Kali*, *Sulph.*, *Sep.*, *Sil.*, *Ac. nitr.*, *Lyc.*, &c.

SADNESS, depression, dejection, gloominess : *Ign.*, *Puls.*, *Cocc.*, *Lach.*, *Lyc.*, *Natr. m.*, *Sulph.*, *Calc.*, *Plat.*, *Nux v.*, *Veratr.*, *Ars.*, *Graph.*, *Silic.*, *Sep.*, *Ac. sulph.*, *Plumb.*, *Am. m.*, *Anac.*, &c.

SUSPICION, mistrust : *Puls.*, *Nux v.*, *Lach.*, *Baryt. c.*, *Merc.*, *Ac. sulph.*, *Cic.*, *Bella.*, &c.

ANXIETY, inquietude : *Nux v.*, *Puls.*, *Bryon.*, *Lach.*, *Cham.*, *China*, *Carb. v.*, *Sulph.*, *Calc.*, *Lyc.*, *Merc.*, *Plumb.*, *Acid. nitr.*, *Ars.*, *Veratr.*, *Arn.*, *Aur.*, *Sabad.*, *Cic.* ; — *Alum.*, *Amb.*,



*Am. m.*, *Anac.* *Graph.* *Plat.*, *Natr. m.*, *Rhus*, *Sep.*, *Staph.*,  
*Acid. sulph.*, *Cocc.*, *Baryt. c.*, &c.

FICKLENESS: *Ign.*, *Plat.*, *Natr. m.*, *Zinc.*, *Cin.*, *Caps.*,  
*Puls.*, *Sulph.*, *Val.*, *Carbo a.*, *Kali*, *Ars.*, *Nux mosch.*, &c.

HYSERIA, tendency to: *Ign.*, *Puls.*, *Plat.*, *Sep.* *Nux*,  
*Sulph.*, *Calc.*, &c.

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{30}$ .

## CONSTIPATION. COSTIVENESS. OBSTIPATION.

(Additions to page 128.)

In CONSTIPATION with indurated fæces, formed into hard balls (*scybala*), *Plumb.*, *Magn. m.*, *Sep.*, *Ruta*, *Verb.*, and sometimes *Nux v.*, *Op.*, *Veratr.*, *Sulph.*, &c., are useful; but in obstinate and complicated forms of this affection, the treatment requires considerable experience, in addition to a thorough knowledge of the *Materia Medica*. In all cases of constipation of an obstinate or chronic nature, recourse may occasionally be had to an enema of tepid water, as a temporary mode of relief, until the medicine has effected the desired result. The drinking of a tumblerful or more of cold water, thrice a day, fasting, dashing cold water against the abdomen, and then applying brisk friction by means of a coarse towel, combined with early rising and daily exercise, (not violent or beyond the strength of the patient, so as to cause suffering, or defeat the object we have in view, by exhausting instead of giving tone to the energies of the patient,) will be found useful auxiliaries in promoting a regular action of the bowels. The diet ought to be regulated according to the state of the primary digestive organs,\* and highly-seasoned food, or that which contains much fibrous or ligneous matter, such as radishes, cabbages, turnips, green fruits, &c., avoided. When constipation occurs in alternation with diarrhœa, *Nux v.*, *Lachesis*, *Rhus*, *Antimonium*, *Ruta*, *Bryonia*, *Opium*, and *Phosphorus* have been found useful. In constipation from

\* See *Dyspepsia*, rules for diet in.



*inertia recti*, or from atony of the intestinal canal, *Sepia*, *Veratrum*, *Aurum muriaticum*, *Alumina*, *Natrum m.*, and *Padus avium*, have been recommended as the best general remedies; but when the indications for the selection of any of the remedies we have given in the preceding part of this article manifest themselves, we must not hesitate to prescribe accordingly.

For constipation in aged persons, the following medicaments are generally the most efficacious: *Opium*, *Aurum m.*, *Natrum m.*, and *Padus avium*, (*Padus prudus*), or *Veratrum*, *Bryonia*, *Lachesis*, *Baryta c.*, *Ruta*, &c.

In that which is prone to occur when travelling: *Platina*, *Opium*, or *Alumina*, *Calcarea*, *Cocculus*, *Conium*, *Graphites*, *Gratiola*, *Arsenicum*, *Kali*, *Baryta c.*, *Agaricus m.*, or *Ammon.*, &c. may also be called for in particular cases. When frequent purgings or protracted diarrhœa have given rise to constipation, *Nux v.* and *Opium* sometimes in alternation, or *China*, *Aurum m.*, *Natr. m.*, *Pad. prud.*, *Lachesis*, *Antim.*, *Ruta*, usually answer best.

Against constipation from exposure to the VAPOUR OF LEAD: *Opium*, *Alumina*, *Platina*, are, in general cases, the most important remedies.

That from congestion or fulness of the vessels of the head: *Aconitum*, *Belladonna*, and, still better, *Opium*,\* *Nux v.*,

\* *Opium* is strongly recommended by Dr. Perry, as the best palliative remedy in constipation arising from pressure on the rectum, such as that which is occasioned by the gravid uterus, abdominal tumours, swelling of the ovarium, fibrous swelling of the uterus, and, in consequence of which, the fœcal matter frequently accumulates in excessive quantities in the rectum, and can only be expelled after great effort, accompanied by severe pain. In weak, nervous, emaciated females, in whom the monthly discharge is always too copious, or in cases where the constipation has arisen from affections of the stomach or liver, *Opium* is contra-indicated. M. Perry recommends the administration of *Opium* by *olfaction*, in preference to the ordinary method, and that as follows: At the period of the day at which the patient used formerly to have the bowels relieved, or, otherwise, as soon as a slight ineffectual inclination for stool is experienced, he desires the patient to smell a solution of *Opium* (a few globules dissolved in a small phial containing a mixture of *spiritus* and *aqu.*)



*Pulsatilla, Sulphur, Calcarea, Lycopodium, &c.* (See *Determination to the head.*)

And against that from Duodenitis (*chronic*): *Nux v., Pulsatilla, Sulphur, Lachesis, Veratrum*, and, sometimes, *Mercurius, Digitalis, Kali, Sepia, Ars., Silicea, Ammon. c.* (See also HEPATITIS, DYSPEPSIA, and SPASMODIC STRICTURE OF THE RECTUM.)

DOSE :  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{30}$ .

### STRUCTURE OF THE RECTUM.

Stricture of the rectum is divided, by some authors, into two kinds, viz. the spasmodic and permanent; the first appellation being given to that form of the complaint which sometimes arises in consequence of the existence of hemorrhoids, or from constipation, the prolonged use of drastic purges, &c., and in which the patient is affected with the following symptoms: costiveness, with considerable pain in the anus, particularly after a stool; the fæces are small in diameter, and present a twisted appearance. On passing the finger into the rectum, the lower sphincter is felt spasmodically constricted. The disease is, moreover, often complicated with a small but painfully sensitive ulcer of the mucous membrane, or with rhagades, or irregular fissures or cracks. The second variety, the permanent stricture, or stricture proper, consists in a thickening and induration of the mucous and muscular textures, and probably also of the interposing cellular tissue. In this form of the disease, the fæces are flattened and diminished in volume, and the patient encounters much difficulty in expelling them; the pain about the anus is distressingly severe, and does not remit, as in spasmodic stricture. When the finger is introduced into the rectum, the gut will, in most cases, be found contracted two or three inches from the anus; but in some cases the seat of the stricture is considerably higher. As permanent stricture of the anus is by far the most serious and obstinate form of the complaint, we shall offer the following additional particulars connected with it. The disease comes



on very insidiously, and occurs in both sexes and at all ages, but in adults more frequently than in children. The patient, at the commencement, meets with some difficulty in evacuating the contents of the rectum, and is under the necessity of exerting considerable expulsive force. These symptoms gradually increase in severity, and are sometimes accompanied by others, which resemble those of ilius; the pain becomes extremely violent, and the fæces are not only accompanied by a discharge of mucus, but also of blood and purulent matter, from the accession of inflammation in the contracted portion of the intestine. If the disease be not checked, the cellular tissue around the rectum becomes implicated in the inflammatory process, and putrid abscesses form which burst in various spots in the vicinity of the anus, and the patient sinks. In some cases, the patient is carried off with symptoms resembling those of strangulated hernia, from the blocking up of the stricture by indurated fæces.

In the advanced stage of the disease, most patients become hectic, but frequently linger on for several years.

**THERAPEUTICS.** In spasmodic stricture, or preternatural contraction of the sphincter ani, the homœopathic treatment is, in recent cases, at once gentle, simple, and peculiarly efficacious; and even in long-standing, inveterate cases, their employment is generally attended with successful results, when the patient can be prevailed upon to pursue the treatment long enough.

The following are amongst the more frequently applicable remedies in ordinary cases of the disorder: *Nux v.*, *Opium*, *Lachesis*, *Plumbum c.*, *Sepia*, *Natrum m.*, *Mang.*, *Mags.*, *Staph.*, *Cal.*, *Coloc.*, *Ang.*, *Thuja*. Where the patient is habitually of a costive habit, or the fæces are dry and hard, as is commonly the case in this affection, these remedies will prove equally opportune. And where hemorrhoids appear to have given rise to, or at all events accompany and aggravate the disorder, the same medicines, together with *Sulphur*, *Colocynth*, *Calcarea*, &c., form the principal remedial agents.



In hysterical females, *Ignatia*, *Sepia*, *Nux v.*, *Lachesis*, and *Natr. m.*, *Calc.*, *Staph.*, *N. mosch.*, deserve a preference. The indications which are given for the choosing the above-mentioned remedies under the chapters of *Constipation*, and *Hemorrhoids*, as also under that of *Dyspepsia*, when deranged digestion accompanies the complaint, will assist us in making a selection of the remedy or remedies best adapted to particular cases. Although we are opposed to the employment of a bougie for the purpose of dilating the anus in spasmodic stricture, still we are willing to allow that there are some cases in which the introduction of a suppository of tallow, at night, (a portion of a mould candle for instance,) may prove serviceable. Cases that are complicated with rha-gades, require the employment of such remedies, as *Graphites*, *Agnus*, *Sulphur*, *Calcarea*, *Rhus*, or, *Hepar*, *Meze-reon*, *Alumina*, *Mercurius*, *Lycopodium*, *Sarsaparilla*; but one or more of the medicaments enumerated at the commencement of this article, will commonly be called for in the course of treatment.

When the complication of a small, and excessively painful ulcer exists: *Lachesis*, *Arsenicum*, *Lycopod.*; and, sometimes, *Sulphur*, *Silicea*, and *Calcarea* are chiefly requisite. The homœopathic treatment of *permanent* stricture likewise possesses many advantages over that of the ordinary method, particularly when, in the latter, the employment of bougies is rendered unsafe or inapplicable by the distance of the obstruction from the anus, or by an insuperable degree of irritability of the bowel.

At the commencement of the disease, when the patient experiences much difficulty in expelling the fæces, and almost constantly complains of more or less pain about the anus, the same remedies are required as those we have mentioned as appropriate in recent cases of *spasmodic* stricture. In the majority of instances, and especially in the male subject, *Nux v.* answers best to begin with, the more so, if the patient has been addicted to a rather free mode of living, or been given to sedentary habits and suffers from constipation, hemorrhoids, &c. in consequence. After the employment of *Nux v.*, we



shall generally find it requisite to have recourse to *Sepia*, *Sulphur*, and *Calcareo* at proper intervals.\* At a more advanced stage of the complaint, where inflammation has taken place in the constricted portion of the bowel, and the pain has become intense, and is attended with a discharge of blood and even of purulent-looking matter, we have often obtained very satisfactory results from the use of a dose or two of *Aconitum* followed by *Sulphur* in repeated doses. After deriving all the apparent benefit from *Sulphur* which it seemed capable of accomplishing, we have prescribed *Nux v.*, *Ignatia*, or *Lachesis*, according to circumstances, with decided benefit; the former was selected in preference where the indications or peculiarities were present which we have already given above,—*Ignatia* where the patient was affected with shuddering after each evacuation,—and the last-named remedy, where the pain in the anus was accompanied by throbbing. *Pulsatilla* we have substituted with advantage for *Nux v.*, as an intermediate remedy, in individuals of phlegmatic temperament; but have always found it necessary to follow up the administration of this, or any of the three preceding remedies, with *Sep.*, *Sulph.*, *Calc.*, *Silex*, &c. There are a variety of other medicines which may be required in preference, or subsequent to any of the foregoing, in particular cases, and in different stages of the disease. Amongst these, we may quote the following, as deserving of especial attention: *Staphys.*, *Graph.*, *Lycop.*, *Clem.*, *Magn. n.*, *Natr. m.*, *Plumb. c.*, *Alum.*, *Merc.*, *Mez.*, *Dulc.*, *Coloc.*, *Plat.*, *Rhod.*, *Hep. s.*, *Phosph.*, *Thu.*, &c. In cases where the bougie may be thought necessary, but where great pain is produced by its introduction, the alternate use of *Aconitum* and *Arnica* may remove the irritation. When the fæces accumulate above the obstruction and give rise to additional irritation by over-distending the rectum, *Opium* should be prescribed, and succeeded by *Nux v.*, if no effect take place after an interval of a few hours.† But when symptoms resembling

\* See rules for the repetition of the dose, &c., in the Introduction.

† *Plumbum c.* may, perhaps, be better indicated than *Nux v.* in certain cases.



strangulated hernia have made their appearance, in consequence of a blocking up of the stricture by a collection of hardened fæces, it may be advisable to attempt to introduce an elastic gum catheter through the stricture, for the purpose of throwing up an injection of tepid soap and water, and then tepid water and a couple or so of tablespoonfuls of sweet oil, previously to having recourse to aforesaid medicines; and if the enema fail to empty the bowel of its contents, we must avail ourselves of the remedies mentioned, or any of the others for which we have given special indications in the article on *Hernia*.

In advanced cases of stricture, with ulceration of the mucous membrane, and the formation of abscesses, a cure may yet be attainable through the instrumentality of *Silicea*, *Phosphorus*, *Sulph.*, *Calc.*, *Lycop.*, *Merc.*, or *Hepar s.*, &c.

DOSE:  $\frac{0.0.0}{3}$  or  $\frac{0.0.0}{6}$  or  $\frac{0.0.0}{30}$ .

#### ABSCESSSES IN ANO. FISTULA IN ANO.

The formation of matter in the vicinity of the anus is often preceded by a shivering fit. In some cases, the first marked symptom of derangement consists in a swelling of a part of the buttocks in the vicinity of the anus, which presents a somewhat extensive circumscribed hardness, and soon becomes very red in the centre; or assumes the form of phlegmonous inflammation, accompanied by a quick, full pulse, with great dryness and heat of skin. In other instances, the suppurative process is ushered in by an attack of widely ramified erysipelatous inflammation, unattended by any circumscribed hardness, and exhibiting the disease in a more superficial character; the quantity of matter secreted being at the same time small, but the cellular tissue sloughy to a greater or less degree. On some occasions, the affection commences somewhat in the appearance of a carbuncle; the skin displays a livid or dusky red aspect, the matter is unhealthy and small in quantity, and the cellular membrane is in a gangrenous state. Finally, it may be observed, that the abscess sometimes begins as a hardening



of the cutaneous surface, near the anus, exempt from pain and discoloration; the induration softening and suppurating very gradually. The pulse is, incipiently, full, and hard; but as the disease progresses, it speedily becomes low, or feeble, unequal and irregular; the strength sinks rapidly; and the spirits are excessively dejected.

The abscess may point in the buttock, either remote from the anus or in its immediate vicinity; or in the perineum. The matter may make its exit from one orifice or from several. Most frequently there is either only an external opening, or both an external and an internal one, which communicates with the exterior of the rectum; but in other instances there is merely an internal aperture. Hence, abscess, or rather fistula in ano, has been divided into three kinds: viz., the blind external; the complete; and the blind internal. When a fistula in ano, or sinus by the side of the rectum, is fairly established, the following symptoms present themselves: The patient experiences pain in expelling the fæces, and is not unfrequently affected with stranguary, prolapsus ani, tenesmus, hemorrhoids, diarrhoea, or obstinate costiveness; there is a discharge of thin sanies from the anus, or from a small fistulous opening in its immediate vicinity, according to the variety of the fistula; and the surrounding integuments are generally red and indurated.

**THERAPEUTICS.** The homœopathic treatment of fistula in ano is, in many instances, eminently preferable to the surgical. It is the duty of a surgeon, however expert he may be as an operator, to spare the knife on every occasion, and in every disease, when he can do so without detriment to the case, and especially when there are other, and equally efficacious means either of terminating or of materially alleviating the sufferings of his patient. The disease in question, in addition to being frequently capable of a cure through the instrumentality of medicine, is, moreover, in some cases, so complicated, that the performance of the surgical operation for laying open the fistula, will fail in effecting a cure, or if it succeed, the affection will either return again at some future period, or its healing up will be followed by a more rapid advance and unequivocal deve-



lopment of the existing collateral disease. We particularly allude to complications with disorders of the liver, lungs, or with stricture of the rectum, scirrhus, &c., or to cases where the complaint occurs in persons of a very bad habit of body, and whose organism is in a greater or less degree of general derangement.

In the early stage of abscess about the anus, if the patient be of a full, plethoric habit, the pain violent, and the inflammation of a phlegmonous character, a few doses of *Aconitum* are requisite. A simple emollient poultice may then be applied to the part, and the suppurative process forwarded by repeated doses of the third trituration of *Silicea*, or of *Hepar s.* and *Silicea* in alternation. Should the abscess not burst, during the employment of one or both of these remedies, which will rarely be the case, however, it may be opened mechanically, when the skin has become much attenuated. When the inflammation is erysipelatous, and spreads extensively, *Bella.* and *Rhus* may be prescribed alternately in the first instance; but as soon as a degree of fluctuation, however trivial, can be felt, or when shivering sets in, *Silicea*, which is one of the most important remedies in established fistula in ano, must be given in repeated doses. Should an opening not form, soon after the exhibition of *Silicea*, and the cellular membrane be found in a sloughy state, an aperture should be made for the discharge of the matter. If the skin presents a livid appearance, and the fistula commences with the features of a carbuncle, *Lachesis* and *Silicea* must be exhibited in alternation at the commencement; but if a healthy action do not early display itself, a free incision may be made in the part, and *Arsenicum* and *Cinchona* had recourse to, in alternation, if the patient's strength and spirits become much depressed. A little wine may also be allowed, where required, as is sometimes the case, even under the invigorating or tonic action of the homœopathic remedies, and that particularly in elderly subjects, or in those who have been long habituated to the use of stimulants, or have had their constitutions impaired by intemperance. After the bursting of the abscess and discharge of its contents, the approximation and union of the sides of the cavity may be



left to Nature ; but when incarnation appears to proceed slowly or imperfectly, her efforts must be assisted by the internal exhibition of *Mercurius*, *Sulphur*, and *Silex*, or of *Merc.*, *Hepar*, and *Calc.*

When the rectum has become involved, or a true fistula has resulted, either through neglect or otherwise, our first object ought to be to attempt to heal it by the employment of medicine. Even in cases of long standing, and particularly, as already stated, where any other disease is found to exist, or where the general health is in a much impaired state, the employment of appropriate homœopathic medicines must be resorted to before the surgical operation is thought of. In recent cases, where the fistula has not been under homœopathic treatment from the beginning of the attack, a dose or two of *Mercurius* may be given, and then *Silicea* and *Sulphur* to forward granulation. Should these not be sufficient to effect a cure, or should the case have been under homœopathic treatment from the commencement, and *Silicia* have been employed to promote the ripening and bursting of the abscess, we may have recourse to *Pulsatilla*, *Sulphur*, and *Calcarea*, in alternation, if the employment of only one of these be found inadequate to effect a cure or surmount the complicated features of the case. *Hepar* may sometimes be required after *Mercurius* where the fistula is extensive, and *Phosphorus* after *Silicea* where there is considerable constitutional disturbance, or where there is complication with disease of the lungs. In cases which have been maltreated or which have been long in existence and utterly neglected, the medicines with which the cure may be attempted are the same as we have already mentioned ; but *Silex*, *Sulphur*, and *Calcarea* may be named as those on which we may chiefly rely, where any chance of success remains. It may be added that, when the liver is implicated, or the digestion much impaired, either through habits of intemperance or otherwise, *Nux v.*, *Pulsatilla*, *Mercurius*, and *Lachesis* will form valuable intermediate remedies, provided *Sulphur*, *Silicea*, and *Calcarea* prove insufficient to overcome that additional derangement. (See HEPATITIS and DYSPEPSIA.) Where hemorrhoids exist,



*Sulphur* is almost indispensable (see also art. HEMORRHOIDS); and where the disease is associated with scirrhus or carcinoma, *Silicea*, *Sulphur*, or *Merc.*, *Lach.*, *Con.*, *Arsenicum*, and *Lycopodium*, are the remedies that are most likely to afford any chance of a cure. In complications with stricture, *Nux*, *Sulph.*, *Calc.*, &c., claim attention. (See STRICTURE). Dose:  $\frac{0.00}{3}$ , or  $\frac{0.00}{6}$ , or  $\frac{0.00}{30}$ .

## PROCTALGIA.

Proctalgia, or severe pain in the anus, is liable to attack certain individuals after every exposure to cold; but it more commonly occurs as symptomatic of some other affection, such as piles, prurigo, scirrhus, or the existence of a small ulcer, which often forms on the posterior wall of the rectum, opposite to the extremity of the os-coccygis. The suffering in the latter, or symptomatic forms of the complaint, is solely experienced, or is at all events materially aggravated, during and after the expulsion of fæces; and the act of defecation is frequently attended with copious hemorrhage.

**THERAPEUTICS.** When the disorder takes place in consequence of exposure to cold, or occurs apparently as a purely idiopathic affection, it will often yield to the employment of *Kali c.* In other cases, especially when the pain is excessively acute, a dose of *Aconitum* will be found useful, followed, if required, by the continuation of the pain in an undiminished ratio, after an interval of a few hours, by *Nux v.*, or by *Ignatia* if the pain is increased after a stool, or is attended with shivering or shuddering. The following medicaments may be named as likely to prove efficacious in some instances: *Conium*, *Natrum m.*, *Sulph.*, *Sepia*, or *Carb. v.*, &c. In the symptomatic forms of the disease, the remedies must be selected according to the nature of the primary complaint. Thus in the case of hemorrhoids, *Aconitum*, *Belladonna*, *Nux v.*, *Puls.*, *Sulph.*, &c., are principally required. (See HEMORRHOIDS.) In that of prurigo, *Sulph.*, *Sep.*, *Ac. nitr.*, *Merc.*, *Thuj.*, *Calc.*, &c. In scirrhus



or cancer, *Con.*, *Arsenic.*, *Lachesis*, *Merc.*, *Sulph.*, *Silicea*. And in that arising from the formation of a small, excessively sensitive, ulcer in the lower and posterior part of the rectum: *Lachesis*, *Lycopod.*, *Sulphur*, especially when there is obstinate constipation; and *Arsenicum*, *Silicea*, or *Calcareo*, when the bowels are in a normal state, or the former remedies are insufficient to effect a cure.

Dose:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{9}$ .

## COLIC. ENTERALGIA.

(Additions to page 136.)

**THERAPEUTICS.** In general cases, the selection of the remedy is considerably facilitated by directing our attention to the cause of the affection. Thus, when the pain is evidently induced by a morbid accumulation of flatus, (*flatulent colic*), one or more of the following remedies will be required: *Nux v.*, *Puls.*, *Chin.*, *Cocc.*, *Carb. v.*, *Cham.*, *Bella.*, *Sulphur*; or, *Lycop.*, *Colch.*, *Natr. m.*, *Coloc.*, *Graph.*, *Fer.*, *Veratr.*, *Acid. nitr.*, *Mags. arct.*, *N. mosch.*, *Agn.*, *Phosph.*, *Zincum*. When the attack proceeds from a spasmodic contraction in a portion of the intestinal tube (*Ileus*): *Opium*, *Plumbum*; or, when inflammation has supervened, or given rise to this form of the complaint: *Nux vomica*, *Belladonna*, *Lachesis*, *Merc.* (See ENTERITIS.)

For colic resulting from hemorrhoids (*Hemorrhoidal colic*): *Nux v.*, *Puls.*, *Lach.*, *Coloc.*, *Carbo v.*, *Sulphur*. (See HEMORRHOIDS.)

For that arising from the presence of worms in the alimentary canal: *Cina*, *Cicuta*, *Spigelia*, *Merc.*; or, *Fer.*, *Ruta*, *Sabad.*, *Nux mosch.*, &c. (See INVERMINATION.)

For spasmodic colic: *Bella.*, *Hyosc.*, *Cham.*, *Coloc.*, *Cocc.*, *Nux v.*, *Puls.*, *Cupr.*, *Lach.*, *Sulph.*, &c.

For that which has been occasioned by indigestible food: *Puls.*, *Antim. c.*, *Nux v.*, *Bella.*: or, *Bryon.*, *Carbo v.*, *Ars.*, *China*, *Coffea*, *Hepar*, *Sulph.*

For colic which has been excited by a moral cause, such as



a fit of passion, or indignation: *Chamom.*, *Coloc.*, and, sometimes, *Sulphur*.

When external violence, such as a blow, strain in the abdomen, or in the loins, has given rise to the attack: *Rhus*, *Bry.*, *Arn.*, or, *Carbo v.*, *Calc.*, *Lach*.

Against *Lead colic*, *Devonshire colic*, *Dry bellyache* (*colica pictonum*): *Opium*, *Bellad.*; and, secondly, *Alumina* or *Platina*, are the most efficacious remedies. (See also *Lead paralysis*, Art. *Palsy*.)

For colic arising from a *chill*: *Nux v.*, *Cham.*, *Merc.*, *Coloc.*, *China*, are the most serviceable.

For that from exposure to cold, damp weather, *Pulsatilla*; and that from a thorough wetting, *Rhus*.

In *hysterical colic*: *Ignatia*, *Cocculus*, *Mosch.*, *Magn. m.*, *Nux v.*, *Puls.*, *Ipecac.*, *Bellad.*, *Bryon.*, *Stramon.*, are the most useful.

And in that which occurs in females during the catamenia, (*menstrual colic*): *Cocculus*, *Nux vomica*, *Belladonna*, *Puls.*, *Coffea*; and *Carbo v.*, *Secale*, *Sulphur*, *Zincum*, &c. (See *DYSMENORRHŒA*.)

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{30}$ .

## DIARRHŒA.

(Additions to page 141.)

**THERAPEUTICS.** We shall, in the first place, give a synopsis of the medicaments, and the different forms of diarrhœa in which they are especially applicable, and then proceed to describe the leading indications for those remedies which are most frequently required in general cases. In *DIARRHŒA BILIOSA*: *Pulsatilla*, *Nux vomica*, *Bryonia*, *Cham.*, *Ipecac.*, *Antim. c.*, chiefly; or, *Arsenic.*, *Coloc.*, *China*, *Veratr.*, *Acon.*, *Bellad.*, *Digitalis*, *Tarax.*, *Asar.*, *Colch.*, *Ign.*, *Acid. phosph.* In *DIARRHŒA MUCOSA S. PITUITOSA*: *Puls.*, *Coloc.*, *Merc.*, chiefly; and *Petrol.*, *Acid. phosph.*, or *Phosph.* in inveterate cases. Or again: *Nux v.*, *Secale c.*, *Dulc.*, *Ammon. m.*, *Ignat.*, *Staph.*, *Senega*, *Bry.*, *Rheum*, *Cham.*, *Digit.*, *Cina*, *Bella.*, *Acidum sulph.*, *Arsenic.*, *Sep.*, *China*, *Rhus*, *Spig.*, *Mez.* In *DIAR-*



RHŒA STERCORALIS: *Puls.*, *Ipecac.*, *Ant. c.*, *Nux*, *Bryon.*, *Cham.*, *Tart.*, *Arsenic.*, *Acid. phosph.*, *Sulph.*, chiefly; or *Coloc.*, *Coccul.*, *China*, *Merc.*, *Dig.*, *Bellad.*, *Veratr.*, &c.  
 DIARRHŒA SEROSA: *Arsenic.*, *Cham.*, *China*, *Puls.*, *Nux*, *Rhus*, *Lach.*, *Calc.*, *Sec.*, *Fer.*, *Hyosc.*, chiefly; or *Phosph.*, *Petr.*, *Sulph.*, &c. LIENTERIA: *Cinchona*, *Ferrum*; or *Arsenicum*, *Bryonia*, *Nux vomica*, *Phosph.*, *Acid. phosph.*, *Lachesis*, &c.

When an attack of diarrhœa has been occasioned by a CHILL: *Cham.*, *Dulc.*, *Bry*, *Bella.*, *Merc. Veratr.*, or *Nux mosch.*; in some cases, *Puls.*, *China*, *Natr.*, *Nux*, *Sulph.*, are the most appropriate remedies. When arising from a chill, during spring, summer, or autumn: *Ars.*, *Dulc.*, *Bry.*, or *Merc.* When from COLD DRINKS: *Ars.*, *Bry.*, *Puls.*, *Carbo v.*, *Nux mosch.* If a sudden *mental emotion* has given rise to the attack: *Coffea*, *Opium*, *Veratr.*, *Antim.*, *Acon.*, or *Puls.*, are the most useful when it has consisted of a sudden fright or an unexpected joy; *Ignatia* or *Acid. phosph.* when of a depressing character, such as grief; and *Cham.*, *Coloc.*, or *Bry.*, when a fit of passion or the effects of contradiction have brought on the complaint.

For diarrhœa arising from EXCESSIVE INDULGENCE IN INTOXICATING LIQUORS, *Nux v.* and *Carbo v.* are commonly the most useful. That which is liable to ensue after partaking of milk, *Bry.*, *Sulph.*, *Lycop.*, *Sep.*, *Natr.* And that which takes place after eating fruit, or after the use of acids: *Ars.*, *Lach.*, or *Puls.*, chiefly.

Against the diarrhœa which sometimes occurs as a sequela of MEASLES, SCARLATINA, SMALLPOX, &c.: *Arsenic.*, *Puls.*, *Merc.*, *Ac. phosph.*, or *Sulph.*, are commonly of the greatest efficacy. That which is encountered in STRUMOUS HABITS: *Calc.*, *Sulph.*, *Silic.*, *Lyc.*, *Sep.*, *Dulc.*; or *Arsenic.*, *China*, and *Baryta c.* That in PHTHISICAL PERSONS: *Fer.*, *China*, *Phosph.*, *Calc.* That in individuals of DEBILITATED or exhausted constitutions: *Secale c.*, *China*, *Fer.*, *Acid. phosph.*, *Phosph.*, *Nux mosch.* And that in the aged: *Antim.*, *Secale*, *Bry.*, *Phosph.*

When diarrhœa is unattended with pain, *Ferrum* is the most



useful remedy in general cases, but *China* and *Secale c.* are often useful; the latter especially when the tongue is coated with mucus, the taste clammy or pap-like, and there is much borborygmus. When accompanied by colic (DIARRHŒA TORMINOSA): *Calc.*, *Ars.* *Merc.*, *Cham.*, *Puls.*, *Bry.* *Rhus*, *Rheum*, *Sulph.*, *Acid. nitr.*, *Hepar s.*, &c. When attended with TENESMUS: *Merc.*, *Lach.*, *Hepar*, *Rhus*, *Nux v.*; or *Arsenic.*, *Rheum*, *Caps.*, *Sulph.*, &c. With VOMITING: *Ars.*, *Ipecac.*, *Veratr.*; or *Cham.*, *Coloc.*, *Dulc.*, *Fer.* (See also CHOLERA.)

With PROSTRATION OF STRENGTH (*colliquative diarrhœa*): *Arsenic.*, *Veratr.*, *Cin.*, *Ipecac.*; or *Secale c.*, *Phosph.*, *Acid. phosph.*, *Nux v.*, *Sep.*

In chronic or inveterate diarrhœa: *Phosph.*, *Acid. phosph.*, *Petrol.*, *Sulph.*, *Calc.*, *China*, *Fer.*, *Acid. nitr.*, *Graph.*, *Hepar*, *Rhus*, *Lach.*, *Acid. sulph.*, are the most important medicaments. And in cases in which there is constantly a relaxed state of the bowels or tendency to have several stools daily: *Phosph.*, *Sulph.*, *Calc.*, *Acid. nitr.*, *Sep.*, *Creos.*, *Graph.*, or *Natr. m.*

When diarrhœa occurs only or chiefly during the night: *Ars.*, *Cham.*, *China*, *Puls.*, *Merc.*, *Rhus*, *Sulph.*, *Dulc.*, or *Bryon.*, are the most appropriate remedies; and when it occurs alternately with constipation: *Nux v.*, *Lach.*, *Antim. c.*, *Rhus*, *Ruta*, or *Tartarus*.

Lastly, when diarrhœa has been produced by the abuse of medicinal agents in allopathic practice, the following are the most serviceable: *Hepar s.*, or *Acid. nitr.*, *China*, or *Carbo*, when from the abuse of MERCURIAL PREPARATIONS. *Puls.*, or *Rheum*, when from the employment of *Magnesia*. And *Puls.*, *Cham.*, *Merc.*; or *Coloc.*, and *Nux v.*, when from *Rhus*.

In protracted cases, attended with debility, but no symptoms of inflammation or ulceration, generous, easily digestible food, and sometimes a little wine or wine and water, must not be withheld.

DOSE:  $\frac{0.00}{3}$ , or  $\frac{0.00}{6}$ , or  $\frac{0.00}{30}$ .



## ASIATIC CHOLERA. MALIGNANT CHOLERA.

(Additions to page 155.)

We quote the following accounts of malignant cholera, as it has appeared in India, in the north of Europe, and in this country, as giving a sufficiently full and vivid description of the symptoms of the malady in its different stages.

“The attack of the disease in extreme cases is so sudden, that, from a state of apparent good health, or with the feeling only of trifling ailment, an individual sustains as rapid a loss of bodily power as if he were suddenly struck down, or placed under the immediate effects of some poison; the countenance assuming a death-like appearance, the skin becoming cold, and giving to the hand (as expressed by some observers) the sensation of coldness and moisture which is perceived on touching a frog; by others represented as the coldness of the skin of a person already dead. The pulse is either feeble, intermitting, fluttering, or lost; a livid circle is observed round the eyelids; the eyes are sunk in their sockets; the tongue is cold, and either clean or covered with a slight white fur; and, in many instances, even the breath is cold. In cases of this severity, the vomiting and purging characteristic of the disease do not commonly take place so early as in milder attacks, but seem to be delayed until the almost overpowered functions of the body make a slight effort at reaction. It is worthy of remark, that, unless death takes place in these extreme cases within a few hours, some effort of the animal power is made to rally the constitution; and this point is insisted upon here, because it will direct the mind of practitioners to the particular moment when bleeding, and certain other parts of practice, recommended in the Indian Reports, can be enforced in this country with probable success. Vomiting soon succeeds; first of some of the usual contents of the stomach, next of a turbid fluid, like whey, white of egg, water-gruel, or rice-water; described, perhaps, more accurately as a serous fluid, containing flocculi of coagulated albumen. The lower bowels seem to let go their



contents; what happens to be lodged in the rectum is passed more or less in its natural state; the next discharges are similar to those thrown up from the stomach, and are passed with violence, as if squirted with a syringe. The same similitude may be applied to the vomiting. Spasms, beginning at the toes and fingers, soon follow, and extend, by degrees, to the larger muscles of the legs and arms, and to those of the abdomen. These vary in intensity, but are sometimes so violent as to put on the appearance of tetanus.

“In some severe cases the vomiting is slight, in others considerable; and the purging and vomiting precede each other without any known rule; but whichever may be the precursor, a severe burning heat is early felt at the præcordia; there is an invincible desire for cold liquids, particularly water; and, although the skin and tongue are cold to the touch, and the pulse nearly lost, or altogether imperceptible, the patient complains of intense heat, and has an almost insuperable aversion to any application of it to the skin. The spasms increase, sometimes spreading gradually, sometimes suddenly, to the abdomen, as high as the scrobiculus cordis. The next severe symptoms are, an intolerable sense of weight and constriction felt upon the chest, accompanied with anxious breathing, the spasms continuing at the same time; a leaden or bluish appearance of the countenance, the tongue, fingers, and toes assuming the same colour; the palms of the hands and soles of the feet becoming shrivelled; the fingers and toes giving the appearance of having been corrugated by long immersion in hot water. There is, throughout, a suppression of the secretion of urine, of the secretions of the mouth and nose; no bile is seen in the evacuations; and it may be generally observed, that all the functions employed in carrying on life are suspended, or alarmingly weakened, except that of the brain,—which appears, in these extreme cases, to suffer little, the intellectual powers usually remaining perfect to the last moment of existence. At length a calm succeeds,—and death. The last period is commonly marked by a subsidence of the severe symptoms, without improvement of the pulse or return of natural heat; but, occasionally, it terminates in convulsive spasm.



Within an hour or two from the commencement of such a seizure, and sometimes sooner, the pulse may be imperceptible at the wrist, or in the temporal arteries. If it be discoverable, it will usually be found beating from eighty to a hundred strokes in a minute; this, however, is not invariable, the pulse being not unfrequently quicker. The powers of the constitution often yield to such an attack at the end of four hours; and seldom sustain it longer than eight.

“In the less rapid and more ordinary form, sickness at the stomach, slight vomiting, or perhaps two or three loose evacuations of the bowels, which do not attract much attention, mark the commencement of the attack; a sense of burning heat soon felt at the præcordia excites suspicion of the disease; an increased purging and vomiting of the peculiar liquid gives certain indication of its presence, if this has not been previously declared by the prostration of strength, and an expression of the countenance not often exhibited, except when death is to be expected within a few hours. The symptoms before described follow each other in similar but slower succession; the spasms of the extremities increase with the vomiting and purging, and particularly in proportion to the constriction of the thorax; and this form of the disease, which creeps on at first insidiously, and is in its progress more slow, by giving a greater opportunity for assistance, is, if treated early, more tractable; but if neglected, equally fatal with the more sudden seizures. Such cases last from twelve to thirty-six hours.

“The principal difference consists in the diffusion of the symptoms through a greater space of time; a misfortune, it is true, to the patient, if the disease prove ultimately fatal, but advantageous, by affording an interval for the natural powers of the constitution to rally themselves, and for the employment of the resources of medical art. But there is another remarkable distinction well worthy of attention. It has been observed before, that in the more rapid cases, the intellectual faculties suffer but little; and it may be added here, that the disturbance of them is not delirium, but rather a confusion and hesitation of mind resembling slight intoxication. In those of



longer duration, if the individuals, either by the natural vigour of their constitution or medical assistance, sustain the shock beyond the period of twenty-four hours, suffusion of the *tunica conjunctiva* often takes place, not unfrequently delirium, and even coma.

“It is remarked, that those who survive seventy-two hours, generally recover—but there are exceptions to this; for although, according to the Reports of the Medical Practitioners in the Presidencies of Bombay and Madras, the recovery from this seizure commonly terminates the disease; or, as is stated in the latter, the sequelæ are those dependent upon some previous ailment of the individual; yet the Bengal Report details a series of subsequent symptoms resembling those of low nervous fever, which, when they proved fatal, usually terminated within eleven days from the commencement of the seizure called Cholera. To complete the outline, an account of these symptoms, extracted from the Bengal Report, will be presently given; and we may observe, that they correspond accurately with the description given by Dr. Keir of the second stage of the disease, as it appeared at Moscow from the beginning of the month of October to the earlier part of the month of March. But we will previously point out the manner in which the recovery from this seizure commonly takes place. The first symptoms are, the abatement of the spasms and difficulty of breathing, a return of heat to the surface of the body, and a restoration of the pulse; these, however, are equivocal, from being often only temporary; and the prognostic from them is very uncertain unless they follow a progressive march of amendment: sleep and warm perspiration attending it are of more importance, and more certain signs of recovery. The return of the secretion and evacuation of urine is reckoned one of the most favourable signs; the next is, the passage of bile by the bowels; and if this be freely established, and accompanied with an improvement of the pulse and of the temperature of the skin, the patient is soon placed in a state of security from the attack: but it will appear, from the following extract from the Bengal Report, that upon this recovery he has often a serious stage of disease to encounter; the description of which is



given in the words of the author. Before, however, we proceed to this, we must remark, that the seizure, when not fatal, has three modes of termination: one in immediate convalescence, accompanied only with great weakness;—a second, in which large evacuations of vitiated bile are passed for several days, sometimes attended with blood, and with peculiar pains in the bowels, particularly in the rectum. The third is of a febrile nature, of which the following account is supplied from the information given in the Bengal Report, viz. :—

“ ‘The fever, which almost invariably attended this second stage of the disease, . . . partook much of the nature of the common bilious attacks of these latitudes. There was a hot, dry skin, a foul, deeply-furred tongue, parched mouth, thirst, sick stomach, restlessness, watchfulness, and quick variable pulse, sometimes with delirium and stupor, and other marked affections of the brain. Generally when the disorder proved fatal in this stage, the tongue, from being cream-coloured, became brown, and sometimes black, hard, and more deeply furred; the teeth and lips were covered with sordes, the state of the skin varied, chills alternating with heats, the pulse became extremely quick, weak, and tremulous; hiccough, catching of the breath, great restlessness and deep moaning succeeded, and the patient soon sunk incoherent and insensible under the debilitating effects of low nervous fever, and frequent dark, tarry alvine discharges.’ It is to be observed, that the able author of the Bengal Report doubts whether these symptoms can be considered as ‘forming any integrant or necessary part of the disorder itself,’ or whether they belonged to the bilious seizures of the climate. Subsequent experience of the disease has removed this doubt, by showing that the febrile stage of cholera has been much more frequent in other climates than in India.

“ The cholera morbus of the north of Europe, to which the Russian peasants have given the name of ‘*chornaia bolezn*,’ or *black illness*, like most other diseases, is accompanied by a set of symptoms which may be termed preliminary; by another set which strongly mark the disease in its first, cold, or col-



lapsed stage; and by a third set, which characterize the second stage, that of reaction, heat, and fever.

“*Preliminary Symptoms.*—We have had but few opportunities of witnessing the presence of all these symptoms, some of which precede the complete seizure by so short an interval, that the utmost diligence is scarcely sufficient to bring the patient and the physician together, after their occurrence, before the disease is fully formed. Diarrhœa, at first feculent, with slight cramps in the legs, nausea, pain or heat about the pit of the stomach, *malaise*, give the longest warning. Indeed, purging, or ordinary diarrhœa, has been frequently known to continue for one, two, or more days, unaccompanied by any other remarkable symptom, until the patient is suddenly struck blue, and nearly lifeless. Often the symptoms just mentioned are arrested by timely judicious treatment, and the disease completely averted. When violent vertigo, sick stomach, nervous agitation, intermittent, slow, or small pulse, cramps beginning at the tips of the fingers and toes, and rapidly approaching the trunk, give the first warning, then there is scarcely an interval.

“*First stage.*—Vomiting or purging, or both these evacuations, of a liquid like rice-water, or whey, or barley-water, come on; the features become sharp and contracted; the eye sinks; the look is expressive of terror, wildness, and, as it were, a consciousness on the part of the sufferer, that the hand of death is upon him. The lips, the face, the neck, the hands, feet, and even the thighs, arms, and whole surface assume a leaden, blue, purple, black, or deep brown tint, according to the complexion of the individual, varying in shade with the intensity of the attack. The fingers and toes are reduced at least a third in thickness; the skin and soft parts covering them are wrinkled, shrivelled, and folded; the nails put on a bluish pearl white. The larger superficial veins are marked by flat lines of a deeper black; the pulse is either small as a thread, and scarcely vibrating, or else totally extinct. The skin is deadly cold, and often damp, the tongue *always moist*, often white and loaded, but flabby and chilled like a bit of dead flesh. The voice is gone; the respiration quick, irregular, and



imperfectly performed. Inspiration appears to be effected by an immense effort of the chest, whilst the *alæ nasi* (in the most hopeless cases and towards the close), instead of expanding, collapse, and stop the ingress of the air. Expiration is quick and convulsive. The patient asks only for water, speaks in a plaintive whisper (the 'vox cholericæ,') and only by a word at a time, from not being able to retain air enough in his lungs for a sentence. He tosses incessantly from side to side, and complains of intolerable weight and anguish around his heart. He struggles for breath; and often lays his hand on his stomach and chest, to point out the seat of his agony. The integuments of the belly are sometimes raised into high irregular folds, whilst the belly itself is violently drawn in, the diaphragm upwards, and inwards towards the chest. Sometimes there are tetanic spasms of the legs, thighs, and loins; but we have not seen general tetanus, nor even trismus. There is occasionally a low suffering whine. The secretion of urine is *always* totally suspended; nor have we observed tears shed under these circumstances. Vomiting and purging, which are far from being the most important or dangerous symptoms, and which in a very great number of cases of the present epidemic have not been profuse, generally cease, or are arrested by medicine early in the attack. Frictions remove the blue colour for a time from the part rubbed, but in other parts, particularly the face, the liver becomes every moment more intense and more general. The lips and cheeks sometimes puff out and flap in expiration, with white froth between them, as in apoplexy. If blood be obtained in this state, it is black, flows by drops, is thick, and feels to the finger colder than natural. Towards the close of this scene the respiration becomes very slow; there is a quivering among the tendons of the wrist. The mind remains entire. The patient is first unable to swallow, then becomes insensible; there never is, however, any rattle in the throat, and he dies quietly, after a long convulsive sob or two.

“The above is a faint description of the very worst kind of case dying in the cold stage, in from six to twenty-four hours after the setting in of the bad symptoms. We have seen many



such cases just carried to the hospital from their homes or their barracks. In by far the greater number vomiting had ceased; in some, however, it was still going, and invariably of the true, serous kind. Many confessed that they had concealed a diarrhoea for a day or two. Others had been suddenly seized, generally very early in the morning.

“From the aggravated state which we have just described, but very few, indeed, recover; particularly if that state have been present even *for four hours* before treatment has commenced. A thread of pulse, however small, is almost always felt at the wrist, where recovery from the blue or cold stage is to be expected. Singular enough to say, hiccough, coming on in the intermediate moments between the threatening of death and the beginning of reaction, is a favourable sign; and generally announces the return of the circulation.

“In less severe cases, the pulse is not wholly extinguished, though much reduced in volume; the respiration is less embarrassed; the oppression and anguish at the chest are not so overwhelming, although the vomiting, the purging, and the cramps, may have been more intense. The coldness and change of colour of the surface; the peculiar alteration of the voice; a greater or less degree of coldness of the tongue; the character of the liquids evacuated, have been invariably well marked in all the degrees of violence of attack which we have hitherto witnessed, in this epidemic. In no case or stage of this disease have we observed shivering, nor have we heard, after inquiry, of more than one case in which this febrile symptom took place.

“*Fever, or hot stage.* — After the blue, cold period has lasted from twelve to twenty-four, seldom to forty-eight hours or upwards, the pulse and external heat begin gradually to return; headache is complained of, with noise in the ears; the tongue becomes more loaded, redder at the top and edges, and also dryer. High-coloured urine is passed with pain, and in small quantities; the pupil is often dilated; soreness is felt on pressure over the liver, stomach, and belly; bleeding by the lancet or leeches is required; ice to the head gives great relief. In short, the patient is now labouring under a continued fever,



not to be distinguished from ordinary fever. A profuse, critical perspiration may come on, from the second or third day, and leave the sufferer convalescent, but much more frequently the quickness of pulse and heat of skin continue; the tongue becomes brown and parched; the eyes are suffused and drowsy; there is a dull flush, with stupor and heaviness, about the countenance, much resembling typhus; dark sordes collect about the lips and teeth; sometimes the patient is pale, squalid, and low, with the pulse and heat below natural: but with the typhous stupor, delirium supervenes; and death takes place from the fourth to the eighth day, or even later, in the very individual, too, whom the most assiduous attention had barely saved in the first or cold stage. To give a notion of the importance and danger of the cholera fever, a most intelligent physician, Dr. Reimer, of the Merchants' Hospital, informs us, that of twenty cases treated under his own eye, who fell victims to the disease, seven died in the cold stage, and thirteen in the consecutive fever.

“ This singular malady is only cognizable, *with certainty*, during its blue or cold period. After reaction has been established, it cannot be distinguished from an ordinary continued fever, except by the shortness and fatality of its course. The greenish, or dark, and highly bilious discharges, produced in the hot stage, by calomel, are not sufficiently diagnostic; and it is curious, that the persons employed about these typhoid cases, when they are attacked, are never seized with ordinary fever, but with the genuine, cold, blue cholera.

“ *Phenomena of Asiatic Cholera as it appeared in this country.*

“ The disease consists of three stages. The first stage may be called *premonitory*; the second, *the stage of collapse*; the third, that of *consecutive fever*.

“ The *first stage* is characterized by symptoms of indigestion, flatulent disturbance in the abdomen, præcordial weight or oppression, slight nausea, acidity, griping pains, diarrhœa, vertigo,



some degree of headache, or tinnitus. These symptoms, even when accompanied by spasms, are too often either disregarded or concealed, till the second stage is far advanced. It is most unfortunate, that this reluctance to confess the early part of the indisposition should so frequently exist in all classes of society, but particularly among the poor, because few of the more severe maladies to which flesh is heir are so remediable as cholera in the first stage, and not one more hopeless after the lapse of a few short hours.

“It is stated by the Russian physicians, that at Orenberg, Moscow, and other places, scarcely a person escaped, during the season when cholera prevailed, without some disorder of the stomach and bowels,—indicated by nausea, vomiting, and oppression at the præcordia, indigestion, pain in the belly, and looseness of bowels. Many instances of disorder of the stomach and bowels prevailed during the epidemic season, and for some weeks before there was a well-marked case of cholera in Edinburgh.

“*Second stage.*—The duration of the premonitory or first stage is various; sometimes the unpleasant symptoms suddenly cease, and the patients recover quickly; but this happy issue is comparatively rare, when proper remedies are not used; and in some few cases, from the peculiarity of constitution of the patient, remedies seem to have little effect in arresting the progress of the disease, even when applied in this early stage. The stools, which were at first feculent and bilious, now become characteristic of the true Asiatic cholera. They have the appearance of very thin gruel, or rice-water; sometimes they are watery, limpid, with small flakes of curdy-looking matter intermixed; at other times, they present an appearance of water in which fresh beef had been macerated. The usual feculent smell has vanished, instead of which the stools have a peculiar odour, which struck me to resemble that produced by macerating fish in water; a similar odour is generally observed from the surface of the body. More rarely, the stools look like the lees of port wine; and it was remarked, that almost none recovered who passed “port-wine stools;” I recollect at present one recovery only in which there was this appearance. The



desire to go to stool is irresistible and instantaneous; tenesmus is great in some cases, sometimes preceded or accompanied by a sense of heat or griping. The stools are generally very copious, — sometimes, however, scanty; often accompanied by loud discharges of flatus from the bowels. Along with the bowel-complaint, there are *burning heat* in the region of the stomach, and vomiting of large quantities of a similar fluid from the stomach. The abdomen feels doughy. The thirst is intense, and there exists an urgent desire to drink cold water. The mind, for the most part, remains comparatively entire, but the vertigo and tinnitus increase. Cramps are general attendants,—sometimes confined to the fingers and toes; at other times they affect the muscles of the extremities, and often those of the trunk of the body, more particularly of the abdomen. The urine is generally suppressed early in the disease. The voice is whispering, the person being unable to speak in any other tone. The respiration, although weak, is often nearly natural in other respects, even at times when the pulse is scarcely perceptible at the wrist; occasionally, however, the breathing is hurried and oppressed, sometimes laborious. The pulse becomes weak and rapid early in the disease, even when the action of the heart is comparatively strong and tumultuous; but frequently both the pulse and action of the heart are feeble. As the disease goes on, both become more and more weak; the pulse is only now and then felt like a ‘flutter,’ and often ceases to be perceptible at the wrist for some hours before death. The tongue is cold and shrunk. It is quite painful to a bystander to watch the restlessness and impatience of the sufferers, who are constantly in a state of jactitation, more particularly when restrained, and when heat is applied. Indeed, they seem to have a horror at, and to suffer pain from, warm applications. The temperature of the body, but more particularly of the extremities, diminishes early in the disease, and goes on sinking. It is often impossible to raise the temperature of the body during life, but the moment death takes place, and for two or three hours afterwards, the body becomes warm,—even the icy coldness of the extremities gives place to a genial warmth. The colour of the hands and feet becomes



changed, more particularly the nails assume a blue appearance; the face often is similarly affected; occasionally the whole surface presents a blue colour, and, consequently, the second stage has sometimes been termed 'the blue stage;' but it is an error to suppose that the blueness is invariable, or that it is an attendant only on the worst forms of the complaint,—the patient who had this appearance more strongly marked than any other, was the one who made the most rapid and the most complete recovery. Blood, drawn from an artery or vein during this stage, flows with difficulty, is of a dark colour, does not coagulate, or separate any serum. It remains in a semi-fluid state, and has the appearance which the ancients called '*dissolved blood.*' The surface of the body is covered, for the most part, with a cold exudation, the features and eyeballs shrink, and death closes the scene,—sometimes very unexpectedly, at others the body seems to be long dead, while the functions of the brain are still going on and comparatively entire.

“ Sometimes the prostration of strength is extreme; but it is my belief, that muscular debility is no part of the disease, till far advanced in the second, or collapsed stage. I have been surprised at the efforts made by patients when they were thought to be near death. . . . The appearance of muscular debility is occasioned by the vertigo, which renders the gait unsteady and tottering, as well as by the dread of motion producing cramps.

“ Many exceptions might be made to this account of the symptoms in these two stages. Sometimes no premonitory symptoms can be traced. I know of one case where the person appeared to have died under the effects of the first attack of cramps; he was known to have laboured under slight bowel complaint for several days, but he did not confine himself, and was lying without any complaint on a sofa; he was dressed, and engaged reading. A noise was heard, and he was soon after found on the floor on his face, dead, with the book clenched in his hand, and his muscles rigid. I have seen several cases where the urine was not entirely suppressed, and others in which the stools were feculent and bilious up to the moment of



death. But those cases are to be regarded as exceptions to the rule, which they do not contravene. The symptoms in this disease, as in all others, must suffer modifications from peculiarity of constitution, previous condition of health, and habits of the patient affected.

“The symptoms which present the most unerring characteristics of Asiatic cholera are diarrhœa, and other symptoms of disordered stomach and bowels, in the first or premonitory stage. I believe previous diarrhœa may be discovered in at least four out of six cases, and probably exists in all, if the history of each were perfect. Thus, in the city of Albany, U. S., diarrhœa occurred in 282 out of 336 cases; in the remaining 54, it could not be ascertained whether this symptom had or had not existed. In the stage of collapse, there are the whispering voice, great restlessness, characteristic discharge upwards and downwards, cramps, suppression of urine, excessive thirst, weak faltering pulse, weak respiration, coldness of extremities, shrivelled hands and feet, bedewed with a cold exudation. The general blueness, when it exists, is also quite peculiar to cholera. It is remarkable how quickly an extremely collapsed state of the features takes place. The patients appear to dread hot applications. The blood-vessels, on such parts of the body as the temples, where they are comparatively superficial and easily seen, are observed to be full of blood of a very dark colour; even the serpentine branches of the temporal artery can be traced in this manner, and the motion of the blood is very slow.

“*Third stage.*—A large proportion of patients died in the second stage; there were few immediate recoveries from collapse, without undergoing the danger and miseries of a consecutive fever, which is now to be described. I shall never forget the joy expressed by all who were watching the first case of cholera in which death did not take place in the stage of collapse. This feeling was increased as the watery diarrhœa, vomiting and cramps diminished, and at last ceased, and as reaction became more evident and permanent. Nor shall I attempt to describe the subsequent disappointment, as bad symptoms arose one after another, to convince us that the pa-



tient, although he had made an escape from one set of dangers, was still surrounded by another, which experience speedily proved to us were extremely formidable.

“The symptoms that denoted an escape from the horrors of the second stage, were, diminution in the number and quantity of the evacuations, both from the bowels and stomach; cessation of restlessness, thirst, and cramps; increase of the temperature of the body, and strength of the pulse; an expression of animation in the countenance; and a disposition to sleep. Sometimes the stools speedily lost the characteristic watery appearance, and became feculent; but this change was generally gradual. Sometimes the secretion of urine took place early after the reaction was established, but this favourable circumstance rarely occurred so soon. In some cases, after everything appeared to be going on well, the vomiting and purging suddenly returned, the pulse became weak and quick, and the patient rapidly died.

“The phenomena of the third stage presented every appearance of fever; sometimes of that form denominated in this country ‘Typhus,’ and in several cases a similitude was easily traced to the last stage of Yellow Fever. In fact, the general opinion that was, and still is maintained, that cholera is nothing but a fever, with violent irritability of stomach and bowels, suppression of the secretions of bile and urine, with a cold stage, appeared to derive support from the resemblance to the phenomena of intermittent fever. But it will soon be in my power to show how erroneous this opinion really is, when the pathology of cholera falls to be considered.

“After the complete development of reaction, patients for a time appear to be doing very well, not teased with violent tenesmus and vomiting, nor disturbed with intense thirst and violent cramps. The restlessness has ceased, and they seem to be enjoying tranquillity. But this state is generally to be regarded as a calm which is too soon to be followed by a storm. The subsequent symptoms vary much in different cases, depending on the previous state of health and habits of the patient, and his peculiarities of constitution, as well



as on the phenomena of the previous stage, and the treatment pursued.

“These symptoms were, lethargy or coma, which were frequent; delirium; convulsions; paralysis; rigidity of the flexor muscles of the extremities; distressing nausea; bilious vomiting, and thirst; dyspnœa, or hurried respiration; cough, expectoration; palpitation and irregular action of the heart, and more or less heat of skin; bilious diarrhœa; port-wine stools; tenesmus; and pain or tenderness, increased on pressure, in some part of the abdomen. Of all these symptoms, convulsions were the most rare. The others existed variously combined and modified.

“*Causes of Cholera.*—The undivided opinion of medical men who saw the disease in India is, that in the East it is not contagious. After the appearance of cholera in Russia and Poland, however, a belief became prevalent that the disease had been modified by climate, and the habits of the people in Europe; that it had more resemblance to a fever, and was highly contagious. There were few medical men who were not influenced by this specious statement; and I confess that my mind was at one time so strongly impressed with the belief in the contagious nature of the disease, that for the first five or six weeks after its appearance in Edinburgh, when I retired to bed at night I scarcely expected to find myself alive in the morning. But my fears were at last dispelled, and my opinion is, that if it be contagious, it is not so in any very great degree. The following are the grounds on which this opinion is formed. It was intimated to me, by authority, that as the disease was so contagious, every possible precaution must be taken to prevent its extension, and that *few bodies could be allowed to be opened*, as the contagion was more virulent and searching after than before death. But from the moment my mind was made up to accept the appointment, I resolved that fear should not be allowed either to interfere with my attendance on the sick, or to hinder my investigations after death. Accordingly, in attending the first case of cholera in the hospital, I remained in the ward all night, and became so much exhausted, that I fell fast asleep in the bed next the



dying person, and slept for above an hour, at a time when my animal spirits were low, and my physical strength diminished by the fatigues of the previous day. Subsequently, I have more than once accidentally fallen asleep on a bed on which some unfortunate had died, and in a ward in which there were several dying persons at the time. None of the house surgeons, the number being between 20 and 30, who were seldom out of the wards, had the disease, although their bodies must have been ready to receive the contagion, if fatigue of body, anxiety of mind, and want of sleep, ever predisposed any person to take a disease. Two male nurses had cholera. One was a sober man, and although he had the warning diarrhœa, he neglected himself, but had the disease slightly. The other was a complete tippler; he had a slight bowel complaint, which he concealed, and by way of curing, obtained leave to go home to see his family; he got drunk, and was brought to the hospital with cholera, but never became collapsed. Several female nurses were also attacked; but that is no wonder, for, independent of the fatigue they underwent, they were drunkards, and bad characters in other respects, and were actually in the habit of drinking the spirits and wine served out to their patients. Two of these characters, after much fatigue and a hard course of drinking, went to bed one night quite drunk; they were both speedily seized with cholera—one died. But there is no proof of the influence of contagion in these cases. In truth, no case has ever been advanced in proof of the contagious nature of cholera, that cannot be explained on other and more satisfactory principles. Is it because four children, with father and mother, in one family, have had cholera, and because communication can be proved between them and an infected house, by means of a bundle of dirty clothes, or a web of linen, or actual personal contact, that we are rashly to attribute the whole to contagion? The same story may perhaps be told in a different way. The father is a dissipated good-for-nothing man, who spends almost all his wages on whiskey; he deprives his family of the means of procuring suitable nourishment; the poor mother has pawned her last blanket, to purchase a few potatoes for her starving children, who have all had loose bowels for se-



veral days or weeks. The explanation is easy to show the strong predisposing cause—insufficient clothing, deficiency of food, &c. What answer can be made to this fact, that I have seen several mothers suckle their children, when they themselves were dying of cholera, and in one instance I found an infant sucking its dead mother's breast,—and yet not one of them had a symptom of cholera, at least for months afterwards? . . . . From the economical arrangements of the Board of Health, and the difficulty of procuring a proper apartment, the dead-room, where these examinations were conducted, was a miserable place about eight feet square; generally six or eight persons were present, sometimes more; and in an inner apartment, about ten feet square, there sometimes lay six dead bodies. Not one of those who frequented this den of death, and who had their hands imbrued in the secretions of the dead for six hours out of the twenty-four, were affected with cholera, although their hands were irritated and punctured daily!

“It cannot be denied, that some mysterious influence was operating at the period cholera prevailed, by whatever name it may be called,—that it selected its own victims—exercised its poisonous qualities in one district, or town, more than in another—changed the scene of its ravages suddenly and capriciously, and made its progress from place to place, by strange detours, avoiding many populous situations, in the direct tract of human intercourse. . . .

“Were any persons more prone to contract cholera than others? This is an important question, and it is rare that a point in medical investigation can be so satisfactorily answered. All who had any important visceral disease, or tendency to bowel complaint from slight causes, and drunkards, were the persons generally attacked. It is no doubt certain, that in each locality where cholera prevailed, some instances may be quoted to the contrary; but these are very few indeed, and are to be regarded as exceptions to the general rule. Nothing could be more unsatisfactory than the accounts we received of the previous health and habits of patients; very frequently we found them to be quite the opposite of what had been stated; but when we opened the bodies, in the careful



and minute manner in which the dissections were conducted, we had the best evidence that few subjects were even tolerably sound.

“Persons advanced in age had, in the epidemic that I saw, a bad chance of recovery. Females seemed to be more liable to the disease than males. Almost every woman we opened, under a certain age, had the catamenia; and we found a great number of diseases, of various kinds, of the uterus, ovaries, tubes, and broad ligaments.”

**THERAPEUTICS.** We now proceed to mention the remedies which have been successfully prescribed by those homœopathists who have treated the disease in all its forms.

When the premonitory symptoms of this disease, as above noted, exhibit themselves, its complete development is *frequently prevented*, by the administration of the SATURATED SOLUTION OF CAMPHOR.

**DOSE:** One or two drops of the above, every five minutes, in a teaspoonful of cold water, until a cessation or amelioration of the symptoms takes place, when the intervals between the doses may be lengthened at first to every two, and then to every four or six hours.

In many cases also, we may succeed in checking the disease at its commencement, by the remedies already mentioned under Sporadic Cholera. But when Cholera sets in in all its frightful forms, we should have immediate recourse to VERATRUM, a remedy which all, who have had an opportunity of trying, have eulogized.

℞. Tinct. Veratr. ʒ. viij.  
Aq. pur. ℥. iv.

*Dose.* A teaspoonful every hour, every half hour, or even every quarter of an hour, according to the severity of the symptoms.

But should no improvement set in after several doses, and the cramps change to *spasms* and *convulsions*, with spasmodic constriction of the chest, which obstructs respiration,—CUPRUM (third trituration, or sixth dilution) must be had recourse to,



in the manner as prescribed for *Veratrum*; and if *Cuprum* be productive of only partial melioration, *Veratrum* may be administered in alternation with it. When symptoms of trismus and tetanus supervene, *Camphora* has been recommended as preferable to *Cuprum*. ARSENICUM should be selected in preference to, or given alternately with *Veratrum*, when an intense *burning sensation* is experienced in the stomach and bowels, with extreme prostration of strength, great thirst, &c. (Vide the indications for both these remedies.)

IPECACUANHA and NUX v. have been found efficacious before or after *Veratrum*, or any of the other medicaments, when the symptoms assumed the character mentioned in a former page of this article. (The Russian homœopathic practitioners found *Ipecac.* of peculiar efficacy.)

PHOSPHORUS (followed by ACIDUM PHOSPHORICUM, should *great clamminess* of the *tongue supervene*) is particularly useful in cases of *diarrhœa*, which are so liable to occur during the prevalence of cholera, and which, if neglected, are but too prone to pass on rapidly to confirmed cholera. (*Camphora*, *Secale corn.*, and *Mercurius*. may also be required in *cholérine*. The Russian practitioners found *Mercurius*, often useful in cholera proper. See also art. DIARRHŒA, as any of the remedies mentioned there may be resorted to in preference to the medicaments just named, if better indicated.)

*Dosis.* Tinct. Phosph. 3 gtt. j, quarta vel sexta quaque hora.

PHOSPHORUS is also useful in the event of congestion in the chest during the course of the disease; and is, moreover, one of the most serviceable remedies against the obstinate *diarrhœa* which sometimes remains after an attack.

TARTARUS EMETICUS. Amongst the physiological effects of this medicament, we find those spasmodic movements, or jerking and twitching of the muscles; the trembling of the limbs, prostration of strength, or weakness to fainting; tremulous or imperceptible pulse; peculiar paleness of the face; hoarseness; cramps in the calves of the legs; and especially the symptoms of gastric derangement that are so frequently met with in some



forms of the disease. When the stools still consist of feculent matter, as is the case in *cholera biliosa*, or at the commencement of *cholera indica*, or also at the termination of the same, where the functions of the abdominal viscera are not yet restored to a normal state, *Tartarus* is, at all events, well deserving of attention.

*CICUTA VIROSA* is considered an appropriate remedy, when there are spasms in the pectoral muscles, continuous vomiting, and little diarrhœa; when the eyes are turned upwards, and the patient is in a soporific state. It is particularly in neglected cases, and consequently more in the sequelæ of cholera than in the disease itself, that this remedy is more generally indicated. *Stramonium* may likewise be useful in similar cases.

When patients affected with cholera sought the aid of a homœopathic practitioner, after having been previously treated allopathically, it was found essential to give *Camphora* in repeated doses, in the first place, partly for the purpose of rousing the reactive power, and partly to neutralize the effects of the allopathic medicines.

The best preservatives against infection are *Veratrum*, *Cuprum*, and *Camphor*.

They may be prescribed as follows :

℞. Veratr. alb. 30, glob. xxiv. (red. in pulv.)  
Pulv. sacch. lact. q. s.  
Misce intime, et divide in partes æquales quatuor.  
Sign 1, 3, 5, 7.

℞. Cupr. 30, glob. xxiv. (red. in pulv.)  
Pulv. sacch. lact. q. s.  
Misce intime et divide ut supra. Sign. 2, 4, 6, 8.  
N.B.—A powder to be taken in numerical order,  
every fourth day.

Some practitioners, again, would prefer prescribing as follows :

℞. Veratr. alb. 6, gtt. iij.  
Spirit. vin. rectific. ʒj.  
Aq. distil. ʒ iij.



℞. Cupr. 6, gtt. iij.  
 Spirit. v. rectific. ʒj.  
 Aq. distil ʒ iij.

N.B.—The mixtures to be taken alternately; the dose to consist of a table-spoonful night and morning, every third day. Or thus:

℞. Veratr. alb. ʒ, gtt. j.  
 Pulv. sacch. lact. q. s.  
 F. pulv. tales sex. Sign. 1, 3, 5, 7.  
 ℞. Cupr. 3, gr. vj.

Divide in chart. æquales sex. Sign. 2, 4, 6, 8.

N. B.—A powder to be taken in the order numbered every third day.

The same rules should be observed, whilst these preservatives are being taken, as those we have notified in the article on SCARLATINA. The patient at the same time avoiding excesses of all kinds, late hours, exposure to night air, melancholy thoughts, or fear, which are all strongly predisposing causes to attacks of this malady. When the disease happens to break out, notwithstanding these precautions, it is almost invariably in a mild form.

During the prevalence of cholera the clothing should be sufficient to preserve the body at an equable temperature, and care should be taken to avoid chills or checked perspiration, or *cold and wet feet*: those who have habitually considerable perspiration in the feet, should change their stockings at least once daily; a flannel bandage worn round the abdomen, is also a useful precaution, and should not be hastily laid aside, even when the danger seems to have passed away; constant exercise should likewise be taken, during the day, in the open air. Adherence to the homœopathic rules is a sufficient dietetic guide, but too sudden a change of diet is not advisable; raw vegetables and cold fruits, for example, melons, should be carefully abstained from, and even the more wholesome varieties and all cooked vegetables, should be used in extreme moderation; pure beer and non-acid wines are unobjectionable for individuals not attacked, and accustomed to their daily use, with the same limitation. It may appear almost supererogatory to



observe, that purity of air and thorough ventilation are highly necessary.

But if the appetite remain for a long time afterwards in an impaired state, the employment of such remedies as *Arsenic.*, *Nux vom.*, *Puls.*, *Rhus*, *Veratr.*, *Cyclamen*, or *Acid. nitr.*, will, according to the peculiarities of the individual cases, prove of considerable service.

### BLENORRHŒA.

This epithet is given to an increased secretion or discharge from any of the mucous surfaces. We purpose to restrict ourselves here to the consideration of the affection as it occurs in the stomach and bowels.

*Blenorrhœa ventriculi.* This form of the complaint is chiefly characterized by loss of appetite, insipid, clammy, nauseating, sweetish taste in the mouth, furred, or white and thickly-coated tongue and fauces, flatulence, absence of thirst, constipation, or slimy stools, pale, cloudy and slimy urine. In addition to these symptoms, a sensation of coldness, with pressure and aching, or gnawing, throbbing, and spasmodic tension, is experienced in the epigastrium, frequently attended with an oppressive feeling of sinking and emptiness in the stomach while fasting, and distressing fulness or weight after meals; the sleep is restless or disturbed by frightful dreams, or nightmare; the natural temperature of the body diminished, the countenance pale, and the physical powers much depressed. Accumulation of fluid in the mouth, nausea and vomiting, frequently take place early in the morning or after dinner, and occasionally at other times. Sometimes there is merely an adhesive, tasteless, rarely acidulous, inodorous mucus ejected by the act of vomiting. The prolonged use of imperfectly azotized and indigestible food, sedentary habits, the presence of worms in the alimentary canal, damp, ill-ventilated dwellings, or other debilitating influences—such as excessive evacuations of blood, immoderate excess in the use of ardent liquors, depressing passions, and a lymphatic temperament, are the general predisposing or exciting causes of



blenorrhœa in general. A moist, relaxing, and changeable state of the atmosphere, errors in diet, mental emotions of all kinds, materially aggravate the symptoms, and are readily productive of pituitous fever (*febris pituitosa, febris mucosa.*)

**THERAPEUTICS.** *Ipecacuanha* is one of the most important remedies in the early stage of the disorder, and is in most instances the best with which to commence the treatment. It must be given in repeated doses, until it has produced all the amendment that it seems capable of producing, after which another remedy must be selected in accordance with the remaining symptoms. Against these, we shall generally find either *Nux vomica, Arsenicum album, Pulsatilla, Veratrum album, Tartarus emeticus, or Rheum palmatum, &c.*, the most appropriate.

**NUX VOM.** is particularly indicated when spasmodic sufferings in the stomach with accumulation of watery fluid in the mouth, acid taste, vomiting of sour-smelling and tasting mucus, and constipation, sometimes in alternation with slimy stools, form the most prominent features of the case; and especially when these symptoms occur in individuals given to sedentary habits, or to habitual over-indulgence in spirituous, vinous, or malt liquors. *Arsenicum* may be frequently prescribed with advantage after or alternately with *Nux v.*, where there is an extreme degree of debility, and burning heat in the throat, or stomach, &c. When the last-named symptoms occur in lymphatic subjects, and especially females, *Capsicum* may be preferred to *Arsenicum*.

**PULSATILLA** is productive of considerable alleviation where the pituitous state is accompanied by continued shivering, frequent slimy evacuations, and vomiting of mucus, and occurs in debilitated, irritable, and relaxed constitutions, but more particularly in chlorotic females. *Sulphur* may follow *Pulsatilla* with advantage when the latter is insufficient to remedy the state of matters. (See **CHLOROSIS.**)

In cases of an inveterate character, attended with repeated and painful attacks of vomiting, not only of mucus, but also of



bile, from the violence of the act of vomiting, VERATRUM rarely fails to afford prompt relief.

TARTARUS EMETICUS is sometimes useful after, or alternately with *Ipecacuanha*, when in addition to the frequent recurrences of vomiting, there is also a constant tendency to slimy diarrhœa. *Rheum* may be given with advantage where there is much abdominal flutulence, tension at the pit of the stomach and epigastrium, insipid, slimy taste, disposition to diarrhœa; with brown-coloured stools mixed with mucus.

GRATIOLA has been chiefly recommended as being of considerable efficacy in rebellious or chronic cases where the foregoing remedies have only effected a degree of melioration. Along with *Gratiola*, the following may be mentioned as being useful in the treatment of inveterate cases: *Sulphur*, *Carbo vegetabilis*, *Veratrum album*, *Calcarea carbonica*, *Hepar sulphuris*, *Lachesis*, *Lycopodium*, *Natrum muriaticum*, *Stannum*, *Acidum nitricum*, *Plumbum*, *Magnesia*, *Assafœtida*, *Bovista*, and occasionally *Squilla*, *Cinchona*, *Ferrum*, &c. When the affection arises from worms, *Cina*, *Spigelia*, *Ferrum*, *Valerian*, and *Mercurius*, &c. are the principal remedies. (See INVERMINATION.)

*Blenorrhœa intestinorum*, is chiefly characterized by a distressing tension and constrictive sensations in the abdomen, accompanied with flatulent distention, spasms, and obtuse griping pains. Sometimes the bowels are sluggish, or there is obstinate constipation complained of; and the motions that are passed are either intermixed with more or less mucus, or are formed exclusively of masses of thick, tenacious mucus. At other times the bowels are relaxed, the evacuations consisting of large quantities of watery or bilious-looking mucus, passed in rapid succession, and preceded by griping pains. The remedies required here are nearly the same as those given in the foregoing variety of the disorder. When diarrhœa is present, *Pulsatilla*, *Rheum*, *Arsenicum*, *Phosphorus*, *Mercurius*, *Cinchona*, or *Ferrum*, will commonly be found the most appropriate, the latter two particularly when the prolonged use of laxatives, or other debilitating losses, have been the predisposing



cause of the malady. When the bowels are inactive, but the motions coated or mixed with considerable quantities of mucus, or consist entirely of slimy substances,—*Nux vomica*, *Sulphur*, *Sepia*, *Stannum*, *Alumina*, *Lachesis*, &c., are usually the most suitable.

*Blenorrhœa recti.* (*Hæmorrhoides mucosæ.*) This variety of the disorder is most frequently met with in the male subject, and particularly in those of a debilitated habit. It may occur in the idiopathic form, but is often purely hemorrhoidal, and in such cases partakes wholly of the characteristic features of hemorrhoids. On other occasions the complaint appears in connexion with blind piles. Frequently again it either immediately precedes a fit of bleeding piles, or exhibits itself in alternation therewith. The mucous discharge takes place for the most part periodically, generally subsequent or anterior to an evacuation, but occasionally at other times, and involuntarily. It is usually attended with more or less tenesmus, spasmodic and burning pains in the rectum. The discharge for several days is either watery or viscid, sometimes streaked or mixed with blood, and, though small in quantity, commonly continues for several days.

This form of blenorrhœa is not unfrequently preceded by indigestion, flatulence, colic, spasms in the stomach, bowels, and abdominal muscles, local intestinal constrictions, pains in the hips and sacrum, spasm of the bladder, scanty urine, itching in the glans. These symptoms increase in intensity as the period for the flow of mucus approaches, but as soon as it makes its appearance they commence to subside in a similar ratio.

The exciting causes of blenorrhœa recti, as well as blenorrhœa intestinorum, of which the former is but a variety, are nearly the same as those we have given under Blenorrhœa Ventriculi, to which may be added the debilitating effects or the transposition (*Blenorrhœa metastatica*) of catarrhal, venereal, or rheumatic, gouty and other more purely dyscratic diseases.



**THERAPEUTICS.** *Helleborus niger*, *Colchicum autumnale*, *Mercurius*, *Spigelia*, *Capsicum*, *Pulsatilla*, *Nux vom.*, *Carbo vegetabilis*, and *Sulphur*, will in the majority of cases prove of the greatest efficacy.

HELLEBORUS is extremely serviceable when the stools consist of mucus, generally in solid pieces, and without any admixture of proper fecal matter. COLCHICUM is equally serviceable under such circumstances; but particularly when the motions are preceded by severe griping, in which event it may be exhibited in preference to *Hellebore*.

Where the presence of worms in the alimentary canal, or the existence of hemorrhoids, form the exciting cause of the malady, MERCURIUS is one of the most important medicaments, especially when at the same time the evacuations consist of mucus intermingled with degenerate fecal matter, during the expulsion of which, violent colic and tenesmus are experienced. SPIGELIA is useful under nearly similar conditions; it may consequently be had recourse to with advantage in many instances where *Mercurius* affords only partial relief. CAPSICUM is an excellent remedy when the disorder occurs in lymphatic subjects, and is connected or not with hemorrhoidal disease; the motions copious, somewhat frequent, and accompanied with distressing burning pain in the rectum and anus. PULSATILLA may follow, or be given in alternation with *Capsicum*, when the pains are in a great measure removed, but the stools unaltered in character. NUX V. will be found of essential service in meagre, debilitated subjects, of sanguine or bilious temperament, addicted to sedentary or intemperate habits. CARBO V. may be prescribed with benefit after *Nux* when there is excessive flatulence, or burning pains in the lower intestine, especially after stool.

When we have obtained from the action of *Nux vom.* and *Carbo veg.*, all the improvement that they are evidently capable of effecting, we may follow up the treatment by the administration of SULPHUR, by means of which a cure will often be obtained in cases of the most obstinate character. *Lachesis*, *Rhus toxicodendron*, *Ignatia*, *Antimonium crudum*, and *Borax*, &c., have also been recommended as being capable



of affording considerable assistance in the treatment of this variety of blenorrhœa.

Dose :  $\frac{0.0}{3}$ , or  $\frac{0.0}{6}$ , or  $\frac{0.0}{30}$ .

### CATARRH, OR COMMON COLD.

(Additions to page 191.)

**DROSER**A :—Painful or bruised-like pains, and paralytic weakness in the extremities ; frequent rigors, with coldness of the hands, and heat in the face ; hoarseness, and cough excited by roughness and scraping in the throat, aggravated by talking.

**MERCURIUS**, when the lining membrane of the eyelids, nostrils, and bronchi, is highly irritated, and gives rise to copious lachrymation, coryza and cough with profuse expectoration ; headache, or feeling of tightness and fulness in the head, with pulsation extending to the nose, general heats predominate over the chills. **CONIUM MACULATUM** is of great service in catarrhal fever with internal heat, much thirst, and great debility, scraping or scratching, itching and creeping sensations in the throat, which produce a dry, almost incessant cough. The patient dreads the slightest noise or whisper ; passes a restless night, the sleep being unrefreshing, and disturbed by anxious dreams ; urine cloudy and whitish. When the pains in the limbs and joints are accompanied with profuse sweating, which affords no relief, this remedy may be followed by *Dulcamara* should the sweat continue, and be of an offensive odour ; or by *Euphrasia*, if the lachrymation and coryza remain unmitigated.

**MEZEREUM** :—Alternate heats and chills (the febrile heat occurring chiefly in bed, and the chills when out of bed) ; extreme sensibility to cold air, acrid coryza, burning irritation in the larynx and trachea, which provokes cough, attended with difficult mucous expectoration.

**LYCOPODIUM** :—Inveterate catarrh, with lemon-coloured, often bitter-tasting, mucous sputa ; tearing, throbbing, frontal



headache, aggravated in the afternoon or evening. (Goullon, Arch. XX., 3-54.)

HEPAR S. is indicated by many of the symptoms which call for *Merc.*, *Euphr.*, and *Nux.* It is moreover of service, where the respiratory organs are solely or particularly affected, the cough loose and attended with mucous rattling in the chest; pain in the larynx while coughing, and a feeling of weakness of chest which renders talking oppressive.

SEPIA. Catarrhal fever, with shivering chills on every movement in a warm room, rarely alternating with heat; nocturnal spasmodic cough, with shortness of breath and inclination to vomit; coryza; occipital headache.

ACONITUM is one of the principal remedies in febrile attacks provoked by cold, and particularly from exposure to a dry, cold wind, or to a draught, with hot, dry skin, or general shivering chills, alternating with burning heat of the surface, great thirst, especially towards evening, sensation of dryness, and roughness or scraping, slight burning, and excoriation in the region of the larynx, or even throughout the whole of the chest, which gives rise to an incessant, short, dry, hollow cough (more of a hoarse or rough description at night); restless sleep, disturbed by confusing dreams, or crowding of fantastic ideas, when not by the cough.

BRYONIA may follow *Aconitum*, or it may be selected in preference at the commencement of the attack, when there is an excessively *dry, hollow* cough, accompanied by tenderness of the larynx on pressure, inclination to vomit, and pain in the chest as if it would be torn asunder, severe headache, aching pains in the limbs, increased by the slightest movement, violent coryza, thirst and coldness of the right half of the body.

## INFLAMMATION OF THE LARYNX.

### *Laryngitis.*

This disease consists in a suppurative inflammation, having its seat in the lining membrane of the larynx, or the connecting



cellular tissue between it and the subjacent parts. The disease bears a considerable resemblance to croup, of which it very generally forms a part; but occasionally the inflammation is exclusively restricted to the larynx; and it is a frequent cause of a fatal termination in scarlet fever and smallpox. It is distinguished from croup by a constant hawking (which the patient voluntarily exercises in order to clear the air-passages) rather than a violent and involuntary cough,—and by the character of the sputa, which consists of a thick tenacious mucus rather than a coagulable and membranaceous-looking exudation. The invasion of the disorder is announced by the usual signs of inflammatory fever; the voice soon becomes hoarse and inarticulate, whilst a painful sense of constriction is experienced in the throat; the breathing is laborious and shrill during inspiration; the larynx extremely sensitive to the touch, so that the slightest pressure against it, either externally by the hand, or internally from the performance of the act of deglutition, is productive of the most distressing spasms, and threaten death from suffocation. The heat of skin is great, the pulse rapid and hard, the thirst considerable, but incapable of being satisfied from the suffering that is occasioned by the attempt. On examining the throat, the fauces are often found to present a red, inflamed, and turgid appearance; in some cases the epiglottis is involved, and the motions of the tongue thereby rendered painful and difficult. As the disease gains ground, the face becomes swollen and sometimes livid; the eyes protruded as in threatened strangulation, and life is speedily cut short by asphyxia. The disease, if not arrested, occasionally runs its course in a few hours, to a day or two at the farthest.

**THERAPEUTICS.** We have stated that the symptoms of laryngitis bear a close analogy to those of croup; and experience has proved that the same remedies, which are so eminently successful in the treatment of that affection, are equally efficacious here. The principal of these are: *Aconitum*, *Spongia*, *Hepar sulphuris*, *Lachesis*, *Belladonna*, *Phosphorus*. In some cases



of a less formidable nature, *Chamomilla*, *Mercurius*, or *Drosera rotundifolia* may prove serviceable.

ACONITUM must be immediately exhibited when the signs of inflammatory fever declare themselves, and continued until it gives evidence of having effected an abatement of the febrile movement; on the consummation of which, or as soon as the breathing becomes shrill, and the pain and sensibility of the larynx more decided, with increase of hoarseness and difficulty of articulation,—SPONGIA must be administered, and will, for the most part, be found of great efficacy in forwarding the curative process. When we have satisfied ourselves that we have obtained from the action of *Spongia* all the benefit which it is capable of effecting, we may then prescribe HEPAR S., which will generally be found sufficient to complete the cure, or at all events to place the patient out of danger, and thereby enable us to make a careful selection of the remedy required to combat the remaining symptoms. (*Hepar* may be selected in preference to *Spongia*, if the fever and burning heat of skin continue, notwithstanding the previous employment of a dose or two of *Aconite*.) In some instances it will be found necessary to return to *Aconite* again, or to exhibit *Aconite*, *Hepar sulph.* and *Spongia* in alternation; but the remedy from which we have derived the most marked benefit, when the more prominent features of the malady did not yield to, or were only palliated by, the use of *Aconite*, *Spongia*, or *Hepar*, is LACHESIS, the pathogenetic properties of which correspond very accurately to the symptoms of the malady, particularly the extreme *sensibility of the larynx*, and the pain and difficulty experienced in performing the act of deglutition. From BELLADONNA we have likewise derived very appreciable service, especially when there was considerable heat of skin, much thirst, but complete inability to satisfy its cravings from the spasms which the attempt occasioned: further, when, on looking into the throat, it is found to present an inflamed and swollen appearance. Should *Belladonna* have previously been employed, as would naturally be the case if the disease made its access during, or immediately after an attack of *Scarlatina pura*, the



substitution of *Hyoscyamus* for *Belladonna* may be found advantageous.

PHOSPHORUS may prove useful against remaining hoarseness with more or less pain and frequent expectoration of viscid mucus. Or *Carbo v.* when the hoarseness is accompanied by a burning and scraping sensation in the larynx, and some degree of cough or hawking up of phlegm of a less viscid nature than in the preceding instance. (See also the articles on HOARSENESS, CHRONIC LARYNGITIS, and CROUP.)

DOSE :  $\frac{0.0.0}{3}$  or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{3.0}$ .

## COUGH. TUSSIS.

(Additions to p. 204.)

LYCOPODIUM is very efficacious in obstinate coughs which are worst at night, and are attended with expectoration of tenacious mucus, and sometimes vomiting; paleness of the face, emaciation, precordial pains and oppression, flatulence, ill-humour.

STAPHYSAGRIA :—Cough attended with pain under the sternum, as if arising from excoriation or ulceration; expectoration of yellow, purulent-looking mucus; sometimes spitting of blood, and involuntary discharge of urine; exacerbations at night.

ARGENTUM FOLIATUM :—Cough excited by laughing; or cough attended with a feeling of rawness or soreness in the throat, and sometimes with accumulations of viscid mucus on the palate, which causes a disagreeable scratching or scraping sensation.

SPONGIA :—In acute inflammation of the bronchial membrane, this remedy is often of essential service (see *Bronchitis*),—but it is of equal utility in the chronic variety when the following symptoms prevail: cough with expectoration of muco-purulent sputa, emaciation, redness and deformity of points of the fingers, lividity and incurvation of the nails, hectic fever.

The following summary of a few characteristic indications



may prove useful in selecting the appropriate remedy. Cough increased or excited by cold air: *Lachesis, Arsenicum, Phosphorus*. Cough, excited by a feeling of dryness in the chest: *Lachesis, Pulsatilla, Mercurius*. Cough provoked by a tickling sensation in the throat: *Nux v., Merc., Cham., Arnica, Bryonia, Phosph., Sep., Sulph., Lycop., Kali, Dros. Puls., &c.* (See also the other indications given above for most of these medicines.) From tickling in the pit of the throat: *Cham., Bellad., Silicea*. Cough from a sensation of down in the throat: *Calcarea, Ignatia, Amm. c.* From a sensation as if from dust in the throat: *Bellad., Teuc., Ferr. mag.* Cough from a sensation of scraping, or a feeling of roughness or rawness in the throat: *Nux vom., Puls.* Cough from a feeling of dryness in the throat: *Puls., Lach., Carbo a., Mang., Petr.* Cough excited by a tickling in the chest: *Veratrum, Phosph., Cham., Lach., Puls., Ammon. c., Sep., Stann., &c.* From a burning sensation in the chest: *Phosph., Euphorb., &c.* From accumulation of mucus in the chest: *Stannum, Arsenicum, Ipecac., Tart., Kreos., &c.* From roughness or scraping in the chest: *Puls., Acid. phosph., Grat. nitr.* Cough, particularly when in the recumbent posture: *Arsenicum, Lachesis, Hyoscyamus, Puls., Sulph., Nux vom., Merc., Hepar, Con.* Cough when lying on the back: *Phosph., Nux, &c.* When on the right side: *Am. m., Stann.* On the left: *Ipecac., Par., &c.* Cough which comes on chiefly after eating: *Nux vom., Bryon., Tartarus, Cham., Bellad., Sulph., Amm. m., China, Digit., Fer., &c.* Cough after drinking: *Arsen., Lachesis, Bryon., Acon., Dros., Hepar, Lyc., Phosph.* After eating and drinking: *Bryon.* Cough on exerting the intellectual faculties: *Nux v., Mgs., &c.* Cough, especially in the morning: *Puls., Nux, Laches., Calc., Euphr., Sep., Stann., Sulph., Rhus, &c.* Cough chiefly at night: *Bellad., Pulsat., Nux, Ars., Lach., Merc., Sulph., Tart., Veratr., Verb., Cham., Hyosc., Phosph., Con., Sep., Silic., Rhus, Staph., &c.* Midnight (towards): *Bellad., Mgs. arct.* During the day, exclusively or principally: *Calc., Laches., Nux, Phosph., Stann., Am. c., Alum., Euphr., Nitr., Rhus, &c.* Day and night: *Bellad., Nux, Puls., Dulc., Stann., Sulph., Silic., Lycop.,*



*Natr. m.*, *Ignatia*, *Euphorb.*, *Bismuth*, *Spong.*, &c. Cough excited or aggravated by laughing: *Phosph.*, *Stann.*, *China*, *Argent.*, *Dros.* Cough during sleep: *Lach.*, *Cham.*, *Verb.*, *Bellad.*, *Calc.*, *Arn.*, *Merc.*, &c. Cough excited by speaking: *Merc.*, *Phosph.*, *Cham.*, *Lach.*, *China*, *Silic.*, *Stann.* *Sulph.*, *Caust.*, *Anac.*, &c. Cough which comes on periodically (every second or third day): *Nux v.*, *Ars.*, *Lach.* Cough when reading aloud: *Phosph.*, *Magn.*, *Staph.*, &c. When singing: *Stann.*, *Dros.*, &c. Cough exacerbated or excited by movement: *Nux v.*, *Lachesis*, *Arsenicum*, *Bellad.*, *China*, *Ferr.*, *Silic.* Cough on entering a heated room: *Bryon.*, *Natr.*, *Veratr.* Cough on touching the larynx: *Lachesis*, *Spongia*, *Hepar.* On pressing against the pit of the stomach: *Calad.* Dry cough: *Acon.*, *Nux*, *Bellad.*, *Cham.*, *Bryon.*, *Lachesis*, *Merc.*, *Lyc.*, *Phosph.*, *Hepar*, *Ign.*, *Sulph.*, *Spongia*, *Natr. m.*, &c. &c. Cough with expectoration: *Dulc.*, *Puls.*, *Stann.*, *Tart.*, *Sepia*, *Sulph.*, *Calc.*, *Kali*, *Euph.*, *Caustic.*, *Merc.*,—*Bryon.*, *Carbo v.*, *Lyc.*, *Phosph.*, *Bellad.*, *Squill.*, *Staph.*, *Natr. m.*, *Acid. nitr.*, &c. &c. Cough with difficult expectoration: *Lachesis*, *Aur.*, *Staph.*, *Sulph.*, *Sep.*, *Kali*, *Zinc.*, *Euph.*, *Arn.*, *Caust.* Cough with easy expectoration: *Dulc.*, *Stann.*, *Alum.*, *Veratr.*, *Kreos.* Cough with offensive expectoration: *Sanguin. canad.*, *Kreos.*, *Carbo v.*, *Sulph.*, *Calc.*,—*Guaj.*, *Sed*, *Natr.*, *Arsen.*, *Stann.* With expectoration of mucus: *Bella.*, *Dulc.*, *Puls.*, *Bryonia*, *Am. c.*, *Lachesis*, *Squilla*, *Hepar*, *Carbo v.*, *Phosph.*, *Merc.*, *Stann.*, *Sep.*, *Sulph.*, *Tart.*, *Sil.*, *Thuja*, &c. With purulent expectoration: *Sulph.*, *Sil.*, *Staph.*, *Calc.*, *Phosph.*, *Acid. phosph.*, *Guaiac.*, *Acid. nitr.*, *Kali*, *Lycop.*, *Carbo v. et a.*, *Plumb.*, *Stann.*, *Dros.*, *China*, *Sep.*, &c. With expectoration of a bitter taste: *Puls.*,—*Ars.*, *Cham.*, *Dros.* With expectoration of a putrid taste: *Carbo v.*, *Kreos.*, *Sep.*, *Stann.*, *Con.*, *Puls.*, *Fer.*, *Cupr.* With expectoration of a saline taste: *Lycopod.*, *Natr.*, *Sep.*,—*Phosph.*, *Stann.*, *Sulph.*,—*Ambra.*, *Magn.*, *Samb.* Of a sour taste: *Lachesis*. Of a sweetish taste: *Stann.*, *Phosph.*, *Sulph.*, *Calc.*, *Kreos.*, *Samb.* Cough with greenish sputa: *Stann.*, *Sulph.*, *Thuja*, *Cann.*, *Lyc.*, *Sep.*, *Phosph.*, *Carbo v. et a.*, &c. With grayish sputa: *Lycopod.*, *Dros.*, *Thuja*.



With frothy sputa: *Lach.*, *Ars.*, *Daph.*, *Op.*, &c. Cough with thick sputa: *Puls.*, *Sulph.*, *Stann.*, *Calc.*, *Phosph.*, *Am. m.*, *Argent.*, *Bellad.*, *Kreos.*, *Ruta*, *Op.* Cough with transparent sputa: *Ars.*, *Silic.*, *Fer.*, *Senega*, *Nux.* With viscid, tenacious sputa: *Phosph.*, *Senega*, *Lachesis*, *Nux.*, *Puls.*, *Stann.*, *Staph.*, *Cann.*, *Par.*,—*Spong.*, *Arsen.*, *Cham.*, *China*, *Fer.* With serous or watery sputa: *Arg.*, *Magn.*, *Stann.*, *Daph.* Cough with whitish sputa: *Sulph.*, *Puls.*, *Am. m.*, *Arg.*, *Ambr.*, *Acon.*, *China*, *Cupr.*, *Ac. phosph.*, *Kreos.* Cough with yellowish sputa: *Sulph.*, *Calc.*, *Puls.*, *Staph.*, *Thuja*, *Con.*,—*Lycop.*, *Stan.*, *Sep.*, *Acid. nitr.*, *Acid. phosph.*, *Carbo v.*, *Kreos.*, *Daph.*, *Spong.*, *Dros.*, *Ang.*, *Eug.*, *Magn.*, *Mang.*, *Arsen.*, *Bryon.*, *Ruta*, &c. Cough with expectoration of mucus mixed or streaked with blood: *Acon.*, *Phosph.*, *Bryon.*, *Arn.*, *Lach.*, *China*, *Fer.*, *Natr. m.*, *Sab.*, *Silic.*, *Daph.*, *Eug.*, *Euph.*, *Laur.*, *Iod.*, *Op.*, *Zinc.*, &c. Deep cough: *Hepar*, *Veratr.*, *Verb.*,—*Arsen.*, *Lach.*, *Ang.*, *Sil.*, *Samb.* Hollow cough: *Veratr.*, *Spong.*, *Verb.*, *Carbo v.*, *Tart.*,—*Phosph.*, *Sil.*, *Kreos.*, *Caust.*, *Euph.*, *Sed.*, *Merc.*, *Op.*, *Samb.*, *Staph.*, *Spig.* Hoarse cough: *Hep.*, *Merc.*, *Verb.*,—*Carbo v.*, *Cham.*, *Kreos.*, *Nux.*, *Natr.*, *Natr. m.*, *Verat.*, *Cina.* Shaking cough: *Ipecac.*, *Bellad.*, *Hyoscyamus*, *Puls.*, *Sulph.*, *Anac.*, *Lachesis*, *Ars.*, *Ign.*, *Lycop.*, *Merc.*, *Sed.*, *Caust.*, *Ac. nitr.*, *Rhus*, *Sil.*, *China*, *Ant.*, *Sen.*, *Mgs. arct.* Spasmodic cough: *Bellad.*, *Hyosc.*, *Ipec.*, *Cupr.*, *Drosera*, *Veratr.*, *Nux.*, *Puls.*, *Sulph.*, *Hepar*, *Cina*, *Merc.*, *Carbo v.*, *Bryon.*,—*Acon.*, *Ambra*, *Calc.*, *China*, *Con.*, *Dig.*, *Fer.*, *Ign.*, *Iod.*, *Kali*, *Kreos.*, *Lact.*, *Sed.*, *Magn.*, *Magn. m.*, *Natrum m.*, *Nitr. ac.*, *Plumb.*, *Sil.*, *Mags. arc.* Short cough: *Bellad.*, *Coffea*, *Lach.*, *Laur.*, *Natr. m.*, *Nux v.*, *Squilla*,—*Acon.*, *Alum.*, *Anac.*, *Arg.*, *Asa.*, *Ign.*, *Nitr. ac.*, *Cham.*, *Petr.*, *Plat.*, *Rhus*, *Sabad.*, *Sulph. ac.* Suffocating cough: *Ipecac.*, *Arsenic.*, *Tart.*, *Samb.* *Hep.*, *Lach.*, *Dros.*, *Cham.*, *Bryon.*, *China*, *Spigel.*, *Sulph.*,—*Con.*, *Ind.*, *Led.*, *Op.*, *Natrum m.*, *Petr.*, *Phell.*, *Tab.*, *Mags. arc.* Cough attended with pain in the abdomen during the paroxysms: *Ars.*, *Bellad.*, *Coloc.*, *Con.*, *Nux.*, *Phosph.*, *Stann.*, *Sulph.*, *Ver.* Cough with pain as if from a blow or bruise in the chest: *Arn.*, *Ferr.*, *Veratr.*, *Zinc.* In the hypochondria:



*Nux v.* Cough with burning in the chest: *Carbo v., Ant., Caustic., Seneg., Iod., Magn., Spong., Zinc.* With coldness in the chest (after coughing): *Zinc.* With constriction in the chest (while coughing): *Ars., Lach., Sulph.* With pain as from excoriation or soreness in the chest: *Carbo v., Puls., Phosph., Stann., Caust., Am. c., Sulph.,—Nux v., Lach., Acid. nitr., Calc., Magn. m., Magn. s., Merc., Natr. s., Nitr. ac., Sep., Sil. Spig., Spong., Zinc., &c.* Cough with rattling (mucus) in the chest: *Ipec., Tart., Natr. m., Bellad.,—Puls., Sep., Arg., &c.* Cough with shooting pains in the chest: *Acon., Bryon., Phosph., Nitr., Squill., Sulph.,—Bella., Lach., Merc., Ac. nitr., Kali, Puls., Natr. m., Sep., Con., Dros., &c.* Cough with pain as if the chest would burst: *Bryon., Merc., Zinc., &c.* Cough with pain in the chest as if arising from ulceration: *Staph., Rat., &c.* Cough followed by eructations, or regurgitation of ingesta: *Ac. sulph.* Cough attended with pain in the eyes: *Lach.* Cough accompanied by sensation of shocks or concussions in the head: *Ipecac., Lach., Natr. m., Rhus.* Cough with pain in the head: *Nux v., Bry., Sulph., Calc., Arnica, Ipecac., Bellad., Con., Merc., Phosph., Carbo v., Rhus, Lycopod., Alum., Ambr., Natr. m., Nitr., Nitr. ac., Squil., Sabad.* With pain as if the head would split: *Nux v., Bryon., Sulph., Phosph., Natr. m., Caps.* With pains in the hips: *Sulphur, Causticum, Bellad.* With pains in the hypochondria: *Nux v., Drosera, Bryonia, Lycop., Lachesis, Arn., Arsenic. Am. m., Helleb.* With pain in the loins: *Merc., Sulph., Am. c., Acid. nitr.* With pain in the nape of the neck: *Bellad., Alum.* With pain in the occiput: *Merc., Ferr.* Cough preceded by pain in the stomach: *Bell.* Cough, with pain in the stomach, (epigastric region): *Bryon., Lachesis, Arsen., Am. c., Phosph., Thuja.* Cough accompanied by a sensation as if the stomach turned round during the paroxysms: *Pulsatilla.* Cough with scraping or a feeling of roughness in the larynx: *Kreos., Natr. s.* With pains in the throat: *Nux v., Hep., Phosph., Caps., Magn. s., China, Carbo a.* Cough with lancinating pains in the throat: *Nux v., Merc., Kali, Acid. nitr.* With involuntary emission of urine: *Puls., Sulph., Kreos., Natr. m., Ant., Staph., Squilla, Zinc.*



(See the additional indications which have been given under some of the foregoing remedies, at the commencement of this chapter; as also those which are mentioned in the articles on *Bronchitis*, *Croup*, and *Hoarseness*.)

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ .

Unmedicated jujubes, sugar-candy, or gum arabic, may be allowed occasionally, to moisten the throat or mouth, in cases of dry irritating coughs.

## INFLAMMATION OF THE LUNGS.

(Additions to p. 238.)

*Belladonna*\* is generally required before *Bryonia*, when the fever returns after having been apparently subdued by *Aconitum*, and the difficulty of breathing, and pain, or feeling of uneasiness in the chest continue (particularly when the pain experienced seems more at the sternum), the sputa tinged with blood, and difficult to expectorate, the cheeks flushed, lips and tongue dry and parched, the skin hot, and the thirst incessant. In young plethoric subjects, *Aconitum* and *Belladonna* may be given, in rapid alternation, with the most satisfactory results during the first or congestive stage. In such cases indeed the further progress of the disease is not unfrequently arrested, or at all events such a degree of improvement is effected, that any remaining symptoms, such as some degree of oppression, expectoration of viscid sputa, with little or no dulness of percussion or other signs of hepatization, readily yield to the employment of *Bryonia*. *Bryonia* may, however, be prescribed at the commencement, when the following indications present themselves:

\* When *Aconitum* does not effect the desired amendment, *Belladonna* is generally of greater service than *Bryonia* in pulmonic inflammation. Again, if *Aconitum* produces only a slight degree of improvement when prescribed at the third or sixth dilution, the employment of a higher attenuation, such as the twelfth or twenty-fourth, is often followed by the happiest success. I consider *Aconitum*, *Belladonna*, and *Phosphorus*, to be the most important remedies in pneumonia.—Rummell. Allg. Hom. Zeit. No. 21. 32ster Bd.



cough, attended with expectoration of viscid or tenacious mucus, of a brick-dust colour, oppression at the chest accompanied by acute shooting pain, or rheumatic pains in the pleura, and pectoral muscles, or in the extremities, with increase of pain on movement; foul tongue, constipation, and other signs of gastric derangement. A complication with pleurisy (pneumo-pleuritis), indicated by increased dulness on percussion, and in some instances a double-sounding voice, central bronchial respiration, and bronchophony, is often an additional reason for the selection of this remedy. (See also PLEURITIS.)

℞ Tinct. Bryon. alb. ʒ. 3, gtt. iij.

Aq. pur. ℥ iij.

*Dose.* A dessert-spoonful every four, six, or eight hours, according to the severity of the case.

*Bromium* and *Nitrum*, particularly the former, promise to be of as much importance as *Phosphorus* in so-called complicated cases of pneumonia, and where there is incipient hepatization.

In obstinate or *chronic* cases, with weak, thread-like pulse and clammy sweats, *Lachesis* and *Lycopodium* have been found very useful after, or in alternation with, *Sulphur*, *Kali n.*, &c. *Carb. v.* and *Am. m.* have also been suggested as likely to be of service in some cases of the foregoing description.\*

*Sanguinaria canadensis*. This important medicament is considered by Constantine Hering as likely to prove a valuable remedy in certain cases of pneumonia. *Cantharides* seems calculated to prove serviceable in pneumo-pleuritis.

Ere we conclude this chapter, we trust we shall be excused for introducing the following somewhat diffuse but important remarks of Dr. C. Müller, on the employment of *Tartarus emeticus* and *Phosphorus* in pneumonia, as also some extracts from the observations of Dr. H. G. Schneider and Dr. Watzke on the treatment of pneumonic inflammation.

“The information to be gleaned from *homœopathic* authors, as to the efficacy of *Tartarus emeticus* in pulmonary affections,

\* *Cannabis* is sometimes useful in pneumonia, when the oppression and dyspnœa is greater than the other symptoms, such as the state of the pulse, &c., would lead us to anticipate.—Rummell.



is nearly as follows : Dr. Wurm recommends it in pleuritis complicated with bronchitis, when the expectoration is difficult.

Dr. Buchner recommends its employment in pneumonia when the fever and the typical signs have, for the most part, disappeared, but the patient is affected with constant rattling in the chest, and expectorates large confluent masses ; the expectoration being, at the same time, difficult, the respiration oppressive, the chest affected with a burning sensation extending to the throat, and gastric symptoms predominating.

An anonymous writer considers *Tartarus emeticus* the only specific remedy in *Pneumonia gastrica*, and in the second stage of pure pneumonia.

Dr. Bosch gives several detailed cures of pneumonia by means of emetic tartar, and intimates that he has always found it useful when, on the abatement of the symptoms of inflammatory fever, the oppression at the chest and the anxiety increased, the pulse became small, soft, and frequently unequal, and the physical signs afford distinct indications of hepatization, (dull-stroke sound, and crepitation or bronchial respiration.) Dr. Kurtz holds *Tart. emet.* to be a really specific remedy only in the stage of hepatization.

The following pathogenetic effects of *Tart. emet.* denote its action on the bronchi, lungs, and pleura : much coughing, and sneezing, violent tickling in the air-passages, which provokes cough ; loose night cough ; mucous rhonchus ; cough after a meal, with vomiting of the contents of the stomach ; gasping for breath at the commencement of every paroxysm of coughing ; burning sensation under the sternum ; continuous violent, rheumatic pain in the (left) side of the thorax ; fits of soreness in the chest, attended with hopeless despair ; sensation as if the chest were lined with velvet ; short, laborious breathing, rendering it necessary to sit up in bed,—relieved after coughing and expectorating ; nocturnal paroxysms of orthopnoea ; irregular or unequal, intermittent respiration during sleep ; less frequent inspiration ; interrupted or oppressed breathing, with dysphagia ; unusual oppression at the chest.

As already shown, the *homœopathic* physicians have, upon the whole, employed *Tart. emet.* but rarely in thoracic inflam-



mations, and that more apparently from the circumstance that they conceived they possessed sufficient resources in their other remedies, or because they attached but little credit to recommendations emanating from allopathic practitioners, rather than that any want of confidence in the remedy had arisen from established trials. No homœopathist, however, ever expected to find in *Tart. emet.* a never-failing specific in pulmonic inflammations. It therefore remains for us, from the physiological effects of this remedy, and the experience which has been derived from clinical observation, to consider more narrowly those symptoms which, when encountered in pulmonic inflammation, justify us, according to homœopathic principles, in selecting *emetic tartar* as an appropriate remedy. In the first place, then, as regards the painful sensations which *Tart. emet.* is capable of exciting in the chest, we find only a single symptom: violent fixed rheumatic pain in the (left) side of the thorax. Now, we know that in pneumonia the pain is commonly either very trivial or altogether absent, from the circumstance that the parenchymatous substance of the lungs is but little qualified to give rise to painful sensations. With the serous covering of the lungs, however, it is far otherwise; for if the pleura be affected, and particularly when inflamed, acute pain is always present, but this pain is almost constantly of a *shooting* or *cutting* description (as is for the most part the case in all serous membranes), and consequently not continual or incessant, but intermitting, excited by movement, breathing, &c. As the above-mentioned pain is, strictly speaking, the only one that is proper to *Tart. emet.*, it therefore follows that its applicability in pleuritis, at least in the first two stages of that complaint, is untenable.

Concerning the phrase "rheumatic pain," there is some difficulty in finding a positive definition: if employed to designate the changing or erratic nature of the pain, it contradicts the succeeding term "fixed;" if, on the other hand, the expression is received in the sense in which, in popular language, it is commonly employed in reference to pains arising from exposure to cold, such a signification ought not to find place in a scientific (homœopathic) work; most probably, therefore, it is intended



to be implied that the pain has its seat in the pectoral muscles, inasmuch as rheumatic affections are especially seated in fibrous structures. Consequently, although Peschier regarded pricking or darting pains in the chest as an especial indication for *Tart. emet.* in pleurisy, his opinion would seem to be unjustifiable, since the aforesaid pains counter-indicate the employment of this remedy. The paucity of painful pectoral symptoms speaks much more in favour of the application of *Tart. emet.* in *pneumonia*.

The following three symptoms ought to be taken into consideration here: sensation as if the chest were lined with velvet; soreness or pain as from excoriation in the chest, occurring in paroxysms; burning sensations behind the sternum, evidently arising from affections of the mucous lining of the bronchi, and their ramifications; they therefore denote the existence of common catarrh, or of the catarrhal affection which always accompanies inflammation of the lungs, and do not correspond to pleurisy, from the circumstance that catarrhal symptoms more rarely attend the latter affection. The symptoms of abnormal respiration are strongly marked: short, oppressed breathing, rendering it necessary for the patient to sit up in bed; frequent fits of unequal, intermittent respiration during sleep; extreme pectoral oppression; dyspnoea, compelling the patient to sit up, meliorated after coughing and expectorating; nocturnal attacks of orthopnoea; respiratory disturbance with dysphagia. When we compare these numerous symptoms with those of the few which were previously mentioned as appertaining to *Tart. emet.*, it will be seen that they predominate so much over the latter, as to be evidently of much greater importance, and correspond particularly with those of pneumonia; for in that affection, as is well known, the oppression and disturbance to the respiratory functions hold a prominent place, and the remaining symptoms are of a less decided character. The symptoms referring to the expectoration are of a less satisfactory nature; the cough is certainly chiefly loose, and even accompanied with mucous rhonchus, but with regard to the character of the sputa, a point of considerable moment in inflammation of the lungs, we have not the slightest notification. But although this de-



iciency of observation is much to be regretted, we yet may reasonably conclude that *sanguineous* sputa can hardly have been met with either during the provings of *Tartarus*, or in cases of poisoning therefrom, otherwise, so important a symptom would most assuredly have been recorded. The following two symptoms may also be said to be of considerable importance: gasping for breath at the commencement of every fit of coughing; and dyspnœa, diminished after coughing and expectorating; since this dependence of the oppression on the accumulation of mucus in the bronchi, and its disappearance and cessation for some time after expectorating, is in like manner to be observed in certain forms of pneumonia, viz., after the act of coughing, or merely by expectoration, the bronchial ramifications which intercept the hepatized portion of lung may be cleared of the fluids or the hard substances which have been secreted, or the communication between the bronchi and the trachea, which had been obstructed by mucus, may be restored by the aforesaid means; which fact can in some measure be accounted for, by the sudden decrease of the oppression subsequent to expectorating, and also by the circumstance that bronchophony, the bronchial respiration, the simultaneous rattling rhonchi, sibilus, &c., previously absent, often follow a paroxysm of coughing.

Had any doubt remained as to the specific relation of *Tartarus* to the lungs and pulmonic inflammations, it would have been unconditionally removed by the results which have been obtained from post-mortem examinations after cases of poisoning, the phenomena there met with having exhibited the greatest possible similarity to those which are found after pulmonic inflammation. The symptoms indicated unequivocally that stage of pneumonia in which the lung, or a portion of the same, after previous simple engorgement with blood (*engouement*), has become more solid, compact, heavy, and no longer possessed crepitation; which condition has been named that of the red hepatization by most authors, and *ramolissement rouge* by Andral.

Taking everything into consideration, therefore we shall find that the following are the indications for *Tartarus eme-*



*ticus*: it is particularly applicable in pneumonia, and especially in the so-called *second stage*, when little or no pain, but an extreme degree of oppression and obstructed respiration, is encountered; when there is a loose cough attended with mucous rattling and considerable expectoration, followed by melioration of the pectoral oppression; when the sputa contains very little or no blood, and consists chiefly of mucous masses; and when percussion and auscultation demonstrate that a portion of the lung no longer contains air, and is consequently hepatized. With reference to the said physical signs, the following particulars may be determined: percussion will elicit a dull sound over a greater or lesser extent of surface, with increased resistance,—but it may also yield a hollow or tubulous tone (viz. when the subjacent portion of lung is hepatized throughout); the parts of the chest immediately adjacent to this spot, may emit a tympanitic sound, (when, as is often the case, the portions of the lung bordering on that which is hepatized, are emphysematous,) or, like the remaining extent of the lung, the usual normal sound. Should the hepatized portion be very small in circumference and diameter, the percussion-sound would again be normal, but this is naturally of rare occurrence. Auscultation, over the spot where the stroke-sound was dull, will afford more or less distinct bronchophony (when, namely, the hepatized portion is sufficiently large to embrace one of the larger bronchial ramifications, and the latter is not filled with fluid, or a dense exudation, or a coagulum of blood, and the communication with the trachea thereby intercepted), and, further, bronchial respiration and consonant rattling, or one or the other. The presence of bronchophony does not, however, necessarily imply the existence of bronchial respiration or consonant sibilus, or rhonchi; and *vice versa*, bronchophony is not always heard when bronchial respiration is present; these signs are sometimes only perceptible after the act of expectoration, as has been stated above. At those parts of the thorax where the lung is not hepatized, auscultation will detect weak, vesicular, or puerile respiration, or indefinite respiration, and various kinds of rhonchi. It must yet be observed, that the cited physical



signs remain the same in the third stage of pneumonia, the so-called gray hepatization, *hepatisation grise, ramollissement gris* (in which *Tart. emet.* is inapplicable, at least the symptoms do not indicate it): but this conversion of the effused lymph in the hepatized lung into purulent matter will not be readily mistaken or confounded, because the accompanying group of characteristic general symptoms would lead sooner to the selection of *Phosph., Arc., Rhus, Lachesis, &c.*, than to *Tart. emet.*, which has either none or but a limited number of the said symptoms.

It now remains to be ascertained whether, in addition to the symptoms which have already been notified, there are any peculiar general indications for the employment of *Tart. emet.* According to the usual opinions, derived from theory and practice, it is in pneumonia attended with gastric or bilious derangement, the so-called *pneumonia biliosa (erysipelas pulmonum)* that emetic tartar is particularly appropriate. The characteristic marks which distinguish the said form of pneumonia from the common species are, the light bilious discoloration of the skin, and especially of the albuginea, *alæ nasi*, and corners of the mouth; further, the coating of the tongue, merging from light yellow into a brownish colour, the bitter taste, nausea, or vomiting, the brownish-yellow bilious urine, (the blood drawn by venesection is also stated to exhibit instantaneously a saffron-yellow colour under the test of nitric acid) Along with the foregoing, a lancinating pain is commonly experienced under the right false ribs, or pain and distention are complained of in the scrobiculus, with frequent eructation and hiccough; moreover, a peculiar pressive, severe piercing pain is centered in the forehead, which sometimes gives place towards evening to violent delirium; frothy mucus of a saffron-yellow or greenish hue rarely combined with blood, is ejected after the fits of coughing, which are often accompanied by vomiting.

Amongst the pathogenetic symptoms of *Tart. emet.* will certainly be found the majority, but not the whole, of those above given. The yellow colour of the skin, for instance, as also the brownish-yellow coating of the tongue and the bitter taste, are



wanting ; it must be admitted, however, that even in pneumonia biliosa, the bilious aspect of the skin is only occasionally a well-marked symptom. On the other hand, the distention and sensibility of the epigastrium and hypochondria, together with the eructations, hiccough, and vomiting, and the dark reddish-brown coloured, cloudy urine, the pressive frontal headache, and the cough with vomiting, are well determined symptoms of *Emet. tart.* ; concerning the sputa, as has already been observed, we are in the possession of no positive testimony. It therefore follows that *Tartarus* (as also *Senega*, *Merc.*, or *Nux v.*) may without doubt be deemed a useful remedy in pneumonia associated with so-called bilious and gastric states ; but to maintain that it alone corresponds to pneumonia with such complications is unjustifiable.

PHOSPHORUS. The experience of homœopathists as to the efficacy of *Phosphorus* in inflammations of the respiratory organs, is more extensive ; the observations detailed thereon, in various journals and essays, are so numerous that we shall here quote merely a selection of the most appropriate and authentic amongst them.

Dr. Wurm recommends it in pleuritis and pneumonia, in connexion with *tuberculosis pulmonum* ; as also in complications of pleuritis with pneumonia or bronchitis. Dr. G. Schmidt expresses himself in accordance with the foregoing.

Dr. Griesselich cured a case of pleuro-pneumonia by *Phosphorus* which had continued to gain ground notwithstanding the employment of *Acon.*, *Bryonia*, *Mosch.*, and *Arnica*, when, in consequence of the existence of muttering delirium and carpologia, paroxysms of threatening suffocation, extremely laborious respiration, critical debility, small, quick pulse, paralysis of the lungs was momentarily to be dreaded ; in the right lung there was no longer any respiratory murmur, but loud *rubbing sound* was distinctly audible. Very shortly after the administration of *Phosphorus* expectoration set in, and the breathing became freer, so that after twenty-four hours incipient slight respiratory murmur, pectoriloquy, œgophony, became audible, and recovery followed soon afterwards.

Dr. Buchner recommends *Phosphorus* where great prostra-



tion, paleness of face, dimness of the eyes, powerless, dry cough, particularly at night, are encountered; further, when the following state of matters is met with: difficult expectoration from exhaustion, burning, darting, rattling in the chest, danger of paralysis of the lungs, complication with bronchitis, imperfect crisis from depressed physical power.

Dr. Horner found *Phosphorus* curative in an extremely severe case of peripneumony, in which, after the employment of *Aconitum* and *Bryonia*, exhausting epistaxis, subsultus tendinum, delirium furibundum and involuntary stools had supervened.

Schellhammer found benefit still to arise from the employment of *Phosphorus* in neglected pulmonic inflammations, where there was coldness of the breath, cold, clammy sweats, tremulous, scarcely perceptible pulse, rusty, with difficultly expectorated sputa, extreme anxiety, facies hippocratica, and frequently such absolute dullness of tone on percussion, that it seemed as if a wall were struck instead of the chest.

Dr. Eichhorn found *Phosphorus* particularly to be approved of, when incipient hepatization, in pure and (so-called) asthenic pneumonia, is indicated, in addition to the known physical signs, by the livid, sharp face, cold sweats, small, quick, and hard pulse, frequent cough, with frothy or brown (sometimes gelatinous-looking) sputa, &c.; and also in those cases of typhus, where, notwithstanding the pneumonic concentration, sensibility to the touch, and borborygmus in the cœcal region as well as diarrhœa, are present.

Dr. Schneider saw greater benefit from *Phosphorus* in 1839-40 than from any other remedy; in general he also found this remedy indicated where *Acon.*, *Bryon.*, *Merc.* had not rendered the expected relief before the pneumonic crisis; and in neglected cases, with rattling rhonchus in the bronchi, difficult purulent-looking, copious sputa, and great debility.

Dr. Watzke states *Phosphorus* to be appropriate in the second stage of primary pneumonic croup; further, in pneumonia complicated with pleuritic exudation, or with bronchitis.

The most decided defender of *Phosphorus* in pneumonia is Dr. Fleischmann; in the year 1840 he employed it exclusively with success in 51 cases of inflammation of the lungs, and found



it equally useful in nearly every stage of the disease; the same striking results ensued in the following year. The physical signs were almost constantly as follows: dullness of sound on percussion, bronchial respiration, frequently attended with crepitation or rattling.

Descriptions of cures performed by means of *Phosphorus* in severe, partly so-termed, nervous pulmonic inflammations, have also been given by Dr. A. Noack, Dr. Bethmann, and Dr. Hartlaub.

The known pathogenetic symptoms which *Phosphorus* exerts upon the organs of respiration are about as follow: shooting and violent stitches in various parts of the thorax, right and left side, sometimes with burning at rest and during movement, especially while sitting and during respiration; pain in the chest, particularly during inspiration, itching in the interior of the chest with dry cough. Oppression at the chest; precordial anxiety with obstructed respiration, and throbbing in the right side of the chest; great oppression and shortness of breath; tightness of chest as if caused by a band; tension and dryness in the chest; constrictive pressure in the upper part of the thorax; loud rattling respiration; dry, hollow cough without subsequent expectoration; hacking cough, with a suffocating sensation in the chest, and some mucous expectoration; cough with expectoration of transparent mucus accompanied by tensive and subsequently pricking pain in the chest; straining cough with white, viscid sputa, which is difficult to loosen or detach; streaks of blood in the mucous sputa; muco-purulent sputa; expectoration of blood with mucus during a short, slight cough; pricking pain in the scrobiculus cordis while coughing, rendering it necessary to support the part with the hand; great startness after each fit of coughing.

The sensations of pain which *Phosphorus* is capable of producing consists, for the most part, of stitches and shootings, which are more particularly excited or increased by respiration, coughing, and movement. Identical symptoms are met with in pleuro-pneumony: the pain, which is almost constantly of a shooting or darting description, being, in the said disease, all but exclusively experienced during a deep inspiration or the act



of coughing. The symptoms of tightness of chest and dyspnoea form a prominent feature in the pathogenesis of *Phosphorus*, but they undergo no mitigation from the acts of coughing and expectorating, as is the case with *Tart. emet.*; on the contrary, each paroxysm of coughing is productive of increased difficulty of breathing. The cough is either perfectly dry and hollow, or it is loose, yet straining, fatiguing, and generally productive of severe pain; the sputa consists of white, transparent, tenacious mucus, or of mucus intermingled with blood, or it is purulent. The results obtained from the cases of poisoning, and post-mortem examinations, are very similar to those detailed under *Tart. emet.*, i. e., the lung or a portion of the same was firmer, more solid and impermeable, and consequently in a state of so-called hepatization. If, from the foregoing, we now attempt to determine the kinds of pneumonia, the time and stage in which *Phosphorus* is appropriate, it is requisite in the first place to point out those pulmonic inflammations where (in contradistinction to *Tart. emet.*) the shooting pectoral pains, as well as the dyspnoea and the respiratory disturbances, are especially excited and aggravated by coughing and respiration,—and these are the so-called pleuro-pneumonic inflammations in which the pleura is *pretty extensively* (for perhaps in no case of pneumonia does it wholly escape) implicated, and more particularly in the second stage when mucus or sanguineous mucus is expectorated, and the physical signs are the same as those mentioned under *Tart. emet.*, viz dull stroke-sound and bronchophony or bronchial respiration, and perhaps consonant râles. So far, therefore, it would seem that *Phosphorus* corresponds somewhat closely with *Tart. emet.* in its sphere of action, differing only from the latter in certain isolated instances. But there yet remains a group of symptoms under the head of *Phosphorus* which have not yet been taken into consideration, and in reference to which the sphere of action of *Phosphorus* is altered and considerably extended, viz., those general appearances, which, without inducing any peculiar change in the local and physical symptoms, sometimes connect themselves with pneumonic inflammations, and have by the older physicians been denominated *nervous*. These “nervous” appearances



develop themselves probably only when the pulmonic inflammation enters, unchecked, into the third stage, that of the gray hepatization (*hepatisation grise, ramollissement grise*) with threatening paralysis of the lungs; and, perhaps, also in the first stage of those inflammations which occasionally occupy the lungs in typhus. When pneumonia is verging on the third stage, the purulent infiltration of the parenchyma, the following symptoms chiefly declare themselves: mental depression, slight delirium, with carphologia and subsultus tendinum, rapid prostration of strength, cold, clammy sweats, small, feeble, frequent pulse, dim eyes, sunken features, dry lips and tongue, short, laborious breathing, oppression and anxiety, tedious cough and expectoration, frequently loose and involuntary stools. The physical symptoms, as already stated, remain the same as in the second stage, excepting that the sound, on percussion, becomes perfectly dull and deprived of resonance over a larger surface, and the respiratory murmur, at that spot, inaudible or extremely faint. The expectoration either ceases altogether or consists of a purulent mucus or a brown serous liquid. Nearly the whole of these symptoms are also to be found amongst the pathogenetic properties of *Phosphorus*; and more particularly the delirium with carphologia, the sunken, hippocratic visage, with deep-set eyes, dryness of the lips and tongue without thirst, the short and anxious respiration, with slight, tedious cough and expectoration, the purulent sputa, clammy sweat with coldness of the face, small, quick pulse. Hereunto must be added the numerous and, in great part, authentic clinical observations which almost unanimously recommend *Phosphorus* in the so-called slow, asthenic, nervous pneumonic inflammations,—corroborated, moreover, by the testimony of Dr. Fleischmann, whose position as the physician to an hospital gives additional weight to his evidence. It consequently follows that *Phosphorus*, according to homœopathic principles, must prove valuable at the commencement of the third stage, with so-called nervous symptoms and threatening paralysis of the lungs, as well as in the second stage. On comparing, therefore, its sphere of action with that of *emetic tartar*, it will be seen, in addition to the distinctive marks already given, that the field



embraced by *Phosphorus* is greater than that of *Tart. emet.*, and that the former may be advantageously employed in pneumonic inflammations of a more advanced stage than where there could be the slightest prospect of obtaining a favourable result from the administration of the latter. But that *Phosphorus* should still be capable of effecting a cure, when *extensive* purulent infiltration of the parenchymatous substance of the lungs has taken place, is as little to be expected as the attainment of so desirable an event by means of any other remedy.

Dr. Schneider writes: I. For the last eight years—i. e., from the time that I commenced to substitute the specific or homœopathic for the antiphlogistic method, I have usually seen pneumonia last only four to five days, and terminate on the fifth inclusive, at most on the seventh inclusive, by profuse sweats and hypostatic urine.

II. I seldom met with epistaxis in pneumonia,—although artificial bleedings had not been employed, and I never (which may certainly depend upon the *stadium*) saw this or any other hemorrhage appear critically.

I have, moreover, never observed critical diarrhœas in pneumonia.

III. If, in addition to critical sweat and urine, the evolution of a scabby eruption about the mouth appeared to be necessary to ensure the termination of the inflammation, the decrease of the disease proceeded somewhat slower, and that more especially when the urine was at the same time of a light colour.

IV. If critical sweats made their appearance on the fourth or fifth day, without effecting a decrease of the pneumony, and they were, moreover, accompanied by anxiety and restlessness, with increased oppression, cough, and pain during the act of coughing, the eruption of a critical *miliaria* was to be expected.

V. A miliary eruption (consisting of small whitish vesicles on a red ground) was always sufficient (when the inflammation could not otherwise be removed) to terminate the pneumony within nine days. In the meanwhile the sweats diminished, and the *miliaria* soon afterwards scaled off.



VI. In one case, where the patient had wantonly exposed herself to cold on the fifth day of the disease,\* about the termination of the *crisis bona* (by sweat, hypostatic urine, and eruption about the mouth) relapse took place, accompanied by great anxiety, restlessness, and sleeplessness, excessive oppression and tightness of the chest, and very difficult, painful cough, which indicated a termination (on the ninth day, reckoned from the first appearance of the disease) in a miliary eruption.

VII. On the decline of the pneumonic inflammation, the oppression at the chest, and the obstructed inspiration, as also the pricking pain whilst making a moderate inspiration, and the frequent pulse, were generally the first symptoms that were alleviated; at the same time the rust-coloured sputa became more and more light-coloured, (subsequently dirty-white and globular,) the cough gradually easier and the expectoration less troublesome; somewhat later, the stitches during coughing disappeared, and lastly the cough itself, after having (in the form of a normal cough) removed the last trace of the disease.

VIII. I generally prescribed *Aconitum* for only one day at the utmost in pneumonia; I only continued it the day following if the fever was still very violent; and in that case I gave it alternately with the other appropriate remedy.

IX. If the patient came under my treatment only on the third day of the existence of pneumonia, I immediately gave *Aconit.* alternately with the other medicine indicated.

X. If the vascular irritation was very great at the beginning of the pneumony, and accompanied by determination of blood to the head, or also by talking in the sleep, I gave *Aconite* and *Belladonna* alternately.

XI. The second remedy which I employed in pneumony was generally *Bryonia*; I soon discovered, however, that this medicament operated much better when given alternately with

\* The patient, a woman of very violent, impatient temper, being tired of the sweating, and feeling herself otherwise well, left the bed and seated herself in the passage, in a current of air, coming from two opposite open doors.



some other which was appropriate to the *genus morborum*, or the individuality of the patient, or also the *causa occasionalis* of the pneumony, with *Belladonna* or *Mercury* (most frequently with the latter) or with *Nux v.*, (e. g. with drunkards) or with *Arnica*. or *Rhus* (after external causes).

XII. In 1839 and 1840, about the time when *ganglionic typhus* prevailed, *Phosphorus* proved more effective than any other remedy in pneumonia. During the prevalence of scarlet fevers and anginae, *Belladonna* deserves particular attention; and during that of influenza, *Mercury*.

XIII. I usually employed *Mercurius* with good effect with that otherwise indicated remedy, if a critical eruption about the mouth was to be foreseen.

XIV. When the critical eruption about the mouth was foreseen, the employment of *Mercurius* in alternation with the remedy otherwise indicated, was attended with good results. If all remedies above-mentioned did not effect the desired amendment before the crisis of the pneumonia, I usually found, after a renewed examination, *Phosphorus* or *Sulph.* indicated, more rarely *Rhus*, or *Sepia*, or *Squilla*, and still more so, some other remedy.

XV. On appearance of great anguish and restlessness, and oppression of the chest (IV.), &c., before the evolution of *miliaria*, I found either *Arsen.* or *Veratr.*, or *Hyoscyam.* indicated, and effective.

XVI. In neglected pneumony, with rattling noise in the bronchi, difficult, purulent and copious expectoration, great weakness, &c., I have found *Belladonna*, *Arsen.*, *Phosph.*, and *Lycop.* very beneficial.

XVII. In neglected pneumony, with copious, very offensive, purulent expectoration, (IX.) I found especially *Sepia*, *Conium*, *Carb.*, *Silic.* and *China* effective.

XVIII. Latterly, I commonly prescribed *Aconitum*, *Bryon.*, and *Bellad.*, in the 1—I. dilution, and the other medicines in the 4—II., as follows: gtt. iv.—gtt. viij. in  $\zeta$ iv. of water, 1 tablespoonful to be taken every 1—2 hours.

Dr. Watzke states that: "The homœopathic or specific treatment of pneumonia presents very considerable advantages—



although more in reference to the direct and indirect consequences, and period of convalescence, than with regard to the course of the disease. In our hands, as a general rule, more or less distinct indications of critical symptoms make their appearance on the fifth day; on the seventh, the perfect crisis takes place, and on the fourteenth day the patient is enabled to attend to his usual occupations.

*Aconitum* has been too unconditionally and generally recommended and employed against pneumonia. We only expect direct benefit from it in active hyperæmia, and incipient splenization.

*Bryonia* we employ only in those forms of pneumonia which are sympathetically founded on pleuritic inflammation with predominating plastic—serous exudations.

In the first stage of pneumony in robust individuals, with existing consensual irritation of the brain, as also in pulmonic inflammations in general, resulting from severe and continuous exertion, or from mechanical lesion, the best remedies are *Arnica*, *Rhus*, and *Conium*.

*Belladonna* is indicated when pneumonia is accompanied by an acute exanthema, with violent cerebral symptoms and general *turgor venosus*. In pneumonia occurring in females labouring under primary or secondary chlorosis, or associated with chronic, neglected, or acute bronchial catarrh, measles, or smallpox, *Pulsatilla* will not easily be excelled by any other remedy.

“In the second stage of primary pneumonic croup we would call attention, besides, to the well-known and successfully employed *Phosphor.* and *Antimonium*, to *Bismuth magisterium*, and *Arg. nitr.*, in addition to the well-known and successfully employed *Phosphorus* and *Antimon. tart.* *Arg. nitr.* promises to be more especially of service against lobular hepatization occurring as a sequela.

In the stage of purulent or serous infiltration, *Bromium* is, next to *Sulphur*, *Senega*, and *Carbo veg.*, the most worthy of attention.

In irregular reactions, insufficient crisis in asthenic, torpid inflammations of the lungs, which frequently take place in con-



sequence of bleedings, *China*, *Camphor*, *Ol. tereb.*, and *Moschus*, are often beneficial even in apparently hopeless cases.

*Opium*, *Nux vomica*, *Hyoscyamus*, *Lachesis*, *Conium*, *Cocculus*, *Stram.*, do not appear to have any primary and direct effect upon the lungs; they are indicated in secondary pneumonic processes, in pneumo-typhus, in delirium tremens complicated with inflammations of the lungs, and in various forms of so-called nervous pneumonia.

In pneumonia catarrhalis, or in pneumonia occurring in lymphatic, flaccid, fat habits, *Senega* is indicated; in pneumonia complicated with bronchitis, *Senega*, *Mercury*, *Phosph.*, *Brom.*, *Nux mosch.*; in that with hepatitis (pneumonia biliosa?) *Senega*, *Mercury*, *Nux vomica*, and in pneumonia interstitialis—*Aur-chlor.*

Pneumonic states which originate from tubercles in the lungs, are sometimes to be cured by means of *Mercury*, *Iod.*, *Sulphur*, *Spongia*, and *Ol. jecoris aselli*.

In the pneumonia of old persons, *Arsenicum* is the principal remedy; in that arising from repercussed eruptions, *Arsenicum* and *Sulphur*; in complications with endocarditis, *Arsenicum*, *Camphora*, *Mercurius*, *Bromium*; and in those with pleuritic exudations, *Arsenicum*, *Camphora*, *Phosphorus*, *Scilla*, and *Acidum muriaticum*, are the most important medicaments."

## DIAPHRAGMITIS.

*Inflammation of the Diaphragm* (muscular partition between the thorax and abdomen).

Inflammation confined to the muscular structure of the diaphragm is considered to be of extremely rare occurrence, the disorder in almost every case appearing in combination with inflammation of the pleural or peritoneal covering; in either of which investing membranes, moreover, the disease, for the most part, seems primarily to commence, and only subsequently to extend itself to the connecting cellular tissue and muscular or tendinous substance of the diaphragm. Whether the disease



arises in the upper or lower surface or covering, the symptoms are closely analogous. If the inflammation be extensive, the pain is extremely violent, spreading from the lower ribs to the dorsal vertebræ, and accompanied with intense fever. The upper part of the abdomen, and particularly the scrobiculus cordis, is usually hot, very sensitive to the touch, and retracted, but often distended, tense, and accompanied with throbbing and deep-seated burning. There is often at first low muttering delirium, but as the fever increases it becomes more violent; simulating phrenitis, from the circumstance, as has been supposed, of the irritation which is communicated to the phrenic nerve.

Owing to the interruption which is caused to the functions of the diaphragm, the respiration is always impeded, and a dry, extremely distressing cough is commonly present, especially when the upper or pleural surface of the diaphragm is the principal seat of the inflammation.

Along with the foregoing symptoms there is frequently obstructed deglutition, severe hiccup or vomiting, extreme anxiety and restlessness, twitchings, or spasmodic retractions of the angles of the mouth, (*risus sardonius*). The exacerbations on movement or on attempting to take a deep breath are excessive, and the only position in which the patient experiences any degree of amelioration is when sitting up with the body inclined forwards. The affection may terminate in resolution, or in the effusion of fluid either into the cavity of the pleura or peritoneum, or the patient may speedily sink under the intensity of the fever.

**THERAPEUTICS.** When the fever runs high and is of the synochal type, it is necessary to exhibit *Aconitum* in repeated doses; but when the accompanying fever partakes of the character of synochus, *Bryonia* is to be preferred, and may, in most cases of the said description, be prescribed at the very commencement of the attack. If the scrobiculus and the region of the false or lower ribs be swollen, and pressure increase the short and distressingly interrupted breathing, as also the pulsating burning pain which extends from the stated points



backwards towards the spine; moreover, when there is a dry, fatiguing cough, or violent vomiting and convulsions, great agitation and constant moaning,—*Chamomilla* is the best remedy. But should there be great tightness, as if caused by the constriction of a cord drawn around the chest, with dry, short cough, anxiety, and constipation,—*Nux vom.*, is the most appropriate remedial agent. *Cannabis*, *Pulsatilla*, *Cocc.* have been recommended as being useful where the symptoms of inflammation continue to occupy a prominent place; and *Hyoscyamus*, *Veratrum alb.*, *Arsenicum*, *Stramonium*, and *Ipecacuanha*, where a nervous condition predominates.

When diaphragmitis exists in connexion with pleuritis, *Bryonia* is one of the most important remedies; as also when it is symptomatic of pneumonia, peritonitis, splenitis, and hepatitis, particularly when the pains are aggravated by the slightest movement and are attended with violent fever, small, quick, hard pulse, delirium, extreme agitation, cough.

*NUX VOMICA* is equally useful when the disease occurs as symptomatic of the above-named disorders, provided the symptoms encountered are analogous to those we have given as characteristic indications for its selection. (See also *PLEURITIS*, *PNEUMONIA*, *PERITONITIS*, *SPLENITIS*, and *HEPATITIS*.) Diaphragmitis arising from antecedent gout or rheumatism, is the most dangerous and fatal form in which the affection is met. The remedies chiefly to be relied on under such serious circumstances, are the same as the foregoing.

DOSE:  $\frac{0.0}{3}$ , or  $\frac{0.0}{6}$ , or  $\frac{0.0}{30}$ .

## PULMONARY CONSUMPTION.

### *Phthisis Pulmonalis.*

(Additions to p. 259.)

One of the earliest symptoms of tuberculous phthisis is a short cough, which is either dry or accompanied by the expectoration of a frothy mucus, and is generally slight at the com-



mencement, but more or less constant. Shortness of breath, proceeding from obstruction, caused by the granular and diffused indurations, is another early symptom of consumption. It is, at first, experienced only during exertion, but subsequently comes on after every fit of coughing, or on lying on the one or the other side, and is much increased by the slightest movement. Symptoms of gastric derangement are frequently present, with redness of the tongue, or white furred centre, with inflamed and projecting papillæ, and vivid red tip and margins; the patient falls off in flesh, becomes indolent, dejected, and overpowered with languor. A feeling of soreness is often complained of behind the sternum, or under the clavicles, particularly after any fatigue, or after a fit of coughing, and sometimes on exposure to cold air. The pulse is often normal in the first stage of the disease, but soon becomes full, hard, and accelerated. Fever of an intermittent character soon makes its appearance; it declares itself most towards night, remits from about two in the morning until the following day at noon, when it returns in a slighter degree, and continues until about five in the afternoon, and is then followed by another remission. This hectic fever is, in the first instance, chiefly manifested by flushing of the face (which is often most apparent after a meal), and heat in the palms of the hands and soles of the feet; but, as the disease advances, night sweats supervene, which leave the patient in a state of great exhaustion in the morning. As the expectoration increases, it becomes more viscid and opaque, and is often tinged with blood, or a considerable quantity of florid, frothy blood is ejected in consequence of the obstruction offered to the blood-vessels, by the indurations or granulations already alluded to. As the disease advances and passes into the second stage, or that in which the dark red or grayish indurations are converted into crude yellow tubercles, the respiration becomes more difficult, the emaciation and debility go on increasing, the cough is rendered more severe and troublesome, particularly at night, and the fever, though of shorter duration, is attended with more profuse sweating, and the pulse loses tone. The expectoration



becomes, at the same time, more free and copious, particularly towards morning, and is less thin and transparent.

During the febrile exacerbations, or after meals, or at times of excitement, a circumscribed red patch still appears on each cheek; but at other times the colour of the cheek is faded, and the countenance wears a dejected expression.

In the third (or suppurative and ulcerative) stage of the disorder the tubercles become soft, and are expectorated at first in the form of curd or cheese-like particles, and subsequently mixed up with pus, mucus, shreds of lymph, blood, and occasionally, though rarely, portions of pulmonary tissue. The bowels, from having been more inclined to be costive at the commencement of the disease, are now more prone to be relaxed, so that attacks of diarrhoea often recur frequently, and, by alternating with colliquative sweats, induce an excessive degree of weakness and prostration. In this, the last stage of the disease, the patient becomes reduced to a skeleton; the face is thinned, the cheek-bones prominent, the eyes look hollow, the hair falls off, the nails are livid and incurvated, and the feet œdematous; but, notwithstanding all this, the countenance presents a degree of clearness, and the eyes a lustre, that are rarely, if ever, met with in other maladies; moreover, the state of mind is generally so serene and hopeful, that the patient seems often quite unconscious of his dangerous condition, and speaks and acts as if in full anticipation of a speedy recovery. The senses commonly remain entire and collected to the end of the disorder, but in some cases delirium precedes death and continues until life is extinct. The usual duration of phthisis pulmonalis is from eight or nine months to a year and a half; but circumstances tend much to vary the length of the disease; and there is a rapidly fatal form which runs its course in from two to three months, sometimes indeed only in one. When the malady makes slow progress, the patient is affected with cough, weakness, and emaciation, chiefly in winter and spring, and in many respects restored to comparative health in summer; but is always extremely susceptible to cold, and commonly complains of breathlessness on the slightest exertion. In this state the patient continues for a considerable



time, sometimes even for several years, until at length the symptoms of confirmed consumption are developed by the invasion of an inflammatory attack proceeding from cold or some other irritating cause.\*

When we take the general symptoms in conjunction with the physical signs, the diagnosis of phthisis pulmonalis is, in general, unattended with difficulty. It is true that in the early stage, when the miliary indurations are equally diffused or scattered through both lungs, they do not give rise to any marked diminution or change in the respiratory murmur, or in the resonance of the thorax on percussion. But it much more frequently happens that the indurations, even in the early stage, accumulate in clusters, particularly about the apices of the lungs, and usually more on one side than the other. The sound, on percussion, will therefore generally be found dull at the clavicle (more commonly the left) and the subclavicular region; the breath-sound during expiration will, at the same time, be unusually audible, and the voice will transmit a diffused resonance or preternatural clearness.

When the spaces immediately beneath the clavicles give no signs of disease or discrepancy of sound, the regions below, at the sides, and at the back, should be examined (between the scapulæ in the case of children in particular). A slight flattening is sometimes observable under the clavicles. On comparing the movements of the two sides of the chest, when the patient breathes deeply, a difference in their individual mobility will frequently be perceived. When the disease has attained the suppurative stage, and the tubercles have consequently become soft, or entirely liquid, a clicking or bubbling sound will be heard, either under one of the clavicles or above the spine of one of the scapulæ. As the evacuation of the softened matter of the vomica progresses, a more continued gurgling, or the so-called *cavernous rhonchus*, will then be heard. Again, when

\* Hoarseness is often an early accompanying symptom of phthisis. Laryngeal phthisis, with thickening and ulceration of the lining membrane of the larynx, independently of its own serious character as a disease, is moreover very frequently complicated with tubercular formations in the lungs.



the vomica or abscess has become completely softened and evacuated by ulceration into the bronchial tubes, a cavity is left, over the seat of which, cavernous respiration, and, when the patient speaks, the phenomenon designated pectoriloquy are encountered.

**THERAPEUTICS.** It would require a separate treatise to do justice to the treatment of this deplorable disease, by giving or attempting to give a full and minute description of the characteristic indications for the medicines which are appropriate to the various forms of the different stages of the disorder. We must therefore content ourselves here, by presenting our readers with a brief notice of the principal remedies which are employed in homœopathic practice against the inflammatory, suppurative, and ulcerative stage of tubercular consumption.

In the *first* stage of the malady, when the tubercles are in a crude, unsoftened state, or when they are inflamed and commencing to soften, the remedies by means of which the malady may be retarded, if not arrested, and, with due collateral precautions, kept harmless for years, are chiefly *Aconitum*, *Bryonia*, *Belladonna*, *Lachesis*, *Hepar*, *Spongia*, *Phosphorus*, *Dulcamara*, *Pulsatilla*, *Arsenicum*, *Nux v.*, *Hyoscyamus*, *Silicea*, *Calcarea c.*, *Carbo v.*, *Acidum nitricum*, and *Sulphur*. These must be selected according to the aggregate symptoms of the case under treatment. Their leading indications may be gleaned from the chapters on COUGH, PLEURITIS, PNEUMONIA, and HEMOPTYSIS.

In the *second* stage, with more free, copious, and somewhat purulent expectoration, the most important remedies are: *Acidum nitricum*, *Silicea*, *Kali c.*, *Sulphur*, *Calcarea*, *Natrum m.*, *Mercurius*, *Lachesis*, *Phosphorus*, *Lycopodium*, *Carbo v.*, *Sambucus*, *Hepar sulphuris*, *Spongia*, *Cinchona*, *Ferrum*, *Conium*, *Zincum*, *Ammon. c.*, *Laurocerasus*, *Graphites*, *Nitrum*, *Podium*, *Drosera*, *Plumbum*, &c.

In the *third*, or ulcerative stage, the same remedies as the foregoing, together with *Guaiacum*, *Sepia*, *Stannum*, *Staphysagria*, *Acidum phosphoricum*, *Sanguinaria canadensis*, are those by means of which the symptoms may be materially miti-



gated, and the fatal issue of the disease postponed. A few general indications for most of these will be found in the chapter on COUGH. When the colliquative sweats are peculiarly distressing, *Sambucus*, *Stannum*, *Cinchona*, *Phosphorus*, *Arsenicum*, *Carbo v. et a.*, *Silicea*, *Mercurius*, *Nitrum*, *Lachesis*, *Sulphur* and *Lycopodium*, are the medicines which are of the greatest service. The remaining morbid symptoms must regulate their selection. When colliquative diarrhœa predominates: *China*, *Ferrum*, *Arsenicum*, *Phosphorus*, *Acidum phosphoricum*, and *Sepia*, are the most useful. (See DIARRHŒA.)

In phthisis resulting from imperfectly treated *pulmonic inflammation*, or from excessive pulmonary hemorrhage, and occurring in habits which are not of the consumptive diathesis, the remedies which are best calculated, under favourable circumstances, to effect a cure, are: *Lachesis*, *Lycopodium*, *Sulphur*, *Mercurius*, and *Ledum*. But, in some cases, one or more of the other medicaments noticed under tubercular consumption, may be better indicated. (See also PNEUMONIA.)

In *pituitous phthisis*, or *blennorrhœa of the lungs*, the most effective medicines are *Stannum*, *Dulcamara*, *Pulsatilla*, *Sulphur*, *Sepia*; and *Calcarea*, *Lycopodium*, *Cinchona*, *Phosphorus*, *Silicea*, *Arsenicum*, *Zincum*, *Copaiva*, &c.

While conducting the treatment of consumption, the state of the digestive functions, and in females the condition of the uterine system likewise, must be strictly attended to. This is, however, a superfluous precaution to the homœopathic practitioner, as he is ever careful to pay due regard to every symptom, not only in this, but in every other disease. Should none of the remedies above quoted correspond to the derangements alluded to in particular cases, although they may be otherwise indicated, an intercurrent remedy may be selected from amongst those we have mentioned in the articles on DYSPEPSIA, CHLOROSIS, &c. The temperament and constitution of the patient ought also to claim attention in the selection of the remedies.

In conclusion, it must be remarked that as the irritation which is so repeatedly created in the lungs by the vicissitudes of climate, so constantly occurring in most parts of this country, forms a great drawback to the more or less successful treatment



of pulmonary consumption, it is of great moment that every possible means be taken to avoid that pernicious influence. It has been much in vogue with many medical men to recommend warm climates, or well-sheltered situations, even, although the atmosphere might be of a humid and relaxing nature. But we confess that we are inclined to side with those who do not object to a somewhat bracing and cold atmosphere, provided it be dry and not of very variable temperature. Much, however, depends upon the peculiarity of the case,—the air, as well as the food, which may be well adapted to one patient, being often perfectly inappropriate and therefore injurious to another.

## APOPLEXY.

(Additions to page 271.)

*Apoplexy.* The following are the principal remedies, which have hitherto been chiefly recommended, or found most successful, in the treatment of the disease itself:—*Opium, Nuxvomica, Belladonna, Lachesis, Arnica, Pulsatilla, Baryta carbonica, Silicea, Stramonium, Zincum metallicum, Acidum hydrocyanicum, Agaricus, &c.*

In sanguineous or *sthenic* apoplexy, (generally characterized by bloodshot eyes, redness of the face, full, hard pulse, oppressed and stertorous breathing. The paroxysm more usually comes on without warning,—although sometimes preceded by fulness, weight, and a dull pain in the head, attended with giddiness and drowsiness,—the patient suddenly falling to the ground, and seeming as if in a heavy sleep,) *Opium., Acon., Bella., Nux v., Lach., Stram., Ant., Coff., Hyos., Puls., &c.,* are the principal remedies.

In *asthenic* apoplexy, (chiefly defined by pale and sallow, but puffy, bloated countenance; feeble and easily compressible pulse, heavy, laborious respiration. This variety is more commonly ushered in by premonitory symptoms than the preceding, such as headache, giddiness, loss of memory, illusions of hearing, inarticulate speech, somnolency, and a disposition to clonic spasms,) *Ipecac., Merc., Dig. Arn.,—Baryt. c., Cocc.,*



*Con., Nux v., Puls., Zinc. Bella. Coff., Hyos., Stram., Cup. &c.*, are more frequently called for.

## EPILEPSY

*Epilepsia. Morbus sacer. Morbus caducus. Morbus divinus. Morbus herculeus. Morbus comitialis.*

(Additions to page 395.)

This is a malady which consists of clonic spasms, or convulsions, with loss of consciousness and voluntary motion, and generally foaming at the mouth.

It comes on by fits, and is usually characterized by the suddenness of the attack, although it is occasionally preceded by pain in the head, dimness of vision, flashes or sparks of fire, *tinnitus aurium*, palpitations, flatulency, and languor; or, by a peculiar feeling, partaking partly of pain, and partly of a sense of cold, commencing in some remote part of the body, as in the toes, abdomen, or fingers, and proceeding gradually upwards towards the heart or head. (*Aura epileptica.*) During the paroxysm, the muscles of one half of the body are commonly more severely agitated than those on the other, and those concerned in the performance of respiration are always more or less implicated; the eyes are hideously convulsed, and turned in various directions, but at length become fixed, so that the whites of them alone are seen; the fingers are firmly clenched, and the muscles of the jaws are often spasmodically affected, in consequence of which the tongue is sometimes lacerated by being thrust out immediately before the sudden and violent approximation of the teeth; the mouth is frequently filled with phlegm, which is expelled with considerable force in a frothy state. The face is either of a dark-red or livid colour, or it is pale, or alternately pale and red, or pale one side and red on the other. The fæces and urine are sometimes passed involuntarily. On the abatement of the spasms the patient gradually recovers. Sometimes a fit of vomiting terminates the attack. The memory and judgment are generally somewhat impaired for some



little time after the fit, and a sensation of languor and exhaustion, or weight and other uncomfortable feelings in the head are complained of. Comparatively few patients are carried off during a fit, but it sometimes happens that one fit succeeds another in rapid succession, or with increasing intensity, until a comatose state ensues, and the patient sinks. Idiocy is an occasional melancholy result of this distressing malady.

The *prognosis* is more or less favourable according to the age of the patient and the species of the epilepsy. When the disease occurs before the age of puberty, or when purely sympathetic, it is generally curable without much difficulty by means of homœopathic remedies. On the other hand, when it comes on after the age of puberty, is idiopathic, or of hereditary origin, and has been of long duration, the cure is not easily accomplished. It is generally possible, however, even in the most inveterate cases, to lengthen the intervals between the attacks, and to mitigate their violence by means of steady and judicious treatment.

**THERAPEUTICS.** This must be regulated by the character and causes as well as by the symptoms of the malady; the latter guiding us in the selection of one from amongst a class of remedies. When the disease proceeds from plethora with determination of blood to the head, *Acon.*, *Bella.*, *Op.*, *Nux v.*, *Puls.*, *Bry.*, *Merc.*, *Ign.*, *Sulph.*, *Veratr.*, *Silic.*, are the most effective remedies. (See *Congestio ad caput.*) When from debility, caused by loss of humours (hemorrhage, venereal excess, masturbation, &c.): *China*, *Phosph.*, *Ac. phosph.*, *Nux.*, *Sulph.*, *Calc.*, *Staph.*, *Sil.*, principally. When from the irritation of worms: *Hyos.*, *Bella.*, *Cinc.*, *Cina*, *Merc.*, *Sulph.* (See **INVERMINATION.**) When from that of teething: *Bella.*, *Cham.*, *Cina*, *Ign.*, *Sulph.*, *Calc.*, *Stann.* (See **DENTITION** and **CONVULSIONS IN CHILDREN.**) When from hysterical affections (*Epilepsia uterina*): *Bella.*, *Plat.*, *Sep.*, *Ign.*, *Sulph.*, *Mosch.*, *Nux.*, *Cocc.*, *Veratr.*, *Puls.*, *Aur.*, *Magn.*, *Magn. m.*, *Cec. corn.*, *Stram.*, *Hyos.*, *Ac. hydroc.* (See **HYSTERIA** and **METRITIS.**) When from the retropulsion of an eruption:



*Sulph.*, *Calc.*, *Sil.*, *Ipecac.*, *Tart.*, *Bry.*, *Lach.*, *Nux v.*, *Stram.*  
 From the abuse of intoxicating drinks, or narcotics—as wine, spirits, tobacco, opium, malt liquor, (adulterated): *Nux v.*, *Lach.*, *Ign.*, *Bell.*, *Hyos.*, *Cupr.*, *Cham.*, *Op.*, *Calc.*, &c.  
 From exposure to the fumes of arsenic and copper: *Camph.*, *Cupr.*, *Merc.*, *Ipecac.*, *Chin.*, *Nux v.*, *Veratr.*, *Ars.* To those of mercury, *Stramonium* chiefly, in the first place. From checked perspiration: *Cham.*, *Sulph.*, *Acon.*, *Bella.*, *Nux v.*, *Lach.*, *Cic.*, *Sil.*, *Chin.*, &c. From moral causes, such as fright, fear, &c.: *Artem.*, *Op.*, *Acon.*, *Cham.*, *Hyos.*, *Nux v.*, *Plat.*, *Cupr.* (See MORAL EMOTIONS.) From crudities of the stomach: *Ipec.*, *Nux v.*, *Puls.*, &c. (See DYSPEPSIA and DERANGEMENT OF STOMACH.) And when from an injury of the head (*Epilepsia traumatica*): *Arnica*, *Acon.*, *Ang.*, *Cic.*; and *Bella.*, *Rhus.*, *Sulph.* An operation may sometimes be necessary to remove the source of the irritation, particularly when we have reason to apprehend that a spicula or morbid growth of bone is pressing upon the brain.

In recent cases of idiopathic epilepsy, either attacking suddenly without manifest cause (*Epilepsia cerebri*), or preceded by a peculiar and disagreeable or painful sensation ascending from some part of the body (*Epilepsia sympathica*), *Belladonna*, *Hyosc.*, *Ignatia*, *Nux vom.*, *Opium*, *Cocculus*, &c., are most frequently indicated; and those which are chronic: *Sulphur*, *Calcarea carbonica*, *Silicea*, and *Cuprum*, chiefly; but also, *Bellad.*, *Lachesis*, *Hepar*, *Stann.*, *Stram.*, *Ars.*, *Agar.*, *Camph.*, *Merc.*, &c., and likewise the others which have been named as the more appropriate in ordinary cases of recent origin. The following are amongst the leading indications for these remedies:

**BELLADONNA**:—Commencement of the attack with a *sensation of crawling and torpor in the upper extremities*; jerking of the limbs, *especially of the arms*, convulsive movements of the mouth, muscles of the face and eyes; *congestion in the head, with vertigo, deep redness, heat and bloatedness of the face*, or paleness and coldness of the face, with shivering; photophobia; convulsed or fixed eyes; *dilated pupil*; *cramps*



*in the larynx and throat, with obstructed deglutition and danger of suffocation; foam at the mouth; unnoticed emission of fæces (and of urine), or loose evacuation of ingesta; oppression on the chest and anxious respiration; renewal of the fits on the slightest contact or the least contradiction; dizziness, or complete loss of consciousness, sleeplessness between the fits, with agitation and tossing, or deep and lethargic sleep, with smiles and grimaces; waking with a start, with cries.* (Compare with *Cham., Hyos., Ign., Op., Stram.*)

**CUPRUM:**—Commencement of the paroxysm *in the fingers or toes, or in the arms; retraction of the thumbs; loss of consciousness and of speech; salivation, sometimes frothy; redness of the face and eyes; recurrence of the fits every month, and especially at the catamenia.*

**HYOSCYAMUS:**—*Bluish colour and bloatedness of the face; foam at the mouth; prominent eyes; convulsive movements of certain limbs, or of the whole body; violent jactitation; retraction of the thumbs; renewal of the fits, on endeavouring to swallow the least drop of liquid; cries, grinding of the teeth; loss of consciousness; unnoticed emission of urine; cerebral congestion; deep and lethargic sleep, with snoring.* (See *Bell. and Op.*)

**IGNATIA:**—*Convulsive movements of the limbs, eyes, eyelids, muscles of the face and lips; throwing back of the head; retraction of the thumbs; red and bluish face; or redness of one side and paleness of the other, or paleness and redness alternately; frothy salivation; spasms in the throat and larynx, with threatening suffocation and difficult deglutition; loss of consciousness; frequent yawning, or drowsy sleep; great anxiety and deep sighs between or before the attacks; daily paroxysms.*

**LACHESIS:**—*Loud cries, falling, and loss of consciousness, foaming at the mouth, cold feet, eructations, pale face, vertigo, heaviness and pain in the head, palpitatio cordis, distended abdomen, coma somnolentum, nausea, &c.*

**NUX VOMICA:**—*Shrieks, throwing back of the head, trembling or convulsive jerks of the limbs or muscles; renewal of the fits after contradiction or an angry emotion; unnoticed eva-*



evacuation of fæces and urine; *sensation of torpor and numbness in the limbs*; vomiting, profuse perspiration, constipation; ill-humour and irascibility between the attacks.

**OPIUM**:—Occurrence of the fits *at night or in the evening*; *throwing back of the head*, or violent movements of the limbs, especially of the arms; loss of consciousness, insensibility, cries; closed fists; *threa'ening suffocation*; *deep and lethargic sleep* after or between the paroxysms. (See *Bellad.*, *Hyosc.*, *Ign.*)

**STRAMONIUM**:—Throwing back of the head, or convulsive movements of the limbs, and especially of *the upper part of the body and of the abdomen*; pale and haggard face, with *stupid expression*, or *redness and bloatedness of the face*, *loss of consciousness* and of sensation, sometimes with *cries*, &c.; renewal of the fits by contact, and also by the sight of bright and brilliant objects. (See *Bell.*)

**ARSENICUM**—chiefly when the fits are attended with burning in the stomach, vertebræ, and abdomen.

**SULPHUR**:—*Chronic epilepsy*, often preceded by a sensation as if a mouse, or some other small animal, were running over the muscles; cries, stiffness of the body, fits excited by cold air, or by a current of air. (*Bella.* is very useful before or after *Sulph.* in some cases.)

**CALCAREA**:—Especially when the fits occur at night, and in chronic cases. (After *Sulph.*)

**SILICEA**—is chiefly useful in chronic epilepsy. (After *Calc.*)

**CAMPHORA**—against epilepsy, with snoring, red and puffed face, coma somnolentum.

**CICUTA**:—*Paleness, or yellowish colour of the face*, trismus, distortion of the limbs, cries and frothy salivation, colic, as if caused by worms, &c.

**COCCULUS**—especially in women during the catamenia, or also from a traumatic cause.

**MERCURIUS**:—Cries, rigidity of the body, distention of the abdomen, itching in the nose, thirst, and nocturnal attacks.

**STANNUM**:—Jactitation of the limbs, retraction of the



thumbs, paleness of the face, backward traction of the head, loss of consciousness, appearance of the fits in the evening.

VERATRUM:—Loss of sense and movement, distortion of the eyes, and convulsive movements of the eyelids; *anguish*, discouragement and despair, between the fits.

During the epileptic seizure or paroxysms, the patient should be placed in the horizontal posture, and such precautions taken as will obviate any injury which may be sustained by the violence of the convulsive movements. In order to prevent any lesion of the tongue, something ought to be inserted between the teeth. The neckcloth should be removed, the stays loosened, and cold water sprinkled over the face, especially when the breathing is much affected by the spasms of the muscles concerned in respiration. A dose of ACONITE, followed by BELLADONNA if relief be not speedily obtained, is necessary, when the fit occurs in plethoric subjects, and is attended with strongly marked signs of congestion of the vessels of the head and neck.

The diet of epileptic patients ought to be very moderate, simple, and easy of digestion. Stimulants ought to be strictly avoided where there is plethora, with tendency to congestion. Debilitated persons require a somewhat more generous diet than the robust, but in all cases care should be taken never to overload the stomach. Excessive corporal or *mental exertion* must be abstained from.

DOSE:  $\frac{0.00}{3}$ , or  $\frac{0.00}{6}$ , or  $\frac{0.00}{30}$ , according to circumstances.

### ANGINA PECTORIS.

The pathology of this disease is very obscure. It is frequently associated with organic lesions of the heart and large vessels. Many authors have accordingly attributed such derangements as the cause of this disorder; others have considered it as depending on a species of spasm of the diaphragm and other muscles concerned in the process of respiration, on diseases of the pericardium, ossification of the coronary arteries, and on inflammation of the mediastinum. There are many,



again, who are of opinion that it is produced by asthma, by scrofula, or by syphilis,—by general plethora with accumulation of blood in the heart and large vessels, or by disordered action of the cardiac and pneumogastric nerves.

The disease seldom attacks individuals under forty; it appears to occur more frequently in men than in women, and particularly in those who are of a corpulent make, of a rheumatic or gouty diathesis, and are exposed to much mental uneasiness, or are addicted to habits of intemperance. The pain of this distressing malady is always severe, and sometimes excruciating. The paroxysm usually comes on in the following manner: the patient is suddenly seized with an agonizing sensation in the chest, especially about the lower part of the sternum, a little towards the left side; a painful feeling of constriction and suffocation is generally experienced, and if the party affected be walking, he is compelled to stop until the attack is over. In the early career of the affection, the paroxysms are commonly only brought on by some exertion, such as walking up a hill; but when it has reached a more advanced stage, the most trivial degree of excitement, or mental or corporal exertion, as also an error in diet, such as partaking of some indigestible article of food, is sufficient to excite an attack; and, finally, the incursions come on suddenly and unexpectedly without any manifest cause, even when in bed and during slumber.

At the first invasion of angina pectoris the pain is ordinarily confined to the chest; but subsequently it extends to the left shoulder, or to the deltoid muscle, and frequently it affects the entire length of both superior extremities.

In the milder forms of the disease the paroxysms terminate in from a few minutes to half an hour; but in those of a severer character it continues for several hours, and in some cases the unfortunate patient is never perfectly free from distressing uneasiness and constriction in the chest. Occasionally the attack goes off as suddenly as it made its onset; while at other times more or less soreness remains about the chest, or in other parts for many hours or days.

In severe cases the patient is pale, the features haggard and contracted, the eyes sunk, and the countenance bears an ex-



pression of extreme anguish ; the body is frequently cold, or covered with a cold and clammy sweat ; the action of the heart and lungs variously disordered ; and although the patient is capable of taking a full inspiration, his respiration is rapid and difficult, and is accompanied with palpitation of the heart, excessive anxiety, and a feeling of approaching dissolution. The pulse is sometimes not much affected, but in the generality of cases it is slow, feeble, oppressed, and intermittent ; occasionally, however, it is quick, strong, and irregular, under which circumstances the skin will usually be found warm and the face flushed. There is often considerable derangement of the functions of digestion ; and an attack is frequently terminated with a discharge of flatus.

**THERAPEUTICS.** *Aconitum*, *Arsenicum album*, and *Digitalis purpurea*, are the remedies which have chiefly been recommended in the treatment of angina pectoris.

**ACONITUM** is of considerable service in recent cases, and even in those of a more advanced stage, occurring in strong plethoric subjects, in whom the paroxysms are attended with flushing of the face, some heat of skin, with a full, strong, and throbbing pulse ; it is a most valuable palliative when administered at the commencement of each attack. But in order to diminish the frequency of the returns, where there is local congestion, it will be necessary to have recourse to such remedies as *Belladonna*, *Lachesis*, *Nux vomica*, *Carbo v.*, and *Sulphur*. The three last-named are, moreover, of service when the digestive functions are in a deranged state, and the attacks are attended or succeeded by excessive flatulence.

In cases of local congestion combined with debility : *Ferrum*, *Cinchona*, *Nux v.*, *Acidum phosphoricum*, and *Sulphur*, are the most useful.

**ARSENICUM** is one of the most important medicines, and one from which the most complete success has been derived in cases when the sufferings were exceedingly severe, but unattended with any signs of serious organic lesion. The indications by which we are chiefly to be guided in prescribing it are : excessive dyspnoea from the slightest movement, but especially on



getting into bed, sometimes with renewal of the paroxysm on turning in bed; palpitation of the heart, extreme anguish, and a feeling of impending dissolution; paleness of the face, haggard and contracted features, great debility, with feeble, irregular, or intermittent pulse. (*Kali hydrocyanicum* or *Acidum hydrocyanicum* may be substituted for *Arsenicum* when the latter does not afford much relief; in other cases *Ipecacuanha* and *Veratrum* may be more useful,—*Ipecacuanha* when *Arsenicum* or *Kali hydr.* fail to produce any amendment,—*Veratr.* when the paroxysms are accompanied by coldness of the extremities, cold sweats, and slow, depressed, intermittent pulse.)

**DIGITALIS PURPUREA:**—In more advanced cases, or in those in which the attacks come on suddenly without any assignable reason; also when the intervals between each recurrence appear to decrease in length with the duration of the disorder.

In most cases of this dreadful affection, where no serious structural derangement has taken place, the aforesaid remedies are not only of great service in alleviating the sufferings, and in curtailing the frequency of the attacks, but are even capable of effecting a cure when timely and appropriately administered. In those unfortunate cases, on the other hand, in which we meet with unequivocal symptoms of concomitant organic disease of a formidable character, although we cannot entertain any hope of correcting the dangerous state of matters, we may yet succeed in affording some relief by means of *Arsenicum* and *Digitalis*, together with the following in particular instances: *Veratrum*, *Lactuca virosa*, *Assafætida*, *Sepia*, *Spigelia*, *Cannabis*, *Aurum*, *Natrum muriaticum*, *Ignatia*, &c.

## PERICARDITIS.

*Pericarditis*, or inflammation of the serous membrane which lines the pericardium and is reflected over the heart and the roots of the large vessels, is a disease which is frequently not well marked in its external characters, at least by no means so much so as an affection so intimately connected with an organ



of such importance as the heart would lead us to conceive. The symptoms are exceedingly variable, and sometimes so insidious and deceptive as to go on until considerable disorganization is produced, before attracting our attention by their severity. In many instances, indeed, the disease has been found, on dissection, to have existed to a severe extent, where it had entirely escaped the attention of the practitioner.

The following have been given as the principal symptoms in the general run of cases of acute pericarditis: sharp, burning, pricking, or darting pain in the region of the heart, accompanied by fever of an acute inflammatory type; the pain shoots to the left shoulder and scapula, and frequently extends some distance down the arm; it is aggravated by a deep inspiration, by pressure at the intercostal spaces over the apex of the heart, and on the epigastrium; the patient is incapacitated from lying on the left side, and commonly feels easiest in the dorsal posture; the breathing is accelerated and laborious, or irregular, especially on moving; a feeling of contraction is experienced in the precordial region, and there is extreme restlessness, anxiety, and frequent syncope. The state of the pulse varies a good deal; it is always accelerated, but is sometimes hard, full, and vibratory, while at others it is feeble, irregular, or intermit- tent; in the advanced stage of the affection it is usually feeble and irregular, although, on applying the ear to the region of the heart, the action of the latter will be found tumultuous and violent. This inequality is of great importance in the diagnosis, since even in insidious cases an inequality will sometimes be perceptible on comparing the strength of the heart's action with that of the pulse at the wrist. The physical signs of pericarditis are—increased and more abrupt impulse of the heart, and an unusual dullness on percussion in the cardiac region when there is considerable effusion. The sounds of superficial friction are very generally discernible when there are partial exudations of lymph on the opposite surfaces of the pericardium. They commonly set in from twenty-four to forty-eight hours after the invasion of the inflammation, but, for the most part, do not continue for many days in succession,—the lymph being either absorbed or changed into false membrane,



forming a more or less complete band of adhesion between the heart and the lung, which is productive of a gradual extinction of the sound; or serum is secreted in such abundance that the heart plays freely in the distended sac, and ceases to rub against it. At the commencement, the sound is soft, resembling the rustling of silk, and is usually heard toward the left or about the centre of the sternum, corresponding with the base of the heart. Subsequently it becomes louder and more prolonged, and is audible beyond the immediate vicinity of the heart, the natural sounds of which it considerably disguises. In some cases the pericarditic friction resembles a crackling noise; but in others, and particularly when it has increased in hardness or roughness, it is closely to be compared to the creaking of a new saddle (the new-leather sound). The normal sounds of the heart are completely muffled or disguised by a loud friction-sound; they are sometimes to be heard, however, in the carotid arteries and at the top of the sternum.

The dullness arising from effusion of serum in the pericardium, may, when the effused fluid is very copious, extend up the whole anterior surface of the left side of the chest as high as the second rib, and spread even to the right sternum; but it is generally limited to a space or area of two or three inches at the lower part and towards the left of the sternum. An extensive effusion commonly renders the sounds more distant and feeble, and impairs the impulse in a greater or less degree. The sounds of respiration and percussion being still found good in the back and below the axilla, and not much altered by the change of position, the case is thereby distinguished from pleuritic effusion. Again, though the friction-sound is generally stopped and the impulse and normal sounds are commonly rendered distant by displacement of the heart from copious effusion, they may be heard with their usual distinctness and intensity on listening to them in the carotid or subclavian arteries, or at the head of the sternum. By means of this circumstance we are empowered to draw a distinction between hydro-pericardium and an *excessively enlarged heart acting with great feebleness*; for in the latter, in addition to the weak sound and



impulse in the usual region, they would, moreover, be weak in the course of the arteries.

Infiltration of the extremities is occasionally met with; when present it ought to claim attention, as it is one of the symptoms of disease of the heart. The physical signs, taken in conjunction with the general symptoms, tend much to remove obscurity from the diagnosis. The region of the heart should, therefore, be always examined whenever there is a probability of implication of that organ during the prevalence of some other disease. The duration of the affection, like that of pleuritis, varies according to the nature, rapidity, and extent of the effusion, from a few days to several weeks.

**CAUSES.** Pericarditis, like other inflammatory affections of the chest, is more prone to occur in persons of a plethoric habit, who are subject to derangement in the digestive organs. It is very frequently occasioned by a metastasis during an attack of rheumatism or gout. Prolonged grief or anxiety, and exposure to cold, may be named as means which tend to excite or develop it.\*

**THERAPEUTICS.** The under-mentioned may be considered as the most important remedies in the homœopathic treatment of pericarditis: *Aconitum*, *Belladonna*, *Cannabis*, *Spigelia*, *Bryonia*, *Sulphur*, *Arsenicum*, *Lachesis*, *Arnica*, *Croton*, &c. In acute cases, accompanied by synochal fever, *Aconitum* should be given in frequently repeated doses; when so employed at a sufficiently early stage, in cases uncomplicated with previous disease of the heart, effusion may be prevented, and a speedy cure effected. In plethoric subjects of sanguine lymphatic temperament, it may be found requisite to prescribe *Belladonna* in alternation with *Aconitum*. Should the inflammation not yield to the employment of these remedies, although the febrile symptoms may have considerably subsided, *Cannabis* may be had recourse to if the action of the heart continues

\* The *prognosis*, in the acute stage, may, *generally speaking*, be considered favourable when the affection is not complicated with previous disease of the heart.



to be tumultuous, and is attended with oppression, anxiety, and a feeling of constriction in the precordial region; also when signs of effusion have become apparent. *Bryonia* may claim a preference to *Cannabis*, when the patient complains of sharp, pricking pains in the region of the heart, which are increased by taking a full inspiration and by movement; and when there are symptoms of slight effusion. *Spigelia* may be substituted for *Cannabis*, in the early stage of the disease, when the patient complains of severe lancinations in the cardiac region, or a pain as if the heart were violently compressed or squeezed, and when the oppression at the chest is extremely distressing, particularly on movement, or even whilst speaking; also when there is endocarditic complication, with valvular murmur. *Sulphur* may be used with advantage after *Bryonia* in some cases.

ARSENICUM has been strongly recommended in diseases of the heart of various kinds. In this inflammation it may be employed immediately after *Aconitum*, or independently of that remedy, either in the early stage—whether the attack has arisen from the metastasis of gout or rheumatism, or from the repercussion of an eruption; when there is violent palpitation, excessive rapidity of pulse, intense thirst, burning pain in the seat of the surface; anxiety, fainting, extreme restlessness, and when a burning pain is experienced in the seat of the heart—or in a more advanced stage of the disease, when the respiration is hurried and laborious, particularly on the slightest movement, and there is incapability of lying on the left side; pulse feeble and irregular. *Veratrum* may be administered to some advantage when the extremities become cold, and a cold sweat covers the forehead and other parts of the body, the pulse slow and intermittent, the nose sharp, the features sunk and contracted, &c. (*Facies hippocratica.*) *Carbo v.* may also be of service in cases of this all but hopeless description. It is particularly in conjunction with rheumatism, and especially the acute variety, that pericarditis is met with. We should, therefore, as already observed, never omit to examine the region of the heart in such instances, otherwise the disease may attain a dangerous and even incurable height before



it is detected, as the general symptoms are often so imperfectly marked as not to create the slightest suspicion of its existence; whereas the physical signs can never fail, where any ordinary attention is paid, to apprise us of the invasion of pericarditis before it has reached a very serious, if not an incurable height.

The following cases are not inserted here from anything very remarkable in their features, but simply as illustrative of the power of the homœopathic remedies in arresting a disorder which, in allopathic practice, is considered to require what are denominated the most prompt and vigorous measures, such as a free and bold use of the lancet, &c.

CASE I. A. M., 13 years of age, of sanguine lymphatic temperament, was seized on the 4th of March, 1845, with acute rheumatism, for which, according to time-honoured rule, an aperient was first given, and the pains were sought to be relieved by means of fomentations, and hartshorn embrocations. Delirium having supervened, on the morning of the 8th, I was sent for in the evening, and found the patient lying on her back, in bed, complaining of severe darting, aching, rending pains in all the joints, but particularly those of the shoulders, elbows, and wrists, the affected parts being at the same time much swollen, tense, shining, and very sensitive to the touch; countenance flushed, and wearing an expression of anxiety; tongue furred white; mouth parched; thirst considerable; skin hot and dry; pulse 130, full, bounding, but regular; respiration hurried, but unattended with pain; no cough. On examining the region of the heart, the impulse was abnormally strong, the pulsations loud, accelerated, and occasionally reduplicated. About the middle of the sternum, a gentle superficial rustling sound was distinctly audible, particularly while I kept the patient in a sitting posture; there was no dulness on percussion, and total absence of pain in the region of the heart.

℞. Tinct. Acon. 3, gtt. iij.

Aq. pur. ℥ iij.

Dosis. Cochleare mediocre, tertia quaque hora.



March 9. Fever diminished, pulse 120, not so full; skin moist; mouth not so parched; thirst lessened; recumbency on the right side supportable, not so on the left; respiration laborious and quick; sound of superficial friction increased in extent and loudness, audible in all positions, and in the interval *between* the heart-sounds as well as *during* their occurrence; no perceptible dullness on percussion. The patient had passed a restless night, and was now and then delirious; joints still inflamed and painful.

R̄. Tinct. Bellad. ʒ. 3, gtt. ij.  
Aq. pur. ℥ ij.

*Dosis.* Cochleare medioc. tertia quaque hora.

On repeating my visit in the evening, I found the rheumatic sufferings of the patient considerably alleviated, the redness of the joints no longer so intense, and the tumefaction much reduced; heart-symptoms little changed, perhaps a slight diminution of the friction-sound; skin inclined to be hot and dry, pulse the same as in the morning.

R̄. Tinct. Acon. ʒ. 3, gtt. ij.  
Aq. pur. ℥ ij.

*Dosis.* Coch. med. sexta quaque hora.

March 10. Patient has passed a good night, perspired copiously soon after the first dose of the medicine; skin still moist; no thirst, yellow furred, moist tongue; aversion to all food; pulse 100, somewhat hard; patient cannot yet lie on the left side, and on sitting up in bed she complained of a darting pain proceeding from the region of the heart to the left shoulder and scapula, with aggravation of the pains in the joints on movement; sound of friction same as on the previous evening; no perceptible dullness at or near the sternum, and no abnormal sound in any other part of the chest; respiration free, slightly hurried, but occasionally interrupted by the darting pain already noticed, on making a succession of deep inspirations.

R̄. Tinct. Bryon. ʒ. 3, gtt. iij.  
Aq. pur. ℥ iij.

*Dosis.* Coch. med. quarta quaque hora.



March 11. Considerable improvement in every respect.

Prescription as before.

March 12. Further improvement,—the patient can lie on both sides; tongue clean; appetite returning; pulse 84, feeble but regular; action of the heart still rather powerful, particularly on the least movement; friction-sound only audible after any slight exertion, such as turning in bed or sitting up; all redness and swelling of the joints has disappeared, some stiffness and pain on movement alone remaining.

℞. Bryon. 6, glob. xxiv. (redig. in pulv.)

Pulv. Sacch. lactis gr. iv.

Misce intime, et divide in partes æquales iv., quarum capiat unam quotidie.

March 17. Convalescent. A year afterwards I saw the patient, and discovered no traces of disease of the heart of any description.

CASE 2. R. H., 21 years old, of bilious temperament, was attacked with rheumatic fever about the middle of Nov., 1845, after having been exposed to a cold and damp atmosphere for several hours. During the three following days the sufferings were so severe that the patient was unable to remain at rest in any posture, feeling, if anything, rather easier whilst sitting up in bed with his head between his hands, resting his elbows on his knees, and giving a rocking motion to the body; towards evening, fits of coldness and shivering alternating with heat, accompanied the pains; and about midnight copious sweats supervened, which were followed by remission of pain and some sleep. Early in the morning, however, there was recurrence of sufferings, with increased violence. On the evening of the 5th day of his illness the patient was induced to drink some hot gin and water, in the double hope of arresting the chills and allaying the pain. The day afterwards, the rheumatic pains had nearly vanished, but were substituted by intense headache, nausea, giddiness, palpitation of the heart, and sharp pains in the left breast. These symptoms continued in an unmitigated form for five days, and on the day following—the tenth of the patient's illness—I was requested to visit him. I



found him sitting on his bed, half dressed, having been unable to complete his toilet in consequence of the distressing dyspnoea and palpitation which he experienced on making any slight exertion; his countenance wore an expression of intense anxiety, which, together with the history of the case, led me at once to infer, before resorting to auscultation, that some affection of the heart had arisen from rheumatic metastasis;—no pain was complained of beyond an occasional twitch in the left side of the chest, during the performance of a somewhat full inspiration, or on turning the body towards the right side; a degree of stiffness in the back and limbs was the only inconvenience complained of in the parts which had been previously so severely affected with rheumatism. The pulse was feeble, irregular, occasionally intermittent, and rather frequent; the tongue furred white, loaded with mucus, and increased in volume; appetite wanting; taste metallic; no thirst; bowels confined for four days. On auscultation, the sounds of the heart were somewhat muffled at the cardiac region, but the impulse greater than natural, and there was distinct, though not loud, friction-sound immediately to the left of the inferior third of the sternum, particularly when the patient inclined the trunk forwards, or made any trivial effort, such as rising from his seat, or raising up the left arm quickly. On percussion there was decided dullness, confined to an area of three inches, at the lower end of the sternum. In the carotid and subclavian arteries, the normal heart-sounds were audible in their natural strength. The case thus afforded unequivocal evidence of pericarditis, from the metastasis of rheumatism, resulting in liquid effusion.

℞. Laches. ʒ. ʒ. xij.

Aq. pur. ℥j.

M. *Dosis.* Cochl. medioc. ter die.

Nov. 27. The patient intimated that he felt easier; had passed a better night than he had done since the day he was first seized with indisposition; the bowels had been freely moved early in the morning; pulse same as yesterday; dullness on percussion, sounds and impulse of the heart unchanged;



expression of countenance still anxious. Former prescription repeated.

On the 28th, and two succeeding days, the patient remained in much the same state; he imagined himself better, but his countenance bore the same anxious expression; and, if anything, an increase of dyspnœa with tendency to syncope on movement seemed to have taken place; the pulse was rather more feeble and intermittent; *Arsenicum* 6 (dose, gr. 6 every four hours) was substituted for *Lachesis*, on the 1st of Dec., and continued until the morning of the 3d, when the patient's state was as follows:

Dullness on percussion over a larger space, nevertheless the friction-noise at the sternum was somewhat stronger than it had been the four previous days; the impulse was also somewhat more powerful, but the natural heart-sounds impaired and distant; great dyspnœa and faintness on the slightest movement; pulse still weak and quick, but not so intermittent; some appetite, but increased oppression on the introduction of the smallest morsel either of liquid or solid food into the stomach; no pain in the region of the heart; sleep restless; decubitus dorsal, with the head and shoulders raised.

℞. Arsenic. 3, gtt. iij.

Aq. pur. ℥ iss.

M. *Dosis.* Coch. med. quarta quaque hora.

Dec. 4. Patient felt stronger, and had passed a tolerable night; no thirst; tongue foul; in all other respects the same as on the day previous.

℞. Colch. 3, gtt. iij.

Aq. pur. ℥ iij.

M. *Dosis.* Coch. ampl. tertia quaque hora.

Under the employment of this remedy, a striking improvement soon became manifest,—the patient began to breathe more freely, and to be enabled to move about without much inconvenience arising from palpitation, dyspnœa, or faintness; the dullness on percussion commenced gradually to give way, and the sounds of the heart resumed a normal intensity. *Colchi-*



*cum* was continued for six days, latterly at longer intervals between the doses. On the 11th of Dec. *Nux vomica* and *Arsenicum* were prescribed in alternation, at intervals of twelve hours,—the former in consequence of the deranged state of the digestive organs, and some slight rheumatic pains, of a dragging, aching description, in the back, chest, and joints, accompanied by a feeling of torpor in the fore-arms,—the latter, from the circumstance that the patient complained of occasional attacks of dyspnœa, and palpitation of the heart at night. A week afterwards convalescence was not only firmly established, but the patient was, moreover, restored to a much better state of health than he had enjoyed for a year or two past. No relapse has taken place, and recovery appears to be complete.

CASE 3. C. W., aged 15, of melancholic temperament, and somewhat robust and muscular build for his years, but disposed to suffer from deranged digestion in consequence of frequently over-indulging a naturally keen appetite, to which an additional stimulus was usually given by the amount of severe exercise he was daily in the habit of taking, had been confined to the house for a week with a severe attack of acute rheumatism. March 3d, 1846, the patient was seen by me for the first time, when I was instructed that, three days previously, he had been seized with an increase of fever attended with palpitation of the heart and some oppression at the chest. These symptoms had continued to gain ground, and formed the reason that induced the parents of the patient to send for me, (previous to which they had been allowing the disease to take its course,—the father having become a complete sceptic in medical science.) I found distinct indications of inflammation of the pericardium, with some symptoms of complication with endocarditis, as was evinced by the existence of the following physical signs: loud friction-sound, not only about the middle of the sternum, but also, pretty clearly, beyond the proper cardiac region, in various directions, and greatly disguising the natural sounds of the heart; strong and very abrupt impulse, accelerated pulsations, and prolonged first sound. On listening at the top of the sternum, and also in the carotids, the normal



heart-sounds were heard with tolerable distinctness, attended with a grating murmur, which, although somewhat faint, was yet sufficiently well marked to denote endocarditic implication with regurgitation through the semilunar valves of the aorta. The expression of countenance was painfully anxious, the restlessness great, the skin hot and dry, and the pulse full, strong, rapid, but regular.

℞. Tinct. Acon. 3, gtt. iij.

Aq. pur. ℥ iij.

Dosis. ℥ ss. quarta quaque hora.

March 4. Patient somewhat easier; perspired freely after the second dose of *Aconite*; countenance not quite so anxious; physical signs as before, impulse of the heart perhaps rather less violent; pulse still full, but softer and rather slower; no pain in the region of the heart when the patient lay perfectly quiet, but any sudden movement was immediately followed by excessively increased action of the heart, dread of suffocation, and a sensation of severe constriction as if the heart were violently squeezed or drawn together. Position in bed either dorsal or on the right side, with the head raised,—a sense of suffocation being experienced whenever the patient attempted to recline sinistrad.

℞. Tinct. Spig. 6, gtt. iij.

Aqu. destil. ℥ iij.

M. Dosis. Coch. ampl. sexta quaque hora.

The general symptoms having much improved under the employment of the *Spigelia*, that remedy was continued until the 7th of March, on which day the symptoms encountered were as follows: respiration freer, anxiety of expression only perceptible after the performance of any slight exertion, which was still followed by violent palpitation; valvular murmur no longer audible; friction-sound only perceptible when the heart is tumultuously agitated; pulse quick, somewhat irregular, and rather feeble, even when the action of the heart is powerful. On percussion a slight degree of dullness was discernible to the left of the sternum. The appetite, which had returned imme-



diately after the improvement effected by *Aconite*, and could with difficulty be kept within the proper limits necessary in such a disease, was now supplanted by a strong aversion even to the smell of food of every description, and there was considerable thirst, which seemed to be materially caused by a sensation of intolerable dryness and burning heat in the throat, as the patient drank but little at a time, and seemed to experience temporary relief from sipping a little cold water every now and then; tongue rather dry and furred; bowels had not been relieved for five days. No pain was complained of in the region of the heart,—the feeling of severe constriction having readily yielded to *Spigelia*.

℞. Arsenic. alb. 6, gtt. iij.  
Aq. destil. ℥ ij.

Dosis. ℥ ss. quartis horis.

March 8. General symptoms considerably amended; physical signs the same. Medicine continued.

March 9. Appetite returning, dryness of mouth and throat, together with the thirst, removed; palpitation of the heart somewhat diminished; friction-sound still perceptible on particular occasions, such as after a sudden movement of the body, or even of the arms, but only to a slight degree; dullness on percussion neither increased nor diminished since the 7th; bowels not yet relieved; spirits very depressed.

℞. Lachesis 6, gtt. iij.  
Aq. destil. ℥ ij.

Dosis. Coch. maj. j. quarta quaque hora.

March 10. Rather less dullness on percussion; friction-sound no longer audible; pulse more regular, but still weak and accelerated; impulse of the heart stronger, rather more abrupt, and the palpitation very distressing on movement, but particularly on turning in bed during the night; the patient can lie on either side, yet prefers lying on the right or on the back; spirits better, although sudden fits of indescribable anxiety still occur at intervals. *Arsenicum* and *Lachesis* were given in *alternation* every twelve hours, during the six succeed-



ing days. At their expiration the patient was convalescent. The bowels were copiously relieved on the 12th without the aid of an enema. For the space of a fortnight afterwards there was some tendency to violent palpitation of the heart on going up stairs rather quickly, but this completely subsided under the action of the remedies (such as *Sulphur*, *Bryonia*, *Nux vom.*, *Natr. m.*, and *Acid. n.*) which were called for by the chronic derangement of the digestive functions.

In cases of pericarditis arising from external injury, *Aconitum* and *Arnica* should be employed. When moral causes, such as prolonged vexation, seem to have assisted in developing this disease, — *Arsenicum*, *Veratrum*, *Lachesis*, *Belladonna*, and perhaps also *Hyoscyamus*, are medicines which should chiefly claim our attention.

*Chronic pericarditis.* The symptoms here are the same as those of the acute variety, differing merely in degree. When there is fever, it is of the hectic type.

When dense adhesions form between the apex of the heart and the pericardium, they, by interfering with, and confining the motions of the heart, are consequently sooner or later productive of serious organic disease, more particularly hypertrophy with dilatation. The signs by which these adhesions are to be detected are not always distinctly marked. They may only be said to be decidedly appreciable when they are close and rigid, and the pericardium has, moreover, been rendered adherent to the walls of the chest. In such a state of matters, the heart will constantly be found pulsating in close contact to the ribs, its motions will be seen and felt more plainly than usual (drawing in the intercostal spaces at each systole), and there will be dullness of sound on percussion, over a space proportioned to the adhesion and the size of the heart, during every stage of respiration, and in every position of the body. A projection is strikingly observable about the ends and cartilages of the middle ribs, in those cases in which an enlargement of the heart, upwards and downwards, ensues, in consequence of its general adherence to the pericardium, and of the latter to the diaphragm and walls of the thorax.



**THERAPEUTICS:** When lymph has been effused, and become organized, and the adhesions formed materially interfere with the motions of the heart, the case is beyond the reach of medicine. When the exudation is serous, a cure may, in some cases, be eventually accomplished by means of such remedies as *Arsenicum*, *Digitalis*, *Veratrum*, *Cannabis*, *Sulphur*, *Phosphorus*, *Carbo v.*, &c.

## ENDOCARDITIS.

The general symptoms of inflammation of the lining membrane of the heart are, commonly, still more uncertain and obscure than those of pericarditis. There may be tumultuous action of the heart, with fever, irregular action, palpitation, oppression, anxiety, faintness, and some degree of pain, which is generally referred to the sternum or epigastrium; but these symptoms sometimes exist in so trivial a degree as to be entirely overlooked. The physical signs are, consequently, to be chiefly relied on, in distinguishing this inflammation, as well as in pericarditis. The sounds of the heart are louder at first, the pulse greater, and frequently attended with a vibration or tremor, but the pulsations are not in every instance more frequent. Soon afterwards the first sound seems double, and is prolonged, or it is accompanied by a slight roughness, which ere long becomes converted into a blowing or grating noise, forming the characteristic valvular murmur, produced by the regurgitation of blood through the diseased or defectively-closed valves. By paying attention to the nature of the sound, and the situation where it is most distinctly heard, we may generally determine with considerable certainty in what part of the heart it occurs.

The left side of the heart is where we may almost invariably expect to meet with the deranged valves, so that when the bellows-sound or murmur is perceived, we have, in nearly every instance, simply to discriminate whether the noise is produced at the mitral or aortic valves. The mitral valve, or inlet of the left ventricle, is more commonly the seat of the



disease than the semilunar valves of the aorta. Whether the mitral or the aortic valves form the seat of the murmur, it will always be heard over the left side of the heart, synchronous with the first sound. If it is heard loudest an inch or so below, and a little to the inside of the nipple, where the apex strikes, becoming more indistinct as we ascend or approach beyond the upper half of the sternum, it is occasioned by mitral regurgitation, in consequence of the imperfect closure of the valve caused by the exudation of serum or lymph between its layers, and the irregular spasmodic action of the columnæ carneæ. On the other hand, if the murmur be heard most clearly at the base of the heart, along the upper half of the sternum, particularly on a level with the margin of the third rib, and even in the carotid arteries, where it usually has a harsher, more grating tone, but decreases in intensity as we approach the apex of the heart, we may be satisfied that it is generated at the aortic orifice, and is caused by tumefaction of the semilunar valves, or deposition of lymph between their surfaces. The second sound is also frequently impaired in the latter instance, or it is accompanied or altogether supplanted by a grating noise. The pulse varies much in endocarditis, but does not partake of the violence of the heart's action. It is generally small, feeble, irregular, and not in harmony with the impulse of the heart, when the mitral valve is affected; and more or less full, sharp, jerking, quick, but regular, when the semilunar valves are the seat of derangement.

**CAUSES.** These may in general be considered the same as those of pericarditis. The great majority of cases arise from the metastasis of rheumatism, or occur during the course of pleuritis. There are few instances of acute rheumatism in which some of the signs of obstruction to the current of blood through the mitral or semilunar valves are not discoverable, and the younger the patient is, the greater is the probability of his being affected with rheumatic endocarditis.



**PROGNOSIS.** This malady may be held as rarely fatal during its acute stage. If the valvular murmur be not removed in from ten to fourteen days, it is prone to remain permanent, and the patient will eventually sink under disease of the heart, although the fatal issue is not unfrequently delayed for from five to ten, or twenty years, and even somewhat upwards. It is consequently of the utmost importance to detect the disease early, as it is only during the acute stage that we may entertain any confident hope of preventing it from degenerating into a chronic, and but too often incurable disease of the heart, particularly cartilaginous or osseous disease of the valves and hypertrophy of the ventricles.

**THERAPEUTICS.** The remedies which have hitherto been principally recommended in the treatment of endocarditis are, *Aconitum*, *Arsenicum*, *Lachesis*, *Spigelia*, *Bismuth*, *Belladonna*, *Digitalis*, *Veratrum*, *Nux v.*, *Pulsatilla*, *Asparagus*, &c.

*ACONITUM* is, generally speaking, only useful in acute cases, when the pulse is full, hard, and vibrating, and there is pain of a sharp or pricking description in the cardiac region, with oppression, anxiety, faintness, and tumultuous action of the heart. We have found it, together with *Belladonna*, of speedy and most effectual service at the commencement of endocarditis, with indications of affection of the aortic orifice, and secondary implication of the brain evinced by delirium and occasional stupor. *Arsenicum* is one of the most important of our remedies in diseases of the heart, and we should say, is all but indispensable in endocarditis with disease of the mitral valves. It may, however, be of fully equal service when the outlet of the left ventricle is affected; and is, moreover, to be considered as an invaluable remedy in complication with pericarditis. *Spigelia*, *Digitalis*, and *Lachesis*, are also deserving of notice in the latter instance, and may sometimes be of great service after, or in alternation with *Arsenicum*. The observations of Dr. Clotar Mueller, jun., on "Endocarditis Rheumatica," (which is by far the most frequent form in which inflammation of the lining membrane of the heart is encountered,) and other diseases of the heart, appear to us to be of such striking interest,



that we gladly avail ourselves of Dr. J. C. Peters's translation,\* to introduce an extract here :

“It is our intention here to show more particularly that physical examinations are always of importance in the selection of homœopathic remedies, and that a continued attention to this point must lead to the most important results in the cure of disease. The present condition of our *Materia Medica*, at the first glance, would seem not to favour or allow of such an attempt, for we look in vain in it for even a single physical sign, which is as subtle and exact in its signification as ‘bronchial respiration,’ or ‘bellows-murmur with the second sound of the heart,’ &c. It could not and perhaps cannot be otherwise, for the greater part of the experiments and investigations with drugs, which constitute our *Materia Medica*, were made at a time when auscultation and percussion were but little known, and less practised ; and even now it would be extremely difficult to produce physical signs and symptoms in previously healthy persons, by means of drugs ; experiments with drugs on the healthy must be confined to certain, and those very narrow limits, whilst natural disease may progress to total disorganization, and often acknowledges no limits short of death. We must even do, in the treatment of organic diseases of the heart and lungs, what has been done in the treatment of other diseases, viz., conclude from slight indications what greater results might have followed, if the experiments with drugs could have been pushed far enough ; if one attempt to produce in the healthy subject, with *Sulphur*, *Baryta*, *Calcarea*, &c., the extensive ulcers and scrofulous derangements which have been cured hundreds of times with these remedies, he will probably be disappointed ; one will certainly wait in vain to see *Kali carb.* produce purulent expectoration, and genuine symptoms of phthisis ; or for *Silex* to produce the manifold alterations, and new formations in the tendons, *bursæ mucosæ*, joints, &c., which it cures with won-

\* *Endocarditis Rheumatica*, by Dr. Cl. Mueller. Translated, with notes, by John C. Peters, M. D. *Homœopathic Examiner*, Vol. v. No. 1.



derful celerity, &c. But there is also another source of information open to us, which was not sufficiently cultivated during the early career of Hahnemann, viz., Pathological Anatomy. When we once succeed in establishing certain constant organic lesions to be produced by drugs, as learned by post-mortem examinations in cases of poisoning with these drugs, then we come in possession of strictly homœopathic remedies against similar diseases; this pathological knowledge of the effects of drugs, is of especial importance in the homœopathic treatment of endocarditis, for this disease, as it progresses, becomes attended with almost all the symptoms which attend diseases of the heart in general.

“ARSENICUM:—It produces anxiety in the region of the heart; irritable and frequent beating of the heart, with great feebleness of the pulse; frequent, violent, irritable beating of the heart; frightful and very troublesome palpitations, especially at night; nocturnal, irregular and violent palpitations, with anxiety; very much quickened, violent, stormy, irregular and painful beating of the heart; loss of contractility of the heart; piercing, burning, and soreness in the region of the heart.

“*Pathological Anatomy.*—Very much relaxed or violently contracted heart; much thickly-fluid, tar-like blood in the right auricle; opalescent spots upon the inner surface of the left ventricle, from the presence of false membranes; violet-red spots with softening of the internal coat of the heart (endocardium); red-marbled spots in the left auricle and ventricle; smaller carmine-red spots, especially on the papillary muscles, and penetrating into the substance of the heart; much darker redness, almost blackness of the right cavities of the heart, and some spots on the papillary muscles; red or black broad spots in the left ventricle; inflammation of the semi-lunar valves of the aorta.

“If we recollect, in addition, that *Arsenic* has been found serviceable in palpitations, carditis, endocarditis, rheumatic and organic diseases, especially in the left side of the heart; in the most frightful paroxysms occasioned by hypertrophy, dilatation or valvular diseases of the heart, it will become evident that



*Arsenic* possesses the most perfect specific and homœopathic relation to endocarditis. It is indicated not only in the commencement of the disease, but also when exudations and vegetations have formed on the endocardium and valves, especially of the left ventricle. It is hence the main remedy in Bouillaud's so-called chronic endocarditis. It is indicated when the following physical signs are present: dullness over a greater extent than usual in the cardiac region, especially in a vertical direction; violent and irregular action of the heart, with feebleness or almost complete extinction of the pulse; indistinctness, or roughness of both sounds of the heart, or a bellows-murmur with the first sound, heard over the left ventricle, (and along the aorta, but loudest over the aortic valves, viz., at the edge of the third rib, near the left edge of the sternum.)

“**BISMUTH**:—It produces violent beating of the heart; violent palpitations, visible at a considerable distance; a symptom which is almost peculiar to hypertrophy of both ventricles.

“*Pathological Anatomy*.—An intensely bright inflammatory redness in both ventricles; in the left ventricle several cherry-red, pretty broad, but not very deep spots. This evidently must prove a very important remedy in diseases of the heart, especially in the acutely inflammatory stage, although it may also prove useful in valvular disease and hypertrophy. It is indicated when the following physical signs are present: dullness on percussion over a great extent of surface; violent beating of the heart, distinctly elevating the walls of the chest (or the hand or head of the auscultator when applied); bellows-murmur with the systole of the heart, and heard both over the right and left ventricles.

“**COLCHICUM**:—It causes rending pain in the region of the heart; very violent palpitations, followed by very weak beating of the heart.

“*Pathological Anatomy*:—Several ecchymosed spots on the pericardium; effusion of serum into the pericardium; heart large and lax, its external surface marked by dark, violet or brownish spots, and with large circumscribed patches of lymph.



It would seem more homœopathic to pericarditis\* than to endocarditis. It may be used when the following physical signs are present: dullness over a small, or very great extent of surface (when there is effusion into the pericardium the dullness mounts higher up the sternum, in the direction of the great vessels, than when it is occasioned by mere enlargement of the heart; distinct bulging of the ribs over the heart); action of the heart violent at first, and attended with a marked friction-sound (a vibratory tremor, generally perceptible to the hand; Stokes noticed this tremor in five cases out of six; the friction-sound is a to-and-fro sound, corresponding with the movements of the heart backwards and forwards; it is generally more or less rough, sometimes like the rasping of wood, or the grating of a nutmeg, crackling of parchment, rustling of silk; very rarely it resembles the creaking of the new sole leather; when the quantity of effusion increases, these sounds may change to a continuous hollow rumble, owing to the agitation of as large a quantity of fluid as is compatible with the production of a murmur). When the quantity of serum becomes great, the heart is pushed back from the wall of the chest; hence its impulse can scarcely be felt, all friction and other murmurs cease, and the natural sounds of the heart are heard very indistinctly, and at a great distance.

“CROTON:—It causes piercing pain in the region of the heart; loud and perceptible pulsation and throbbing of the heart, especially when lying down; sudden throbbing in the region of the aorta.

“*Pathological Anatomy.*—Sixteen ounces of dark bloody serum in the pericardium; softening of the heart; actual extravasation of blood into the substance of the heart; dark stripes and ecchymoses on the endocardium of both ventricles; inflammation of the pulmonary arteries and veins; redness of the valves.

\*The marked amendment which speedily followed the employment of *Colchicum* in case No. 2, article PERICARDITIS, inclines me to corroborate this.—J. L.



“ This is evidently one of the most important homœopathic remedies in diseases of the heart (and perhaps the most homœopathic remedy to effusion into the pericardium, especially the hæmorrhagic variety). The physical signs indicating its use are the same as those requiring the use of *Colchicum*, with the addition that there may be valvular murmurs heard to the right of the sternum, over the right ventricle, and during the diastole of the heart.

“ *ACONITE*:—It causes pressing together of the chest in the region of the heart; palpitation in young plethoric persons; palpitations with great anxiety, oppression of the chest, general heat, especially in the face, great relaxation of the limbs; slow throbs in the cardiac region; aching compressing pain below the sternum; pain in the left side of the chest, between the fourth and sixth ribs; disproportion between the heart and the pulse beats; for the pulse beats three times, while the apex of the heart strikes the walls of the chest once; the right auricle, however, seeming to be persistently and convulsively contracted.

“ *Pathological Anatomy*.—No peculiar and characteristic alterations are found, viz., no signs of inflammation, or its consequences, but merely signs of relaxation and debility of the heart, with more or less of venous congestion: the heart relaxed and dilated: the left side filled with fluid red blood, and the right with fluid or coagulated black blood, or in general, containing much black, coagulated, or brownish blood. Hence the pathological appearances afford no warrant for the use of *Aconite* in inflammatory affections of the heart; still it is advised in predominant arteriality, in palpitations, in endocarditis, with or without articular rheumatism; also as an invaluable palliative remedy in organic affections of the left side of the heart, and large vessels, dilatation of the left ventricle, &c.; in endocarditis it can only be homœopathic in the very commencement of the disease, before extensive exudations or alterations of the surface of the endocardium and valves have taken place.

“ *Physical Signs*:—Judging from the above, *Aconite* will be indicated when there is dullness on percussion over the



heart, when the motions of the heart are quick and violent, but do not evidently and visibly raise the walls of the chest at each impulse, and are not synchronous with the beats of the radial pulse; when both sounds of the heart are heard louder, clearer [the first sound being almost as clear and clacking as the second, which is the most characteristic sign of dilatation of the left ventricle], and heard most distinctly over the left ventricle [when the apex of the heart is found beating nearer to the nipple than one inch below and within it, viz., very near the nipple, or just below it, or outside of it, or even above it, for the larger a heart becomes, the more is the apex carried outwards and upwards].

“*ASPARAGUS*:—It causes: An indistinct sensation of piercing in the cardiac region; frequent violent palpitation while sitting; palpitation with anxious restlessness, caused by motion or ascending stairs; feelable and audible throbbing of the heart from moderate exercise; irregular, quick, double beating of the heart; scarcely perceptible action of the heart. It is less homœopathic to the inflammatory stage, than to the consequences of endocarditis, more especially to hypertrophy of both, or only of the left ventricle.

“*Physical Signs*: — Dullness on percussion over a very extensive surface; the action of the heart violent, elevating at each beat the corresponding portion of the chest, [so that when the hand or head of the examiner is placed over the cardiac region it will evidently be seen to rise and sink with every contraction and dilatation of the heart; however violent the palpitations may be in simple nervous affections of the heart, no permanent bulging of the ribs over the heart is noticed, and the action of the heart never lifts the hand or head of the auscultator]; violent pulsation of the carotids; sounds of the heart natural, but louder, or attended with murmurs or other abnormal sounds at various parts, either during the systole alone, or also during the diastole.

“ [Riecke says that a man in Paris, suffering with palpitations, thought he felt relief every time he ate of *Asparagus*; hence he prepared a syrup in order to have some when it was out of season; this also helped him; and he mentioned it to his



physician, who made farther and satisfactory experiments, and communicated their results to Bronpais, who wrote a short article about it in 1839; then its use became quite fashionable, but lately it has fallen into neglect. Bronpais says, like *Digitalis*, it possesses the power of diminishing the action of the heart, and of increasing the urine, without irritating the stomach; hence it is serviceable in hypertrophy and palpitations of the heart, and also relieves the nervous pains, even when dependent upon organic disease. Heyfelder found it very beneficial in hypertrophy; Andral, Fougier, Serres, &c., saw good effects from it in Cardiognus, even Organicus; while Buchner, in his experiments with the tincture, often felt violent palpitations with anxious restlessness, both while sitting still or moving about.]

“**BELLADONNA**: — It causes aching in the cardiac region, taking one's breath away, and causing anxiety; anxious feeling in the region of the heart, with occasional intermittence of the pulse; irregular, unequal contractions of the heart; clucking about the heart, when going up stairs, with palpitation; trembling of the heart; throbbing pain beneath the sternum, near the epigastrium; very feeble beating of the heart; violent and persistent palpitations; violent heart-throbbing, with jarring of the head and neck.

“*Pathological Anatomy*: — Partly fluid, partly coagulated blood in the ventricles; blackish coagula; lividity and great softness of the heart; blackish and very thin blood in the arteries.

“From the above it is evident that *Belladonna* is not a truly homœopathic remedy for endocarditis, but it is an admirable remedy in congestion of the chest, preventing the occurrence of actual inflammation, and moderating the stormy vascular commotions which attend organic diseases of the heart, and cutting short the frequent exacerbations of the disease which threaten to light up inflammation anew.

“*Physical Signs*. — Percussion sound normal, or dull over a rather large extent of surface; action of the heart alternately violent, then weak, or even intermitting; sounds of the heart



natural, except clearer than usual, of irregular rhythm, first stronger, then weaker, then absent.

“*VERATRUM ALBUM*; — It causes extreme agony, which takes away the breath; palpitations, with anxiety and quick, audible respiration; paroxysms of agony about the heart, which then beats very violently and feels as if it were too warm; violent beating of the heart, which forces up the ribs; the heart beats up very high and forcibly, so as to force the hand away, without pain. In cases of poisoning of dogs with it, the heart beats stronger, quickly, and irregularly, in strong contrast with the great general prostration and stupefaction of the animal; even an hour after death the heart still moved feebly.

“The entire absence of pain about the heart, while this organ beats so violently as to shake the chest, elevate the ribs, and lift the hand of the auscultator, deserves particular attention, for this almost never occurs except in hypertrophy with dilatation.

“*Physical Signs*: — The percussion sound may be dull over a very large space; (the apex of the heart may beat directly beneath, or outside of, or above the nipple; bulging of the ribs over the heart;) action of the heart visibly very violent; sounds of the heart either very loud and clear, or else one or both sounds accompanied with abnormal murmurs.

“(From the well-known action of *Veratrum* on the stomach and bowels, it deserves particular attention in those affections of the heart dependent upon or attended by derangement of the stomach; ‘in some forms of nervous palpitation there is an increase of suffering after meals, or when the stomach is deranged, while amelioration is produced by dyspeptic remedies; but, as the stomach produces the same effects when there is disease of the heart, these signs are not pathognomonic of nervous palpitation. To this point I [Hope] would particularly direct the attention of physicians; because many, in forming their symptomatic diagnosis of the affections in question, regard the dyspeptic signs as paramount in value to all others, and are apt to refer to the stomach the palpitation which may really belong to organic disease of the heart.’ It is easy to show that *Veratrum* is homœopathic to both these varieties. Hutchinson



remarks that, in poisoning with *Veratrum*, violent palpitations, intermittent pulse, and a condition of things which presents much similarity to organic disease, are very apt to ensue. In the *Med. Chir. Rev.*, vol. II., page 196, we find an article headed, '*Veratrum album used for producing artificial disease of the heart.*' A man by the name of Chapman, belonging to the Marine Artillery, had found out the secret virtues of the white *Hellebore*, and turned it to the advantage, or rather disadvantage of himself and others, to whom he sold his powders at a high price. By taking the *Hellebore*, every appearance of dyspepsia, attended with great nervous irritability, and violent and continued palpitations, were produced. This Chapman had deserted, and was taken in a remote part of the country, where he completely succeeded in deceiving the staff-surgeon, who examined him, and reported his incapacity for military service in consequence of having organic disease of the heart!! Dr. Quavier states that this practice of taking *Hellebore* was productive of some alarming consequences for a considerable period; some were permanently injured, having actually produced the disease which they merely intended to counterfeit.)"

"DIGITALIS:—It causes in the *healthy* subject, slight pain, aching and heaviness about the heart; increased activity of the heart, with slowness of the pulse; increased throbbing of the heart; palpitations which arouse one from sleep; palpitation, and commotion of the blood, with great anxiety, forcing one to get out of bed, with quickness of the pulse, congestion to the head, noises and roaring in the ears; diminished action of the heart; scarcely perceptible beating of the heart; very soft and weak beating of the heart; evident throbbing in the right side of the chest.

"*Pathological Anatomy.*—Several blackish and quite voluminous coagula in the right ventricle; bright-red and fluid blood in the left ventricle (in a vast majority of instances no blood is found in the left side of the heart after death,—the powerful muscular development of the left ventricle almost always seems sufficient to empty that cavity, even at the last throb which marks the cessation of life; hence, whenever blood is found there after death, it denotes an unusual degree of relax.



ation, debility, and utter exhaustion of the muscular structure of the heart), fluid, dark-red blood in the heart; extinguishing of the irritability of the heart.

“(*Digitaline*, i. e., the active principle of *Digitalis*, according to Bouchardat and Sandras, in doses of one-tenth of a grain, singularly modifies the circulation, and is capable of irritating the digestive organs in a high degree; all the patients to whom it was administered experienced a marked slowness of the pulse, the greatest depression taking place in general, some hours after the exhibition of the drug; in several instances it was diminished in frequency to the extent of nearly one-half of the normal condition, very often only one-third or one-fourth; the next morning it became rather more frequent, but always remained from ten to more beats below the normal pulse. In all these cases the pulse was also irregular, the irregularity being of two kinds—the first and most remarkable irregularity was that the intervals between the pulsations were unequal; sometimes the pulse would be hard and very quick, then hard and slow; at others it would be soft at times, then hard; again it would remain soft persistently. Some patients would experience light-headedness, annoying dreams and hallucinations, soon followed by more or less frequently repeated diarrhœa or bilious vomiting, which, in spite of all precautions, sometimes lasted two or three days; the appetite was lost at the same time; whenever it induced irritation of the digestive organs, the pulse again becomes frequent.)

“(The marked depressant action of *Digitalis* on the heart, renders it homœopathic to dilatation, with thinning of that organ, which state, according to Hope, depends upon direct debility, or deficient power. In this effect the palpitations are of a feeble, oppressed kind, and more or less distressing, frequent and prolonged, according to the extent of the dilatation: in general they are protracted; the pulse is soft and feeble, and if the debility of the heart be great, the pulse is small; irregularity and intermittence are common during the protracted and distressing paroxysms of palpitation and dyspnœa; when the dilatation is attended with softening of the substance of the heart, the pulse is apt to be as small, weak, intermittent, irre-



gular and unequal, as in the worst cases of disease of the mitral valve; œdema of the limbs is very common in this variety; also lividity of the face, lips, &c.; one of the most constant and characteristic of the equivocal signs of dilatation of the right side of the heart, is, permanent turgescence of the external jugular veins, without sensible pulsation. Among the physical signs of dilatation is a change in the character of the first sound of the heart; this, which is naturally dull and indistinct, becomes louder, shorter and clearer, so as to resemble the clear, distinct clacking of the normal second sound; the degree of the dilatation can be judged of by observing how far the first sound resembles the second. The greater the shortness and clearness of the first sound, the thinner will the walls of the heart be found. The dullness on percussion is increased, and is found lower down than natural; dullness over the inferior part of the sternum denotes dilatation of the right ventricle in particular. Although the heart be enlarged, the impulse is diminished, and in extreme cases absent, even during palpitation; when felt, it is only a brief percussion of the chest, not elevating the hand or ear of the examiner; sometimes several beats of the heart are heard, while one only is felt (Hope). There is old school authority for the use of *Digitalis* in this disease; Dr. Holland says: 'The enlarged and flaccid heart, though on first view it might seem the least favourable for the use of this medicine, is perhaps not so; at least I have reason to believe, that, in the dropsical affections so often connected with this state of the heart, the action of *Digitalis* is peculiarly of avail.' (see Med. Notes, &c. p. 574.) Old school physicians also say that it helps in intermittent and otherwise irregular pulse; Pereira says: 'In patients affected with an intermittent and otherwise irregular pulse, I have several times observed this medicine produce regularity of pulsation;' a circumstance also noticed by Dr. Holland. Dilatation of the heart is a treacherous disease to those who auscultate and percuss carelessly, as well as to the mere symptomatologist; for the heart may be two and a half times its natural size, and yet the impulse be by no means remarkably strong; and when the heart is much loaded and oppressed with blood, the sound of the valves, and



even of valvular murmurs, may become so faint that they cannot be heard, without the patient holds his breath. In a previous article we have referred to the homœopathicity of *Digitalis* to diseases of the mitral valve).

“*SPIGELIA* :—It causes oppression of the chest and palpitations; dull stitches occurring synchronously with the pulse, and felt where the apex of the heart strikes the chest; violent and audible beating of the heart, which may also be felt through the clothes, attended with anxious oppression of the chest, especially in the morning, soon after rising, also while sitting down; wave-like motion of the heart; want of harmony between the heart and pulse-beats; purring sound in the chest, especially in the cardiac region, resembling the purring of cats.

“*Spigelia* has been recommended in inflammations and organic diseases of the heart, but we have as yet no pathologico-anatomical proof that it is really homœopathic to these affections. It may prove homœopathic to pericardial chorea; Eberlee says that it causes spasmodic twitching of the face, alternate fits of laughing and crying, incessant inclination to run and skip about; Pereira says it often causes spasms of the facial muscles, and even general convulsions; but spasmodic movements of the eyelids have been observed among the most common attendants of its narcotic action. It is not generally known that chorea may depend upon and mask acute pericarditis; Dr. Bright has seen cases in which there were peculiar spasmodic symptoms, like most fully developed severe chorea, except the convulsion was more violent than is almost ever seen in chorea; the head being thrown from one side of the bed to the other; the lips closed and opened with a smacking sound; the tongue protruded with all the grimace and difficulty as in chorea, and yet the only appearances found after death were recent and profuse effusion of lymph on the heart and pericardium, and recent vegetations of the semilunar and mitral valves. *Spigelia* may prove homœopathic and curative to this singular form of disease; cantharides also produce chorea, and may light up inflammation in almost any organ).

“*Physical Signs* :—*Spigelia* may be indicated when the



percussion sound is normal over the heart, or dull over a very large surface; the impulse of the heart increased, evidently and visibly elevating the walls of the chest at each beat; want of harmony between the heart and pulse-beats; (apex of the heart beating nearer the nipple than usual, or even outside of it;) valvular murmurs at various parts of the heart, as well as with the systole as the diastole, or with both (friction or to-and-fro sound of pericarditis).

“*NUX VOMICA*:— It causes palpitation in frequent short paroxysms, with commotion of the blood; pulsating throbs in the direction of the heart; great anxiety with severe palpitation.

“In the numerous and careful post-mortem examinations which have been made in cases of poisoning with *Nux*, no organic alterations about the heart have been found; its influence upon the heart must be referred to the nervous system. It causes increased activity and evident irritation of the ganglionic system, which may be propagated to the mind and senses; hence the above-mentioned heart-symptoms may arise in consequence of sympathy with the ganglionic and mental affections. For this reason Hahnemann laid so much stress on the mental symptoms excited by *Nux*, and mentioned the presence of vexability over sensitiveness to all impressions, hypochondriacal humour, passionate irritability and sudden cholera, great anxiousness, starting in affright, fearful anxious dreams, &c., as strong indications for the use of *Nux vomica*. Hence *Nux* cannot prove homœopathic to endocarditis, or any other heart affection dependent upon any organic or material change of structure. From the above it becomes evident that even the negative results of physical examinations are of importance in the selection of a remedy.

“(We take a different view of the action of *Nux*: it acts predominantly and specifically upon the motion-side of the spinal marrow and the muscular system in general, and tends more particularly to cause tetanic spasms. As the heart is a very muscular organ, it is very probable that it exerts a similar action upon it; in fact, the spasm of the heart may become so complete and persistent, that this organ remains tightly contracted for some time, during which little or no impulse is felt,



the respiration being difficult and the pulse extinct; if the spasm of the heart be less complete and tonic, i. e., more clonic, then violent palpitation may ensue, but *Nux* constantly tends to produce long-continued spasmodic contraction of the heart; according to Sobernheim, it often causes an asphyxic condition, dependent upon an extremely violent contraction of the respiratory muscles and heart. Every one familiar with diseases of the heart, must be familiar with this state of things; a patient with organic disease of the heart will be suddenly taken with what he calls spasms: he sits in speechless agony, his hands clasped over the cardiac region, his eyes protruded, his face livid, &c.; the physician attempts to feel the pulse, and can scarcely find it; he places his hand or ear over the heart, and finds everything as still and motionless as death itself: after a while the spasm relaxes; more or less palpitation follows, and the patient recovers for a time. Such attacks are often mistaken for paralysis, exhaustion, or debility of the heart, and treated with stimulants. Hence it will be seen that the action of *Nux* is exactly the opposite of that of *Digitalis* upon the heart; if the latter be homœopathic to dilatation with attenuation, the former will be so to contraction with thickening, i. e., to concentric hypertrophy, if any such disease exist. *Iron, Bark, Nux vomica, Ignatia, &c.*, must prove the most homœopathic remedies to simple hypertrophy, i. e., where the walls of the heart are thickened, the cavity retaining its natural dimensions; also in that variety of hypertrophy in which the walls are considerably thickened and the cavity dilated; and in hypertrophy with contraction, in which the walls are thickened and the cavity diminished in size)."

**PULSATILLA:**—It causes stitches and anxious aching in the cardiac region, with difficulty of breathing, relieved by walking; heaviness, aching and burning about the heart; palpitation after slight mental emotions, from speaking, and after eating; palpitation with anxiety, forcing one to throw off his clothes; palpitation in violent paroxysms, with darkness before the eyes, want of breath, especially while lying on the left side.

"Hahnemann has taught us that *Pulsatilla* is especially



suitable for the female organism, for the sluggish, phlegmatic temperament, for gentle, quiet, and lachrymose individuals. If we seek for a reason for this, we will find it in a consideration of the general action and sphere of *Pulsatilla*; in its specific relation to the digestive process it exerts a marked influence upon the formation of blood, and upon the venous circulation; every alteration of the chyme and chyfication must produce changes in the blood; excessive exaggeration of the digestive process must produce increased formation of lymph and blood, and predominant venosity (?). As women, in virtue of their sexual formation, require and use a greater quantity of blood, they are more subject to venous derangement, and hence *Pulsatilla* is particularly applicable to the female organism. Among the venous symptoms produced by *Pulsatilla* are: swelling of the hemorrhoidal tumours, enlargement of the cutaneous veins, bleeding from the nose, cough with expectoration of pieces of black coagulated blood; redness of the conjunctiva; the presence of chills, constant internal coldness, predominant coldness of the body, all point to a marked predominance of venosity over arteriality; as a consequence of overfilling of the large veins of the chest, and of the right side of the heart, we find anxiety, great agony with palpitation of the heart, agony in the cardiac or præcordial region, driving one to suicide; trembling anxiety, as if death were about to ensue, with fleeting heat of the body, coldness of the hands, paleness of the face, inclination to weep, &c.

“At the bedside it has been found useful in passive congestion, with distention of the veins, and in tedious heart affections; it acts principally upon the venous, i. e., the right side of the heart, and hence is rarely useful in the inflammatory stage of endocarditis; but when insufficiency of the mitral valve has occurred, causing, as it almost always does, hypertrophy with dilatation of the right side of the heart, and consequent excessive accumulation and activity of the venous blood in the heart and chest, then *Pulsatilla* comes in play.

“*Physical signs*:—Percussion sound dull, over a large extent of surface, especially in a horizontal direction; the impulse of the heart either increased or normal; the sounds of the



heart increased over the right ventricle, or a bellows-murmur in the same place; the second sound of the pulmonary artery distinctly louder than the second sound of the aorta; normal sounds of the heart over the left ventricle, or a murmur with the systole; the jugular veins distended, and pulsating evidently (one of the most certain signs of enlargement of the right ventricle)."

"RHUS TOXICODENDRON.\* Symptoms which it is capable of producing in the healthy subject: violent throbbing stitches over the region of the heart, whilst in a sitting posture, so as to cause loud cries; stitches in the region of the heart, with painful paralysis and numbness of the left arm; palpitation of the heart, whilst sitting still, so violent that the whole body moves at each pulsation; a sensation of weakness and trembling in the heart; excessive anxiety, with aching in the region of the heart, and tearing in the region of the os-sacrum; excessive anguish, which prevents sleep during half of the night." There is, in addition to many others, one circumstance in particular which offers considerable difficulty to the correct selection of a homœopathic medicine, viz., the apparently great identity and similarity which exists between the individual symptoms of many medicaments; if the effects of the various remedies differed more distinctly and strikingly, if the natural boundaries and deviations were more prominent, the selection of the proper remedy would be materially facilitated. It is manifest that this difficulty arises rather from the character and arrangement of our *Materia Medica*, than from the nature of the medicaments themselves, since it is probable that no two of them possess pathogenetic properties which entirely, or even only partially coincide in essential and particular points, excepting, perhaps, different preparations and combinations of one and the same substance. It is, therefore, of the highest importance to isolate the effects of each medicament by determining and establishing its essential and characteristic qua-

\* The Nos. of the "Homœopathic Examiner," containing the remaining remarks on this and the consecutive medicines, not having reached us as yet, we have attempted to supply the deficiency by referring to and translating from the original treatise.—J. L.



lities, and to point out distinctly its distinguishing and differing marks and peculiarities. And in fact, when reading the accounts of successful homœopathic cures, we may easily perceive what a decided influence a single characteristic symptom often exercised upon the correct selection of the remedy; how often, only by such means, the right path was entered upon; and that a single such essential and peculiarly characteristic symptom is of much greater consideration than many unimportant symptoms which are only vaguely or not at all connected with the disease. This is undoubtedly the reason why, when two remedies appear to be equally well indicated, according to the similarity of their general symptoms, still only the *one* is actually suited to the case under treatment, and it is also partly owing to the same reason that the thinking physician holds an advantage over the layman, who only tries to accomplish cures by opposing symptom against symptom. Hahnemann himself often directs our attention to this point, and ingeniously points out such characteristics in several medicaments." Speaking of *Rhus toxicodendron*, he mentions as its peculiarity, "that it produces the more violent paroxysms and sufferings, whilst the body, or the affected limb, is kept in a state of perfect rest; but that, on the contrary, a remission of the paroxysms and improvement is induced by motion." This assertion is also distinctly suggested and fully borne out by the above-mentioned symptoms of the heart, and it deserves here the greater consideration from the fact that all the remedies hitherto mentioned yield no similarity to this, but quite the contrary, viz., increase of the symptoms on movement. "Now, if we apply this peculiarity of *Rhus* to Endocarditis and to diseases of the heart in general, we shall unquestionably find that it greatly limits the field of operation of this remedy; for although, in every inflammation, an increase of the symptoms generally ensues from motion, whereas considerable remission follows if the body or the seat of the derangement is kept quiet, still this is more especially the case in inflammations and chronic affections of the heart. For in these, a considerable increase of the paroxysms is almost invariably created by any degree of active corporal exertion, and by any other circumstance which is



capable of producing an exciting effect upon the circulation of the blood. Nevertheless, there are some affections of the heart in which we meet with a certain analogy with this peculiarity of *Rhus*; viz., the symptoms assume absolutely no precarious or dangerous violence, in consequence of an insufficiency or defective state of the valves (usually the valves of the aorta,) as long as the heart retains its contractile power in an undiminished ratio, and is yet strong enough to overcome and press on the blood in its impeded current, from regurgitation through the deteriorated and imperfectly closing valves, no interruption is given to the circulation. Everything which, in such cases, exerts a depressive influence upon the energetic action of the heart, as bleeding, large doses of digitalis, &c., superinduces considerable derangements and dangerous symptoms; on the other hand, the evil is always relieved, if we succeed in strengthening the constitution generally, and in imparting to the heart that amount of energy which enables it to keep up the circulation of the blood in its normal state; hence, also, it happens that bodily exercise, judiciously undertaken, is sometimes more beneficial to persons thus affected than uninterrupted rest.

“The increase of the symptoms during rest, and their alleviation through the act of motion, consequently form decidedly characteristic and striking indications for the employment of *Rhus*. It is certainly not adapted to the pure inflammatory stadium, but will be found appropriate to the subsequent diseases of the valves, and the derangements ensuing therefrom, especially in the case of insufficiency of the valves and constriction of the ostia. As physical signs, we may point out the following: the sound on percussion is normal, or dull chiefly throughout the greater part of the longitudinal direction of the heart; the impulse of the heart is mostly increased, and that to such a degree as to shake the entire thorax; in place of the second sound, a prolonged murmur is audible over the whole heart; during the systole, there is either a sound, or an indistinct one, or none at all.

“*NATRUM MURIATICUM*. It produces continual pains, violent stitches, and pain in the heart as if from contusion; at



night in bed aching beneath the heart, as if ascending from the abdomen, with palpitation of the heart, which is increased by lying on the left side, and lessened by changing to the right; palpitation of the heart on the slightest movement, whilst in the erect posture, accompanied by anxiety; fluttering motion of the heart; irregular pulsation of the heart; intermittent pulsations of the heart; strong pulsation throughout the whole body.

“The importance of these symptoms is confirmed and increased by experience derived from the practical use of this remedy; it is said to be of great advantage particularly in organic diseases of the heart, chronic palpitation of the heart, and in irregular pulsation of the same. Its effects, however, do not correspond as closely with acute endocarditis, but rather with the sequelæ of that inflammation. The physical symptoms for its application would be: sound on percussion mostly dull throughout the greater extent of surface; the impulse of the heart violent, irregular, and intermittent; the sounds unequal, louder, or supplanted murmurs.

“*NATRUM CARBONICUM*. It causes aching pain in the region of the heart; stitches in the heart, sometimes increased by inspiration; pressive aching sensation, as if some hard substance were placed in, and occupied a space extending from the region of the heart to the scrobiculus, with a sense of constriction in the stomach; painful clucking in the cardiac region; palpitation of the heart on ascending stairs; anxious palpitation of the heart during the act of stooping; nocturnal palpitation of the heart, awakening from sleep when reclining on the left side; palpitation of the heart, which does not admit of rest on either side.

“The symptoms of this salt bear so strong a resemblance to those of the foregoing (they are almost verbatim the same, with the distinction that, amongst those which appertain to *Natrum muriaticum*, we meet with, in addition, ‘an irregular and intermittent pulsation of the heart,’ a symptom, which, as has already been mentioned, is not at all very characteristic or of any importance for any given abnormal state) that we cannot dis-



criminate between them by the physical signs, but, at the utmost, only by the general symptoms.

“PHOSPHORUS:—It gives rise to congestions to the heart, with palpitations, which become very violent after dinner; palpitation of the heart accompanied by anxiety in the evening, and in the morning in bed on awaking; frequent paroxysms of violent palpitation of the heart; violent palpitation of the heart in the afternoon after a slight mental emotion, lasting for an hour, and rendering it impossible to remain in a reclining position; recurrence of the attack on going to bed, but to a milder extent; palpitation of the heart, early in the morning, after the usual breakfast; palpitation of the heart, sometimes several (two, three, six) violent pulsations (when walking or sitting after dinner), one or two pulsations during the night, whilst lying on the left side; some violent paroxysms of palpitation of the heart, after a slight movement, chiefly of the left arm, on sitting up in bed, or stretching, &c., which disappeared again, when at rest; violent palpitation of the heart in the morning in bed on awaking, and in the evening after lying down; violent nocturnal palpitations of the heart; accelerated circulation of the blood; palpitation of the arteries of the neck.

“The experiments hitherto made by Orfila have been tried with too large doses, and death followed too quickly (after twenty minutes to a few hours) to allow of the development of any pathological alterations in those organs which did not come in direct contact with the poison. It was only observed that the blood contained in the left ventricle was liquid and black, like that contained in the right.

“*Phosphorus* has been chiefly recommended in palpitations of the heart with abdominal derangements and flatulence; also when many of the described symptoms of the heart appear or become exacerbated, particularly after dinner. When we consider that in organic diseases of the heart (especially in hypertrophy) the paroxysms are often increased soon after a meal, and render it necessary for the patient to abstain from all indigestible, flatulent food, this coincidence, taken in con-



junction with the other confirmatory symptoms, cannot appear unimportant. In pure, acute endocarditis, *Phosphorus* can only rarely be indicated. The following physical signs are in its favour: the sound on percussion normal, or dull over a considerable extent of surface; the impulse of the heart increased; the sounds louder, or supplanted by murmur.

“*SEPIA*:—It produces stitches in the heart; throbbing in the pit of the stomach early in the morning, then undulating or fluttering sensations in the chest, similar to palpitation of the heart, followed by burning heat in the face and body; throbbing in the left chest; palpitation of the heart in the evening, for a quarter of an hour; palpitation of the heart, with stitches in the left side of the chest; the heart beats convulsively, attended with great anxiety, and trembling of the fingers and legs; palpitation of the heart, lasting for several days, accompanied by a sensation of anguish, and rendering it necessary to take a deep inspiration, but unattended with any moral impression; intermittent pulsation of the heart, with anxiety; intermittent pulsation of the heart, mostly after dinner; in the evening, when in bed, violent palpitation of the heart, and beating of all the pulses; waking from sleep at night, in consequence of violent colic, with an unusually perceptible trembling motion of the heart (without palpitation), and a full pulse.

“Notwithstanding the rather numerous symptoms which *Sepia* gives rise to, connected with the heart, it has been but little employed against diseases of that organ, and indeed none of its symptoms can be considered as sufficiently indicative of any special form of heart-disease, the more so, as those very symptoms which are peculiar to it, viz., the trembling convulsive action and intermitting pulsation of the heart are no fixed diagnostic signs of any particular disease, but merely an irregularity in the rhythmus, which may take place in the most opposite abnormal states of the heart, and even in an apparently perfectly normal condition of the same.

“It appears to be indicated when, on auscultation, the following are the principal results: sound on percussion natural,



or dull over a large extent of surface ; the action of the heart violent, unequal, intermittent, convulsive and trembling ; the sounds more violent and louder than usual, sometimes intermitting ; or murmurs instead of the natural sounds.

“ GRAPHITES :—It produces tightness in the left side of the thorax, and about the heart early in the morning, for several hours, aching in the region of the heart during respiration ; stitches in the cardiac region ; after retiring to rest for the night, and while lying on the left side, throbbing in the region of the heart ; the paroxysm is attended with anxiety, and is of so violent a character as to cause the bedclothes to be moved by it, but disappears on turning ; violent throbbing of the blood at the heart, and in the rest of the body at the slightest motion ; strong pulsation of the heart, which moves the arm and the hand, and is productive of anxiety : violent palpitation of the heart ; violent palpitation of the heart several times, like an electric stroke from the heart towards the neck.

“Although I have not hitherto heard of anything, established by experience, concerning the use and effect of *Graphites* in diseases of the heart, still the above-mentioned symptoms are too important, and partly too characteristic, as to have admitted of its having been omitted here. The action or efficacy of this remedy embraces a pretty extensive sphere : certain symptoms correspond strikingly with organic lesions of the heart, which have already attained a somewhat advanced stage, particularly hypertrophy and dilatation. The following signs may be considered as appropriate indications for its employment : dullness on percussion over a considerable surface ; the action of the heart so violent as to shake and raise the thorax and the head of the auscultator ; the sounds of the heart loud and violent, or supplanted by murmurs.

“ CALCAREA CARBONICA :—It causes painful aching in the region of the heart ; precordial anxiety ; strong pulsation of the heart after a meal ; violent palpitation of the heart, with great anguish and restlessness, oppression at the chest, and pain in the back ; palpitation of the heart ; violent palpitation of the heart ; a long-continued spasmodic constriction in the region of the heart, which interrupts the act of respiration, with



subsequent violent shocks; great anguish and palpitation of the heart; stitches in the heart, obstructing the breath, and leaving behind it an aching pain in the cardiac region; very violent palpitation of the heart, with an unequal pulse; pulsation of the large vessels in the chest.

“The annals of homœopathy mention several cures of rheumatic, *anomalous gouty* affections of the heart. It corresponds, as may easily be supposed, not with the pure inflammatory stadium, but with the sequelæ. Physical signs: the sound on percussion normal, or dull to the greater extent; the impulse of the heart violent, often not synchronous with the pulse in the wrist; the sounds of the heart louder, or supplanted by murmurs.

“In conclusion, we may yet venture to make some general observations on the occurrence of organic diseases of the heart, and on the possibility of their cure. Doubts have repeatedly been raised, and principally in homœopathic writings, on the actual existence of affections of the heart in rheumatismus acutus, and more particularly on the safety of depending on auscultatory phenomena for the discovery of organic diseases of the heart, as, for example, copious loss of blood, and peculiar chlorotic and gouty dyscrasiæ, are in themselves sufficient to produce similar consecutive murmurs, and changes in the sounds of the heart, without the actual coexistence of the least organic metamorphosis; many are inclined to consider the supposed rheumatismus of the heart as nothing else than a consequence of copious bleeding. Although it must be confessed that Bouillaud, who particularly (and was almost the first who did so) directed our attention to the close relation of rheumatismus to the heart, has given occasion to this supposition by his coup-sur-coup conducted venesections, and that others have committed exaggerations, by trying to discover inflammation of the heart in every case of rheumatismus, still innumerable cases (which had run their course without the employment of bleeding, and in which the correctness of the auscultatory diagnosis could be established by autopsy), have but too often proved the existence of structural derangements of the heart. It is certainly true, that in chlorotic persons, and under parti-



cular circumstances, anomalies are sometimes observed in the beating of the heart, which disappear too quickly, and, in most cases, spontaneously, and are too isolated to warrant us in determining that they should have proceeded from organic metamorphosis; still this identical sudden appearance and vanishing, when taken in conjunction with the other general symptoms, and the circumstance that such inexplicable cases are of rare occurrence, ought to facilitate and correct the diagnosis, and will considerably diminish the weight of the aforesaid objection. Another reason which gives rise to the doubts which many entertain of the frequent occurrence of organic diseases of the heart, and which must necessarily make them, at the same time, very indifferent and sceptical to the possible advantages of a correct diagnosis, appears to be the exaggerated and partly erroneous view which they harbour of the great danger and unconditional fatality of organic diseases of the heart, and of the utter fruitlessness of every attempt to cure them. And yet amongst all the organic diseases and derangements of noble organs, perhaps those of the heart, notwithstanding the great importance of this organ, are the least accompanied by immediate or direct danger. Now that we are so much more readily enabled by the improvements effected in medical science to discover them more distinctly and more correctly, we can daily convince ourselves that they often exist for many years and even without causing any serious detriment to the whole organism; that they have absolutely not always been the *causa mortis*, yea, that many have only been discovered at the post-mortem examination, having remained quite unnoticed during the existence of the individuals, and consequently without exerting any considerable detrimental influence upon life. Death is, comparatively speaking, seldom directly attributable to them, e. g., by the bursting of the heart, but for the most part indirectly by the derangement of other organs and functions, and by increased disposition to other diseases, such as hydrops, apoplexy of the brain, &c. How very different, in this respect, is the case with other organic diseases, e. g., of the lungs, which, in most instances, produce the fatal termination in a more direct, progressive, and irresistible manner, generally



leaving but little prospect to the physician of averting the fatal issue, or often even of retarding it for any considerable time. Although, therefore, medical art may very rarely and perhaps never succeed in effecting a radical cure of advanced organic metamorphoses of the heart, nevertheless there is a much wider scope for preventing their threatened development, or arresting them in their progress, and consequently of obviating, meliorating, or removing the secondary, life-endangering, but not inevitable, consecutive symptoms and derangements of other functions, and of the system in general. It is just in such cases and under such circumstances that homœopathy has already effected great things; and indeed this system can be greatly promoted by, and derive much advantage from the further cultivation and practical application of the diagnostic auxiliaries.

If it appear necessary to substantiate this assertion by practical examples, I appeal, first of all, to the testimony of many practitioners, to whom such cases must have often occurred, if they have ever made their observations and examinations with the necessary attention. For my own part, I shall in this place mention only two cases, which are interesting in more than one respect, and are confirmatory of what has been asserted above. The one is the case which Dr. Goullon has fully described, (*Neues Archiv*, Vol. I, Heft 2, p. 44,) and which, therefore, I must content myself with simply referring to. The other came under my own observation two years ago:—

“M. Held the daughter of healthy parents, was from her earliest childhood subject to frequent attacks of violent palpitation of the heart, attended with anguish and swooning, which were chiefly called forth by bodily exercise and exertions; the evil increased every year in violence, prevented materially the growth of the body, and was pronounced by several physicians to be hypertrophy of the heart, and treated with leeches, cupping, and vesicatories. When she had reached her eleventh year, Dr. Noack was applied to, under whose homœopathic treatment the paroxysms became more scarce and less violent, and the entire constitution of the patient was at the same time



essentially ameliorated and strengthened. This gentleman left Leipsic a year and a half afterwards, at which period I was introduced by my father to the patient for the first time. She was then  $12\frac{1}{2}$  years old, of small stature, emaciated, and weakly; the left side of the thorax was protruded forwards and more elevated than the right, the sternum pressed dextrad, the spine also bent sideways, the impulse of the heart exceedingly violent, strongest between the sixth and seventh ribs, both to the sight and touch, and producing vibration throughout the greater part of the epigastrium; the sounds of the heart were strong, loud, quick, irregular, and during the systole there was an additional murmur, audible particularly over the left ventricle; the palpitation of the heart was frightfully increased by the slightest movement. The other functions of the body were all as yet pretty regular; the mental capacities were somewhat precocious, the temper mild, easily excitable and anxious. After the lapse of four weeks, considerable deterioration took place, in consequence of some external, noxious influence, the dyspnœa, the anguish, and the palpitation of the heart became almost unbearable, the patient could neither walk, nor lie down, but only sit in half erect posture, violent cough, and paroxysms of threatening suffocation appeared, particularly during the night, accompanied by a continuous tormenting thirst; the feet, and subsequently the abdomen, the hands and arms, then became in the highest degree œdematous; the urine clouded, dark and somewhat scanty; the bowels obstructed. None of the remedies at first prescribed, (*Arsen.*, *Digit.*, &c.,) succeeded in producing the slightest amendment, or in stemming the progress of the malady in this frightfully aggravated form; at length, when death appeared almost unavoidable, the violence of the most distressing symptoms abated under the employment of *Prunus spinosa* (second dilution, one drop every four hours), the nights became more tranquil, the paroxysms of impending suffocation became less violent, the œdema decreased, and, in short, after the continued use of this remedy for a period of three weeks, the patient was enabled to rise, and to walk, and to lie down in a horizontal position; the respiration and the sleep were quiet, the œdema had perfectly



disappeared, with the exception of a trivial degree of swelling about the ankles; the action of the heart became more quiet, the sounds more regular and less loud. For nine months in succession, the patient enjoyed such a state of health as she had never before experienced, she became stronger, could bear a much greater amount of bodily and mental exertion without inconvenience, and the repeated physical examinations showed that the anomalous states of the heart were all still existing, but materially lessened in degree. The following year, in consequence of violent constitutional excitement proceeding from the first appearance of the menses, the patient suffered a relapse; nevertheless, this event cannot in any measure be considered to weaken the value of this case for proving our assertion; for this example of such a considerable, and in all probability congenital organic malformation of the heart, being borne for a period of thirteen years, notwithstanding the deformity of the thorax superinduced by it, cannot otherwise than speak forcibly against the generally received opinion of the absolute fatality of organic diseases of the heart; it, moreover, proves the beneficial effects which homœopathic medicines may yet exercise, even in cases of this desperate character."

### CARDITIS.

Inflammation of the substance of the heart, distinct from the membranous affections, is a rare disease. The general symptoms of the cases on record present similarity to those of pericarditis. In the event of inflammation of a large portion of the heart, a fatal termination is, in all probability, unavoidable, in consequence of the serious interruption which, in such a case, must be offered to its function. The remedies which are likely to be the most effective, in cases where there is any prospect of performing a cure, are: *Aconitum*, *Bryonia*, *Lachesis*, *Arsen.*, *Pulsatilla*, *Cocculus*, *Spig.*, *Croton*, *Digit.*, *Carbo v.*, *Natrum m.*, &c. The cure of organic diseases of the heart, especially when they are of some standing, or of a complicated nature, is, unfortunately, not often within the reach of art. All that remains to be done, in the majority of such cases, is to



mitigate the general symptoms, to render the patient's life as little oppressive, yet as useful to him as possible, and to retard the onward march of premature decay, by means of appropriate medicines, diet, and rules of conduct.

IN HYPERTROPHY, or morbid thickening, or increase of volume of the muscular substance of the heart, indicated chiefly by dyspnœa, increased impulse, diminished natural sounds, dullness on percussion, and full, strong, vibrating pulse, the medicaments which have been employed with more or less success, are: *Ars.*, *Spigel.*, *Bism.*, *Digit.*, *Rhus*, *Phos.*, *Prunus spin.*, *Iod.*, *Veratr.*; and also *Graph.*, *Ferr.*, *China*, *Nux*, *Ignatia*, *Natr. m.*, *Acon.* (palliative), *Bella.*, *Rhus*.

IN DILATATION or an enlargement of the capacity of one or more of the heart's cavities, characterized by palpitation and dyspnœa on any sudden emotion, diminished impulse, increased and more extensive sound, and soft, feeble, undulating pulse, &c., or hypertrophy and dilatation, with combination of the symptoms and signs of these two states: *Spigel.*, *Digit.*, *Cannab.*, *Ars.*, *Bism.*, *Asparag.*, *Lachesis*, *Lycop.*, *Carbo v.*, *Puls.*, *Rhus*, *Spigel.*, *Veratr.*, *Nux*, *Phosph.*, *Arn.*, *Sep.*, *Sulph.*, *Calc.*, *Acon.*, *Oleand.*, &c.

IN DISEASES OF THE VALVES, indicated by bellows- or rasp-sound, heard most distinctly over the situation of the diseased valve, persisting even during quietude, and occasionally accompanied by a purring tremor or vibration, felt on placing the hand on the region of the heart; palpitations and dyspnœa aggravated by exercise or by mental emotions; weak, small, and sometimes intermittent pulse; swelling of the feet towards evening; and, as the disorganization advances, discoloration of the face and extremities, extension of œdema to the legs, dropsical infiltration into the different cavities of the body: *Ars.*, *Phosph.*, *Argentum*, *Aurum*, *Cocc.*, *Natr. m.*, *Croton*, *Digit.*, *Spigel.*; and *Rhus*, *Puls.*, *Bella.*, *Lach.*, *Asa.*, *Lycop.*, *Veratr.*, *Ser.*, *Graph.*, &c. (See Dr. C. Mueller's observations, page 383. where general and physical indications for most of the foregoing medicaments are enumerated.)

IN ANEURISM of the ascending portion and arch of the aorta, which is frequently indicated by the following signs: loud



whizzing or rushing at the superior extremity of the sternum, perceived on the application of the hand to that region; rattling in the throat; oppression at the chest; dissimilarity of the pulse at the wrists; dull sound, and perceptible impulse under the sternum or below the right clavicle when the tumour is large; single or simple pulsation, with increased impulse and louder sound, in contradistinction to the double pulsation and the normal sound of the heart; bellows-sound attending the single pulsation. The general symptoms differ considerably according to the situation, shape, and size of the aneurism. Thus, when it may happen to be so formed or placed as to press against the gullet, it will cause impeded deglutition, and sometimes a constant clucking noise; it may press upon the spine and give rise to severe dorsal pains, with nervous symptoms of various kinds, and great debility; or it may compress one of the larger bronchial tubes, or produce absorption of a part of the lungs, and create difficulty of breathing, cough, &c.): *Carbo v.*, *Lachesis*, *Lycopodium*, *Ars.*, *Sulph.*; or *Spigel.*, *Rhus*, *Graph.*, *Calc.*, *Puls.*, *Digit.*, *Natrum m.*, *Zinc.*, &c., are the remedies which are likely to prove most useful.

The most useful remedies, generally speaking, for removing attacks of congestion, in diseases of the heart, are: *Acon.*, *Bell.*, *Lachesis*, *Nux v.*, *Opium*, *Aurum*; or *Cocculus*, *Coffea*, *Phosphorus*, *Ferrum*, *Ars.*, *Digit.*, *Plumb.*

Affections of the heart induced by the injudicious employment of *Mercury*, are commonly remediable by means of those medicines which are the more powerful antidotes to the multifarious, injurious effects which arise from the abuse of that mineral, but especially such as: *Hepar sulph.*, *Acidum nitr.*, *Aurum*, *Pulsatilla*, *Cinchona*, *Lachesis*, *Lycopod.*, &c.

Those which are manifested in a gouty habit, require the employment of the remedies which correspond to that diathesis, as well as to diseases of the heart in general.

In acute rheumatism of the heart: *Aconit.*, *Laches.*, *Bella.*, *Bryonia*, *Arsenicum*, *Pulsatilla*, *Spige'ia*, *Colch.*, and *Nux v.*, form the principal remedies.



Against *arterial inflammation*, in consequence of a wound, &c., *Rhus* has chiefly been recommended. If, at the same time, there has been considerable contusion of the adjacent parts, *Arnica* will be necessary. When the inflammation is intense and accompanied by great constitutional disturbance, or when it threatens to extend rapidly towards the heart, *Aconitum* must be employed. *Pulsatilla* and *Arsenicum* may be useful in certain cases, the latter more particularly in advanced stages of the affection. The same remedies are equally applicable in *Phlebitis*, arising from external injury. When inflammatory action is manifested, in the vena porta, with burning pain in the seat and course of that important vessel, and the commencement of its incipient and terminal ramifications, pain and distention in the right hypochondrium, bitter taste, whitish-brown, or yellowish tongue, vomiting, yellowness of the white of the eye, and of the face, *Nux v.* is an important medication. *Lachesis*, *Pulsatilla* and *Sulphur* may answer better in other cases; or *Arsenicum* when symptoms of extreme prostration, with dryness of the tongue, and delirium, supervene. In chronic phlebitis, *Lycopod.*, *Plumbum*, *Carbo v.*, *Calc.*, *Arnica*, &c., may prove of efficacy. (See also VARICES.)

### INTERTRIGO.

This affection consists of a galling or excoriation of the skin, accompanied with inflammatory redness and moisture around the anus, between the nates, at the inner and upper part of the thighs, the groin, or other parts of the body, such as the axillæ, &c. Riding, much walking in the heat of summer, and the irritation of the urine, are the most frequent exciting causes. It is, very frequently, readily relieved by *Graphites* or *Lycopodium*, externally and internally, at low potencies. *Arnica*, and also *Nux v.*, *Pulsatilla*, *Sepia*, *Sulphur*, *Arsenicum*, and *Chamomilla* have also been recommended in particular cases: the selection being made according to the temperament and complexion of the patient, as also the state of the



digestion, sexual functions, &c. (See also EXCORIATIONS IN CHILDREN.)

### PSORIASIS.

This cutaneous disorder is distinguished by a rough and scaly condition of the epidermis, sometimes in isolated spots or patches of an irregular form, at other times continuous, but almost always attended with clefts or fissures in the skin. It is usually accompanied by constitutional derangement, and recedes or recurs at particular seasons of the year.

The cure of this disorder is generally difficult and tedious, especially when it occurs in the inveterate form (*psoriasis inveterata*), characterized by nearly universal scalliness, with a harsh, dry, thickened and rigid state of the skin, which is at the same time red and deeply cracked, or when it is chiefly confined to the palm of the hand (*psoriasis palmaris*). In the simple form (*psoriasis simplex*), *Lycopodium* at a low potency, in repeated doses, frequently effects a cure in from four to eight weeks, even when the disorder is of long standing; *Rhus* and *Bryonia* are also of considerable value in this variety. In other cases, *Sulph.*, *Sepia*, *Calc.*, *Graphites*, *Clematis*, and *Ledum*, may be called for by the nature of the case. In *Psoriasis inveterata*, *Arsenicum* is of more or less utility, as also *Rhus* and *Sepia*; but it is often requisite to have recourse to *Sulphur*, *Antim. c.*, *Ammon. c.*, *Graphites*, or *Calc.*, &c., to complete the cure.

Against *Psoriasis palmaris*, *Sulphur*, *Sepia*, and *Acid. muriaticum*, or *Zincum*, have hitherto been principally employed. When there is a discharge from the rhagades of an offensive smell: *Rhus*, *Graphites*, *Lycopod.*, *Mercurius*, or *Hepar*, &c., are often of important service. And in *Psoriasis facialis*,—*Sulph.*, *Calc.*, *Aurum*, *Graph.*, *Lycopod.*; or *Sepia*, *Cicuta*, *Ledum*, *Oleander*, &c., claim a preference.

The diet, in this affection, as, indeed, in all other cutaneous maladies, should be simple and unstimulating. Fruits, and also vegetables, are often hurtful when the eruption is in an aggra-



vated form, and ought, therefore, to be avoided under such circumstances.

## PEMPHIGUS.

*Febris bullosa, Pompholyx.*

Pemphigus consists of an eruption of yellowish and transparent bullæ or blebs on various parts of the body, varying in size from a lentil, or a split pea, to a walnut, commonly presenting an inflamed base, and generally assuming the shape of an almond. Fever is a frequent accompanying symptom; but some authors maintain that the disorder occurs in two different forms, viz., the acute and chronic, and that fever is only peculiar to the former, and invariably absent from the latter; whilst others again, create a further distinction by giving the name of Pemphigus to the affection, when the vesicles exhibit an inflammatory base, and are preceded or accompanied by fever, and denominating it Pompholyx when exempt from these additional symptoms.

The disease occasionally comes on without precursory signs; but may also be ushered in by sickness, general uneasiness, præcordial oppression, headache, lassitude, painful stiffness in the joints, and violent itching of the skin; or otherwise it commences with irregular chills, followed by dryness and burning heat of the skin, as also thirst, anorexia, and great rapidity of pulse. The eruption generally declares itself at first by one or more circular or oval red spots or patches, which are slightly prominent, and frequently bear a close similitude to the first signs of smallpox. These patches soon take on a dusky hue, and are preceded or attended by some degree of pain and heat in the affected parts. From the effusion of transparent serum beneath the epidermis, it becomes raised in the form of vesications presenting the appearance of blisters arising from a scald, or produced by the application of cantharides to the skin. The development of these blebs sometimes ensues so speedily after the evolution of the erithematous patches, that some authors have been induced to conclude that pemphigus was never pre-



ceded by any redness of the cutaneous surface. The eruption gradually extends over the greater part of the body, but rarely affects the hairy scalp or the genital organs. The vesicles increase rapidly in size, and in some places become confluent. The skin between the bullæ presents a natural appearance, except when the latter approximate closely, in which case a more or less marked erythematous blush pervades the interstices. When the vesicles have attained their maturity, and burst of themselves, they form incrustations of a whitish, or a pale brown colour; but if the epidermis be detached by friction soon after the bullæ have broken up, painful excoriations generally result. The duration of pemphigus with fever (acute pemphigus) varies from one to four weeks, according as the eruption may have been simultaneous or consecutive. Pemphigus without fever, again (or chronic pemphigus), in which the development of the bullæ is always successive, generally occupies a period of several months, and even much longer, if unchecked, in some cases. When accompanied by nervous fever, the disorder is to be regarded as of serious character; as also when it is very extensive, frequently renewed, and associated with inflammation of the bladder, &c.

**THERAPEUTICS.** When the eruption is preceded or accompanied by inflammatory fever, the employment of *Aconitum* becomes more or less requisite; but as soon as the fever and restlessness have been considerably allayed, *Cantharides* (3—6) or *Rhus* (3—6) must be selected. The former is more especially useful when the bullæ present a close analogy to the vesication produced by a blistering plaster, when the irritation is intense and consists of a violent burning itching, or when the disorder is attended with dysuria, hæmaturia, cystitis, or, in the case of females, with inflammation of the vagina. This remedy may at the same time be advantageously applied externally by means of a camel's hair brush. *Rhus* is an invaluable remedy in the majority of cases of Pemphigus, although it occasionally fails to relieve the troublesome pruritus so readily as *Cantharides*. Should nervous fever be associated with the eruption, *Rhus* will be rendered still more requisite. When the blebs



are copiously developed on the face, and there is severe headache, thirst, synochal fever with dry hot skin, tossing about, disturbed sleep, and even delirium, as is prone to be the case in young subjects, *Belladonna* should be prescribed. (See also HEAT-SPOTS in children.) After the employment of *Belladonna*, *Lachesis* or *Rhus* are generally required to complete the cure in pemphigus febrilis.

## SHINGLES.

*Zona. Herpes zoster. Cingulum. Ignis sacer, &c.*

The term *Zona* or *Herpes zoster*, has been given to a cutaneous disorder characterized by the formation of several clusters of vesicles, which usually appear on one side of the body in the shape of a semi-circular band or belt, most commonly at the waist, but sometimes across the shoulder, and occasionally on the neck, face, and scalp, or other parts of the body. The eruption is occasionally preceded, for a few days, by languor, thirst, and loss of appetite, fits of shivering, headache, sickness, restlessness, brownish or whitish coating on the tongue, accelerated pulse, heat and tingling in the skin. More commonly, however, the disorder appears without any precursory symptoms, and the attention of the affected party is primarily drawn to the region where the eruption is about to be developed by a sense of pricking and smarting, or burning heat and sharp pain. On examining the parts, several bright red, irregular blotches, more or less widely separated, are observed, and upon each of which, numbers of minute white silvery-looking vesicles show themselves, and ere long increase to the size of a lentil or pea. The vesicles are at first transparent, being filled with a clear limpid fluid, but about the fourth day they assume a milky, or yellowish, or sanguinolent colour, and the fluid contained becomes sero-purulent, or even converted into true pus. Soon after this, they often become somewhat confluent, and flatten or subside, leaving a very faint outline behind them, or what is still more frequently the case, they dry up and form small yellowish or brownish scabs.



Some of the vesicles, again, burst on the second, or between that and the fourth day, and discharge a small quantity of limpid serum; the epidermis being detached, suppuration of the vascular rete of the corion takes place for a few days in consequence of the exposure. While the vesicles of the first groups are acquiring an opalescent aspect, new clusters begin to appear in succession for three or four days, and pursue the same course. From the eighth or twelfth, to about the twenty-first day, all the incrustations of zona are detached, leaving the surface of the skin in a tender state, and covered with marks of a deep-red colour, which gradually disappear. Where the vesicles have been confluent, and the inflammation severe, the eruption is frequently of longer duration than above stated, and the skin, from occasionally becoming ulcerated below the incrustations, which in such cases are rendered very adherent, heals slowly, and presents numerous pits or cicatrices for a considerable time afterwards.

The causes of herpes zoster are obscure. It is most common in summer and autumn. It is not contagious, and does not appear to have ever been seen as an epidemic. The disorder is, on an average, not of a serious character, especially when occurring in children and adults; but in the aged, it is liable to be followed by sloughing and gangrenous ulceration, and is always distressing from the pains which accompany it.

**THERAPEUTICS.** When the disease is preceded by considerable constitutional disturbance, with severe pain, restlessness, deep-seated darting pains in the chest, heat of skin and quickness of pulse, a dose or two of *Aconitum* afford speedy relief. Spare diet must at the same time be enjoined. Should the febrile symptoms, pain, and restlessness, not completely yield to *Aconitum*, *Sulphur* may be prescribed, succeeded by a repetition of *Aconitum*, or by *Aconitum* and *Coffea* in alternation, if there be less pain but continued restlessness. When the primary symptoms have been removed, or when the attack has commenced without any precursory symptoms, *Rhus toxicodendron* generally forms the most useful remedy, and is, in most cases, sufficient to conduct the disease to a happy issue—



even in those occurring in individuals of an advanced age; it is sometimes requisite, however, to exhibit *Sulphur* or *Graphites* after, or in alternation with *Rhus*. The patients should, in all cases, be cautioned against lying on the affected side, as gangrene is liable to be induced by so doing, particularly in bad habits and elderly subjects. If sloughing and gangrenous ulceration supervene, notwithstanding all our precautions, *Arsenicum* must be had recourse to, succeeded or alternated with *Lachesis* and *Cinchona*, should a favourable reaction not follow the employment of *Arsenicum* alone. *Sulphur*, and sometimes *Acidum nitricum* usually form the most appropriate remedies to forward the process of healthy granulation and cicatrization. The parts may be dressed with dry lint. Nourishing and easily digestible food must be allowed in such cases, and even wine and water, or a little pure wine, if required, as is sometimes the case in old and debilitated patients. *Mercurius* has been recommended as likely to be useful in zona, and may occasionally, along with *Hepar*, prove serviceable when the inflammation has run high, and the fluid contained in the vesicles has become converted into true pus: *Antimonium tartaricum* when at the very commencement there is considerable gastric disturbance with nausea and vomiting; and *Arsenicum* when the cutaneous pains consist of a severe burning, and are accompanied by uncontrollable restlessness, dry heat of skin, and great thirst.

## ULCERS.

(Additions to p. 306.)

**INDOLENT** (with thick, smooth, prominent, and rounded margins, a flat bottom, smooth, shining granulations, which are liable to be repeatedly and suddenly absorbed soon after their formation, leaving the sore as much increased in size as it had previously diminished. The pus is thin and aqueous, and contains flakes of lymph which adhere tenaciously to the surface



of the sore) : *Sepia*, *Ac. phosph.*, *Lyc.*, *Carbo v.*, *Ars.*, *Lach.*, *Sulph.*, *Silic.*, chiefly.\*

INFLAMED : *Acon.*, *Ars.*, *Merc. Hep.*, *Sil.*, and also, *Mez.*, *Puls.*, *Ant.*, *Bella.*, or *Silic.*, *Sulph.*

INSENSIBLE : *Euphorbium*, *Ars.*

IRRITABLE (painful, bleeding readily, with thin ichorous discharge, and imperfect or indistinct granulations) : *Ars.*, *Assa.*, *Lyc.*, *Hepar*, *Carbo v.*, *Merc.*, *Phosph.*, *Silic.*, *Mez.*, *Acid. m.*, *Lach.*, *Puls.*, *Acid. nitr.*, *Con. Sulph.*, *Bella*, *Thuja*, *Staph.*

ITCHING : *Sulph.*, *Silic.*, *Ac. phosph.*, chiefly, but also *Lyc.*, *Sep.*, *Graph.*, *Ars.*, *Alum.*, *Puls.*, *Staph.*, *Bov.*, *Ran.*

ITCHING at the edges only : *Tart.*

— at night only or chiefly : *Lyc.*, *Staph.*

BURNING : *Ars.*, *Carbo v.*, or *Lyc.*, *Sep.*, *Sil.*, *Clem.*, *Graph.*, *Mez.*, *Hep.*, *Acid. n.*, *Acid. m.*, *Rhus*, *Puls.*, *Nux*, *Bov.*, *Cham.*, *Canth.*, *Plumb.*, *Ran.*, *Lam.*

BURNING pain during the night only : *Lyc.*, *Rhus*, *Staph.*, *Hepar.*

— pain or heat at the edges : *Acid. m.*

— pain when touched : *Lach.*, *Lyc.*

CREEPING or crawling sensations in the ulcers : *Rhus*, *Clem.*, *Cham.*, *Con.*

EXCORIATION, with pains resembling a recent : *Mez.*, *Rhus*, *Hep.*, *Puls.*, *Bella.*, &c.

GNAWING pain, with : *Staph.*, *Merc.*, *Phosph.*, *Lyc.*, *Bar.*, *Kali*, *Rut.*, *Sulph.*, &c.

JERKING pains, with : *Staph.*, *Cham.*, *Clem.*, *Ac. m.*, *Ac. s.*, *Arn.*, *Ruta*, &c.

PIERCING, or boring pain, with : *Sulph.*, *Silic.*, *China.*

THROBBING pain, with : *Sulph.*, *Clem.*, *Hep.*, *Merc.*, *China*, *Bryon.*, &c.

SHOOTING, darting, pricking pains, with : *Ac. nitr.*, *Merc.*, *Silic.*, *Hep.*, *Puls.*, *Sulph.*, *Nux*, chiefly ; but also *Staph.*,

\* Characteristic indications for many of the remedies quoted, will be found in Bœninghausen's Manual of Homœopathic Therapeutics, by Chs. Hempel, M. D.



*Sep., Lyc., Ars., Mez., Clem. Graph., China, Petr., Lam., Ran.*

SHOOTING pain at night only or principally : *Rhus.*

— pains at the edges, and only when touched : *Clem.*

— or pricking pains as if from splinters : *Acid. nitr.*

SMARTING : *Silic., Graph., Staph., Lam., Rhus., Puls., Cham., Bry.*

— or soreness at night only : *Rhus.*

TEARING, rending pain in the ulcers : *Lyc., Sulph., Sep., Graph., Staph., Canth.*

TEARING, during the night only or chiefly : *Lycopodium.*

TENSIVE pain in the ulcers : *Sulph., Con.*

Ulcers which present a *blueish* or *livid* appearance : *Ars., Lach., Silicea*, chiefly; but also *Con., Sulph., Merc., Assa., Aur.*

Ulcers with *blueish* margins : *Assa.*

— which have a *greenish* aspect : *Ars.*

ULCERS which have a *whitish* appearance : *Merc., Sabin., Ars.*

— smooth : *Ac. phosph., Lach., Sil., Ran.*

— superficial : *Ac. ph., Ac. nitr., Merc.*

— tumid : *Lycop., Con., Bella.*

— with *indurated* edges : *Ars., Sil.*; and also *Merc., Sulph., Sep., Assa., Thuja, Puls., Petr., Lyc., Bryon., &c.*

Ulcers with *inverted* edges : *Lycopodium, Ars.*

— with *pale* edges : *Nux v.*

— with *elevated* edges : *Ars., Sil., Sulph.*, chiefly; but also *Merc. Lyc., Sep., Puls., Thuja, Assa., Petr., &c.*

Ulcers with *jagged* edges : *Merc., Thuja, Staph., Hep., Acid. ph., Sulph., Sil., Lach.*

Ulcers surrounded by *papillæ* : *Sulph., Lach., Sep., Ars., Puls., Rhus, Sil., Lyc., &c.*

*Ulcers with unhealthy pus.*

PUS, *serous, aqueous, sanious* : *Merc., Acid. nitr., Sulph., Sil., Ars., Carbo v., Lyc., Graph., Clem., Ruta, Assa., Rhus., Ran., &c.*



PUS, albuminous : *Ars.*, *Amm.*, *Sulph.*, *Sil.*, *Sep.*, *Calc.*, *Lyc.*, *Puls.*, chiefly.

PUS, brownish : *Ars.*, *Carb. v.*, *Sil.*, *Bry.*, &c.

— excessive secretion of : *Sep.*, *Puls.*, *Sil.*, *Ac. ph.*, *Lyc.*, *Chin.*, *Arg.*, *Canth.*, *Staph.*, *Calen.*, *Scill.*, *Merc.*, *Phosph.*, &c.

PUS, gelatinous : *Arg.*, *Merc.*, *Sep.*, *Sil.*, chiefly.

— gray : *Ambr.*, *Lyc.*, *Merc.*, *Sil.*, &c.

— yellow : *Puls.*, *Lyc.*, *Ars.*, *Kreos.*, *Natr.*, *Nitr.*, *Thuja*, *Dulc.*, *Aur.*, *Sep.*, *Sil.*, *Clem.*, &c.

PUS, acrid, ichorous : *Ars.*, *Merc.*, *Sil.*, *Rhus.*, *Staph.*, *Sep.*, *Sulph.*, *Graph.*, *Clem.*, *Kreos.*, *Acid. nitr.*, *Natr.*, *Ac. sulph.*, *Hep.*, *Lyc.*, *Ran.*, &c.

PUS, sanguineous : *Ars.*, *Assa*, *Hep.*, *Merc.*; and *Sulph.*, *Sep.*, *Lach.*, *Sil.*, *Lyc.*, *Rhus*, *Kali*, *Carbo v.*, &c.

PUS, scanty secretion, or suppression of : *Lach.*, *Merc.*, *Sil.*, *Calc.*; and *Carbo v.*, *Clem.*, *Sassa.*, *Phosph.*, *Petr.*, *Staph.*, *Magn.*, *Led.*, *Bar.*, *Graph.*, &c.

PUS, fetid : *Sulph.*, *Ac. phosph.*, *Hep.*; and *Carbo v.*, *Ac. nitr.*, *Aur.*, *Ac. mur.*, *Kreos.*, *Staph.*, *Sec. corn.*, *Con.*, *Sil.*, &c.

## DISEASES OF THE URINARY AND GENITAL ORGANS.

### INFLAMMATION OF THE BLADDER.

(Additions to page 181.)

*Arsenicum alb.*, *Nux v.*, *Sulph.*, *Sepia*, *Silicea*, and *Kali nitricum*, are the remedies on which our chief reliance may be placed when suppuration sets in. And *Helleborus niger*, *Cap-sicum*, *Staphysagria*, *Lycopodium*, or *Baryta*, when *Blennorrhœa* supervenes.

*Chronic Inflammation of the Bladder* is accompanied by an extremely irritable state of that organ, together with a profuse



secretion of mucus which is discharged along with the urine. From the latter circumstance the designation of *Catarrhus vesicæ* has been given to this form of the disease. The remedies which are most serviceable in the treatment of chronic cystitis are: *Dulcamara, Pulsatilla, Sulphur*; or *Merc., Calc., Nux, Phosph., Can., Kali, Antimon. c., &c.*

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{3}$ ; also the tincture or trituration, according to circumstances.

### RETENTION OF URINE. (*Ischuria.*)

When an obstruction to the flow of urine takes place, the fluid accumulates and distends the bladder to such an extent, that it rises up above the pubis, and forms a perceptible swelling in the hypogastric region; the entire abdomen becomes tumid and tender to the touch, and a considerable degree of fever is present; the inclination to pass water is frequent and urging, but utterly ineffectual, and accompanied by intense pain.

Ischury is always to be held as a dangerous affection when it continues for any length of time, for if relief be not administered, inflammation and consequent mortification ensues, the urine finds an outlet into the abdomen, and death soon follows.

The causes of retention of urine are, usually, inflammation or stricture of the urethra, enlargement of the hemorrhoidal veins; suddenly suppressed hemorrhoids, either by extirpation or otherwise; over-distention, spasm of the neck of the bladder, inflammation or hernia of the bladder, paralysis of the bladder, absorption of cantharides applied externally, or taken internally, excess in vinous or spirituous liquors, the pressure of the rectum, from a lodgement of indurated fæces, or of the uterus, tumours, &c., on the neck of the bladder; swelling or ulcer of the prostate gland, calculi, or particles of gravel lodging at the neck of the bladder, or in the urethra.

THERAPEUTICS. The following remedies may be quoted as those which are best adapted to overcome all ordinary cases of ischury: *Aconitum, Camphora, Cantharides, Sulphur, Calc. c., Nux v., Carb. v., and Arsenicum.*



*Aconitum* is peculiarly efficacious when there is considerable fever, with burning heat in the region of the bladder, outwardly perceptible to the touch. In the case of children, where, in addition to the foregoing symptoms, there is also distention of the abdomen, with suppression both of fæces and urine, this medicine is, moreover, one of our most important remedies. In urgent cases, a dose of this remedy may be exhibited every half hour or so, until the symptoms yield.

*Camphora* forms a valuable general remedy where no occasional cause of the disorder can be detected, but it is also of great service where the complaint evidently arises from spasmodic action. Burning heat in the abdomen and urethra, with shivering coldness of the surface, and shivering succeeded by a hot fit, do not contraindicate the employment of *Camphora*, but as soon as the incipient symptoms of fever become more developed, *Aconitum* must be had recourse to. In administering *Camphora*, we shall frequently find it sufficient, particularly with children or very sensitive subjects, to make the patient smell the camphorated spirit; in other cases, a drop or two of the first attenuation, or of the common spirits of camphor, may be given on a piece of sugar, and repeated twice or thrice in a space of a quarter of an hour. The attempted cure of hemorrhoids by the knife or ligature forms a not unfrequent source of urinary complaints, and of ischuria amongst others. When retention of urine has arisen from such a cause, or from excessive enlargement of the hemorrhoidal veins, the urine should be drawn off by the catheter, and the pain relieved by the administration of *Sulphur*, in alternation with *Aconite*. Should these not permanently relieve, and the pain consist of a severe burning description, *Carbo v.* and *Arsenicum* must be prescribed. *Nux v.* is extremely useful when the patient has been addicted to the habitual use of spirituous liquors; and is, moreover, one of the most serviceable medicaments, in conjunction with *Sulphur*, *Pulsatilla*, *Carb. v.*, *Arsenicum*, &c., according to the characteristic features of the case, in effecting a radical cure where that is practicable. When ischury has been caused by over-distention, from want of opportunity of emptying the bladder while travelling, &c., the catheter should be introduced to



draw off the accumulated urine, and the contractility of the bladder restored by means of *Hyoscyamus*, *Arnica*, *Dulcamara*, or *Arsenicum*. The repeated application of cold water to the hypogastric region may also prove beneficial in this respect. When surgical assistance is not at hand, or when, particularly in the case of females, the introduction of the catheter is objected to from feelings of delicacy, *Aconitum* or *Camphora* ought to be tried first, and will very frequently supersede the necessity of resorting to mechanical interference, and, moreover, materially tend to ward off any evil effects which might otherwise arise in consequence of the prolonged retention. The application of hot fomentations to the pubic region, and the use of the hip-bath, or large injections of tepid water, are sometimes sufficient to promote the expulsion of the urine. Retention of urine depending upon spasm of the neck of the bladder frequently yields to the use of *Camphora*, but other remedies, such as *Aconitum*, &c., may be required in particular cases. When the disorder is occasioned by distention of the rectum from alvine concretions, or flatus pressing upon the neck of the bladder, the effectual removal of the primary disorder must be obtained by means of *Opium*, *Nux v.*, *Pulsatilla*, *Plumb. c.*, *Sulphur*, and, where required, *Aconitum*. The employment of unmedicated enemata, and of the catheter, may frequently be found requisite as auxiliary means of relief.

If ischuria arise from distention of the uterus in consequence of an accumulation of the menstrual fluid, or from gas or flatus, *retroversio uteri*, tumours (polypi), &c., pressing against the neck of the bladder or the urethra,—*Sepia*, *Puls.*, *Bella.*, *Nux v.*, *Sulph.*, *Phosphorus*, *Lycopodium*,—*Staphysagria*, *Calcarea*, *Belladonna*, *Cantharides*, &c., are the remedies by which a radical cure is most likely to be accomplished. In the instance of retention of urine from hernia of the bladder, the urine should be taken away by means of the catheter, the protruded bladder reduced, and a truss applied; if the hernia be irreducible, the swelling should be supported by a suspensory bandage, but we may frequently succeed in effecting the reduction, and of materially guarding against relapses by the aid of such re-



medies as *Nux v.*, *Aconitum*, *Opium*, *Sulphur*, *Plumbum*, &c. (See HERNIA.)

If inflammation or enlargement of the prostate be the evident cause, *Aconitum*, *Pulsatilla*, and *Thuja*, will be found useful. If paralysis of the bladder, *Hyoscyamus*, *Arsenicum*, *Dulcamara*, or other remedies, according to the original disorder which has been productive of the paralytic affection. And when inflammation of the bladder or kidneys, or inflammation or stricture of the urethra, have given rise to the retention, see CYSTITIS, GONORRHŒA, and STRICTURE.

Calculi lodging in the urethra, and occasioning obstructed micturition, require to be extracted or cut out.

DOSE:  $\frac{0.0}{3}$ , or  $\frac{0.0}{6}$ , or  $\frac{0.0}{30}$ ; also the tincture or trituration, according to circumstances.

## DIFFICULTY IN DISCHARGING THE URINE.

### *Dysuria. Stranguria.*

Disury, or difficulty in discharging water, may arise from various causes, such as inflammation of the urethra, arising from gonorrhœa, or the employment of acrid injections, inflammation of the kidneys or bladder, spasm in the neck of the bladder, enlargement of the hemorrhoidal veins, a collection of hardened fæces in the rectum; excess in drinking intoxicating beverages, tumour or other diseases of the prostate gland, the suppression of an eruption or of some habitual discharge, or the prolonged application of cold, particularly in gouty habits, the lodgement of particles of gravel at the neck of the bladder or in the urethra, and the abuse of cantharides, either externally or internally, &c. &c.

Dysury is commonly attended with frequent inclination to urinate, smarting pain, heat and difficulty in voiding the water, and a sense of fulness in the region of the bladder. When there are painful or uneasy urgings, and the urine passes off only in drops or in minute quantities, the disorder is usually termed strangury. When the disease is induced by the presence of a calculus in the kidney or urethra,—nausea or



vomiting, and a sharp pain in the lumbar region, as also in that of the kidney or urethra, accompany the before-mentioned symptoms. When from a similar cause, having its seat in the bladder, or when produced by gravel lodged in the urethra, an acute pain is experienced at the extremity of the penis, especially during the emission of the last drops of urine, and the stream of urine is either spiral or bifurcated. Should scirrhus enlargement of the prostate have given rise to the complaint, a hard, painless tumour may be detected by the introduction of the finger into the rectum, or it may even be felt on pressing the hand against the perinæum.

**THERAPEUTICS.** As this disease is almost always symptomatic, the treatment must be directed against the primary affection. We shall accordingly confine ourselves in this place to a brief description of the indications of the remedies which have been employed with the greatest success in ordinary cases. When there is frequent inclination to make water, with great pain and difficulty in voiding it, the discharge being at the same time very small in quantity, often passed only in drops, and presenting a dark-red, muddy appearance, the symptoms will generally yield, or at all events become materially relieved by the employment of *Aconitum*. When a sense of fulness in the hypogastric region is complained of, together with a cutting, burning, or aching pain, *Pulsatilla* may be prescribed with advantage; and *Belladonna* when a darting or pricking pain extending from the lumbar region to the bladder, agitation and colic, are encountered. *Hepar s.* has been found productive of permanent benefit when *Bella.* gave but temporary relief. If the calls to make water be extremely urgent, and the urine is passed in a very small stream, is acrid, dark-coloured, soon becomes cloudy, and exhales an offensive odour, *Mercurius* may be prescribed. *Hepar s.* is frequently useful after, or in alternation with *Merc.* For dysuria, with almost incessant inclination to make water, *Petroselinum* is often very serviceable; and when the performance of the act of urination is at the same time extremely difficult, the urine invariably passing only in single drops, attended with severe burning pain in the region of



the bladder and in the urethra, *Cantharides* can with difficulty be dispensed with. The several causes of the disorder must always be attended to, and will, where known, prove of great assistance in selecting the homœopathic remedy. We shall accordingly find, that when *excess in drinking* (either vinous or spirituous liquors) has given rise to it: *Nux v.*, *Opium*, or *Sulphur* and *Pulsatilla* are the most applicable. When disease of the prostate gland, and when enlargement of the hemorrhoidal veins, or suppressed hemorrhoids: *Nux v.*, *Pulsatilla*, *Sulphur*, or *Aconitum*, *Carbo v.*, *Lachesis*, *Arsenicum*, *Lycopodium*, *Calcarea*, *Mercurius*. (See art. HEMORRHOIDS.) Again, when the disease has been excited by a fall or blow on the back or region of the bladder, *Arnica*, and when it has arisen in consequence of a fright, *Aconitum*, are, for the most part, the most serviceable remedies. The abuse of *Cantharides* applied externally or taken internally is not an unfrequent source of the complaint, and is chiefly to be removed by *Spirits of Camphor*, which is, moreover, the principal remedy, particularly at the commencement of the cure, when other poisons have occasioned an attack of dysuria. *Aconitum* and *Pulsatilla* are sometimes required after *Camphor*. When a chill or the prolonged application of cold has induced the disease, a preference must be given to *Aconite*, *Belladonna*, or *Dulcamara*, or to *Nux v.*, *Pulsatilla*, *Mercurius*, *Sulphur*, *Calcarea*, or *Sarsaparilla*. And when inflammation of the prostate gland\* forms the primary cause, *Pulsatilla* and *Thuja* often prove of essential service. The age and sex of the patient is also a frequent guide to the selection of particular remedies. Thus, in old men, *Lycopodium* and *Opium* are almost always called for at one period or other

\* At the commencement of PROSTATITIS, *Belladonna* may be prescribed with advantage, when the pain is increased by the slightest pressure over the seat of the gland, and when there is considerable fulness or swelling in the region of the neck of the bladder. *Cannabis* is also worthy of attention under similar circumstances. If the pains are less severe, consisting more of an obtuse aching description, *Mercurius* is useful. When prostatitis occurs as a sequela of suppressed gonorrhœa, *Pulsatilla* and *Lycopodium* have been particularly recommended. In chronic inflammation of the prostate, and consecutive induration, *Thuja*, *Merc.*, *Carbo v.*, *Calc. c.*, and *Conium*, form the principal remedies.



of the treatment. In ataxic females or pregnant women, *Pulsatilla*, *Calcarea*, *Acid phosphoricum*, or *Sulphur*, *Conium*, *Nux v.*; and in children, *Aconitum*, *Belladonna*, *Nux v.*, *Pulsatilla*, are the medicaments which have hitherto been most frequently used with the best results. In acute cases the diet must be sparing, and sometimes consist exclusively of demulcent drinks, such as gruel, &c., especially if the pain is very severe. Warm fomentations and injections of tepid water sometimes give considerable relief. In all cases, salt should be partaken of in great moderation, and acids altogether eschewed. In chronic cases, considerable relief is often obtained from drinking copiously of cold water throughout the day. Exposure to currents of air ought always to be avoided by those who are subject to urinary complaints. (See NEPHRITIS, CYSTITIS, and also the indications which have been given for the remedies employed in HÆMATURIA.)

### SUPPRESSION OF URINE.

A partial and occasionally even a complete suppression of urine frequently takes place in fever. It also occurs in dropsy, and in inflammation of various organs, such as the kidneys, &c.; and finally, it may arise from loss of secreting power in the kidneys. The term is now, for the most part, confined to the latter form of the complaint; and it is our intention in this place to restrict ourselves to that variety. The disease commonly takes place in individuals beyond the meridian of life; but it is occasionally met with at a less mature age, and is sometimes encountered even in children. Gouty habits appear to be most liable to be seized with it, and particularly after being much exposed to cold and wet, or on the suppression of an eruption, or some accustomed discharge, such as hemorrhoids, &c. Generally speaking, there is no desire to make water, nor is there pain or tumefaction above the pubes indicating an accumulation of urine, the defective secretion of which will be farther confirmed by the introduction of the catheter. Nausea, constipation, and an occasional sense of sinking, usually accompany the disorder. Sometimes a series of other dis-



tressing symptoms, such as frequent and severe fits of vomiting, hiccup, pain in the back, intense headache, and restlessness, are present from the commencement. The pulse continues for some time normal; when it becomes slower it indicates danger. The skin is generally natural, but profuse sweating sometimes supervenes, and the perspiration has, in some instances, been found to exhale a strong urinous odour.

Suppression of urine leads sooner or later to serious consequences, if the secretion be not restored, and is frequently very speedily fatal, in consequence, apparently, of inducing cerebral disease, and terminating in coma.

**THERAPEUTICS.** The homœopathic remedies which, in most instances, may be employed with success in restoring the functions of the kidneys, are: *Aconitum*, *Camphora*, *Cantharides*, *Nux v.*, *Puls.*, *Belladonna*, *Opium*, *Lycopodium*, *Sulphur*, &c. Their leading indications in suppression, or diminished secretion of urine, are similar to those which have been given under the heads of Dysuria and Ischuria. Attention should in every case be directed to the causes which have apparently been the means of developing the disorder, and the selection of the remedies made in accordance therewith. Thus, when the suppression or retropulsion of an eruption has called forth the disorder, *Sulphur* will form an almost indispensable remedy. The same remedy, together with *Nux v.*, *Pulsatilla*, *Calcarea* or *Sepia*, is equally useful where some habitual discharge, such as the hemorrhoidal, menstrual, &c., has been checked. The affection, as already observed, is prone to occur in gouty habits, conjoined with free living, or excessive indulgence in spirituous liquors. In these cases *Nux v.* will prove of great service, especially when we meet with nausea, or frequent and violent vomiting, headache, or heat in the face and head after meals, constipation, nocturnal restlessness, or unrefreshing sleep with frightful dreams. *Opium*, *Lycopodium*, *Lachesis*, or *Sulphur*, may, in some cases, be found necessary, when *Nux v.* is inadequate to effect a radical cure. When exposure to cold and wet has given rise to the disorder, *Dulcamara* may be found useful at the commencement, particularly



when there is a copious and offensive secretion from the skin. *Acidum nitricum* and *Colocynth* may be of some utility where the perspiration is profuse and exhales an urinous odour. In all cases, any signs of an approach of cerebral disease ought to be studiously watched, and, when detected, immediately combated by the appropriate remedies. (See PHRENITIS.) The following remedies may also be enumerated as worthy of attention in this disease: *Cannabis*, *Alumina*, *Kreasotum*, *Bryonia*, *Carbo v.*, *Euphorbium*, *Staphysagria*, *Clematis*, *Digitalis*, *Squilla*, *Colchicum*, *Graphites*, *Rhus*, &c. For the treatment of suppression of urine in consequence of *Nephritis*, *Cystitis*, or *Hydrops*, see those diseases.

### STRICTURE OF THE URETHRA.

A stricture of the urethra may be defined to be a diminution, or such an alteration of a portion of the tube as renders it, at the affected part, much narrower than what it is in the normal state, or even completely obstructed. The formation of the disease appears, in most instances, to depend upon a thickening of parts of the canal, the result of inflammatory action. The first, or at all events one of the earliest signs of stricture of the urethra, is the retention of a few drops of urine in the passage after the patient has performed the act of micturition; but these drops are soon involuntarily emitted; while another small quantity, accumulated between the cervix of the bladder and the stricture, may be expelled by the effect of pressure below the urethra. The next, and sometimes the first derangement observed, is, that there is a frequent inclination to void water, the patient being under the necessity of emptying the bladder repeatedly in the course of the night. As the obstruction increases, the urine cannot be passed without pain and effort, and the stream becomes forked, spiral, or scattered. In the advanced stage of the disease the urine comes away by drops, and is sometimes mixed with purulent matter or glairy mucus. In addition to these symptoms, the patient is distressed with pain about the glans penis, and oc-



asionally in the loins, and is, moreover, often attacked with severe paroxysms of intermittent fever. Exposure to cold, violent exercise, excess in venery, and the pleasures of the table, aggravate all the symptoms, and cause entire stoppage of urine. The thin, glairy, or gleet discharge, which commonly attends, has frequently led to the mistake that the case is one of gonorrhœa secundaria, or gleet; but the existence of the symptoms we have above enumerated, together with the unequivocal proof which is to be derived from the introduction of an appropriate bougie, remove all uncertainty. The most common seat of the stricture is just behind the bulb; and that which is perhaps next in frequency is about four and a half inches within the canal; then three and a half; and sometimes close to the external orifice of the urethra.

The evils which are liable to result from old and aggravated cases of stricture are: thickening of the bladder, with deprivation of its usual power of expansion, or inflammation accompanied with discharge of a sort of viscid secretion, bearing a resemblance to pus; retention of urine, and dilatation and ulceration of the urethra between the bladder and the first and principal stricture. When the urethra ulcerates, and abscesses form and burst, channels are produced, through which the urine escapes into the surrounding cellular membrane, and *fistulæ in perinæo* are constituted.

**THERAPEUTICS.** In the incipient stage of stricture of the urethra a cure may often be effected by appropriate medicines; even in a more advanced stage a cure is sometimes practicable, or at all events such a degree of improvement capable of being brought about, that the after treatment by mechanical means, where requisite, is thereby materially facilitated. The following are the principal medicines, from the employment of which results of a satisfactory nature are frequently to be obtained: *Cannabis, Petroselinum, Cantharides, Camphora, Mercurius, Aconitum, Sulphur*; and, in some instances, with induration, and more or less contraction and thickening of the urethra: *Clematis, Dulc., Digit., Petr., Sulph.*; or *Acid. nitr., Silicea, Calcarea, Lycopodium, Pulsatilla, &c.* A few of the leading



indications for the selection of some of these remedies will be found in the chapters on Dysuria, Hæmaturia, Gonorrhœa. If the symptoms are invariably exacerbated by exposure to cold, *Dulcamara* may be prescribed with advantage; and when excess in wine or spirituous liquors causes serious aggravation, and occasionally complete retention of urine, *Nux v.* is a useful palliative. (See RETENTION OF URINE.)

In old inveterate cases, and particularly in permanent bad cartilaginous strictures, recourse must be had to the ordinary mechanical means. In cases where it seems requisite from the commencement to conduct the treatment on the principle of mechanically dilating the contracted part of the urethra by means of bougies or elastic gum-catheters; but where the urethra is so irritable that the patient cannot bear the introduction of the instrument, or where copious hemorrhage follows its employment, *Aconitum* or *Arnica* may be prescribed with advantage. These remedies are, moreover, often of great utility in warding off inflammatory action in the testes from the use of bougies.

Where the medical treatment no longer offers any reasonable prospect of success, and the stricture is so complete or extensive as entirely to arrest the introduction of the bougie, a surgical operation becomes necessary, which consists in the perforation of the stricture with a stilet; or the plan of cutting down to the stricture, and then cutting through the diseased part of the tube, must be resorted to.

Dose: See *Ischuria*.

## URINARY ABSCESS AND FISTULA.

### *Fistulæ in perinæo.*

Fistulæ in perinæo are ulcerated openings in the perinæum, which not unfrequently take place in consequence of the natural passage for the urine becoming completely impervious from stricture. The urethra becomes ulcerated immediately behind the seat of the obstruction, and the urine escapes into the cellular membrane; the injected parts swell and inflame; suppura-



tion speedily supervenes; the abscess bursts, and the fistulous opening, forming an outlet for the urine, is produced. In some instances no urine is discharged from the aperture until two or three days have elapsed; but in others, it flows from the first, intermixed with the fetid pus. The secretion of pus then diminishes, and the urine passes out of the new channel in large quantities. Several external openings are occasionally formed, in place of one. *Fistulæ*, of a similar nature to the foregoing, may be produced in the groin, scrotum, and even at the base of the penis near the pubis; and in some rare cases they form a communication between the rectum and the part of the urethra behind the obstruction. Retention of urine is no longer prone to occur when *fistulæ* in *perinæo* are established.

**THERAPEUTICS.** It is recommended by most surgeons to open the abscess which forms the swelling in the *perinæum* early. The cure of the fistula necessarily depends upon that which has given rise to it, viz., the strictures themselves: when these are removed, either by the ulcerative process which preceded the production of the *fistulæ*, or by other means, the urine resumes its natural course, and the fistulous aperture closes. If it should not do so, we must seek to effect this object by the employment of homœopathic medicines; and of these the following will generally answer best: *Silicea*, *Sulphur*, *Calcarea*, and sometimes *Mercurius*, *Arsenicum*, *Lachesis*, or *Cantharides*. The introduction of a gum-catheter into the bladder, and the confinement of the patient to bed for a few days, is in some cases sufficient; but where this is impracticable from the stricture remaining entire, and refusing to yield to the usual remedial agents, a staff may be passed down the urethra as far as the stricture, the canal laid open, a catheter conveyed into the bladder, and kept there until cicatrization is accomplished.

**DOSE:** See *Ischuria*.

### INCONTINENCE OF URINE.

Involuntary flow of urine usually proceeds from relaxation, or a paralytic affection of the bladder; or from irritation or com-



pression of the bladder, in consequence of the secretion of acrid urine, the presence of gravel, or a diseased state of the organ itself.

**THERAPEUTICS.** When the incontinence proceeds from relaxation brought on by a too free use of vinous or spirituous liquors, considerable relief, if not a radical cure, will, in most instances, be effected by the employment of *Nux v.* In other cases having a similar origin, *Opium*, *Lachesis*, *Sulphur*, *Calcarea*, and sometimes *Acid. muriaticum*, must be had recourse to subsequent to, or in alternation with *Nux v.* If masturbation or excess of venery have induced a relaxed condition of the sphincter of the bladder, *Nux v.*, followed by *Sulphur* and *Calcarea*, will generally be found the more efficacious remedies; but the auxiliation of *Acid. muriaticum*, *China*, and *Acidum phosphoricum*, will often be required. The use of the flesh-brush and frequent sponging with cold water is also of some service in such cases. The incontinence of urine which proceeds from paralysis of the vesica, or is attendant on more general paralytic derangement, has been cured by *Cicuta* and *Magn. aust.* The aid of one or more of the following medicaments, *Aconitum*, *Belladonna*, *Hyoscyamus*, *Cocculus*, *Nux v.*, *Opium*, *Natrum m.*, *Arsenicum*, *Sulphur*, *Bryonia*, *Dulcamara*, *Lauro-cerasu*, *Sepia* or *Silicea*, &c., will, however, be necessary in many cases. The employment of electro-magnetism, cold bathing, and of friction at the upper part of the sacrum, should not be neglected in inveterate cases of paralytic enuresis. Against spasmodic incontinency, *Camphora*, *Belladonna*, *Hyoscyamus*, *Ignatia*, *Natrum m.*, *Nux*, *Pulsatilla*, *Conium*, *Cina*, and *Rhus*; or *Lycopod.*, *Sulph.*, *Lach.*, *Baryt. c.*, *Ruta*, &c., should claim most attention, and be selected according to the peculiarities of the case, and with due regard to the collateral symptoms. If inflammation about the neck of the bladder and urethra give rise to the disease, *Aconitum* and *Cantharides* should chiefly be employed. (See also CYSTITIS and GONORRHEA.) When the secretion of acrid or highly acidulated urine produces an involuntary flow of urine, considerable relief will be obtained by drinking freely of cold water, or of barley-



water or linseed-tea. Amongst the homœopathic remedies from which the most appropriate selection may be made, to effect a radical cure of such cases, the following may be quoted: *Mercurius*, *Hepar s.*, *Kreosotum*, *Laurocerasus*, *Arsenicum*, *Graphites*, *Iodium*, *Veratrum*, or *Tartarus emet.*, &c. If the presence of gravel or sand create irritation and consequent involuntary expulsion of urine as soon as it is secreted, the exhibition of *Calcarea*, *Nux v.*, *Cannabis*, *Uva*, *Phosphorus* or *Petroleum*, is often attended with the most satisfactory results. In all cases where there is much pain and irritation, recourse may be had to the simple diluents above alluded to, together with the employment of *Aconitum* and *Sulphur* in alternation, and the injection of tepid water into the bladder.

Against nocturnal enuresis, *Ammonium carbonicum* is often efficacious; as likewise *Belladonna*, especially when the weakness proceeds from cerebral irritation; *Kreosotum* when the emission takes place only during deep, almost comatose sleep, and *Cina* when the existence of worms in the alimentary canal appears to be the irritating cause. (See the other remedies given under the article INVERMINATION.) In other instances of this frequently most troublesome form of the complaint, *Pulsatilla*, *Sepia*, *Sulphur*, *Silicea*, *Carb v.*, *Arsenicum*, or *Hepar*, *Graph.*, *Calc.*, *Arn.*, *China*, *Con.*, *Petrol.*, *Natr.*, *Rut.*, or *Mags. aust.*, &c., may be indicated.

In the case of children, if the emission of urine take place only at an early hour in the morning, the nurse ought to be ordered to get into the habit of raising the child from bed before the time of the usual occurrence of the mishap.

DOSE: See *Ischuria*.

## DIABETES.

By this term is understood an immoderate secretion of urine, containing a large proportion of saccharine matter. Sometimes, however, the quality of sweetness is absent, and the usual urinary taste alone perceived. The complaint has, consequently, been divided into two species, of which the former has received the appellation of *Diabetes mellitus*, and the latter



that of *Diabetes insipidus*. The mellitic variety is by far the more dangerous and fatal. Diabetes, for the most part, comes on slowly and insidiously, insatiable thirst and voracious appetite, the usual attendant symptoms throughout the disorder, being frequently the only striking symptoms at the commencement. In other cases, the patient complains of great lassitude, and a tendency to perspire after any trivial exertion; the appetite, although keen, is generally accompanied by deranged digestion. Pain, sometimes of a very severe disposition, is often complained of in the lumbar region, and a sense of distressing weakness is generally experienced in the said part of the body. As the disease progresses, especially in the diabetes mellitus, rapid emaciation of the whole body ensues; the thirst continues excessive, but the quantity of urine voided exceeds in quantity that of the fluid and aliment introduced; there is a feeling of complete prostration; the pulse becomes quick and weak; the breathing exceedingly laborious, and dropsical infiltration takes place in the inferior extremities. The disease affects men more frequently than women, and it frequently attends sympathetically in a milder form on hysteria, hypochondriasis, dyspepsia, and asthma. Those who are in the decline of life, or have a shattered constitution arising from intemperance, as hard drinking, excessive venery, or from the prolonged abuse of diuretics or aperients, or other powerful depleting measures, such as repeated venesections, &c., seem to be most subject to its attacks. Many instances, however, have occurred in which no obvious cause could be assigned. The duration of the disease has varied from five or six weeks to many months, and even several years, before terminating fatally.

**THERAPEUTICS.** The very different opinions as to the proximate cause of the disorder, and the contradictory pathological conclusions which have been drawn by allopathic writers, have led them to promulgate and adopt the most opposite and conflicting varieties of treatment. In homœopathic writings, again, we meet with comparatively few detailed descriptions of treatment, and authentic radical cures, particularly of the mellitic form of the complaint. This is, undoubtedly, in a great measure to be



attributed to the rarity of the disease, for the very minute attention which is necessarily paid to symptoms by the homœopathic practitioner, in order to enable him to reap the peculiar advantages of his materia medica without, at the same timè, neglecting to pay due attention to every additional circumstance which may facilitate his choice of the appropriate remedy, such as the history of the case, and a careful discrimination between cause and effect,—must materially tend to overcome the difficulties which surround the allopathist, and render the disease in his hands one of so intractable a nature. The medicines which have been chiefly recommended by the limited number of homœopathic authors who, hitherto, have casually written on or referred to DIABETES MELLITUS, are *Acidum phosphoricum*, *Mercurius*, *Sulphur*, *Natrum m.*, *Carbo vegetabilis*, *Ledum*; and, further, *Acid. muriaticum*, *Asclepias vincetoxicum*, *Ammon. c.*, *Arsenicum*, *Alumina*, *Graphites*, *Ambra*, *Baryta c.*, *Bella.*, *Con.*, *Magn.*, *Terebinth.*, and *Meph.*, &c. Of these the following have, as yet, been principally employed: *Mercurius solubilis*, *Veratrum*, *Kali carbonicum*, and *Acidum muriaticum*. Their indications are mainly as follows:

“*Merc. sol.* is indicated when there is a constant desire to urinate, night and day, swollen moist prepuce and glans penis, both of them painful; drawing, squeezing sensation in the testicles, a cutting, tearing pain in the left kidney, painful swelling of the gums, white coated tongue, constant dryness in the mouth, a bad fetid breath, constant hunger, insatiable thirst, burning, acrid, scraping eructations, burning pain in the epigastric region, wakefulness, owing to the desire to urinate; slow, languid pulse, sunken countenance, general weakness and debility, swelling of glands, &c.

“*Veratrum*:—Great alteration of the countenance as of a dead person; swelling of the gums, looseness of the teeth, sticky dryness of the mouth and fauces, which cannot be removed by any liquids, great nausea and thirst, painful hunger, drawing pain in the umbilical region, excessive flow of urine, even involuntary, soreness of prepuce, extreme general prostra-



tion and weakness, especially of the extremities, trembling of the whole body, inclination to faint, weak, almost imperceptible pulse.

“*Kali carb.* :—Jerking pains in both renal regions, especially on sitting down, and protracted; dull stitches in the left; frequent and violent desire to urinate, especially troublesome at night, the urine of a pale green colour; burning sensation in the urethra during evacuations; sharp drawing pains through the penis; pains on motion in the inguinal region; feeling of cold in the intestines, as if water were being dropped upon them; burning heat in the stomach, languor, swollen and ulcerated gums, dry mouth, fetid breath, violent thirst, especially in the evening and at night, very pale and sunken countenance, sunken eyes, irritable surly state of mind, easily alarmed, uneasiness and wakefulness, great prostration, feeling of emptiness in the whole body, drawing pains in the back, frequently proceeding from the sacrum.

“*Acidum muriaticum* is preferable to all other remedies in cases where there is an entire absence of thirst, and where the urine has a milky appearance; also in cases of drunkards, where it has proved very efficacious.”

When diabetes is symptomatic of *dyspepsia*, *asthma*, *hysteria*, &c., see the remedies which have been enumerated under these different heads.

The diet in diabetes ought to be wholesome, and contain the greatest amount of nutriment in a small bulk; animal food ought to be preferred; vegetables, especially potatoes, and fruits, are to be inhibited. All kinds of liquids which exert a specific or direct effect upon the kidneys should be strictly avoided. Milk should, in general, be also abstained from.

Dose: See *Ischuria*.

#### HÆMATURIA.—*Mictus cruentus*.

The passing of blood with urine may arise from various causes, amongst which the following are the most frequent: falls, bruises, blows, violent exertion, such as leaping and hard riding,—the lodgement of a small stone in the kidney or ureter,



or by inflammation of the kidney; it may also be occasioned by irregular menstruation, hemorrhoidal disturbances, habitual and excessive indulgence in spirituous drinks, the frequent use of certain vegetables, such as asparagus, &c., excess in venery, and by the frequent external and internal employment of *Cantharides*. The blood voided is, in most instances, intermixed with the urine, but when it originates from the lacerating effects of an irregular stone, it is generally discharged in streaks and coaguli, and deposits a dark brown-coloured sediment, bearing a resemblance to coffee-grounds. The act of urination is generally performed with some difficulty, and accompanied with tenesmus. When the blood proceeds from the kidney, the urine first expelled looks muddy and high-coloured, is usually very copious, and attended with acute pain in the back, anxiety, numbness in the thighs, drawing up of the testes, constipation, and other abdominal derangements. When from the ureter, the symptoms are nearly the same as the foregoing, with the exception that the pains extend from the lumbar region along the course of the ureter down into the pelvis, with strangury, and perhaps also nausea and vomiting. In hemorrhage coming from the vesica urinaria, we commonly meet with spasm, dysury, occasionally severe burning and other pains in the hypogastrium perinæum, penis, and anus, during and subsequent to the act of micturition. To these are added, especially when the difficulty of making water is considerable, great anxiety, cold sweats, shivering chills, debility, and fits of syncope. The blood is not so intimately combined with the urine as in the immediately preceding cases, generally deposits a coherent sediment, and is sometimes emitted in a free state.

The voiding of sanguineous urine is always to be regarded in a serious light, especially when it is commingled with purulent matter. The prognosis must, however, be regulated by a variety of circumstances, such as the active or passive nature of the discharge, the age and constitution of the patient, the duration and recurrences of the affection, the collateral symptoms, and the occasional causes, &c.

**THERAPEUTICS.** *Cantharis* forms one of the more generally



useful remedies in this disease. It may be had recourse to in almost all cases where we are uncertain as to the exciting cause of the disorder, and especially where there is considerable difficulty in making water, with scalding in the urethra during the act of micturition, or violent cutting and spasmodic pains in the hypogastric region, the blood discharged being either pure and passed in drops, or copiously intermixed with the urine, or in streaks or coagulated. Even when the existence of purulent matter is detected in the sanguinolent urine, the employment of *Cantharides* may be attended with beneficial results. But the assistance of such remedies as *Pulsatilla*, *Clematis*, *Mercurius*, *Hepar s.*, *Cannabis*, *Sabina*, or *Uva ursi*, is commonly essential in the latter case.

When, on the other hand, the disorder has evidently originated in the employment of Spanish fly itself, in the form of a blister, in allopathic practice, or in large doses internally, a drop or two of *Spirits of Camphor* must be given, and repeated every two or three hours until relief is afforded. Should any sequelæ, such as burning in the urethra, &c., &c., remain after the employment of *Camphor*, *Carbo v.*, and *Arsenicum* will usually cause them to yield. Next to *Cantharides*, *Mezereum* has been recommended as one of the principal remedies in the homœopathic treatment of hæmaturia, more particularly where the blood passed does not appear to be in large quantity, and the accompanying pains not very severe; further, when the blood is rarely or never coagulated.

When the disorder has resulted from external violence, it usually gives way readily under the use of *Arnica*; but if the patient be of a plethoric habit, it will be found highly advantageous, if not imperative, to exhibit *Aconitum* in alternation with *Arnica*.

To pursue the description of treatment required in those cases where the occasional or predisposing cause is known, we shall find that *Nux vomica* forms an eminently useful remedy, when the habitual over-indulgence in spirituous or vinous liquors, or suddenly suppressed or checked hemorrhoids, have given rise to it, and painful aching in the back with smarting in the urethra are complained of. After *Nux v.*, *Sulphur* may



generally be prescribed with much benefit; and this remedy, again, may in turn be succeeded by *Calcarea* with advantage, particularly when the blood is discharged in small clots. *Pulsatilla* is very serviceable in females affected with ataxic menstruation, but it has been found of equal value in the male subject when the disease was attended with a constrictive and cutting pain around the umbilicus, extending with great violence to the lumbar region; or, where spasmodic pains were experienced in the inferior extremities, particularly the right knee, and from thence upwards to the groin, with spasmodic retraction of the scrotum and penis, and burning pain at the orifice of the urethra. *Sulphur* and *Calcarea* may often, as in the case of *Nux v.*, follow *Pulsatilla* with good effect.

Cases apparently arising from venereal excesses usually require *Cinchona* in the first instance, and subsequently *Nux*, *Sulphur*, *Calcarea*, or *Phosphorus*. *Mercurius*, also, is sometimes of much value here, particularly when the blood is often discharged during sleep, along with seminal emissions. *Hepar s.* may succeed *Mercurius*, should the latter produce merely temporary melioration. At other times, *Ledum*, or *Mezereum* may be found better indicated. When the voiding of bloody urine arises from the presence of calculi, *Nux v.*, *Cannab.*, *Calc.*, *Petrol.*, *Phosph.*, *Canth.*, *Lycopod.*, *Sass.*, *Canth.*, *Ac. nitr.*, *Nux m.*, and *Zincum*, have chiefly been recommended. When the pain is excessive, *Aconitum*, and in some cases *Arnica*, may exert a soothing influence. *Squilla*, *Zincum*, *Conium*, and *Millefolium*, have also been favourably spoken of as being useful in particular cases of this affection. Water or barley-water should, in most cases, be drunk in considerable quantities. When hæmaturia occurs merely as a secondary disorder, in connexion with NEPHRITIS or CYSTITIS, see these diseases.

## DISCHARGE OF BLOOD FROM THE URETHRA.

*Urethrorrhagia. Hæmorrhagia urethræ. Stymatosis.*

This complaint, like the preceding, is frequently met with in connexion with other disorders. It may, however, exist in an



idiopathic form, either in consequence of mechanical injury or venereal excess, in either of which cases the same remedies must be had recourse to as those given for the treatment of hæmaturia arising from similar causes. When it occurs as a secondary malady, in connexion with hemorrhoids, menstrual irregularity, &c., *Nux v.*, *Pulsatilla*, *Sulphur*, &c., are the most appropriate medicaments, and may be selected according to the indications described above. Should the affection be encountered as a secondary symptom of gonorrhœa, it will commonly yield to *Cantharides*, but *Cannabis* or *Sulphur* may sometimes be required to complete the cure.

Dose: See *Ischuria*.

## INFLAMMATION OF THE URETHRA. CLAP.

*Urethritis. Gonorrhœa. Blennorrhœa.*

Under the above heads we purpose to treat of inflammation of the mucous membrane of the urethra resulting from impure connexion, attended with a discharge of puriform matter. The affection commonly commences a week or ten days after the risk of taking it has been incurred; but in some cases it begins in two or three days, and in others no perceptible symptoms become developed for two or three weeks. The disease varies in severity according to the extent and intensity of the inflammation. In ordinary cases the latter only extends an inch and a half along the urethra, or two inches from its orifice; but in severe forms it occupies the entire course of the canal, and even affects the mucous membrane of the bladder. The earliest symptom of a clap consists of a sense of titillation or itching at the orifice of the urethra, which sometimes extends over the whole of the glans penis, and is accompanied by a frequent inclination to make water. In a short time some uneasiness is experienced on passing the urine, and the orifice of the urethra is observed to be red and swollen, and perhaps a small quantity of discharge is observed. The act of urination now becomes more and more painful, sometimes almost insupportable, while the stream becomes diminished and broken, notwithstanding the increased expulsive efforts exerted by the patient. A somewhat



copious discharge of thick, white, or yellowish puriform matter soon takes place from the urethra. As the inflammation advances, or when it has been intense from the commencement, the discharge becomes greenish, acrid, and sometimes mixed with blood. The glans and prepuce frequently become red and tumified; involuntary and painful erections often occur, particularly during the night, and there is sometimes considerable restlessness, headache, and other symptoms of fever. This, the acute stage of the disease, generally goes on increasing, or at least continues with unaltered violence for eight or ten days, but is sometimes prolonged to three weeks and even upwards, if unchecked, or aggravated by the thoughtlessness of the patient, in committing errors in diet, indulging in the use of ardent spirits, exposing himself to cold, or the excitement of sexual intercourse. When the acute stage begins to subside, its decline is marked by a diminution of the pain and scalding sensation in making water, and in a month or six weeks none of the symptoms may remain. It very often happens, however, that instead of undergoing a spontaneous cure of this description, the acute symptoms disappear, but a discharge of puriform fluid continues for a considerable period, the affection assuming the form of chronic inflammation.

The above are the symptoms of gonorrhœa as it is usually met with. But it occasionally appears in a much more serious and distressing form, in which not only the whole course of the urethra, but even the bladder itself, becomes implicated in the inflammation. When this happens, the sufferings of the patient become materially aggravated; the calibre of the tube is much contracted, in consequence of the tumified state of the mucous membrane, and the urine is passed with the greatest difficulty and only in drops, accompanied by excruciating pain in the urethra, hips, loins, and hypogastrium; the involuntary erections are frequent and attended with excessive sufferings, especially when combined with distortion of the penis (chordee) from the effusion of coagulated lymph into the corpus spongiosum urethræ. In the worst cases, small indurations may often be felt in the course of the urethra, and sometimes Cowper's glands and the prostate partake of the inflammation, in which



event a sense of heat, weight, and fulness is experienced in the perinæum, with pain in the hypogastrium; dysuria, and tenesmus, particularly when the disease has spread to the bladder or its cervix. Abscess, fistula, and permanent disease of the prostate, or stricture of the urethra, are the occasional results of the last-mentioned state of matters. Phymosis, orchitis, bubo, not unfrequently take place, from the extension of the inflammation to the prepuce, testes, and glands of the groin during the course of gonorrhœa. *Gleet*, or the existence of a serous or muco-purulent, pale green, or colourless discharge from the urethra, is not an unfrequent occurrence after an attack of acute inflammation. It is commonly attributed to chronic inflammatory action. The most trifling error in diet, and particularly the use of spirits, wines, and pungent condiments, is generally followed by frequent inclination to void water, a degree of ardor urinæ, and increased oozing of matter. This state often continues for years, and grows more and more aggravated, until at length a permanent stricture is formed, or thickening of the bladder, disease of the prostate, or even of the kidneys, becomes established.

In women, the symptoms are, generally speaking, not so distressing as in men. Sometimes, however, the inflammatory action affects the mucous membrane of the vagina, and even that of the uterus itself. The discharge takes place from the secreting surfaces of the labia, nymphæ, and clitoris, as well as from the lining of the meatus urinarius and vagina in severe cases.

**TREATMENT OF GONORRHŒA.** The disease sometimes proves very intractable even in homœopathic practice; but if the treatment is commenced sufficiently early, it terminates much less frequently in the secondary form of the malady, and the other serious consequences we have detailed, than it does under allopathic treatment. The remedies which have hitherto been chiefly employed by homœopathists are: *Copaiba*, *Petroselinum*, *Cannabis*, *Aconitum*, *Sulphur*, *Cantharides*, *Capsicum*, *Silicea*, *Lycopodium*, *Acidum nitricum*, *Sepia*, &c.

In the milder forms of the affection, or in cases occurring in



healthy subjects, a cure is generally very easily and speedily accomplished when the patient applies before the second stage has set in. We have repeatedly succeeded in arresting the disease at its outset (i. e., when the orifice of the urethra looks fuller and redder, and a disagreeable itching is felt in the tube, together with frequent desire to make water, and some pain on voiding it) by means of the alternate employment of *Aconite* and *Cannabis*, at intervals of at first six, and subsequently twelve to twenty-four hours. So soon, however, as the discharge begins, and ardor urinæ is experienced, *Copaiba* 3—6 often proves a very useful if not a specific remedy; but should there be a perpetual urgency to make water, *Petroselinum* 0 may be prescribed in preference to *Copaiba*. *Cannabis* is preferable to either *Copaiba* or *Petroselinum*, when the inflammation runs somewhat higher, and the pain and difficulty in passing water are consequently more intense. A drop of the first, second, or third dilution may be taken every six or eight hours. In gonorrhœa with phymosis, or extension of the inflammation to the prepuce, *Mercurius* is the most important remedy; but it is sometimes necessary to prescribe a dose or two of *Aconitum*, in the first place, when the inflammatory action is excessive, and the glans as well as the preputium very much tumefied. (See PHYMOSIS.) *Mercurius* is, further, of considerable efficacy at the commencement of the second stage of the disease, when there remains a muco-purulent discharge, of a white or greenish yellow colour, and some degree of pain in passing the last drops of water; or when there is swelling and induration of the lymphatic glands of the penis. *Silicea* or *Hepar s.* is sometimes required after *Merc.* in the latter case; and *Capsicum* is often useful in removing any ardor urinæ that may remain. *Sulphur* is still more frequently required than *Mercurius* after the inflammatory stage is over, and particularly when the discharge has become serous, and a feeling of uneasiness alone remains in the urethra when voiding urine. In painless gonorrhœa accompanied with swelling we have generally given *Merc.*, *Sulphur*, or *Silicea*, at the sixth potency: a few globules night and morning for four successive days. We now come to the treatment of the severer forms of gonorrhœa. Here the em-



ployment of *Aconitum*, *Cannabis*, and *Cantharides* is especially called for. The curative power of these remedies in such cases is frequently very striking, and the rapidity with which they afford relief highly satisfactory. *Aconitum* is more or less useful in most cases of gonorrhœa occurring in young and vigorous subjects, and attended with headache, restlessness, and other febrile symptoms; but it is almost indispensable where the inflammation is severe and extensive, the pain during micturition excruciating, the glans, or indeed the entire penis, much swollen, and the sufferings greatly exacerbated by frequent or almost constant erections (priapismus). In such cases a drop or two of *Aconitum* at the third or sixth dilution may be added to an ounce of water, and a dessert-spoonful given every six hours. Relief is generally obtained after the first dose, and it is rarely necessary to continue the medicine after it has been taken for the third time. *Cantharides* is generally required after *Aconitum*. It may be given from six to eight hours after the second or third dose of the latter, when the intensity of the pain and any febrile irritation which may have been present have yielded, but the dysuria, ardor urinæ, and chordee still continue distressing. *Cantharides* may be exhibited without the previous employment of *Aconite*, when there is no marked degree of constitutional disturbance, but the scalding during micturition and the chordee are very severe, and the discharge is greenish and tinged with blood. It may be prescribed at the sixth dilution, and the dose repeated in from six to twelve hours, according to circumstances. *Cannabis* is sometimes required after *Cantharides*, especially when the dysury proves obstinate; and when *Cannabis* effects little or no improvement, *Petroselinum* may be administered. We have occasionally found the alternate employment of *Petrosel.*, *Canth.*, and *Cannabis* requisite before the continuous urging inclination to pass water and the torture during micturition could be subdued. *Mercurius* or *Sulphur* are not unfrequently useful in completing the cure, when the before-mentioned remedies have removed the active inflammatory symptoms.



TREATMENT OF THE SECOND STAGE OF GONORRHOEA. When the disorder has reached the chronic stage before the patient seeks advice, we must generally expect to encounter more difficulty in effecting a cure, than during the first or inflammatory stage; the more so, if the patient has previously drugged himself with large and long-continued doses of cubebs or of balsam of copaiba, or has fruitlessly persevered for some length of time in the employment of astringent injections. In a number of cases, early benefit has been derived from the use of *Capsicum*, *Mercurius*, *Sulphur*, and *Acid. nitr.* *Capsicum* has chiefly been recommended when the discharge is whitish and purulent, and ardor urinæ is still experienced when making water. *Ferrum*, *Pulsatilla*, and also *Nux v.*, have been stated to be useful when *Capsicum* failed to remove the symptoms quoted. *Sulph.* and *Merc.* are considered the most useful, in general cases, when the patient has previously been under a course of copaiba or cubebs. *Acid. nitric.* is often very serviceable in gonorrhœa as soon as the inflammatory stage is over but generally requires to be followed by *Sulph.* if the pain has subsided, but the discharge continues. When the inflammation had evidently extended far down the urethra, we have found much advantage in the use of *Cantharides* and *Cannabis*, and in some cases from *Nux v.*, when the discharge was serous and scanty, the desire to pass water frequent and urgent, the act of urination painful and difficult, the stream of urine broken or forked; in short, when the symptoms presented the appearance of the formation of stricture or a tendency thereto. In addition to the above medicines, *Acid. nitricum* may be mentioned as a useful remedy in gonorrhœa secundaria or gleet; also *Sepia*, *Lycopodium*, *Cubeba*, *Silicea*, *Calcareæ*, *Thuja*, *Natrum m.*, and *Dulcamara*. When, in consequence of errors in diet, the use of wines, spirits, acids, &c., an increased discharge takes place, accompanied by frequent desire to urinate, and some scalding pain, *Nux v.*, or one or more of the other remedies enumerated above, as *Cannabis*, &c., must be resorted to. *Tussilago petasites* (in the dose of two teaspoonfuls of the expressed juice of the plant, or of the water containing the plant in a macerated condition) has recently been recommended as a



most efficacious remedy in recent as well as chronic gonorrhœas. If aggravation follows the first dose or two of the medicine, it must be given in a weaker or more diluted form. A case of ophthalmia which had existed for two years, and had made its appearance after a suddenly suppressed clap, was cured by the employment of this remedy.

When there is a complication of gonorrhœa and chancre, or when the discharge from the urethra is found to proceed from chancres within the tube, *Mercurius* should be prescribed. (See also SYPHILIS.) And when there are condylomata on or in the vicinity of the genital organs, or there is reason to suppose that the discharge from the urethra is of syccose origin, *Thuja* and *Acidum nitric.*, or *Cinnab.*, *Merc.*, and *Sulph.*, are the principal remedies with which the cure is to be accomplished. (See SYCOSIS.) Against symptomatic buboes, *Carbo animalis* is considered as one of the most efficacious remedies. *Silicea* and *Mercurius* may also be named as likely to be useful in some cases. (See art. BUBO.)

If cystitis ensue in consequence of the extension of the inflammation to the mucous membrane of the bladder, *Cantharides* and *Cannabis* will claim the principal attention. (See CYSTITIS.) When swelled testicle results from the sudden suppression of a clap, *Clematis*, *Sulphur*, and *Pulsatilla* form the most appropriate remedies. (See ORCHITIS.) And when *rheumatism* or *ophthalmia* are produced, the medicaments enumerated in the respective chapters on these affections must be employed. It sometimes happens that pains in the region of the prostate are complained of for a considerable length of time after an attack of gonorrhœa, which prove particularly troublesome during erections, and occasionally incapacitate the individual affected for riding on horseback. Their removal is, in general, accomplished without difficulty by means of *Pulsatilla*, *Thuja*, *Sulphur*, *Lycopodium*, or *Capsicum*. (See PROSTATITIS.)

During the treatment of gonorrhœa, wine, spirits, and malt liquors ought to be abstained from. Pure cold water is the best diluent, and may be freely partaken of. Active exercise should be shunned during the inflammatory stage; when it



cannot be wholly avoided, a suspensory bandage should be worn. If the inflammation be extensive or the parts much swollen, confinement to the recumbent posture becomes requisite.

Dose:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ ; or the tincture or trituration, according to circumstances.

## INFLAMMATION OF THE GLANS PENIS.

### *Balanitis. Balano-blennorrhœa.*

Inflammation of the glans penis may either occur simultaneously with inflammation of the urethra after impure connexion; or it may arise from mechanical injury, or from the inadvertent application of poison to the part, as sometimes happens when the patient has been occupied in handling poisonous plants.

When the disorder takes its rise from extension of the inflammation of the urethra over the whole of the glans, and also the prepuce, *Mercurius* is, in general, the most appropriate remedy. Sometimes it may be found necessary to give a dose or two of *Aconitum* before *Mercurius*; and in other cases, *Cannabis* may be more prominently indicated than either of the said remedies. (See INFLAMMATION OF THE URETHRA, and also PHYMOSIS.) *Acidum nitricum* is useful when small, superficial ulcerations form on the glans in neglected or protracted cases. If the affection has been caused by a bruise, or has arisen from friction during coitus, *Arnica* should be administered, and alternated every eight hours with *Aconitum*, should the inflammation and swelling be excessive. In the event of these remedies failing to relieve the symptoms, *Rhus toxicodendron* must be employed. *Belladonna* and *Bryonia*, sometimes in alternation with *Aconitum*, have been recommended as the best adapted to the treatment of those cases which have originated in the accidental application of poison. *Cannabis*, *Cantharides*, *Cuprum*, or *Ledum* are considered by some homœopathists as the most deserving of attention, when no cause can be traced or assigned as having given rise to this inflammation. If the disorder be of syphilitic or sycotic origin.



the remedies which we have mentioned in the chapters on these two diseases must be resorted to.

DOSE: See *Gonorrhœa*.

## INFLAMMATION OF THE TESTIS.

*Swelled Testicle. Orchitis. Hernia humoralis.*

This affection is liable to arise from external injury; but it is much more frequently encountered as a sympathetic disease from irritation of the urethra. The inflammation and swelling come on suddenly, and as abruptly subside, or pass from one testis to the other. At the commencement of the attack, the testicle is tumefied, soft, and sensitive to the touch; after a short period it becomes hard and excessively painful. The spermatic cord is also rendered very tender, and thickened, whilst its veins are occasionally found in a varicose state. Pain in the loins, colic, sickness, more or less fever, depression of spirits, and occasionally a difficulty of making water, are other not unfrequent concomitants of the disorder.

THERAPEUTICS. If the accompanying fever run high, a few doses of *Aconitum* must be exhibited. On the reduction of the fever, and diminution of local heat, *Pulsatilla* is one of the most efficacious remedies when irritation of the urethra, and especially that arising from suppressed gonorrhœa, has given rise to the affection. *Sulphur* and *Clematis erecta* are sometimes required to complete the cure after the employment of *Pulsatilla*; in many cases, indeed, these remedies are preferable to *Pulsatilla*, even at the beginning of the disease. When the swelling has resulted from external injury, *Arnica*, externally and internally, rarely fails to afford speedy relief. It may be preceded by *Aconite* if called for, and succeeded by *Pulsatilla* or by *Conium* if the pain and swelling do not readily diminish under the action of *Arnica*. In those cases where *Aconite* has been found necessary, the application of lint dipped in cold water and kept constantly moist, is frequently productive of great relief. Should induration in the epididymis



remain, *Aurum*, *Clematis*, and *Sulphur* will be found the more generally useful. In other instances, and especially in *indurations* of long standing, we may, in addition to the above, bear the following remedies in mind: *Rhododendron corymbosum*, *Merc.*, *Graph.*, *Lycopod.*, *Agnus castus*, *Staph.*, *Spong.*, or *Zincum*. Against orchitis as a metastasis of *Parotitis*, *Pulsatilla*, *Merc.*, and *Nux v.* have been strongly recommended; and in that from the abuse of *Mercury*, *Cinchona*, *Aurum*, *Acidum nitr.*, and *Sulphur* have proved of great efficacy.

Dose: See *Gonorrhœa*.

### SARCOCELE.

This is an affection of the body of the testis, in which its substance is, for the most part, converted into a hard fleshy substance, hence the name. In the mild form of the complaint the tumour is smoother, and produces little or no pain or uneasiness beyond what is occasioned by its weight. This benign condition of matters sometimes goes on without material alteration for a considerable period; but in other cases it very speedily acquires a more serious character, by becoming unequal and knotty, increased in bulk, and attended with acute shooting pains extending up the loins and back. When it assumes a malignant character, it ulcerates and forms a large, foul, offensive phagedenic ulcer with indurated edges; or extremely painful fungi burst forth from the ulcerated surface, subject to repeated occurrences of hemorrhage. Occasionally an accumulation of fluid in the tunica vaginalis takes place coeval with the enlargement and induration of the testis, producing that mixed variety of the disorder denominated hydro-sarcocele.

Sometimes the disease appears to be merely local, particularly when an external injury has given rise to its formation, and the patient is of a good habit of body. But when it proceeds from, or happens to become developed in a tainted constitution, the abdominal viscera and system at large become implicated, severe constitutional irritation supervenes, and a termination is sooner or later put to the patient's existence.



**THERAPEUTICS.** In the mild form of the complaint, or in the first stage, resolution may be effected by means of one or more of the following remedies: *Aurum, Clematis, Lycopodium, Agnus castus, Graphites, Rhododendron,* and *Sulphur.* When the scrotum presents a livid colour, and its veins are varicose, *Lachesis* will be found very useful. In more advanced stages, or when the tumour acquires a malignant character, *Arsenicum, Lachesis, Clematis, Arenia diadema, Carb. v.,* or *Thuja* may, in some instances, enable us to arrest the fatal progress of the disorder, but in the majority of such cases extirpation is the only resource.

**DOSE:** See *Gonorrhœa.*

## VARICOCELE.

**VARICOCELE, CIRSOCELE,** or varicose enlargement of the spermatic veins, usually commences close to the testis, and extends upwards to the abdominal ring. The tumefaction of the vessels is commonly greater the nearer they approach the testis. The swelling is knotty and unequal, bearing some resemblance to coiled-up earthworms; it is sensitive to the touch, creates a feeling of weight in the scrotum, also in the loins, and often a degree of numbness in the thigh. Prolonged retainment of the erect posture, exercise or over-exertion of any kind, produce an aggravation of symptoms. Cirsocele is to be distinguished from hernia as follows: after placing the patient in the horizontal posture, proceed to reduce the swelling by compression of the scrotum; then press the fingers against the upper part of the abdominal ring, and request the patient to get on his legs; if it be a cirsocele the swelling will reappear with increased size, from the obstruction which is offered to the return of blood into the abdomen by the pressure; but if a hernia, the recurrence of the tumour cannot take place as long as the pressure at the ring is continued. Blows upon the groin, the violent pressure of a hernial truss over the spermatic cord, tumours resting on and interrupting the circulation in the



vena cava inferior, excesses, &c., are considered as the most common exciting causes of the malady.

**THERAPEUTICS.** The radical cure of cirsocele is frequently attended with great difficulty; and in many cases it is only practicable to give palliative relief. *Pulsatilla*, *Lachesis*, and *Arnica* are the more generally useful remedies. In most cases we may commence with *Pulsatilla*, and desire the patient to support the testis with a suspensory bandage. *Lachesis* is frequently of considerable service after the previous employment of *Pulsatilla*, but particularly when the vessels present an extremely livid appearance. When external injury, such as a blow, or the pressure arising from the pad of a truss, has given rise to the affection, *Arnica*, in the form of lotion (one part of the tincture to ten of water), should be applied.

If, from long standing, or violent exercise, the vessels have become more than usually tumid and painful, a dose of *Aconitum* may be prescribed, the part frequently bathed with cold water, and the patient confined to the recumbent posture. *Nux v.* is of service where there is constipation, and neither *Pulsatilla* nor *Lachesis* correspond to this particular symptom. (See art. CONSTIPATION.) *Sulphur* will often prove useful after *Nux.* *Arsenicum* and *Carbo v.* may be selected when severe, burning pains are complained of in the tumour. And in inveterate cases: *Sulphur*, *Graphites*, *Lycopodium*, *Carbo v.*, *Sepia*, &c., are the remedies from which we can expect to derive the most assistance; but where the symptoms do not yield to any of these or others which may have appeared better indicated, and the tumour is large, extremely painful, and threatens to waste away the testis by its pressure, the varicose veins should be removed, and inflammation subdued by the antiphlogistic measures given under the head of WOUNDS.

**DOSE:** See *Gonorrhœa*.

## HYDROCELE.

By the term hydrocele is meant a tumour arising from a preternatural accumulation of serous fluid, having its seat in



the membranes of the scrotum (*Anasarca integumentorum*), or the coats of the testis and its vessels (*Hydrocele tunica vaginalis*). The former is common to the whole bag and enveloping cellular tissue; it is generally accompanied with anasarca in other parts, or ascites, and when pressed upon retains the impression of the finger. The latter is a purely local affection, and is that to which the name of hydrocele is by many writers restricted. It presents the appearance of a pyriform swelling of the scrotum; is elastic, free from pain, and rarely occurs on both sides, but more commonly on the left than the right. The tumour is primarily manifested at the inferior part of the testis, and gradually ascends towards the abdominal ring. In some cases the accession of the disorder is sudden, and the swelling increases to a painful degree of distention; but more frequently it takes place very slowly, and occasionally continues for many years with little disturbance. The tumour is usually hard at its posterior surface, where the testis is for the most part situated. As it enlarges, and particularly in its early stage, it is transparent, so that a shade of light pervades the whole tumour when a candle is held on the opposite side; and on compressing it with the fingers, *fluctuation* is perceptible,—by which circumstance, together with the absence of pain and the smoothness of the surface, it is distinguishable from hernia of the omentum or intestines, sarcocele, fungus hæmatodes, or schirrus of the testis.

**THERAPEUTICS.** As anasarca of the scrotum is generally met with in conjunction with anasarca or ascites, we refer the reader to these different headings for particulars, and shall merely add, that when there appears to be no marked participation of the whole habit in the disorder, it will frequently yield readily to the employment of *Helleborus*, *Arsenicum*, or *China*, &c. The radical cure of hydrocele of the tunica vaginalis is in many cases attended with considerable difficulty. In those of recent origin, or occurring in very young subjects, *Pulsatilla* will often be found an effectual remedy. In more inveterate cases, *Hepar sulphuris*, *Graphites*, *Sulphur*, *Nux v.*, *Arnica*, *Conium*, &c., externally as well as internally, become



requisite, the latter too especially when a contusion has given rise to the affection. *Mercurius*, *Cinchona*, and *Digitalis* have been employed with success in several cases. And in strumous habits, *Silicea* has been stated to be of greater efficacy than almost any other remedy. In all cases it ought to be the earnest and untiring aim of the practitioner to effect a cure by means of appropriate medicine, in place of resorting to the hazardous experiment of effecting a cure by the operation of injection. When the tumour, from its great bulk, has become of painful annoyance to the patient, palliative relief may, if absolutely necessary, be afforded by the evacuation of the accumulated fluid by means of a trocar. After which process, the parts may be dressed with lint dipped in cold water, and a dose or two of *Arnica* given internally, prior to the selection of any other remedy, according to the nature of the case, the constitution and temperament of the patient.

DIFFUSED HYDROCELE OF THE SPERMATIC CORD (*Hydrocele funiculi spermatici*) consists of a collection of watery fluid in or about the cellular membrane surrounding the spermatic cord. The tumour occupies the course of the cord, is soft, colourless, and unaccompanied by pain. It seems to diminish on the application of pressure, but speedily resumes its usual size, either in the recumbent or erect posture, as soon as the pressure is discontinued. It is often no longer than the portion of the cord which occupies the groin, but sometimes it extends as far as the testis, and produces excessive distention of the scrotum. When the swelling attains a large size, it is productive of great inconvenience, and the patient complains of uneasiness in the lumbar region.

The treatment of this form of hydrocele is closely analogous to the preceding. When the swelling is small, a suspensory bandage should be worn; and if it appears to have originated from the pressure of an ill-made or badly-fitting truss applied to obviate hernia, the occasional cause must necessarily be remedied, otherwise all attempts at a cure will prove abortive. When the disease is associated with anasarca in other parts, or when morbid states of the abdominal viscera, such as indura-



tions, &c., become manifest, remedies must be selected to embrace the whole deranged habit. (See ANASARCA, ENTERITIS, &c.) In some desperate cases, it may be found necessary to lay open the tumour by an incision extending from the abdominal ring to the testis.

ENCYSTED HYDROCELE OF THE SPERMATIC CORD. (*Hydrocele cystata funiculi spermatici.*) In this variety of the complaint the fluid is contained in one (rarely two) distinct cell or cyst. The tumour is of an oblong shape, and is placed between the abdominal ring and testis. It is always free from pain, possesses a good deal of transparency, and is commonly very tense. It differs from hydrocele of the tunica vaginalis, by not extending below the testis, feeling like a distended bladder, and throughout exempt from hardness. The testis is, however, always to be felt below or behind it; whereas in hydrocele of the vaginal tunic, when of considerable magnitude, the testicle cannot be discovered. It is distinguished from hernia by its size and form remaining unaltered in the horizontal posture, and by not becoming enlarged or receiving any impulse from sneezing or coughing; further, by its incapability of being returned into the cavity of the abdomen, and its being unattended with any derangement of the intestinal tract. A perceptible fluctuation and the absence of pitting on pressure determine its features from those of anasarcaous hydrocele. The homœopathic treatment required is the same as that described for hydrocele of the vaginal coat.

DOSE: See *Gonorrhœa*.

#### VENEREAL DISEASE.—*Syphilis. Lues Venerea.*

The symptoms produced by the venereal disease are generally divided into *primary* and *secondary*; by the term primary is understood the ulceration, sometimes followed by a swelling of the absorbent glands, which results from the direct application of a peculiar virus to the parts.

When the ulceration is situated on the organs of generation, it is denominated a *chancre*, and the glandular swelling receives the appellation of *bubo*. The ulcer may be on the prepuce, the



glans penis, at the angle formed by the junction of the two former, at the frænum, the orifice of the urethra, the body of the penis, or even on the scrotum or perinæum. In the female, the ulcers are commonly formed about the labia, nymphæ, clitoris, and sometimes within the orifice of the urethra or the vagina. The first symptoms of a chancre generally set in from three to six days after coition, and are commonly announced by a feeling of itching, which upon examination is found to proceed from a small pimple or pustule having an inflamed base, which feels hard to the touch; soon afterwards, an elevated point is observed on the minute cone, from an opening in which a limpid fluid is discharged, and succeeded by a more or less rapid development of ulceration. The primary venereal sore varies much, however, both in appearance and intensity, in different individuals, these several forms seeming in a great measure to depend on the habit of body, age, and temperament of the patient. The most common varieties are the *Hunterian chancre*, the *superficial ulcer with raised edges*, the *phagedenic*, and the *sloughing ulcer*. The Hunterian chancre commences in the manner we have already described. As soon as this sore is formed, it exhibits a tendency to assume the circular form, becomes deep and spreading, is covered with a tenacious and adherent matter, and has a hard, cartilaginous base and margin; it is met with on all the parts of the genital and urinary organs we have alluded to. When on the glans, it is usually less painful and less inflamed than when it is on the prepuce or frænum, but more inclined to hemorrhage. The superficial ulcer has its margins considerably elevated, and sometimes spongy, but it is not attended with induration; it is sometimes accompanied by two or three sores of the same character, and has its seat very often on the outside of the prepuce, but is as frequently met with, attended by its superficial satellites, on the corona glandis, under the prepuce, or around its orifice. When located at the side of the frænum, it usually destroys that fold of reflected integument.

The phagedenic sore is destitute of any marked degree of surrounding hardness, has no granulations, but presents a livid-coloured circumference, and is liable to spread most rapidly and



alarmingly, particularly when injudiciously treated by irritating external applications, or by excessive doses of *Mercury*. Lastly, the sloughing ulcer is distinguished by displaying itself, at the commencement, as a black spot, which extends, then casts off, and discloses a phagedenic or corroded surface. The ulcer which remains after the slough has come away is of a painful character, and has a dark blue or livid crimson margin. A bad habit of body, combined with intemperance, insufficient or unwholesome diet, and a residence in an unhealthy neighbourhood, or the effects of improper treatment, and particularly the abuse of *Mercury*, or the employment of powerful and irritating local applications, are apparently the principal causes which give rise to the formation of this serious description of sore, which, if not checked, or if perseveringly maltreated, will frequently go on sloughing and ulcerating until nearly the whole of the external sexual organs are destroyed.

The cleft of the nates, the groin, the perinæum and the labia pudendi, are frequent seats of the sloughing ulcer.

SECONDARY SYMPTOMS. These most frequently consist in an ulcerated state of the fauces, mouth, and Schneiderian membrane. In bad constitutions,\* and especially where improper treatment has been employed, such as excessive doses of *Mercury* (one of the most fruitful sources of many of the so-called secondary symptoms in general), considerable portions of the velum palati and tonsils, as also the epiglottis, the cartilages of the larynx, and eventually even the bones of the nose, become affected, and are sometimes destroyed; affections of the skin (syphilides) of various kinds, assuming the form of papulæ, pustulæ, squamæ, tuberculæ, &c., also occur, sometimes preceded by febrile symptoms. The syphilitic eruptions chiefly show themselves upon the external organs of generation, about the verge of the anus, on the face, especially the forehead and angles of the mouth; but sometimes also on the back, and indeed the whole body. They have very often a peculiar hue, varying in shade from a violet red to an earthy yellow, but

\* Ricord is of the opinion that secondary symptoms never arise from contagion, but are derived from hereditary taint. (*Traité Pratique des Maladies Venériennes.*)



commonly distinguished by the denomination "coppery," and have usually a tendency to ulcerate. Other symptoms of constitutional infection almost constantly accompany the syphilitic eruptions, such as pains in the bones, ulcers in the throat, &c.

Constitutional lues often affects the iris, producing inflammation and ulceration. The periosteum and bones are frequently the principal seat of the constitutional symptoms, particularly the bones of the cranium, the inferior maxillary, the clavicle, sternum, distal end of the radius, and the tibia, in addition to those of the nose, as already observed. When the disease settles in the bones, or when the bones have become involved by the employment of *Mercury* in large doses, the patient is tormented with nocturnal pains of a more or less excruciating character.

DOSE : See *Gonorrhœa*.

#### *Treatment of the Primary Symptoms of Lues.*

Ricord, in opposition to Hahnemann, considers a chancre, at its commencement, as a purely local disease, and therefore recommends that it should be treated as such, and destroyed by the application of a cautery within three to five days after the contraction of the infection. He states that he never knew of a case, so treated, which terminated in the absorption of the virus into the system, followed by symptoms of general poisoning. We have not, as yet, been so fortunate as to have had any cases submitted to our observation at so early a period of their career, and cannot therefore offer any testimony in favour of the latter part of M. Ricord's assertion, if that were needed, seeing that it is founded on extensive practical experience. We have, however, had opportunity of treating a considerable number of cases at a somewhat more advanced stage, and propose to give the following brief outline of the treatment we pursued :—

DOSE : See *Gonorrhœa*.

The remedies we employed were *Mercurius vivus*, *Merc. corrosivus*, *Cinnabaris*, *Acidum nitricum*, *Hepar s.*, *Acid. phosph.*, *Lycopodium*, *Sulphur*, *Silicea*, *Arsenicum*, *Carbo v.*, *Lachesis*,



*Thuja*, and *Sepia*. In the selection of these we were guided by the state and appearance of the sore, and varied the potencies according to the habit of body of the patient. Where *Mercury* had not been previously employed, we prescribed it for all sores which presented an indurated base and margin, whether they secreted and were covered with a tenacious or a thin offensive matter, and we should certainly most unwillingly dispense with this valuable remedy in such cases, notwithstanding the bad repute it has acquired, from the frightful effects which have so frequently arisen from its abuse in the hands of our allopathic brethren. Such results can never take place in homœopathic practice, assuredly not, in the hands of any one at all deserving of the name of a homœopathic practitioner. Where the health of the patient was remarkably good, and the sore neither of long duration, nor had in any way been aggravated by previous treatment, we have repeatedly succeeded in effecting a cure in from ten to fourteen days, by means of MERCURIUS VIVUS 6.\* A few globules (about a dozen) night and morning, for five or six days, and subsequently, on the ulcer assuming a healing aspect, every second or third day. In other cases, especially in torpid constitutions, it was found requisite to have recourse to the third, second and first triturations, and to the second and third of *Mercurius corrosivus*, giving  $\frac{1}{4}$  to  $\frac{1}{2}$  a grain daily until a copious discharge of healthy pus supervened, or the excavation began to be filled up with healthy granulations. As soon as either the one or the other of these changes took place, a pause of three or four days was made. At the expiration of that period, a few more doses were generally sufficient to effect a cure in the last-named instance; but in the former, if no signs of granulation made their appearance, (which however, was rarely the case), a dose or two of SULPHUR, 6th dilution, produced a favourable effect. If, on the other hand, granulations appeared, but instead of being firm and florid, they were pale, flabby, and prominent, ACIDUM NITR. 3 answered better. Again, when, after the previous employment of *Mer-*

\* The highest potencies of *Mercurius* (200 and upwards), are said to have recently been employed in Germany, with unequivocal benefit in the treatment of chancre.



*cury*, the sore improved somewhat, became less cartilaginous at the base, and finally filled up with florid but too elevated granulations, and remained hard at the edges, was very painful and irritable, bleeding rather freely at the slightest touch, and secreting a thin, acrid, offensive discharge, ARSENICUM brought about a healthy and otherwise favourable action. Nevertheless, a few doses of *Sulphur* or *Acid. nitr.* were sometimes required to complete the cure, after the employment of *Arsenicum*, especially when the ulcer had spread rapidly, and attained a large size at the commencement. From four to six or eight weeks generally elapsed before a cure was established in these cases.

When there was excessive pain, swelling, and inflammation, and these symptoms did not yield to the employment of *Mercurius*, *Sulphur* and *Aconitum*,—in alternation, every twelve hours, gave relief. In other cases, the exposure of the part to the vapour of hot water, together with spare diet and the recumbent position, were sufficient to allay the excessive irritation. The dressing, when the ulcer was neither very irritable nor extremely painful, consisted of a small piece of lint. Great cleanliness is requisite in all kinds of sores; and when the chancre is located under the prepuce, and the latter is much swollen and inflamed, water should be thrown up between the prepuce and glans by means of an appropriate syringe.

The remedies which we employed against the ulcer with raised edges were: *Acid. nitricum*, *Hepar s.*, *Sulphur*, *Arsenicum*, *Silicea*, *Carbo v.*, *Lycopodium*, *Acid. phosph.*, *Sepia* and *Mercurius*. Most of the cases treated had already existed from six to eight weeks, and upwards, and had been subjected to a smart Mercurial course, both outwardly and inwardly. ACID. NITRICUM and HEPAR S. were consequently very generally required. To the former the preference was given when the gums were severely affected, and when aching pains were complained of in the bones; the sore itself not painful, yet disposed to bleed easily and profusely, presenting no signs of central granulation, and having the margins elevated and spongy-looking; or when there was a tendency to the production of condylomata (sycotic complication), with secretion of a thin sanious dis-



charge. The dose consisted of one drop of the third dilution, at first, night and morning, then daily, and subsequently every other day, according to the results. *Sulphur 6* and *Thuja* were sometimes required after *Acid. nitr.* had effected all the benefit it seemed capable of. The former when cicatrization proceeded slowly and imperfectly; and the latter (both outwardly and inwardly), when excrescences continued to form and to discharge profusely. *HEPAR SULPHURIS* proved particularly useful when the mouth and gums exhibited unequivocal signs of mercurial action, and when the sore was painful, irritable, and had assumed a disposition to spread rapidly. A quarter of a grain of the third or second, and in some instances the first trituration, were given night and morning, at the commencement of the course, for four days; then daily, for a like period, and subsequently every second or third day. *SILICEA*, and at other times *Acid. nitric.*, were sometimes called for to complete the cure, after *Hepar s.* had subdued the more prominent symptoms of mercurial aggravation, and given a healthy character to the sore. *Sulphur*, as has already been observed, is sometimes of much utility in promoting healthy granulation in the Hunterian chancre, and is also of great service in sores which present a red or bluish margin, and display a tendency to take on a bad character; but it is especially in the treatment of the superficial ulcer with raised margins that we have derived the most satisfactory results from its employment. When a sore of that character occurred in a strumous habit, or in persons of lymphatic or bilious temperament, who were subject to hemorrhoidal attacks and obstinate constipation—when, moreover, the edges of the sore were spongy, very sensitive, and prone to bleed rather copiously, however gently the prepuce might be drawn back—and, finally, when the secretion from the ulcer was thin and ichorous, or thick, yellow, and rather copious, but the centre of the ulcer flat and presenting no signs of incarnation,—we never failed to derive the most satisfactory results from the employment of *Sulphur 6*, ten or twelve globules daily for from six to eight days, and then at longer intervals, if we perceived that the medicine had made a favourable alteration in the appearance of the sore. It was rarely that any other remedy was



required to complete the cure when *Sulphur* was indicated as above. *Arsenicum*, *Carbo v.*, and *Silicea* were found very useful when the ulcers had been rendered irritable by a free use of stimulating applications under allopathic treatment. *Arsen.* and *Carbo* was equally beneficial when the margins of the sore were jagged, sharp, and undermined; the discharge thin, acrid, and offensive; the ulcer painful and liable to bleed somewhat copiously when slightly touched. *Carbo v.* received a preference to *Arsenicum* when the patient bore evidence of having been under a course of *Mercury*, the breath emitting the peculiar fetor, and the gums looking inflamed, spongy, and ulcerated. *Silicea* was sometimes requisite after the two preceding medicines, when they had produced great improvement, but seemed inadequate to effect cicatrization. When the sore was inflamed as well as painful and irritable, and the discharge discoloured, or thin and bloody, the granulations indistinct or altogether absent, *Silicea* was of vast service. These medicines were prescribed at the sixth potency, and in the same manner as *Sulphur*. *Nux v.* and *Pulsatilla* were occasionally employed with advantage when the appearance of the sore was altered by intemperance in eating and drinking. *Mercurius*, from the reasons already specified, was rarely an available remedy in this form of chancre; but in two instances in which it had not previously been employed, or at all events in unusual moderation, it was productive of unequivocal benefit at the sixth potency. The sores in the cases in question occurred in subjects of lymphatic temperament and of plethoric habit, and displayed an active, spreading character; the secretion being at the same time acrid, ichorous, and rather copious.

In some very obstinate cases of superficial chancre, where the sore assumed all the characteristics of an indolent ulcer, the margins being thick, rounded, and prominent, without the slightest appearance of granulation, or if any granulations formed, they presented a pale and flabby appearance, *Lycopodium* and *Phosphoric acid* proved very serviceable. The former particularly in persons of lymphatic temperament and mild disposition, with tendency to habitual constipation; the latter in



spare, debilitated subjects, who had been addicted to excessive indulgence in venery. When neither of these were sufficient to establish a cure, *Sepia* and *Sulphur* brought about the desired result. These, then, were the principal remedies which we employed with unequivocal benefit in the treatment of the *Hunterian* and *superficial chancres*; and in not one instance did the slightest appearance of constitutional or secondary symptoms supervene. Considerable advantage accrued from the simultaneous external employment of the appropriate remedy in some cases, when the sores were of a very indolent character. As regards the treatment of the two other kinds of primary sores, viz., the *phagedenic* and the *sloughing*, we cannot say much, having had only three cases of the former, and none of the latter under our observation; but we have every reason to conclude that the homœopathic remedies would, when timely resorted to, readily succeed in arresting the progress of the disease. In the three cases of phagedenic sores above alluded to, two of them had previously been injudiciously treated by overdoses of *Mercury*, and had been further aggravated by the employment of irritating external applications. *Hepar s.* 3d, *Lachesis* 6th, and *Acid. nitr.* 3d, soon brought on a healthy action in these, and effected a cure. The remaining case, which bordered closely on the sloughing ulcer, yielded to *Arsenicum* 6th and *Silicea* 6th dilution. We found a striking change for the better in the appearance of the sores, from the internal use of *Arsenicum* and *Lachesis*, — the livid red or blueish margins soon assuming a healthier colour after their employment. The other remedies exerted perhaps a more favourable influence over the process of granulation. Against the true sloughing ulcer, *Arsenicum* must, doubtless, be an efficient remedy; it corresponds, both in its pathogenetic properties and those which have been derived from clinical observation, so closely to the local and constitutional symptoms of the disease. *Lachesis*, — and *Silicea*, *Bella.*, *China*, *Mezereum*, *Hepar*, or *Acid. nitr.*, might also be found useful, if not indispensable, in many instances.

Simple excoriations on the glans, resulting from coitus, will generally heal readily without any treatment whatever, if at-



tention be paid to cleanliness. A weak lotion of *Arnica* (one part in sixteen or twenty) will frequently hasten recovery. Cases which from neglect, and particularly want of cleanliness, have become converted into small, flat, superficial sores, require *Acidum nitricum* or *Acid. phosph.*; the latter we found more useful when the spots or sores were of larger size. The diet, in all primary sores, must be regulated by circumstances. In young plethoric subjects affected either with the *Hunterian* or with the *superficial chancre with raised margins*, the diet must be low, and if the sore be very painful and inflamed, the reclining posture is often necessary. The drink must consist of nothing but water, toast-, barley-, or rice-water, weak black tea, and cocoa. In somewhat debilitated subjects, or in all cases where the sore is neither in an inflamed state nor very painful, the diet need not be sparing; but stimulants, such as wine, or spirits, are rarely, if ever, called for, and are often, if not always, objectionable under homœopathic treatment. In the phagedenic sore, absolute rest in the recumbent posture is imperative. If there be great prostration of strength, the diet should not be too sparing, and yet not more generous than the state of the digestive functions will admit of. Wine may be called for, where the patient has been long accustomed to the daily use of spirituous liquors, or where the constitution is extremely debilitated, and no reaction is found to take place from the employment of the appropriate or *homœopathic* remedy.

*Bubo.* This term was formerly exclusively employed, as its name implies, to denote a swelling in the groin, arising from the passage of venereal matter or poison through the inguinal glands; and yet if the patient have a primary venereal sore on one of his fingers, he may have a bubo immediately above the elbow, or in the axilla. Buboes have been divided into *venereal*, *sympathetic*, and *constitutional*. The venereal bubo is supposed to arise, as above observed, from the direct irritation which the venereal poison offers to the lymphatic gland or glands as it passes through this portion of the absorbent system into the blood. But the matter of syphilis may be taken up into the circulation without exciting any inflammation in the glands of the groin, or similar glands in other



parts of the body. The occurrence of a bubo in consequence of ulcers on the external parts is, in reality, comparatively rare in healthy subjects, particularly when the primary sore is properly treated; and we are confident that, in many cases, the injudicious and too free use of irritating local applications, such as sulphate of copper, nitrate of silver, and the red precipitate, in allopathic practice, is a frequent source of this glandular implication. The purely sympathetic, or non-venereal bubo, is generally preceded and accompanied by some degree of derangement of the health. At times it may be induced by causes apparently the most trivial, such as the wearing of a tight boot, the effects of a sprain or bruise, &c. A boil or sore on the foot, leg, thigh, or nates, an inflamed or painful corn, a bunion on the great toe, are frequent causes of inflammation and enlargement of the inguinal glands. By the constitutional bubo, we here allude to scrofulous swelling of the lymphatic glands of the axilla, or of the groin, especially the latter. Getting the feet wet, or sitting on a damp seat, in a gig, or on the top of a coach, frequently develops this form of bubo.

**THERAPEUTICS.** It is sometimes difficult if not impossible to arrive at the true character of a bubo; the patient, from false delicacy, often refusing to admit that he has previously been affected with chancre. In homœopathic practice, this is of no material consequence; the appearance and condition of the swelling, and the state of the general health, forming a sufficient group of symptoms to enable us, in doubtful cases, to select the appropriate remedies. The correct history of the case is, however, by no means unimportant, as it facilitates the choice of the remedy. If a bubo be a venereal one, and the chancre is in existence with it, we should not deviate from the treatment called for by the aspect of the primary sore. But if the sore assumes a somewhat improved appearance, or remains perfectly unaltered, and the bubo, on the other hand, becomes considerably aggravated, we ought to give the latter our chief attention, and prescribe according to the features which it presents. The following is the mode of treatment we have ourselves pursued.



Whenever the swellings were either small, or of considerable size, but neither excessively inflamed nor particularly painful, we prescribed *Mercurius* at the third trituration, quarter of a grain night and morning, until signs of improvement made their appearance. In those cases again in which the swelling was large and painful, and accompanied by intense inflammation, the integuments presenting a deep red hue extending over a considerable surface, the redness disappearing on pressure, but returning immediately after the finger was removed, *Belladonna* 6, every six to twelve hours, was found to be of the greatest efficacy. When suppuration threatened, or became established, *Silicea* 6, every twelve hours, formed an admirable remedy, having either the effect of producing absorption of the matter, and causing the tumour to subside, or of quickly forwarding the suppurative process and the discharge of the pus from the cellular membrane surrounding the gland. The former more desirable result generally took place when the preceding inflammation had not been intense. *Hepar s.*, third trituration, we preferred to *Silicea*, if the patient had previously been subjected to a course of *Mercury*. *Staphysagria* 6th dilution was substituted for *Hepar s.* when the mouth and gums were much inflamed or ulcerated. When the bubo took on an indolent and indurated condition, or had remained in that state for several months prior to the adoption of the homœopathic treatment, *Carb. v.* was often very serviceable, having frequently the effect either of dispersing the tumour, or of causing it to suppurate. *Silicea* was, however, of nearly equal efficacy in such cases, and at all events rarely failed to do good, when *Carbo v.*, or *a.* produced only a slight degree of amendment. A swollen, spongy, or ulcerated state of the gums was an additional indication for *Carbo v.*, *Sulphur*, or *Aurum*, and *Acid. nitricum* proved useful in some obstinate cases. Should the matter of a suppurated bubo exhibit a decided tendency to spread, before advice has been sought, it may sometimes be necessary to have the swelling opened by the lancet. After the pus has been discharged, and the bubo has become converted into a sore, the treatment must be conducted according to the character and appearance of the ulcer. (See ULCERS, as also the treatment



described for primary sores on the glans, &c.) *Silicea* and *Sulphur* are two of the most valuable remedies in all cases where the parts do not show a disposition to heal; but *Acid. nitr.*, *Aurum*, *Carb. v.*, *Assafætida*, or *Staphysagria* will sometimes be called for, particularly in cases which have evidently been aggravated by the previous use of *Mercury* in excessive quantities.

Against *sympathetic bubo*, *Belladonna*, *Hepar*, *Silicea*, *Sulphur*, *Carbo a.*, &c., are the more important medicaments. The indications for *Belladonna* have already been given above. *Hepar s.* may follow *Belladonna* if suppuration threatens; or if, after the removal of the excessive inflammation, the gland remains in a tumefied state. *Silicea* is one of the most useful remedies in *sympathetic bubo*, either at the very commencement, even when there is a considerable degree of inflammation, or at a more advanced stage of the affection, when suppuration threatens or is already established. When a bunion on the great toe, or an inflamed bursa in any other part has given rise to the bubo, there will be additional reason for prescribing *Silicea*, as that remedy will in such a case be homœopathic to the originating cause as well as its sequel. In bubo arising from suddenly suppressed perspiration in the feet, this medicine is, moreover, a most important medicament. *Sulphur* is also an efficient remedy in *sympathetic buboes*, particularly when they occur in individuals who are subject to hemorrhoids, or to boils on the lower extremities or nates; or when the inflammation and enlargement of the inguinal gland or glands has arisen after the suppression of an old sore on the foot, leg, or thigh. *Carbo a.* has been recommended as an effective remedy in *sympathetic bubo*, from the circumstance that even when suppuration seems unavoidable, it has generally either the effect of causing the tumour to subside, or quickly suppurate and discharge. We have found *Silicea* to answer the purpose better.

In the treatment of serofulous bubo, *Mercurius* and *Dulcamara* are very serviceable when the swelling is of recent origin, and has become developed after getting the feet wet,\* or after

\* *Silicea* is, however, to be preferred to either of these remedies



sitting on a damp seat. A dose or two of *Belladonna* will sometimes be required, especially if the inflammation runs high. In cases of longer standing, *Silicea* and *Sulphur* are generally of greater efficacy. *Silicea*, as has already been remarked, is a valuable remedy in suppurated buboes; in chronic cases it is particularly required where the swelling is indurated and painless. *Sulphur* is frequently of much utility when the tumour is hard, but painful to the touch, and the integuments somewhat inflamed, or very liable to become so after any slight exertion. *Calc. c.*, *Clematis*, and *Carbo v. et a.* are also deserving of notice in scrofulous buboes. (*Calc.*, after the previous employment of *Sulph.*; and *Clematis*, *Carbo v.* or *a.* after *Silicea*, in obstinate, indolent, and indurated swellings.) *Iodium*, *Acid. nitr.*, *Arsenic.*, *Aurum*, *Staph.*, or *Spongia*, &c. have likewise been recommended in scrofulous buboes. *Silicea* and *Sulphur* are two of the principal remedies to promote granulation and cicatrization when these buboes have become converted into ulcers. (See VENEREAL BUBOES, and also SCROFULA.)

DOSE: See *Gonorrhœa*.

#### *Treatment of Secondary Symptoms.*

*Sore Throat.* This form of secondary symptoms, so-called, arises in most cases as a sequel of the abuse of *Mercury*, either internally or locally, in the treatment of a primary sore. It, consequently, for the most part, yields most readily to the use of anti-mercurial remedies, such as *Hepar s.*, *Acid. nitr.*: *Bellad.*, *Lach.*, *Sulph.*, *Silic.*, *Thuja*, *Staph.*—*Arsenic.*, *Alumina*, *Lycopodium*. When the mouth and gums likewise are inflamed or ulcerated, one or more of the same remedies, together with *Carbo vegetabilis*, *Aurum*, *Natrum m.*, *Iod.*, and *China* must be had recourse to, according to circumstances. We are generally in the habit of commencing with *Hepar s.*, third trituration, when the patient complains chiefly of pain, dryness, and scraping in the throat, with some degree of in-

\* when checked perspiration occurs in persons who have long been affected with sweating of the feet.



inflammation and swelling of the tonsils, but little or no true ulceration. When, on the other hand, on examining the throat, the tonsils are observed to be somewhat enlarged, the fauces considerably inflamed and ulcerated, the ulcer or ulcers superficial, and of a gray colour, we commence with *Acid. nitr.* 3—6 in preference. *Belladonna* and *Lachesis* are very useful when the inflammation and swelling are more severe, and the ulcers extremely painful and irritable. After these remedies have subdued the excessive inflammation, *Acidum nitr.* and *Sulphur* are generally of great value, and often sufficient to complete the cure. In other cases, *Carb. v.*, *Aurum*, *Silicea*, or *Arsenicum*, &c., are required. (See also the treatment of PRIMARY ULCERS.) In those cases where we have no reason to suspect that *Mercury* has not given rise to, or aggravated the symptoms, *Mercurius* is an important remedy,\* particularly when the ulcer or ulcers are covered with a tenacious and adherent matter, and the surface considerably excavated. *Acid nitricum* and *Thuja* have been recommended after *Mercurius* or *Sulphur*. *Silicea*, or *Arsenicum*, *Lachesis*, or *Carbo v.*, may sometimes be found better indicated than either of the preceding remedies. *Lycopodium* 6th or 9th dilution is considered by Rummel to be a remedy which can with difficulty be dispensed with in secondary syphilis. He gave it with striking advantage in a case of sore throat, which had long resisted various kinds of treatment (not homœopathic); the tonsils were covered with ulcers, having a gray-coloured base. He also found it of great efficacy in several cases where the fauces and tongue were covered with an herpetic-looking eruption, bearing some resemblance to the wrinkled skin on the hands of washerwomen, and attended with a burning sensation on partaking of warm food, or after smoking.

\* Hartmann recommends the *Mercurius præcipitatus ruber* in syphilitic ulceration of the throat, one grain of the first trituration night and morning, for from six to eight days; at the expiration of which period, or sooner, if signs of medicinal action become earlier developed, he discontinues the prescription, and only repeats, as before, in the event of a cessation taking place in the improvement which may have resulted from the employment of this preparation.



Against aching pains in the bones, *Acid. nitr.*, *Aurum*, and *Lachesis*, are of great service; and in *venereal nodes* or other diseases of the bones, the same remedies, together with *Acid. phosph.*, *Assafæt.*, *Sulph.*, *Calc.*, *Silic.*, *Dulc.*, or *Mercurius*, when the affection has not actually been produced or materially aggravated, as is but too often the case by the abuse of that mineral. (See OZÆNA, and DISEASES OF THE BONES.)

Against syphilitic *Ophthalmia (Iritis)*, *Acidum nitric.* is often a most effective remedy, particularly when severe nocturnal pains in the bones are complained of at the same time, and the patient has previously undergone a course of *Mercury*. (See IRITIS.)

The treatment of secondary symptoms in the form of *eruptions* must be regulated according to the different species of cutaneous disease to which they bear the greatest resemblance, together with the character of the other constitutional symptoms which usually attend. When the eruption partakes of the *papular form* (LICHEN, STROPHULUS, PRURIGO), *Aconitum*, *Sulphur*, *Acid. nitr.*, *Hepar s.*, *Sepia*, *Dulc.*, *Con.*, *Thuja*, *Cicuta*, *Lycopod.*, *Ac. muriat.*, *Bryonia*, *Puls.* The two last named, together with *Lycopod.* and *Sulphur*, particularly when there is considerable derangement of the digestive function. When the secondary symptoms are associated with the *tubercular* or with the *pustular form* (SYCOSIS, ACNE ROSACEA, IMPETIGO, FAVUS, ECTHYMA), *Acid. nitr.*, *Thuja*, *Aurum*, *Lachesis*, *Carbo v. et a.*, *Sulph.*, *Lycopod.*, *Calc.*, *Cic.*, *Arsenic.*, *Rhus*, *Staph.*, &c. And when they have taken on the form of *squamæ* (SCALY SYPHILIS, LEPRO, PSORIASIS, PITYRIASIS, PELLAGRA, ACRODYNIA), *Sulphur*, *Lycopod.*, *Lachesis*, *Thuja*, *Arsenic.*,—*Calc.*, *Cicuta*, *Led.*, *Graph.*, *Sep.*, *Natr.*, *Carbo a. et v.* *Clem.*, *Petr.*, *Phosph.*, *Olean.*, *Alum.*, *Zinc.*, &c. *Secondary venereal ulceration* of the skin is frequently preceded by an eruption, possessing one of the before-mentioned characters, and sometimes in the form of *bullæ* (venereal rupia). These ulcers present no uniform or constant aspect, sometimes assuming a circular shape, with an irregular, foul, ash-coloured surface; at others dis-



playing the peculiarity of healing in the centre and extending at the circumference, the edges being sharp, and the unhealed part presenting the same colour and appearance as in the before-mentioned instance. The tawny hue, and the shape and situation of the ulcers, are considered as the characteristic signs of their venereal origin. In syphilitic eruptions of most kinds, *Mercurius* is more or less useful; but as it so very frequently happens that that remedy has been most injudiciously and abusively employed before the patient seeks the aid of homœopathic treatment, it is seldom that we can derive that benefit from its use which might otherwise be the case. The remedies which have principally been recommended against the venereal ulceration of the skin, whether complicated or not with *mercurial erythema*, or *eczema*, or other symptoms of mercurial poisoning, are: *Acid. nitr.*, *Sulph.*, *Silicea*, *Hepar s.*, *Laches.*, *Thuja*, *Aurum*, *Carbo v.*, *Acidum fluor.*, and also *Aconitum* and *Belladonna*, chiefly as intermediate remedies when there is excessive febrile irritation. The treatment of phagedenic ulcerations such as occur in the advanced stages of syphilis, will chiefly consist in the employment of the same remedies as those we have named as the most suitable for *primary phagedenic sores*. When secondary symptoms exhibit themselves, especially in the form of *venereal whitlow*, with formation of a very offensive matter under the nails, and exfoliation of the latter, *Mercurius*, *Carbo v.*, and *Silicea* are the most useful medicaments. (See *WHITLOW*.) And when *rhagades*, or ragged ulcerated fissures, are the more prominent features of the affection, the medicines to be employed are: *Merc.*, *Sulph.*, *Lycopod.*, *Acid. nitr.*, *Hepar s.*, *Calc.*, *Agnus c.*, and *Graphites*.

*Syphilis in Infants.* The venereal poison is not unfrequently communicated to the fœtus in utero through the medium of the blood of the mother. The child is also said occasionally to contract the disease at the time of birth from the direct application of the virus of a chancre with which the mother happens to be affected. In the former instance the child is born with the disease. The symptoms of syphilis in the new-born child, or soon after birth, are copper-coloured



blotches, and scaly eruption over the greater portion of the body; pustules and superficial ulcerations about the anus and nates, and sometimes on the organs of generation; rhagades, warts, hard and soft swellings about the head; also ulcerations and fissures at the corners of the mouth, and in the lining membrane of the fauces, and in some instances on the eyelids. In addition to these symptoms, there is often an obstruction of the nostrils with a thick, yellow secretion, so that the child cannot breathe freely: the cuticle peels off extensively; the child becomes excessively emaciated, and if not speedily relieved, it becomes hectic and soon perishes.

**THERAPEUTICS.** The disease has been found to yield readily to *Mercurius v. 6*; but the homœopathic practitioner is often prevented from having recourse to this remedy by discovering unequivocal indications that the child has previously been subjected to a course of some mercurial preparations, under allopathic treatment. Under such circumstances, it is generally requisite, particularly when the mouth, gums, and throat are severely affected, to prescribe *Hepar s.* or *Acidum nitr.* When the mischief done is more extensive, and the hard as well as the soft parts have become implicated, *Aurum* may be prescribed in the first place, and subsequently *Hepar s.* and *Acid. nitr.* in alternation. Should there be great difficulty in swallowing, *Belladonna* will generally afford relief, should *Acid. nitr.* fail to do so. If the mercurial affection does not form a prominent feature, as is frequently the case when the preparation employed has been *Calomel* in comparatively small doses, we may then administer either *Mercurius sol.* or *Merc. corros.* at the sixth or twelfth potency, one globule daily or every other day, for four to six days, carefully watching the effect produced, and discontinuing the medicine as soon as we perceive traces of its action on the local symptoms or on the system generally. When the child exhibits great sensibility to external impressions, or when it is frequently seized with spasms or tremors, is very restless and sleepless, and averse to take nourishment, the extremities being at the same time cold, the countenance earth-like, and the nose pointed; when, moreover, there is a



lingering, debilitating fever, with excessive thirst, and small, hard, accelerated pulse, *China* should be prescribed. After the employment of *China*, *Ferrum* has been found beneficial, when administered at a low potency. In other cases, *Acid. phosph.* will claim a preference to *Ferrum*, particularly if the tendency to colliquative sweats does not subside under the employment of *China*. *Sulphur*, *Silicea*, and also *Calcareæ*, *Lycopodium*, and *Lachesis*, are also deserving of notice in such circumstances. If the eyes and eyelids are principally affected, or subsequently become so, *Mercurius corros.* should form the principal remedy, unless *Mercury* in some form or other has already been used, in which case one or more of the following must be selected: *Belladonna*, *Acid. nitr.*, *Hepar s.*, *Sulphur*, *Calc.*, *Aurum*, *Graphites*, *Thuja*, *Cannabis*. (See OPTHALMIA.)

Against affections of the periosteum, nodes, or other diseases of the bones, *Assafœtida* is one of the most useful medicaments; and the next in importance are perhaps *Mezereum* and *Acidum phosphoricum*; but *Silicea*, *Sulphur*, and *Calcareæ* must also be borne in mind. (See DISEASES OF THE BONES, and SECONDARY SYMPTOMS.) When phagedenic sores appear on the genital organs or other parts of the body: *Lachesis*, *Arsenicum*, *Silicea*, or *Mezereum*, &c., will be required. (See PRIMARY SORES.) The mother or nurse of the affected child should simultaneously be placed under treatment. It is by some thought sufficient to operate on the child through the milk of the nurse, but we are in favour of the preceding plan, with the observance of due caution in the exhibition of medicine to the child.

DOSE: See *Gonorrhœa*.

## PHIMOSIS.

*Phimosi*s is understood to signify that contracted state of the extremity of the prepuce which prevents its being retracted so as to expose the glans penis. It is most commonly produced by inflammation and swelling, or thickening of the prepuce.



Sometimes it occurs as a congenital affection. The treatment must be conducted according to the nature of the exciting cause. If friction, or any other mechanical injury, has given rise to it, *Arnica* should be employed. In other cases, originating in a similar cause, *Calendula officin.*, *Rhus*, or *Pulsatilla* may be required.

If from syphilis: *Mercurius*, *Acidum nitr.*, and *Thuja* chiefly. Division of the prepuce may sometimes be rendered necessary in syphilitic phimosis, when the escape of the pus is entirely prevented by the extent and severity of the inflammatory swelling. When it proceeds from uncleanliness, *Aconitum* may first be prescribed, if there be much inflammation, and then *Mercurius*. Tepid water should at the same time be injected between the prepuce and glans by means of a small syringe. Should the prepuce present a puffy or bladder-like appearance, *Rhus* may be employed with advantage. Circumcision is generally employed in surgical practice against congenital phimosis. When phimosis arises from the irritation caused by excrescences, *Thuja* and *Acid. nitr.* must be resorted to. (See SYCOSIS.)

## PARAPHIMOSIS.

What is denominated *paraphimosis* is that state of the prepuce in which it is drawn behind the corona glandis, and is incapable of being again brought forward. In young subjects it is rarely attended with serious results, but when it takes place in adults, the prepuce often becomes intensely inflamed and ulcerated, and the glans penis destroyed by mortification.

In recent cases, the reduction is often affected by compressing the glans, and simultaneously drawing the prepuce forward. When requisite, the process may be facilitated by previously immersing the penis in cold water, or applying it to the part. In more advanced cases, when the prepuce is considerably swollen, it will be necessary to administer a dose or two of *Aconitum*, and sometimes *Mercurius*, in order



to subdue the inflammation, before the parts can be handled. Warm fomentations are also useful. The division of the stricture is necessary if all other means fail. When suppuration ensues, either prior or subsequent to the reduction, *Mercurius*, *Hepar s.*, and *Capsicum* have been recommended. And when induration remains, *Lachesis*. Should mortification threaten, the employment of *Arsenicum* or *Lachesis* may avert its development.

### HERPES PREPUTIALIS.

HERPES PREPUTIALIS. This disease is occasionally confounded with syphilis, from the close resemblance which it sometimes bears to that affection. It consists of an eruption of vesicles which appears on various parts of the body, and not unfrequently on the penis, especially at the prepuce, and has, therefore, received the appellation of *Herpes preputialis*. When the foreskin is the seat of the disorder, a sensation of heat and itching is ascertained on the outer or inner, or even on both surfaces of the said part, and in the space of a day or two one or more small patches of a vivid red colour make their appearance, on each of which five or six small globular vesicles arise, containing a serous and transparent fluid. The heat and itching now increase, and on the third or fourth day the fluid grows turbid, and is converted into pus. The vesicles then burst, and the discharged fluid dries and forms small, thin, scaly incrustations. When the eruptions break out on the inner surface of the prepuce, the epithelium becomes detached after the rupture of the vesicles, and exposes the inflamed vascular rete of the chorion. It is the superficial sore thus produced which is sometimes mistaken for a primary venereal ulcer. The absence of the raised or of the indurated edges, and of the small, gray-coloured secretion, covering the base of the venereal sores, forms the leading determination. In the early stage of herpes preputialis the disease is distinguished by the evolution of a *cluster of small vesicles*. When the vesicles are developed on the outer surface of the prepuce, the fluid they contain is either re-absorbed, or desiccates on the



fifth or sixth day; in the latter event it is altered into minute dry scabs, which, provided the parts have not been irritated by friction, are thrown off about the eighth or tenth day, and the cure is then, for the time being, complete. It is not a contagious complaint, but is prone to occur repeatedly in the same individual. The friction of the clothes during prolonged exercise, and the contact of deranged vaginal secretions, aggravate and often develop the affection in those who are predisposed to it. The use of mercurial preparations in a deranged state of the digestive functions, and the previous occurrence of one or more syphilitic attacks, have all been considered as predisposing causes.

**THERAPEUTICS.** In most cases the disease may be left to itself, particularly when the vesicles are situated on the exterior of the foreskin. But it is always necessary to protect the part from friction, as the cure is invariably delayed when the drying up of the vesicles is retarded. When the inner surface of the prepuce forms the seat of the disease, the vesicles or excoriations ought to be protected by the introduction of a small portion of lint between the glans penis and the prepuce. Cold water may also be freely employed. When the affection proves unusually obstinate, or is reproduced again and again, *Acid. phosph.*, *Aurum*, *Hepar s.*, and *Nitrum* have been strongly recommended. The state of the digestion ought to be attended to at the same time. When a chronic inflammation of the urethra exists simultaneously, *Canth.*, *Petrol.*, *Petroselinum*, *Dulc.*, *Sulph.*, *Calc.*, *Silic.*, *Sep.*, or *Lycopod.* will chiefly claim attention.

**DOSE:** See GONORRHEA.

## SYCOSIS.

By the above term we allude to the disease described by Hahnemann\* as having occurred very extensively during the

\* Hahnemann's Chronic Diseases, by Charles Hempel, M. D. 5 vols. \$ 7 00.



last war, from 1809 to 1814, and which manifests itself externally in the form of excrescences on the genital organs a few days, or even weeks, after impure connexion. "These excrescences are occasionally dry, resembling warts, but much more frequently soft, spongy, secreting a fetid fluid, bleeding easily, and similar to cockscombs or cauliflowers; they appear in men upon the glans penis, at the margin and the inner surface of the prepuce, also on the scrotum, perineum and nates; in women, on the vulva and adjacent parts. They are often accompanied by a gonorrhœal discharge, which is thick and purulent from the commencement, with little pain during urination, but with hard tumefaction of the penis, or lymphatic swellings on the dorsum penis, very sensitive to the touch. The disease was considered by the majority of allopathic practitioners, as simply a symptom or modification of syphilis, and was accordingly treated by them with *Mercury*, and by violent external application, cauterly, excision, ligatures, &c. The immediate and natural sequel of this method was, that, generally, the condylomata reappeared after the expiration of a longer or shorter time, and were again subjected to the same treatment; or if the means employed succeeded in destroying them, the sycosis, deprived of its local or vicarious symptom, showed itself in another and more aggravated manner, in the form of secondary symptoms; the external means employed, and the *Mercury* (which is unappropriate to the disease), given internally, being inadequate to destroy, in the slightest degree, the sycotic miasm with which the system was impregnated. In addition to the injurious constitutional disturbance produced by the *Mercury*, particularly when given in large doses, and in the shape of the most acrid and irritating preparations—analogous excrescences broke out upon other parts of the body, in some cases consisting of spongy elevations, whitish, sensible, and flat, having their seat in the mouth, on the lips, tongue, and fauces; in others, large, prominent, brownish-looking tubercles, situated in the armpits, on the neck and scalp, &c.; or, again, other symptoms were developed, of which I need only mention here, retraction of the flexor tendons, particularly those of the fingers.



**THERAPEUTICS.** Hahnemann was the first who recommended and employed *Thuja occidentalis* in sycosis. When the disease is in its primary form, accompanied or not by a gonorrhœal discharge, and not complicated with syphilis, or occurring in a strumous habit, a few drops of a low potency, or a few globules of the third or sixth dilution, speedily succeed in effecting a radical cure; in obstinate cases, in addition to internal administration, the condylomata may be touched daily with the diluted tincture of *Thuja*.

In some cases the cure is materially facilitated by the use of *Acidum nitricum* in alternation with *Thuja*.\* Where there is a complication of syphilis with sycosis, *Mercurius* and *Sulphur* in alternation, at low potencies (third trituration), are very efficacious.

Against the secondary symptoms of sycosis, *Thuja* and *Acidum nitricum* are still to be held as the most important remedies; but when they are found inadequate to destroy the disease, either in consequence of complications with secondary syphilis, or some other dyscrasia, *Sulphur*, *Acidum phosphor.*, *Euphr.*, *Cinn.*, *Sabina*, *Staph.*, or *Lycopod.* Of these, *Sulphur* has commonly been found the most appropriate to administer when the constitutional symptoms, such as sore throat, with enlargement of the tonsils and ulceration, hoarseness, stains on the skin, scaly spots, or eruptions assuming the character of psoriasis or lepra, have undergone little or no improvement under the employment of *Thuja* and *Acid. nitr.*; it will, further, claim a preference when there is, at the same time, general derangement of the system, and especially when the patient is affected with symptoms of abdominal plethora, with hemorrhoids, and constipation; or when shooting pains are experienced in the joints, and the flexor tendons of the fingers are in a state of contraction; tongue dry, red, rough, and fissured, lips much tumefied. *Lycopodium* may follow *Sulphur* with advantage, when there is superficial, white ulceration of

\* The aid of *Acid. nitric.* is almost indispensable in all cases in which the patient has formerly been placed under a course of *Mercury* during one or more syphilitic attacks, or some other affection.



the tonsils; and the tongue is fissured, or is, together with the inner surface of the lips and the fauces, covered with a scaly, herpetic-looking eruption. *Staphysagria*, when the gums are much affected, somewhat ulcerated, swollen, soft, or spongy, and the glans penis covered with soft, moist excrescences. *Sabina* has been of great service when the condylomata were large, moist, and painful even when not touched. *Acidum phosphoricum* will deserve attention when the sycosic excrescences are of long standing, or when the patient has previously been treated with *Mercury* in large doses, and *Acidum nitr.*, *Thuja*, *Sulphur* and *Staphysagria* have either failed to do good, or have only effected partial improvement. *Cinnabar* has been strongly recommended as a valuable remedy in inveterate or secondary sycosis. Hahnemann considered *Mercury* as inappropriate to sycosis, and as peculiarly hurtful when given in over-doses. When administered in the small doses employed by homœopathists, it appears to be of great efficacy in some obstinate cases. A complication with syphilis, or secondary symptoms in the form of enlargement of the tongue, swelling and ulceration of the tonsils (provided these latter symptoms have not arisen from the abuse of *Mercury*), condylomata, &c., will justify us in anticipating a beneficial action from the use of *Cinnabar*. Sometimes the sore throat arising from sycosis may bear so close a resemblance to that of secondary syphilis, that it will be difficult to found a diagnosis thereupon; but the history of the commencement of the disorder, along with the existence of tubercular or wart-like excrescences in the vicinity of the anus, genital organs, or other parts of the body, will enable us to discriminate the sycosic from the syphilitic origin. In sycosic buboes, *Thuja* and *Acidum nitricum* are the principal remedies, but cases may often occur in which *Staphysagria*, *Sulphur*, or *Mercurius* will be required. (See BUBO.)

We shall conclude this portion of the work by giving a short statement of Dr. Goullon's mode of treating syphilis,\* together with an extract from the more extensive and interest-

\* Allg. Hom. Zeit., No. 17, 30ster Band, p. 258.



ing observations of Dr. Attomyr,\* on the treatment of Venereal Diseases.

Dr. Goullon employed *Mercurius solub.* and *Merc. sublim. corros.* chiefly, in the treatment of chancres in general. The former in the dose of  $\frac{1}{12}$ ,  $\frac{1}{8}$  of a grain, twice a day; and the latter, to which he gave the preference, as follows:

R̄. Merc. corros. gr. ss — j; Aq. unc. viij; Spir. vin. q. s.  
or  $\frac{1}{2}$  grain Merc. corr. 1st tritur. with 8 ounces pure water, and  $\frac{1}{2}$  ounce Spirit of wine.

A tablespoonful morning and evening, (diminishing the quantity when vomiting followed the first dose or two).

When the sores were foul and confluent, attended with fetid discharge, also local application of the same remedy. The greater the degree of improvement effected, the less frequently was the medicine ordered to be taken. In the majority of cases, scarcely gr. ij were necessary to establish a cure without risk of a relapse or the occurrence of secondary symptoms. Where syphilis and scabies were encountered in the same subject, the cure of the former was commenced first. The worst complication was found to be secondary syphilis in the form of eruptions, &c., and scrofula. Baths of *Merc. corr.* (ʒj-ij) produced striking benefit here; but when the patients had previously undergone a course of *Mercury*, the medicament which, more frequently than any other, though not always, did the most good, was *Acid. nitr.* in repeated doses.

In sore throat, *Lycopodium*; in ostitis, or exostitis, *Silicea*; and in tetter and herpetic sores, *Sarsaparilla* (ptisan) proved the most serviceable.

Dr. Attomyr observes, that "With respect to the treatment of the various forms of the venereal disease, we have in *general* nothing farther to add, except that in this disease, as in all others, the homœopathic law of cure by similarity of symptoms is applicable, and here too proves its validity.

"Before entering specially upon the homœopathic treatment of the venereal disease, it will be necessary to premise some few remarks, which deserve consideration when viewed in reference to my therapeutical results.

\* Ruoff's Repertorium, by A. H. Okie, M. D.



“ Syphilitic patients, with very few exceptions, are young unmarried men, who either board at the hotels or sit at table with their relations, or probably superiors. In either case it is unfortunate for the observance of the homœopathic diet, and indeed much worse here than it would have been in Germany or in any other Austrian province, for in Hungary far greater quantities of condiments and acids are used with food than in other places. To this must be added the fact that patients conceal their disorders, and in order not to excite suspicion, dare not venture on the slightest aberration from their accustomed diet. In consequence of these uncertain dietetic circumstances, I resolved, in treating such patients, to administer larger doses than usual.

“ I am still of the opinion, that the lower dilutions recall reaction quicker, but that their effects are less intensive and permanent than the higher. Four grains of calomel in the space of a few hours operate violently, and excite diarrhœa, while the same four grains, if taken in minute portions, result in an indisposition, which continues several days, and in a more intense commotion of the organism. I moreover concluded from these premises, that the larger doses could be repeated more frequently, which would seem essential on account of the necessarily frequent dietetical errors. Within the period of two years I treated 156 patients labouring under the venereal disease. Every physician knows how it is with office practice, how difficult to learn anything or obtain any certain experience in this manner. Generally one half of this class of patients stay away, so that it is impossible for us to decide with certainty upon the termination of their disorders. The one remains away because the effects of the treatment did not fulfil his anticipations, the other (and among syphilitic patients the majority) because he is approaching convalescence, and is desirous of avoiding the *burdensome thanksgiving* for his cure. This last occurred so frequently to me, that during the treatment of an interesting case, I was always fearful, as I was led to expect that as the cure progressed, my patient would remain away, and I be unable to arrive at any certainty with regard to the termination of the case.

“ I requested a patient with eleven chancres (seven of



which, of the size of a lupine-seed, were situated on the scrotum), after all were healed, but two of them still presented cicatricular depressions, to return in eight days, and let me see if the two scars had also disappeared. My patient, however, did not return, notwithstanding I had clearly given him to understand that I had no reference to his *returning thanks*, but merely as a subject of scientific interest. This plan was so often adopted towards my patients, that they ironically termed me the 'Gratis Doctor,' for which I in return, during the last three months of my residence in Presburg, punished them very sensibly, although I am sorry that punishment in many instances fell upon those who were innocent. So it happened that of the 156 patients treated, I cannot cite more than 84 who persevered until perfectly cured; and most of these, at my request, returned, and were examined by me fourteen days after their convalescence.

"Were cured of Chancres 34,—Gonorrhœa 24,—Gleet 9,—Balano-blennorrhœa 2,—Bubo 10,—Hernia humoralis 2,—Nodes and eruptions 2.

"I have observed the following five varieties of chancre:

"First form.—The edges more or less jagged, elevated, slightly painful, but sensitive when rubbed by the linen, with a copper-coloured circumference. The base of the sore is indurated, lard-like, the ichor adheres so firmly to it, that it cannot be removed by washing. The ichor is of a light yellow colour, viscid, glutinous, resembling pus, sometimes acrid, offensive; it makes spots on the linen as if from melted tallow. The sore extends far more in depth than in breadth. This form appears on all parts of the glans, and also on the prepuce, but more frequently on the posterior part of the glans, near its junction with the prepuce.

"Second form.—The sores are superficial, not only do not extend in depth, but are perceptibly elevated above the surface. The edges are never jagged, always sharply circumscribed, painless. The sore looks clean, of a flesh-red colour, almost spongy, it is never necessary to clean it, as the ichor does not adhere. The ichor is somewhat thinner than in the first form, usually more copious and mixed with blood. This form heals



sooner than the first, appears almost exclusively on the prepuce, and there are always several sores present at the same time.

“Third form.—The sores of the second form gradually become elevated so much above the surface of the prepuce, that they resemble more a horizontal section of a wart than an ulcer. This form discharges very profusely. The ichor is more offensive than in the two preceding forms, but still not so bad as it is in those which follow. It is unusual for all the chancres of the second form to become converted at the same time into those of the third, therefore these two forms are usually co-existent. This variety frequently heals very quickly. I have never seen true condylomatous forms of disease arise from this. In my case-book I have given the compound name of ‘chancre wart’ to this form, which term, on account of its brevity, I will still retain.

“Fourth form.—The corona of the glans is almost one ulcerated surface. This frequently extends to the posterior part of the glans; occasionally, at the same time, to the prepuce also. The sore is quite superficial, here and there lard-like, but the greater part red and thinly coated with matter, which can be readily washed off. The ichor, which is very profuse, is somewhat less consistent in this than in the varieties already described, and is of a very fetid odour, which apparently depends upon the simultaneously increased secretion of smegma. The sore appears as if the skin had been torn off. This form either heals as such by contracting from the edges towards particular points, forming several chancres, which are nearly separated or only united by linear excoriations; or the above described lard-like spots extend more in depth, and chancres of the first form appear. This fourth variety of chancre has a tendency to appear in company with gonorrhœa.

“Fifth form.—A chancre which in its incipient state has the appearance of the first form, in a few days becomes covered with a scab which presents the appearance of a psoric sore. The scab absorbs the fluid secreted beneath it, and thus becomes thicker and does not fall off until the sore beneath it has healed. This variety appears either on the common integument of the penis or directly on the verge of the prepuce,



which becomes swollen, looks as if excoriated, burns severely while and after urinating, when walking is disturbed by the pressure of the linen, to which it slightly adheres. This variety I term the 'psoric chancre,' and conjecture that it arises from a complication of syphilis and psora, which conjecture is strengthened not only by the appearance of the sore, but also by the violent pruritus and the favourable results attending the administration of *Sulphur*. This form generally appears simultaneous with one of the varieties already described.

"In the treatment of these different forms of chancre, I have by degrees been obliged to resort to the following eleven remedies :

"*Mercurius solubilis*, *Merc. dulcis*, *Merc. sublimatus corrosivus*, *Acidum nitric.*, *Thuja*, *Hepar sulphur.*, *Corallia rubra*, *Acid. phosphor.*, *Sulphur*, *Causticum*, *Staphysagria*.

"In the first variety of chancre, *Merc. solub.* is the chief remedy; it is not, however, adapted to half the cases. *Thuja* comes next to the quicksilver in this variety. The patient usually took a few doses of *Mercur.*, then a few doses of *Thuja*, and when its beneficial influence appeared to cease, the *Mercury* was resumed. In addition to these, I administered *Merc. dulcis*, *Sublim. corrosiv.* and *Causticum* in several obstinate cases, and I believe I have observed considerable improvement in this form after each of these remedies.

"In the second form, *Acidum nitric.* is the chief remedy. When this form is purely pronounced without complication, particularly with the third form, the *Nitric acid* acts very promptly, and in twenty days, at the extent, the disease is cured. I have, however, cured, or evidently assisted the cure of several of these cases with *Mercur.* and *Thuja*.

"In the third form, *Thuja* appears preferable to *Acid. nitric.*, although the latter as well as *Mercurius solub* is a very effectual remedy in this variety. In one case, *Acid. phosph.* acted very strikingly. *Staphysagria* in another in the same prompt manner.

In the fourth form, preference must be given to *Corallia rubra*. Although this remedy is capable of curing a chancre of this variety in fourteen, or, at the extent, eighteen days,



yet still it does not appear to be able to prevent this form from becoming converted into the first, by which the treatment is considerably prolonged. *Nitric acid* may be ranked with *Corallia* in the treatment of this form, and in several cases in which rapid improvement did not succeed the administration of *Corallia*; and where the pruritus was very vehement, I gave *Sulphur*, which cured the disease *in toto*.

“In the fifth form, which was the most rare, *Sulphur* was the chief remedy. *Hepar sulphur.* operated favourably in this form, when complication with bubo existed.

“At first I gave *Merc. solub.* in doses of a drop of the fourth dilution, and when this was all gone I resorted to the fifth. At the beginning of the treatment I repeated the medicine every six or seven days, and afterwards every three or four days. I have, however, cured several chancres with X<sup>000</sup> and 4<sup>000</sup>. *Nitric acid* and *Thuja* were given in similar doses, but also with effect in the thirtieth dilution. Of *Corallia* I gave about a grain of the third trituration. *Sulphur* and the *liver of sulphur* I always administered in the X<sup>000</sup>, also *Causticum*, *Staphysagria* and *Phosphoric acid*, and the two other preparations of *Mercury* in the third potence. One month was about the average time required to cure a chancre; several healed in fourteen days, in which cases, I must remark, that these patients were individuals who were able to follow strictly the homœopathic dietetic regulations. In several cases, six weeks or more were consumed in the cure of the chancres, for which the patients themselves were in fault, as several confessed to me that they were not able to refrain from coition during the treatment.

“The articles of diet which I forbade were—

“1. *Acids*: as vinegar and lemon-juice.

“2. *Spirituuous drinks*: wine, whiskey, beer, liquor, and all alcoholic drinks; beer I would have allowed had it not been adulterated with bitter plants.

“3. *Spices*, or rather medicines which have crept from the apothecary's shop into the kitchen, as coffee, tea, pepper, cinnamon, vanilla, the Cayenne pepper (*Capsicum annum*) which is used in Hungary, cloves, caraway, and aniseed.



“I also advised my patients to avoid the use of pomatum, medicated dentifrice, and perfumery of every description. Smoking I did not forbid, because no one would have obeyed me in this particular.

“One of the most important directions during the treatment of chancre relates to mental and particularly bodily quietude. The patient should go out as little as possible, walk very slowly, not wear tight pantaloons, or remain long standing, and on no account drive or take horse exercise. My attention was directed to this latter circumstance several years ago, by the experienced Dr. Mueller, attached to the medical staff in Pesth. As I treated but few venereal patients after that period, this circumstance was forgotten. In Presburg, I treated a young man more than seven weeks for a large deep chancre, which did not lose at all its lard-like base, and although it did not extend either in breadth or depth, it evinced no disposition to heal. The patient was too well acquainted with the superiority of homœopathy to adopt the advice of trying allopathic treatment. While we were discussing the probable cause which impeded the cure, my patient inquired whether it was not probable that daily horse exercise could be an injury; Dr. Mueller’s advice now struck me. I forbid riding on horseback, and in the course of eleven days the chancre was healed, the patient having remained in his room in his drawers, generally reclining upon the sofa. Corporeal rest is decidedly the best prophylactic against the formation of buboes. I must mention still another serious obstacle which greatly impedes the cure of all venereal diseases. I refer to the excessive anxiety of those youths who are infected for the first time; they fancy that they see themselves walking about without their olfactory organs, and covered with eruptions and sores.

“At first I applied charpie to the sores; but as this became deranged and formed lumps, I preferred fine, clean, washed linen (not new). I subsequently abandoned this also, as every foreign body adheres to the sore as soon as it commences healing and discharging, and on removing, irritates the chancre, and in general incommodes more than the secretions of the sore.

“I have treated patients with several chancres conjoined



with phimosis, without having seen the sores more than once, as the phimosis occurred a few days afterwards and continued to the conclusion of the treatment. When the prepuce could be retracted, the chancres were either completely cured or very nearly so.

“When washing the sores, care must be taken not to press too violently upon them. Many patients gave themselves much trouble in endeavouring to wash off the lard-like matter forming the base of the chancre. Patients should be informed that this is futile and injurious. It is entirely impossible to clean the base of the sore, as this must be removed by the process of suppuration, produced by the action of the appropriate remedy. Chancres of the first form generally discharge copiously, and for a long time, so that the patient's linen appears as much soiled as in gonorrhœa. When I perceive this increased discharge make its appearance, I always continue the remedy which produced it, because this increased suppuration of the sore is the most natural remedy to cleanse and heal it. The period of increased discharge frequently occupies two-thirds of the whole time employed in the cure. I have, however, frequently seen perfectly healthy sores, which were much diminished in size and superficial, remain in *statu quo* without healing completely. This apparently depends upon the conduct of the patient, on whom the cure has advanced thus far.

“If doubt arises respecting the nature of sores on the genitals, whether they are really chancres or not, it is advisable to wait several days before administering our remedy. If in the course of six or eight days the sores are not healed, but have become larger, deeper, and the base lard-like, there can then be no doubt; the patient may talk as much as he pleases about the fidelity of his sweetheart.

“In concluding this subject, I have still to remark, that in the cases of three patients afflicted with chancres I observed vermin, which are not uncommon in syphilis, and by us termed ‘Filzläuse,’ (*Pediculus pubis*.) One of these patients, who was somewhat of a scrofulous diathesis, was troubled with them in two instances. I need scarcely remark, that these



patients observed the utmost cleanliness; as I do not at all consider these vermin as the result of filthiness, it is not improbable that they are produced per generationem æquivocam, in the same manner as in the itch, either by the discharge from the chancre, or in transpiration of the patient, and consequently may be ranked as the product of the venereal disease.

“**BUBOES.** Swelling of the inguinal glands, consequent upon Syphilis, are more dreaded by patients than any other form of this disease. It is well known how under allopathic treatment they are plastered, cauterized and incised again and again. I have treated eight patients with venereal buboes, without the necessity of one of them being confined to bed for a single day. A day or two before the spontaneous rupture of the swelling, the patient experienced a slight tensive pain when walking, but not any other inconvenience either before or after that circumstance occurred. The buboes usually broke while patients were walking, and had they not experienced the sensation produced by the moisture, they would not have been aware of its occurrence. I have witnessed neither sinuses, fistulous openings, callous edges, nor partial remaining indurations, &c., in any of these cases, although I never made use of cataplasms to prevent induration, leeches for inflammation, or of the knife or caustics in opening them.

“There is no doubt that buboes, which appear simultaneously with chancres or immediately after their suppression with external remedies, partake of the venereal character. Scrofulous glandular affections are usually readily recognisable from the general diathesis, and the disorders of the glands in other parts of the body which are commonly present. But there are also buboes which appear sooner or later after coition without any other symptom of venereal infection. Whether these glandular swellings are to be considered as venereal, has not yet been determined by adequate experience. I have seen two such cases. The one an arthritic man, aged thirty-eight, the other a young man of three-and-twenty. Both cases were preceded by frequent coition, and in the case of the first individual, it was inordinate. In the first case the bubo,



which was confined to one side, was cured by resolution under the use of *Sulphur* and *Nitric acid*, the second by suppuration by *Nitric acid* alone. In the latter case there were two buboes of the size of a hen's egg, one on each side.

"Buboes are treated homœopathically by the same remedy that is indicated for the particular variety of chancre which they accompany. The medicament that cures the chancre frequently operates so powerfully upon the bubo, that the latter suppurates and heals before the chancre is completely cured, so that in this case the bubo does not alter the peculiar treatment adapted to the chancre. Sometimes, however, the bubo remains after the chancre has healed, and in this particular case does it first become necessary to adapt our therapeutical efforts to the bubo itself.

"I made use of five remedies in the cure of buboes. *Merc. solubilis*, *Acid. nitric.*, *Sulphur*, *Hepar sulph.*, *Calc.*, and *Silicea*. The first two remedies I gave in drop doses of the fourth dilution, at intervals of four or six days, the last three in the thirtieth dilution, every eight days.

"*Mercurius* and *Acid. nitric.* operated better during the inflammatory state of the swellings, previous to their opening. After this had occurred, I administered *Sulph.*, *Silicea*, and the *liver of sulphur* with good effect.

"I have frequently seen swellings of the inguinal glands arise in patients afflicted with very painful gonorrhœas, in which much violent exercise was taken, particularly in individuals infected for the first time. In such cases I recommend the observance of strict corporeal rest for a few days, and proceeded in the treatment of the gonorrhœa without reference to the inguinal swellings, and I have never seen them pass into suppuration or induration, or remain after the cure of the gonorrhœa.

"**CONDYLOMATA.** The cases of this affection which have come under my notice, are too few in number for me to determine whether this form of the venereal disease belongs to the syphilitic, or whether it depends on one of the various cachexies of Hahnemannian sycosis. The first view is favoured by the fact of the concomitant presence of chancre and condylomata,



as well as the degeneration of many chancres into condylomatous structures; while the circumstance that this form of disease frequently appears entirely alone without any admixture with the other forms of venereal, and has the peculiarity which is foreign to chancre of occupying the anus at the same time, or selecting this part alone as its seat, favours the Hahnemannian views of sycosis. Be this as it may, the distinction is of no practical utility. The symptoms of this disease direct the physician to the appropriate remedy, no matter whether he considers the first or last view as correct—a superiority possessed by homœopathy in the treatment of this as well as other diseases, which is not acknowledged only because it is desirable to arrogate the appearance of science.

“ In the case of a patient with two large condylomatous excrescences on the anus, who had been previously treated by caustics, neither *Thuja*, *Nitric acid*, *Acid. phosph.*, *Lycopod.*, *Sulphur*, *Psorin*, nor *Sycosin*, were of any benefit. *Staphysagria* X<sup>0 0 0</sup>, repeated every five days, removed the disease almost entirely in the course of two weeks, so that I gave the patient a few doses more of the latter remedy, in hopes that the disease would be completely overcome in a short time; the patient, however, did not return; I, therefore, cannot say how the case terminated, although it is very probable that the patient was cured.

“ The condylomatous case, which I have mentioned as cured, was that of a patient with three condylomatous excrescences, which had been cauterized, but were reproduced. I gave him *Thuja* X<sup>1 0</sup>, seven days after *Sulphur* X, seven days later *Acid. nitric.* 4, gutt. una, for two successive days, all without effect. The *Thuja* was now repeated, but in the fourth dilution, a drop every third day, after which the excrescences were diminished one half in size. The repetition of *Thuja* of the fourth dilution entirely cured the disease.

“ Throughout this work I have avoided the recital of cases, for in this disease one case very much resembles all of the others. In sycosis I have made an exception, in order to be able to introduce the remark that *Thuja*, which in this case was the proper curative when first administered, was not at-



tended with any success, and did not prove beneficial until administered in a lower dilution after two other remedies had been given. I am perfectly willing that this favourable result should be ascribed to the lower dilution, but must remark, that in at least ten cases of intermittent fever, in which *Ipecacuanha* proved fruitless, and several other remedies given subsequent to it likewise proved inefficient, that *Ipecacuanha* then administered in the *same* dilution and dose, was attended with the most favourable result.

“GONORRHŒA.—This form of the venereal disease is of all others the most troublesome, as well for the patient as his physician. To the patient, as it is the cause of much pain, sleepless nights, fever and other analogous symptoms, which may result in inflammation and induration of the testicles, stricture of the urethra, &c., either owing to the misconduct of the patient or to the preposterous and violent allopathic treatment. Gonorrhœa is a troublesome disease to the physician, owing to its tendency to become chronic, and in the form of a gleet to continue long and obstinately. It appears to be the general character of diseases of mucous membranes to run their course sluggishly. We frequently see catarrhs, in themselves unimportant, continue for several weeks. This is also the case with various mucous diseases of the nose, ear, vagina, &c., which are rendered chronic as soon as an increased mucous secretion appears.

The usual time required to cure an acute gonorrhœa, was one month. Several were cured in fourteen days; a few cases degenerated into gleet.

“I experienced the best effect in the treatment of this disease from the exhibition of *Cannabis* in the fourth dilution, in drop doses, which were repeated at intervals of five or six days. I occasionally repeated the remedy for two or three days in succession, and then waited seven or eight days.

“*Pulsatilla* was given with effect also in drop doses of the fourth dilution, where general corporeal agitation, very diminished appetite, evening chill, increased thirst, &c., were present. In three or four days, this febrile state was usually allayed, and then continued the *Cannabis*.



"A few globules of the 30th dilution of *Cantharides* were always effectual in very painful erections, violent burning and strangury. In one case hæmaturia supervened, which was not relieved by *Cantharides*, but by *Mezereum*.

"*Mercurius solub.* 4 gutt. una, effected a rapid cure in a case of gonorrhœa attended with a greenish discharge. In this case, however, several sores were present, which indicated the application of *Mercury*. The gonorrhœa was cured before the chancres.

"At first, before I had effectually tried the efficacy of *Cannabis*, I tried *Blenorrhin*, in doses of several globules of the thirtieth dilution. A gonorrhœa in which *Copaiva* proved inefficient, was cured in two weeks by two doses of *Blenorrhin*. In several other cases, this remedy effected considerable improvement, although it did not produce a complete cure. But as *Cannabis* with an intercurrent dose of *Pulsatilla*, *Cantharides*, or in cases of very frequent urination, *Petroselinum*, acted very favourably in a majority of cases, I made no farther trials with *Blenorrhin* in acute gonorrhœa, although I made use of it in gleet.

"GLEET. Nine cases of this disease were cured with *Blenorrhin* 30th, *Sulphur* 30th, and *Cannabis* 4th gutt. una. I repeated *Cannabis* every five, and the other two remedies every eight days. I am unable to mention any particular indications for the employment of any of these remedies. Generally *Sulphur*, given at first, produced considerable improvement, diminished the discharge perceptibly, but excited slight burning in the urethra, after which I usually gave *Cannabis* with effect. I observed this frequently. I have, however, perfectly cured painless gleans with *Cannabis* aided by *Sulphur* or *Blenorrhin*.

"As regards the dietetic treatment in gonorrhœa, all violent exercise must be avoided. If the testicles are sympathetically affected, the patient must wear a suspensory bandage, or at least support the testicles with a handkerchief. Beer should not be taken during the existence of acute or chronic gonorrhœa.

"I saw discharges unattended with pain, reproduced in se-



veral patients who indulged freely in wine immediately after their gonorrhœas had been cured; it, however, soon disappeared; the very severe burning can be much diminished by the patient's drinking water very freely, by which means the urine is increased in quantity and rendered less acrid. This innocent palliative produces great relief to the patient, and should, therefore, never be neglected.

“INFLAMMATION OF THE TESTICLES. I treated but two cases. One was in company with a gonorrhœa, or rather gonorrhœa conjoined with swelled testicle. The patient being afflicted with gonorrhœa, went out a hunting in cold damp weather, and returned with violent pain in the testes. The disease increased during the night, and both testicles were swollen, hard, not bearing the slightest touch, the scrotum red and tense, some fever which continued until the evening of the succeeding day. There was scarcely any discharge from the urethra. Two doses of *Clematis*, 12th dilution, three globules repeated every three days, cured the disease, after which the gonorrhœal discharge reappeared. Swelling of the epididymis of one of the testes, which still remained, was removed by *Aurum* iv. dissolved in water.

“The second case was a relapse, which had previously been subjected to allopathic treatment. It was relieved by *China*  $\frac{0.0.0}{12}$ , and *Aurum*  $\frac{0.0.0}{12}$ . *China* was administered three times, *Aurum* twice.

“The patient should remain in bed and have the testes properly supported.

“GONORRHŒA GLANDIS. Incorrectly so termed. It could with more propriety be called inflammation of the glans penis. I treated two cases. One case was conjoined with gleet. The glans was very red and swollen, small fissures appeared on various parts of it, and in a few days, a very offensive mucous secretion succeeded, which increased very much in a short time, and affected the prepuce also. *Corallia* 3, one grain repeated in four days, cured the balano-blenorrhœa, and *Cannabis* and *Sulphur* the gleet. The second case was connected with chancre, was not so violent, and was cured by the use of *Mercury*.



“A few years ago I cured several of these cases with *Thuja*  $\frac{0.0.0}{30}$ .

**NODES.** The patient had been afflicted three years before with a chancre which was cauterized. After taking a violent cold from exposure to moisture, the patient had a gouty attack. It was treated without effect; a depot formed on the tibia, which was attended with such violent boring and rending pains, particularly at night, that he was deprived of all nocturnal rest, and obliged to quit his bed. He then underwent a course of ‘Dzondischer’ pills, which rather increased than relieved his malady. After the administration of half a grain of *Hepar sulph., Calc.* 3d trituration, he was able to sleep several hours in the morning. Two additional doses of *Hepar*, given at intervals of eight days, removed the pain almost entirely; the patient ate, drank, and slept as in health, though the swelling was not perceptibly diminished; this, however, disappeared entirely on administering three doses of *Acid. nitric. x*, at intervals of from eight to ten days.

“The other patient had two osseous swellings of the size of a pigeon’s egg on the head, and an eruption over the whole body, for the relief of which he had taken several hundred baths, and as many mercurial pills. The patient was cured after eighteen months’ treatment which was repeatedly interrupted. Of course he took very many homœopathic medicines, so that I am unable to mention the results obtained by any particular one, especially as during the latter period I treated him only by letter.

“*Complications.*

“**CHANCRE AND BUBO.**—The treatment of this form of complication has been described under **BUBO**.

“**CHANCRE AND GONORRHŒA.**—If the gonorrhœa is very painful, the treatment of the chancre, which otherwise is preferable, must be suspended, and *Cantharides* or some other appropriate remedy be exhibited. This also holds good if profuse and continued hæmaturia supervenes.

“**CHANCRE AND CONDYLOMATA.**—In this case, the treatment can be united, as *Thuja* and *Nitric acid* are particularly indicated in both forms.



“GONORRHŒA AND HERNIA HUMORALIS.—Here of course the latter must be treated without delay.

“The other complications are not of importance, and the treatment of them is obvious.

“*Syphilis secundaria. Secundaria Syphilis.*

“*Aurum.*—Nasal speech, stinking ichor and small pieces of bone discharged from the nose; ulcers on the palate, the tonsils are corroded by ulcers; offensive discharge from the ears, with violent boring pains in them; painful periosteal swelling on the hairy scalp, forearm and tibia; on the head itching nodes; rending pains in the bones of the extremities.

“*Aurum.*—INVETERATE SYPHILIS: the nasal, frontal and superior maxillary bones swollen and reddened, with sticking pains in them; bloody, fetid discharge from the nostrils, the margins of the eyelids reddened at their inner canthi; if the head is not kept warm, headache as if a draught of air passed through it.

“*Acidum nitric.*—On the head isolated, humid pustules; the face full of maturated pustules, with broad red margins, which after some days form crusts; on the right ala nasi, a condylomatous protuberance of the size of a bean, covered with a scab; tonsils red and swollen; there was formerly a raw spot on the anus between the legs; pruriency and humidity of the integuments.

“*Hepar sulphuris, Rhus.*

“*Sepia.*—INVETERATE SYPHILIS, with ulcers of the glans and prepuce. After *Mercur.*, *Acidum nitric.* and *Thuja* had been given without perceptible improvement.

“*Thuja*, with the aid of *Graphit.* and *Sepia*, were given, copious discharge of pure mucus from the urethra in a subject who had previously taken much *Mercury*, slight burning when urinating, the bulbous portion of the urethra painful internally, the orifice of the urethra red, swollen, the inner surface of the prepuce red, pain in the region of the bladder, ulceration of the base of the glans, scrotum painful, many nocturnal pollutions, headache, melancholy, inclined to suicide.”

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ ; or the tincture or trituration according to circumstances.



## RHEUMATISM.

(Additions to p. 313.)

*Ferrum* is sometimes useful in alternation with *Rhus*, particularly when the pains are relieved by frequently shifting the position of the limbs; or after, or in alternation with *Pulsatilla*, when the pains fly about from one part to another, and are of a lancinating description.

ARSENICUM is a most valuable remedy when the pains are of a tearing, dragging, lancinating, burning character, accompanied by anxiety and uncontrollable restlessness and sleeplessness, with great heat of skin and excessive thirst, small accelerated pulse and swelling of the extremities. In rheumatic metastasis to internal organs, especially the heart, *Arsenicum* is one of the most important remedies. Accessions of sweat, with mitigation of suffering, is a characteristic indication for *Arsenicum*.

COLCHICUM:—Rheumatism, with gastric derangement and slight fever, during the prevalence of cold, damp weather; or rheumatic fever (continua remittens), exacerbated in the afternoon, with general dry heat, palpitation of the heart, thirst, and fugitive sweats; shooting, tearing pains in the affected parts, becoming almost insupportable at night, subsiding towards morning, and then suddenly fixing upon some other part of the body, which in its turn becomes painful and inflamed, whilst the previously affected part loses its former redness, but remains in a tumefied state for a few hours.

CHINA is of much service at the commencement of an attack of rheumatic fever, when the following symptoms are met with: nocturnal, pressive, aching pains in the head, with excessive general restlessness, which disturbs sleep; fugitive chills in the back, and tendency to sweat on covering up the parts, or on the slightest excess of clothing; the chilliness gradually extends over the whole body, but consists more of an internal than an external feeling of chilliness, with exception of the hands and feet, which are as cold as ice; by degrees partial heat supervenes, with exacerbation of headache, and



distention of the vessels, dragging, tearing pains in the back, sacrum, thighs, and knees, with weakness in the affected parts, and aggravation or renewal of suffering on touching or handling them; sometimes symptoms of gastric or *bilious* derangement make their appearance at the same time, as bitter taste, with yellow furred tongue, bitter eructations, nausea, and even vomiting, and excessive thirst.\*

**RANUNCULUS BULBOSUS.** This remedy is also of considerable efficacy in rheumatic fever, and is indicated by some of the characteristic symptoms which call for the employment of *China*, such as aggravation or renewal of the tearing, shooting pain by the touch, or by movement, or alteration of posture. The fever partakes of the type of a *continua remittens*, becomes exacerbated towards evening, and is attended with a strong full pulse. The pains are of a fugitive character, and are, in addition to the above peculiarity, which is common to *China*, generally aggravated by cool air. Semilateral heat, with coldness of the hands and feet, is likewise an indication for *Ranunculus bulb.* in rheumatic fever.†

**RHODODENDRON CHRYSANTHUM.** Rheumatic fever (of the character of *synochus*), in which the chilliness alternates with heat, accompanied with pressive headache from within outwards, and drawing in the limbs; dry heat in the trunk during the night, with restlessness and sleeplessness, followed by slight general heat towards morning, on mitigation of pain. The nocturnal drawing, or dragging and tearing pains, occupy the periosteum chiefly, are aggravated by bad, changeable weather, and by rest.

**SULPHUR:**—Drawing, pricking, or drawing, tearing pains in the extremities and joints, with slight swelling of the latter; mitigation of pain from external warmth, and aggravation from cold; exacerbation or accession of pain when at rest, and amelioration on movement; but chiefly when the pains are of a fixed character. Rheumatic fever, with alternate heats and chills, *anxietas præcordii*, and pains in the head and neck, and

\* See Hartmann's *Acute and Chronic Diseases*. 4 vols. \$6.

† The same.



severe pricking in the sacral region ; the headache increases, by its violence, the great tendency to restlessness and disturbed sleep, and admits of no rest in any position. The accompanying fever is a *continua remittens*, with exacerbations in the evening, or after retiring to rest, consisting of shivering chills, which it is impossible to allay by warmth, and which terminates in heat after an hour or two ; towards morning, sweat of an acid odour. Commonly, there is complete absence of appetite, or desire for acid food only, with great thirst, parched mouth (or sensation of dryness), sour eructations, distention of the scrobiculus and abdomen, and sensibility to the touch ; costiveness.\*

ARNICA is characteristically indicated when the extremities are affected with tensive, tearing pains, or pains as if caused by a bruise, attended with debility, redness, and swelling, exacerbation from the slightest movement, and yet it is found impossible to retain the limbs long in one posture, in consequence of the unremitting pain and the restlessness which arises from so doing. In pains of a similar description affecting the thorax, particularly the posterior portion, this remedy is still more efficacious, with the contradistinction that they are mitigated by movement ; chilliness and heat exist at the same time, i. e., whilst one part feels warm to the touch, another feels cold.†

LACHESIS has been found of great efficacy in rheumatic fevers, and especially in those occurring after the abuse of mercury. It is chiefly indicated by pain and stiffness, with swelling of the affected part, sensibility to the touch, and exacerbation of the pains during movement, towards evening and at night ; sweat, which brings no relief.

MEZEREUM is equally efficacious in rheumatic fever after a course of mercury in large doses, when the pains occupy the long bones, and are principally of a drawing and tensive description.

CARBO v. :—Drawing tearing pains in the thorax, with

\* Hartmann's Acute and Chronic Diseases.

† The same.



paralytic sensation, and obstructed respiration; also when excessive flatulency is present.

**EUPHORBIVM.** Tearing, or pressive, aching, shooting pains, exacerbated during rest, ameliorated by movement.

Obstinate cases of rheumatism frequently require a long, careful, and discriminative treatment. In some cases much benefit will be obtained from repeated doses of *Sulphur*; in others, *Calcarea*, particularly when the pains are increased at every change of the weather. *Hepar sulphuris* and *Lachesis* alternately have been recommended in the severest kinds of acute rheumatism. *Colocynth* is frequently useful against the stiffness which remains; or *Nux*, *Cocculus*, and *Ignatia*, when there is stiffness of the entire frame, with threatening rheumatic paralysis. In the event of a sudden metastasis to the chest, attended with oppressed respiration, palpitation of the heart, and excessive agitation, *Aconitum* should be immediately administered in repeated doses until relief is obtained; but should the improvement only prove temporary, *Sulphur* and *Pulsatilla* have been recommended to be given in alternation. *Belladonna* and *Bryonia* may also be of service in dangerous results of this kind. When the heart becomes implicated in acute rheumatism or rheumatic fever (*Endocarditis* or *Pericarditis rheumatica*), *Belladonna*, in repeated doses, is frequently, in addition to *Arsenicum*, a most useful remedy if timely administered; and may, in some cases, be advantageously employed in alternation with *Aconitum*, and followed by *Spigelia* 1st or 3d, and *Digitalis* 1st or 3d dilution, or *Cannabis* or *Bryonia*, according to circumstances.

These remedies, together with *Cannabis*, *Arsenicum*, *Lachesis*, in some instances, are the most valuable in the treatment of idiopathic ENDOCARDITIS, CARDITIS, or PERICARDITIS, which see.

Against rheumatism with FEVER (*rheumatic fever*), *Aconitum*, *Belladonna*, *Bryonia*, and *Chamomilla* are the most appropriate medicaments when the accompanying fever runs high or is of a synochal type; and *Merc.*, *Rhus*, *Nux v.*, *Puls.*, *Cocc.*, *Calc.*, *Chin.*, *Ars.*, *Ran.*, *Rhod.*, *Dulc.*, *Indig.*, *Arn.*, and *Sulph.*, when it is of a sub-inflammatory type.



Against NON-FEBRILE rheumatism: *Argent. m.*, *Asa.* (when the pains proceed from below upwards, as, for instance, from the hand to the arm and shoulder), *Clem.*, *Hep.*, *Lach.*, *Lyc.*, *Phosph.*, *Veratr.*, *Nux*, *Puls.*, *Thuja.*, *Sang. can.*, *Ign.*, *Merc.*, *Dulc.*, *Sulph.* chiefly.

For rheumatism in the JOINTS, with or without swelling (*articular rheumatism*), *Acon.*, *Bry.*, *Bella.*, *Rhus*, *Ant.*, *Clem.*, *Arn.*, *Led.*, *Lyc.*, *Hep. s.*, *Sulph.*, *Calc.*, *Sep.*, *Argent. metal.* (without fever).

For rheumatism in the UPPER EXTREMITIES: 1st, The SHOULDER: *Acon.*, *Bry.*, *Puls.*, *Rhus*,—*Kali*, *Magn.*, *Assa.*, *Carb. v.*, *Sil.*, *Thuja*, *Nux*, *Staph.*, *Hep.*, &c. 2d, The ARM: *Assa.*, *Cocc.*, *Led.*, *Puls.*, *Sab.*, *Veratr.*, *Guaj.*, *Chin.*, *Ant. c.*, *Bella.*, *Bry.*, *Kali*, *M. arct.*, &c. 3d, The FOREARM: *Rhus*, *Merc.*, *Staph.*, *Calc.*, *Nux v.*, *Sulph.*, *Sep.*, *Sil.*, *Hep.*, *Lyc.*, *Ran. bulb.*, *Ran. scel.*, &c. LOWER EXTREMITIES: 1st, The HIP or HIP-JOINT: *Bry.*, *Calc.*, *Led.*, *Rhus*, *Ant.*, *Coloc.*, *Chin.*, *Dulc.*, *Ign.*, *M. austr.*, *Merc.*, *Nux v.*, *Puls.*, *Veratr.*, *Phosph.*, *Arn.*, *Bella.*, &c. 2d, The THIGH: *Merc.*, *Guaj.*, *China.*, *Bella.*, *Bry.*, *Calc.*, *Carb. a.*, *Clem.*, *Coloc.*, *Ign.*, *Puls.*, *Sulph.*, *Arn.*, *Carb. v.*, *Cocc.*, *Nux v.*, *Rhus*, *Thuja.*, &c. 3d, The LEG: *Calc.*, *Lyc.*, *Puls.*, *Sep.*, *Sil.*, *Staph.*,—*Ant. c.*, *Arn.*, *Ars.*, *Cham.*, *Chin.*, *Coloc.*, *Guaj.*, *Led.*, *Mag. arct.*, *Mag. aust.*, *Phosph.*, *Thuja*, *Veratr.*, *Merc.*, *Nux v.*, *Ran. scel.*, &c.

Against rheumatism in the THORAX (pectoral and intercostal muscles particularly): *Arn.*, *Phosph.*, *Ran. bulb.*, *Spig.*, *Sulph.*,—*Ars.*, *Bella.*, *Carb. v.*, *Hep.*, *Merc.*, *Ran. scel.*, *Sep.*, *Sil.*, *Bry.*, *Calc.*, *Chin.*, *Dulc.*, *Led.*, *Lyc.*, *Cocc.*, *Nux v.*, *Rhus*, *Staph.*, *Veratr.*, &c. In the HEART: *Acon.*, *Lach.*; and *Ars.*, *Bry.*, *Bella.*, *Puls.*, *Spig.*, *Sulph.*, *Calc.*, *Cham.*, *Chin.*, *Merc.*, *Nux*, *Thuja*, *Tabin.*, *Carb. v.*, *Rhus*, *Phosph.*, &c. BACK: 1st, The SHOULDER-BLADES (*scapulæ*): *China*, *Merc.*, *Rhus*, *Sep.*,—*Acon.*, *Arn.*, *Bry.*, *Coloc.*, *Phosph.*, *Ac. ph.*, *Ran. bulb.*, *Rhod.*, *Staph.*, *Assa.*, *Bella.*, *Calc.*, *Cocc.*, *Nux v.*, *Sulph.*, *Veratr.*, &c. 2d, The DORSUM: *Arn.*, *Ars.*, *Bell.*, *Cocc.*, *Nux*, *Puls.*, *Sulph.*, *Calc.*, *Lyc.*, *Sep.*, *Sil.*,—*Assa.*, *Bry.*, *Cham.*, *Dulc.*, *Hep.*, *Ign.*, *Lach.*, *Led.*, *Mag.*



*aust.*, *Phosph.*, *Ac. ph.*, *Rhod.*, *Spig.*, *Staph.*, *Thuja*, *China*, *Coff.*, *Guaj.*, *Merc.*, *Rhus*, *Veratr.* (See LUMBAGO). 3d, The SACRUM: *Nux v.*, *Puls.*, *Rhus*. *Sep.*, *Sulph.*,—*Ars.*, *Bella.*, *Carb.*, *Dulc.*, *Hep.*, *Mag. aust.*, *Ac. ph.*, *Staph.*, *Thuja*, *Arn.*, *Bry.*, *Calc.*, *Cham.*, *China.*, *Cocc.*, *Ign.*, *Lyc.*, *Phosph.*, *Veratr.*, &c. For rheumatism in the HEAD, *Spigelia* is one of the most effective remedies; in other cases, *Acon.*, *Bella.*, *Bry.*, *Lyc.*, *Acid. nitr.*, *Merc.*, *Ipecac.*, *Ign.*, *Coloc.*, *Sulph.*, *Led.*, *Lach.*, *China*, *Phosph.*, or *Cham.*, followed if required, by *Nux v.* and *Puls.* at intervals of twelve hours. In rheumatism arising from the abuse of MERCURY: *Sulph.*, *Carbo v.*, *Sass.*, *Lycop.*, *Guaj.*, *China*,—*Acid. n.*, *Hep.*, *Lach.*, *Bella.*, *Calc.*, *Ac. ph.*, *Puls.*, *Dulc.*, are the most useful in general cases. In that which has been produced by the excessive and injudicious employment of CINCHONA: *Puls.*, *Ars.*, *Carb. v.*, *Merc.*, *Sulph.*, *Sep.*, *Veratr.*, and *Calc.* And in GONORRHEAL rheumatism: *Clem.*, *Sass.*, *Thuja.*, *Puls.*, *Tussilago petas.*, *Daph.*, *Lyc.*, and *Sulph.*, may be considered the most appropriate medicines.

For CHRONIC RHEUMATISM the following are the principal remedies: *Veratrum*, *Phosphorus*, *Carbo v.*, *Sulph.*, *Lycop.*, *Hepar.*, *Lach.*, *Clem.*, *Indigo*, *Valeriana*. When the pains are aggravated or excited by the slightest chill,—*Aconite*, *Calc.*, *Bry.*, *Dulc.*, *Merc.*, *Sulph.*, *Acid. phosph.*, will generally be found the best remedies from which to select. When the attacks are excited by unfavourable weather,—*Calc.*, *Rhus*, *Dulc.*, *Rhod.*, *Verat.*, or *Lycop.*, *Carbo v.*, *Lach.*, *Hepar*, *Mang.*, *Nux m.*; and when every change of weather brings on a relapse,—*Calc.*, *Silicea*, *Sulph.*, *Dulc.*, *Merc.*, *Lach.*, *Rhus*, and *Veratrum* are usually the most useful.

For rheumatism arising from a chill in the water, or from cold, moist weather,—*Calcarea*, *Nux m.*, *Sarsaparilla*, or *Sulph.*, *Dulc.*, *Carbo v.*

Rheumatism with paralytic weakness,—*Arnica*, *Ferrum*, *China*, &c., or Electro-magnetism, when painful jerkings are experienced in the part.

Against unsettled or shifting rheumatic pains, in addition to *Pulsatilla*: *Rhus*, *Arnica*, *Bryonia*, *Nux m.*, and in some



instances, *Rhod.*, *Daphne*, *Mang.*, *Plumb.*, or *Crocus*, *Valeriana*, and *Assafætida*, are the most appropriate medicines.

Rheumatism from congelation,—*Arsenicum*, *Bryonia*, *Nuxmoschata*, chiefly.

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ ; also the tincture, according to circumstances.

### ECTROPIUM.

This affection consists in a retraction or aversion of the eyelids, owing to which circumstance their conjunctival tunic or internal surface is turned outwards.

There are two species of the disorder: one occasioned by turgescence and relaxation of the lining of the eyelids, produced by violent inflammation; the other is caused by contractions of the skin covering the eyelids, or of that in the vicinity, induced by the cicatrices of confluent smallpox, burns, or wounds. In the former variety the morbid swelling not only pushes the margins of the eyelids from the ball, but renders them everted; in the latter the edges are primarily displaced to some distance from the eye, and afterwards turned entirely outward, along with the whole of the affected eyelid.

In both varieties the eyeball, from being exposed, and submitted to constant irritation, is rendered dry and inflamed, the tears escape over the cheeks, vision is impaired, and sometimes ulceration or opacity of the cornea supervenes. The conjunctiva, from the same circumstance, becomes thickened, fleshy, and finally indurated.

**THERAPEUTICS.** When ectropium arises from turgescence and relaxation of the palpebral lining, *Mercurius* and *Hepar sulphuris* are often sufficient to effect a cure; but in other cases, *Arsenicum*, *Sulphur*, or *Calcareæ* are required, particularly when the affection is met with, as it commonly is, in debilitated, unhealthy subjects. — *Belladonna*, *Euphrasia*, *China*, &c., have also been found useful. When contraction of the skin has produced the complaint, the cure may be said to be only attainable by means of an operation.

DOSE:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ .



ENTROPIUM.—*Irichiasis*.

In this complaint the eyelashes and the margin of the eyelids are inverted towards the ball of the eye, and cause great pain and inflammation. When it has existed for a considerable time, the cornea is rendered opaque, prominent, and indurated, or ulceration and even complete loss of vision result. Relaxation of the skin of the eyelids, in consequence of previous chronic inflammation, disease of the meibomian glands, and the cicatrices of ulcerations, or wounds on the palpebral conjunctiva, form the general exciting causes of the disorder.

**THERAPEUTICS.** *Pulsatilla* is one of the most serviceable medicines in entropium, and is frequently sufficient to effect a cure. In other cases, *Borax* has been found useful. *Belladonna*, *Mercurius*, *Hepar s.*, *Euphrasia*, and occasionally *Nux v.* and *Chamomilla* may also prove efficacious, particularly where the malady has originated in disease of the meibomian glands. When the contraction of cicatrices has given rise to the affection, it is to be remedied by cutting out as large a portion of the skin of the affected eyelid, opposite the centre of the entropium, as will be adequate, on the approximation of the lips of the wound, by means of adhesive plaster or a small suture, to replace the tarsus and ciliæ in their normal position.

**DOSE :**  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ .

SCURVY. *Scorbutus*.

(Additions to p. 346.)

Against hemorrhage from the gums, *Staphysagria* is one of the principal remedies. *Mercurius* is also a good remedy in such cases, especially when the gums are painful, swollen, spongy, and jagged at the margins; but when the foregoing abnormal state of the gums has evidently originated in the abuse of *Mercury*, they must be combated by such remedies as *Carbo v.*, *China*, or *Hepar s.*, *Acid. nitr.*, &c. *Acid. phosphoricum* is another important remedy in bleeding from the gums, especially when it is readily excited by touching or rub-



bing the gums, and when the gums feel as if excoriated. *Alumina*, *Sepia*, *Natrum m.*, *Silicea*, *Lycopodium*, *Kali c.*, *Acid. sulph.*, *Rhus*, *Ambra*, and *Ruta*, may also be enumerated as useful remedies in affections of the gums, such as ulceration, &c., with tendency to bleeding from the most trivial cause. In the case of morbid growth or excrescences on the gums, *Staphysagria* is deserving of notice.

Dose:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{30}$ .

### INFLAMMATION OF THE TONGUE. *Glossitis.*

(Additions to page 343.)

In cases of soreness or ulceration of the tongue, *Merc.*, *Nux v.*, *Ars.*, *Carbo v.*, *Sulph.*, *Acid. nitr.*, *Acid. sulph.*, *Natr. m.*, *Acid. fluor.*, *Silic.*, and *Staph.* are the most effective remedies.

Against *Ranula*, or the formation of an inflammatory or indolent tumour under the tongue, in consequence of obstruction of the salivary ducts from cold, inflammation or other irritating causes, *Mercurius*, *Calc.*, and *Thuja* have chiefly been employed. In some cases, one or more of the following remedies may be requisite for the removal of the obstruction, after the tumour has burst, and left the usual obstinate ulcer behind: *Petroleum*, *Sulph.*, *Silicea*, *Puls.*, *Stann.*, or *Staphysagria*, provided *Mercurius* or *Calc.* should not be more appropriate in this stage of the disease likewise. When the tumour is of an inflammatory nature, *Mercurius* and *Silicea* may generally be resorted to.

Dose:  $\frac{0.0.0}{3}$  or  $\frac{0.0.0}{6}$  or  $\frac{0.0}{30}$ .

### BRONCHOCELE. GOITRE. *Derbyshire neck.*

(Additions to page 353.)

*Ferrum*, *Sepia*, *Thuja*, particularly when the superficial veins of the swelling are in a varicose and painful state, and *Carbo v.* or *Lycopod.* fail to effect any amendment. When,



either from exposure to cold or otherwise, the thyroid gland has become slightly tumefied, and there is at the same time redness of the integuments over and around the swelling, attended with impeded deglutition, violent headache, cough, and a considerable degree of fever, a dose or two of *Belladonna*, at intervals of twelve hours, will act beneficially; should the accompanying fever become intense, *Aconitum* may be resorted to. If, on the other hand, there be no discoloration of the surrounding skin, and the fever be of a less active character, *Mercurius* should be prescribed. When symptoms of suppuration have set in, *Mercurius* is still called for, and should then be administered every four to six hours, in order to forward the bursting of the abscess. *Silicea* is sometimes required, if the suppurative process proceeds very tardily.

When the tumefied gland does not disperse under the action of *Bellad.* or *Merc.*, or when it has already become indurated before medical aid has been sought, *Spongia*, *Natrum*, *Conium*, *Sulphur*, and *Calcarea* are amongst the most useful remedial agents.

Dose:  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0.0}{30}$ , according to circumstances.

### SLEEPLESSNESS. *Agrypnia.*

(Additions to page 358.)

When sleep is prevented, disturbed, or accompanied by the symptoms hereafter noted, the remedies mentioned will be more or less indicated, and must be selected according to the entire group of symptoms.

ACHING pains in the body (sleep disturbed by): *Lyc.*, *Mang.*, *Phosph. ac.*, *Merc.*, — *Am. m.*, *Anac.*, *Aur.*, *Baryta c.*, *Lachesis*.

ANXIETY (sleep disturbed or prevented by): *Ars.*, *Bell.*, *Ferr.*, *Kali*, *Op.*, *Petr.*, *Rhus*, *Veratr.*, *Calc.*, *Carbo v.*, *Cham.*, *Merc.*, *Hep.*, *Phosph.*, *Puls.*, *Nux v.*, *Sulph.*, &c.

ARMS, heaviness in the (sleep disturbed by a feeling of), *Diad.*

AGITATED sleep: *Nux v.*, *Led.*, *Ac. nitr.*, *Oleand.*, *Sulph.*, *Zinc.*



- ARMS, swelling, enlargement of the (sensation of): *Diadema*.
- BACK, pain in the: *Am. m.*
- BULIMY: *Cinchona, Bry., Phosph., Sel., Sulph.*
- BURNING heat in the blood-vessels: *Arsenicum*.
- CARPHOLOGIA (during sleep): *Op., Bell., Hyos., Cocc., Ars., Phosph., Phosph. ac., Rhus, Stram.*
- CHEST, pain in the (aching and oppression): *Alum. Am. c., Am. m.*
- COLDNESS or shivering: *Alum. Amb., Am. m., Carbo v. et a., Graph., Kali, Nux, Sulph., Merc., Arg., Ars. Daph., Staph., Calc., Acid. m., Arc., &c.*
- COLDNESS, sensation of, during sleep: *Ambra*.
- CONGESTION in the chest during sleep: *Puls.*
- COLIC: *Lyc., Plumb., Sep., Staph., Acon., Amb., Am. c., Am. m., Kali, Magn., Magn. s., Ac. nitr., Rhus, Ars., Aur., Merc., N. mos., Puls., Sulph., Ac. Sulph., Fer., &c.*
- CONVULSIONS: *Cin., Cup., Hyos., Calc., Lyc., Merc., Op., Puls., Sec.*
- CRAMPS (in the calves of the legs): *Anac., Kali c., Rhus, Sulph., Nux v., Lyc., Bry., Carbo v., Cham., Magn., Magn. m., Sep., Staph., Veratr., &c.* (See JERKING).
- CRAMPS in the legs: *Anac., Kali, &c.* (See CRAMPS.)
- CREEPING, crawling sensations (formication): *Sulph., Lyc., Carbo v.*
- CRIES during sleep: *Puls., Sulph., Bellad., Bry., Calc., Cham., Cin., Cocc., Lyc., Sep., Sil., Stram., Croc., Gran., Ac. nitr., &c.*
- DEGLUTITION, during sleep: *Calcarea*.
- DELIRIUM, wandering during sleep: *Nux v., Lach., Op., Puls., Sulph., Bellad., Bry., Cham., Aur., Dig., Camph., Coloc., &c.*

#### *Dreams.*

- DREAMS, sleep disturbed by AGITATED, ANXIOUS: *Nux v., Puls., Arn., Graph., Magn., Phosph., Sulph., Thuja.— Alum., Ant. tart., Bar., Car., Carb. a. et v., Cham., China, Cocc., Con., Dig., Grap., Guaj., Hyos., Laur., Led., Lyc., M. arct., M. austr., Mang., Mez., Merc., Mur. ac., Natr.,*



- Natr. m.*, *Nitr.*, *Op.*, *Petr.*, *Ph. ac.*, *Plat.*, *Plumb.*, *Ran. bulb.*, *Ran. seel.*, *Spig.*, *Stann.*, *Staph.*, *Verb.*, *Ac.*, *Sulph.*, *Veratr.*, *Zinc.*, &c.
- AMOROUS Dreams (sleep disturbed by): *Lach.*, *Viol. tric.*, *M. arct.*, *Natr.*, *Nux v.*, *Staph.*, *Op.*—*Alum.*, *Bism.*, *Calc.*, *China*, *Cocc.*, *Hyos.*, *Led.*, *Lyc.*, *Magn.*, *Merc.*, *Natr. m.*, *Phosph. ac.*, *Rhod.*, *Samb.*, *Spig.*, *Stann.*, *Stram.*, *Sulph.*, *Thuj.*, *Valer.*, *Veratr.*, *Canth.*, *Ign.*, *Graph.*, *Oleand.*, *Sep.*, *Plat.*, *Puls.*, *Sabad.*, *Par.*, &c.
- ANIMALS, dreams of (sleep disturbed by): *Arn.*, *Merc.*, *Bell.*, *Phosph.*, *Hyosc.*, *Sil.*, *Ac. sulph.*, *Nux v.*, *Sulph.*, &c.
- APPREHENSION (attended with): *Arsenicum*.
- ASSASSINS, (dreams of): *Belladonna*, *Silicea*, &c.
- BODIES, mutilated: *Arn.*, *Nux v.*, *Con.*
- BUSINESS, OCCUPATIONS, EVENTS OF THE DAY: *Nux v.*, *Bry.*, *Puls.*, *Sulph.*, *Bella.*, *Lyc.*, *Merc.*, *Sil.*, *Cic.*, *Hep.*, *Phosph.*, *Rhus*, *Ac. nitr.*, *Magn.*, *Staph.*, *Stan.*, &c.
- BUSINESS, of urgent: *Nux vomica*.
- CARES of: *Arsenicum*.
- COMPLICATED, confused dreams: *Acon.*, *Alum.*, *Bar.*, *Bry.*, *China*, *Hell.*, *M. arct.*, *M. aust.*, *Magn.*, *Phosph.*, *Puls.*, *Sil.*, *Valer.*, *Cann.*, *Cic.*, *Stann.*, &c.
- CONTRADICTION, irritating: *Asar.*, *Acon.*, *Ambr.*, *Amon.*, *Anac.*, *Ars.*, *Calc.*, *China*, *Cina*, *Dig.*, *Lyc.*, *Ign.*, *Mag. m.*, *Mur. ac.*, *Natr.*, *Nux v.*, *Op.*, *Phosph.*, *Rheum*, *Rhus*, *Sil.*, *Staph.*, *Sulph.*, *Bry.*, *Calc.*, &c.
- CONTINUED after waking: *Acon.*, *Bry.*, *Natr.*, *Calc.*, *Ign.*, *Natr. c.*, &c.
- CRUELITIES, dreams of: *Nux v.*, *Silicea*.
- DANGERS, of: *Anac.*, *Calc. ph.*, *Con.*, *Hep.*, *Kali*, *Nitr.*, *Ran.*, *Thuj.*, *Sulph.*
- DARKNESS, of: *Arsenicum*.
- DEATH, of: *Ars.*, *Magn.*, *Thuja*.—*Anac.*, *Arn.*, *Calc.*, *Graph.*, *Kali*, *Lyc.*, *Magn. m.*, *Phosph.*, *Phosph. ac.*, *Plat.*, *Sassa.*, *Ac. Sulph.*, *Verb.*, *Lach.*, *Cocc.*, *Con.*, *Puls.*, &c.
- DEATH, dreams with fear of: *Alum.*, *Thuja*.
- DEMONS, dreams of: *Kali carb.*, *Natrum carb.*
- DISEASE, of: *Nux vomica*.—*Calc.*, *Cocc.*, *Kreos.*, *Kali*.—



- Amm. m.*, *Bar.*, *Hep.*, *Phosph.*, *Sil.*—*Anac.*, *Dros.*, *M. arct.*, *Can.*, *Scill.*, *Zinc.*
- DISGUSTING dreams: *Nux v.*—*Sulph.*, *Magn. m.*, *Natr. m.*, *Zinc.*—*Aurum*, *Anac.*, *Chel.*, *Kreos.*, *Mur. ac.* *Phosph.*, *Puls.*
- DISAGREEABLE, unpleasant: *Nux v.*, *China*, *Laur.*, *Phosph.*, *Natr. m.*, *Rhus*, &c.
- DANCING, of: *Magnesia carb.*, *Magnesia mur.*
- DISAPPOINTMENTS. MORTIFICATIONS, of: *Dig.*, *Mosch.*, *Ign.*, *Staph.*, *Rheum*, &c.
- FALLING, of: *Thuja.*—*Amm. m.*, *Dig.*, *Aur.*, *Bellad.*, *Kreos.*, *Hep.*, *Magn. m.*, *Merc.*, *Sep.*, &c.
- FANTASTIC dreams: *Calcarea*, *Natrum mur.*, *Opium.*—*Carbo a.*, *Con.*, *Graph.*, *Kali*, *Lyc.*, *Natr. c.*, *Sep.*, *Sulph.*—*Bary. c.*, *Carbo v.*, *Lach.*, *Nux v.*, *Sil.*, *Spong.*, *Led.*, *Amb.*, *Puls.*, &c.
- FESTIVITIES, (dreams of): *Antim. crud.*, *Mgs.*, *Ac. nitr.*, &c.
- FIRE, of: *Hepar sulphuris*, *Magnesia carbonica*, *Magnesia muriatica.*—*Anac.*, *Croc.*, *Phosph.*—*Alum. Ars.*, *Bellad.*, *Calc.*, *Kreos.*, *Laur.*, *Mag. austr.*, *Spig.*, *Sulph.*, *Sulph. ac.*, &c.
- FLOODS of: *Magnesia carb.*, *Mercurius*, *Natr. carb.*
- FLYING, of: *Natrum sulph.*
- FRIGHTFUL dreams (sleep disturbed by): *Nux v.*, *Op.*, *Cocc.*, *Graph.*, *Puls.*, *Lyc.*, *Merc.*, *Phosph.*, *Ran. sc.*, *Sass.*, *Sep.*, *Sulph.*, *Calc.*, *Bella.*, *Ars.*, *Lach.*, *Ac. nitr.*, &c.
- FURUNCULI: *Prunus spinosa*, &c. (See *Dreams of Diseases.*)
- HÆMOPTYSIS (dreams of): *Mephites*, &c. (See *Dreams of Diseases.*)
- HEMORRHAGE: *Phosphorus*, &c. (See *Dreams of Diseases.*)
- HISTORICAL dreams: *Amm. c.*, *Merc.*, &c.
- INDECISION of: *Arnica montana.*
- IGNOMINIOUS, HUMILIATING dreams: *Moschus*, *Asar.*, *Alum.*, *Am.*, *Arn.*, *Con.*, *Staph.*, &c.
- LEARNED SUBJECTS, of: *Ignatia*, *M. arct.*
- LINEN (of foul): *Kreosotum.*
- LIVELY, VIVID: *Phosphorus*, *Rhus toxicodendron*, *Sulphur*,



*Silicea*.—*Nux v.*, *Puls.*, *Op.*, *Lyc.*, *Calc.*, *Anac.*, *Arn.*, *Bellad.*, *Bry.*, *Cic.*, *Mag.*, *Mar.*, *Natr.*, *Phosph. ac.*, *Sabad.*, *Sep.*, *Stann.*, *Ambra*, *Ars.*, *Carbo v.*, *Clem.*, *Cham.*, *Con.*, *Lach.*, *Croc.*, *Graph.*, *Dros.*, *Mgs.*, *Mag. arct.*, *Magn.*, *Mar.*, *Mur.*, *Mosch.*, *Mur. ac.*, *Natr. m.*, *Petr.*, *Rheum*, *Spig.*, *Staph.*, *Tart.*, *Stram.*, *Valer.*, *Viol. tr.*, &c.

LOSSES, of: *Mephites*.

MARRIAGE: *Alumina*.

MEDITATION, REFLECTION (dreams with): *Bryonia*, *Ignatia*, *Nux vomica*.—*Lach.*, *Anac.*, *Sabad.*, *Sabin.*, *Thuja*, *Acon.*, *Arn.*, *Camph.*, *Carbo a.*, *Graph.*, *M. arct.*, *M. austr.*, *Puls.*, *Rhus*, &c.

MISFORTUNES, dreams of: *Nux vomica*, *Pulsatilla*, *Lycopod.*, *Graphites*, *Thuja*.—*Amm. m.*, *Arn.*, *Bellad.*, *Cham.*, *China*, *Kali c.*, *Phosph.*, *Sassa.*, *Sulph.*, *Sulph. ac.*—*Alum.*, *Anac.*, *Ars.*, *Cocc.*, *Ign.*, *Led.*, *Merc.*, *Ran. bulb.*, *Staph.*, &c.

MONEY, of: *Cyclamen*, *Magnesia*, *Pulsatilla*.

MURDERS, or crimes: *Bella.*, *Lyc.*, *Natr. m.*, *Nitr. ac.*, *Rhus vernix*, *Silicea*.

PERPLEXING dreams: *Arsenicum*, *Graphites*. (See *Complicated, Confused Dreams*.)

PLEASANT, AGREEABLE: *Calcarea*, *Natrum carbonicum*, *Op.*, *Pulsatilla*, *Sepia*, *Staphysagria*, *Viola tricolor*.—*Ant. c.*, *Aur.*, *Carbo a.*, *Graph.*, *Kali*, *Lach.*, *Magn.*, *Natr. m.*, *Phosph.*, *Phosph. ac.*, *Plat.*, *Sil.*, *Alum.*, *mm. m.*, *Carbo v.*, *Croc.*, *Magn.*, *Ars.*, *Bary.*, *Bism.*, *Cocc.*, *Coff.*, *Ign.*, *Hyos.*, *Magn. m.*, *Merc.*, *Ac. nitr.*, *Oleand.*, *Spig.*, *Thuj.*, *Veratr.*, &c. &c.

POETIC: *Lachesis*, *Calc.*, *Spong.*, *Amm. c.*

POISONING, of: *Kreosotum*, &c.

PROJECTS, of: *Anacardium*.

PURSUIITS: *Kreosotum*.

QUARRELS: *Nux vom.*, *Arn.*, *Magn.*, *Phosph.*, *Stann.*, *Alum.*, *Aur.*, *Calc.*, *Hip.*, *M. austr.*, *Puls.*, *Sleen.*, *Staph.*, &c.

REALITIES, dreams which appear to be: *Natrum carbonicum*, *Natrum muriaticum*.

REMEMBRANCE with, of things forgotten: *Caladium*.

REMEMBRANCE, dreams of which one loses the: *Bellad.*, *Hell.*,



*Cic.*, *Cocc.*, *Lyc.*, *Selen.*, *Spig.*, *Tarax.*, *Veratr.*, *Vit.*, *Arn.*,  
*Aur.*, *Bry.*, *Con.*, *Lach.*, *Laur.*, *M. arct.*, *Men.*, *Merc.*, *Natr.*  
*m.*, *Rhus*, *Sabad.*, *Stram.*, *Sulph.*, &c.

REPENTANCE, dreams of : *Arsenicum*.

REPROACHES : *Arnica*.

REVOLTS : *Mercurius*.

ROBBERS : *Magnesia carb.*, *Merc.*, *Magn. m.*, *Alum.*, *Aur.*,  
*Kali*, *Sil.*, *Natr. c.*, *Plumb.*, *Veratr.*

SAD, MELANCHOLY dreams : *Rheum*, *Lyc.*, *Spong.*

SERPENTS, or Reptiles (dreams of) : *Kali carbonicum*.

SHOTS : *Hepar sulphuris*, *Mercurius*.

SHOW : *Kreosotum*.

SPECTRES, or Frightful Visions : *Alum.*, *Bell. d.*, *Calc.*, *Amm.*  
*c.*, *Carbo v.*, *Ign.*, *Kali c.*, *Merc.*, *Acid. nitr.*, *Puls.*, *Sil.*,  
*Sulph.*, *Nux v.*

STORM, of a : *Arnica*, *Arsenicum*, *Euphr.*, *Natr.*

TEETH, of the falling out of the : *Nux vomica*.

THREATS, of : *Arsenicum*.

TRAVELS, VOYAGES, JOURNEYS : *Magnesia carb.*, *Natr. carb.*,  
*Opium*, *Amm. m.*, *Amm. c.*, *Magn. m.*

TYPHUS FEVER, of death from : *Kali chloroticum*.

VERMIN, dreams of : *Nux v.*, *Acid. muriat.*, *Chel.*, *Phosph.*,  
*Am. c.*

WAR, of : *Thuja*, *Verb.*, *Plat.*, *Fer.*

WATER, of : *Ammon. mur.*, *Graph.*, *Magn.*, *Alum.*, *Dig.*, *Kali*,  
*Magn. m.*, *Merc.*, *Ran. bulb.*, *Sil.*, &c

WATER, of, desire to void, (of inclination to urinate) : *Kreos.*

*Sleep disturbed or prevented by :*

EXCITEMENT (nervous) : *Colch.*, *Merc.*, *Coffea*, *Nux v.*, *Lach.*,  
*Amb.*, *Camph.*, *Canth.*, *Caps.*, *Chin.*, *Hyos.*, *Mosch.*, *Puls.*,  
*Sep.*, *Lyc.*, *Laur.*, *Ac. nitr.*, *Mags. aust.*, *Teuc.*, &c.

— vascular : *Bry.*, *Nux v.*, *Puls.*, *Sep.*, *Sil.*, *Calc.*,

*Baryt. c.*, *Natr. m.*, *Carbo a.*, *Merc.*, *Phosph.*, *Sabin.*, *Sep.*,  
*Am. c.*, *Asar.*, *Rhus*, *Ran.*, &c.

— by vascular, in the chest : *Puls.*, *Cyc.*

— vascular, in the head : *Puls.*



*Abnormal states during sleep :*

- EYES open : *Bella., Op., Bry., Veratr., Sulph., Coloc., Phos. ac., Fer., Hell., Tart., Samb.*  
 — convulsed : *Op., Hell., Phos. ac.*  
 — fixed : *Tart.*
- FACE, puffiness of the : *Opium.*  
 — coldness of the : *Belladonna.*  
 — paleness of the : *Belladonna.*  
 — redness of the : *Op., Arnica, Viola tric.*
- FATIGUE, feeling of, during sleep : *Kreos., Antim., Ambra.*
- FEAR, during sleep : *Carbo v., Puls., Cocc.*  
 — or dread of losing one's reason : *Calc. carb.*
- FRIGHT : *Puls., Silicea, Sulph., Veratr., Kali c., Arn., Tab.*
- GASTRIC sufferings : *Cham., Con., Hep., Kali, Ac. nitr., Sil., Rhus, Graph., &c.*
- GRINDING of the teeth : *Ars.*
- HALLUCINATIONS : *Bella., Cham., Sulph., Led., Merc., Phosph., Stram.*
- HANDS, coldness of the : *Bella, Merc., Carb. v.*  
 — heat in the : *Lach., Staph.*
- HEAD, pain in the : *Sulph., Merc., Lyc., China, Calc., Carbo v., Cham., Con., Hep. Haem., Kreos., Mag., Ac. nitr., Phosph., Phosph. ac., Puls., Sil., Mags. arc., Zinc., &c.*
- HEAD, congestion in the : *Puls., Sil., Am. c.*  
 — heat in the : *Silicea, Camphora.*
- HEARING, delusions of : *Cham., Sep., Carb. v.*
- HEART, pain in the : *Baryta carb.*  
 — palpitation of the : *Ars., Lyc., Puls., Sulph., Merc., Acid. nitr., Calc., Baryt. c., Natr., Agar., Dulc., &c.*
- HEAT, general : *Nux v., Puls., Lach., Cham., Dulc., Hep., Merc., Magn. m., Calc., Petr., Phosph., Bry., Ars., Natr. m., Sep., Sil., Carb. a. et v., Bry., Viol. tr., Alum., Am. c., Colch., Graph., Sulph., &c.*
- HEAT, with anxiety : *Puls., Natr. m.*  
 — with dread of, or aversion to being uncovered : *Mag. nesia.*
- IDEAS, sleep disturbed or prevented by flow of : *Nux v., Puls.,*



*Coffea, Lyc., China.*—*Sulph., Calc., Staph., Sil., Graph., Hep., Kal., Cocc., Led., Sabad., Bar., &c.*

IDEAS, by fixed : *Pulsatilla.*

— gloomy, annoying : *Graph., Rhus, Alumina.*

INQUIETUDE, restlessness in the limbs, (sleep disturbed by) :

*Puls., Nux v., Sulph., Kreos., China.*

ITCHING, or tickling in the body : *Nux v., Puls., Merc., Sulph.,*

*Thuj., Am. c., Am. m., Baryt. c., Cocc., Croc., Kreos., Mez., Berb., &c.*

JACTITATION : *Acon., Ars., Bella., Cham.*—*Coffea, Alum.,*

*Asa., Calc., Lach., Hep., Kreos., Plat., Guaj. Hell., Tart., Nux v., Op., Gran., Carb. a. et v., Merc., Puls., Rhod., Phosph., Sil., Jalap., Clem., Cin., &c.*

JAW, hanging of the, during sleep : *Nux v., Op.*

JERKING, SHOCKS, Starts or twitchings (sudden) : *Amb., Ars.,*

*Bella., Cupr., Kali., Lyc., Natr., Puls., Sil., Sulph., Tari., Thuj., Carb. v., Cham., Op., Ign., Con., Staph., Sep., Mgs. arc., Merc. c., Phosph., Cast., &c.*

JERKINGS, or CONVULSIONS in the eyes : *Cocc., Puls.*

— — in the face : *Op., Rheum.*

— — in the fingers : *Cocc., Rheum., Ac. sulph., Anac., Ars.*

— — in the feet : *Phosph., &c.*

— — of the head : *Cocc., Magnetus polus Arcticus.*

— — of the legs : *Phosphorus.*

— — of the mouth : *Op., Anac., Puls.*

— — of the tendons (subsultus tendinum) : *Belladonna.*

JOINTS, sleep disturbed by pain in the : *Silicea.*

LAMENTATIONS (during sleep) : *Stan., Nux v., Alum., Phosph., Sulph.*

LANCINATIONS, or shooting pains in different parts of the body :

*Cann., Euph.*

LAUGHTER (during sleep) : *Alumina, Lycopod., Stram.*

LIMBS, pain in the : *Nux v., Lach., Sulph., Calc., Con., Ac.*

*nit., Am. c., Am. m., Anac., Berb., Carb. v., Phosph.*

LOINS, pains in the : *Am. m., Berb., Kreos.*



MASTICATION (while sleeping): *Calcarea*.

MEDITATION, reflection, during sleep: *Lach.*, *Anac.*, *Bry.*,  
*Ign.*

MOANING, during sleep: *Lach.*, *Puls.*, *Acid. m.*, *Ipecac.*,  
*Bella.*, *Alum.*, *Bry.*, *Nux v.*, *Cham.*, *Op.*, *Sulph.*, *Lyc.*, *Ve-*  
*ratr.*, *Phosph.*, *Ars.*, *Arn.*, *Rheum*, &c.

MURMURS, or muttering during sleep: *Op.*, *Sulph.*

MOUTH OPEN, during sleep: *Op.*, *Merc.*, *Rhus.*, *Samb.*, *Mgs.*

NIGHTMARE (*Incubus*, *Ephialtes*): *Nux v.*, *Puls.*, *Op.*,  
*Sulph.*,—*Silicea*, *Ruta*, *Valeriana*, *Acon.*, *Am. carb.*—*Lyc.*,  
*Magn. m.*, *Natr. m.*, *Bry.*, *Hep.*, *Con.*, *Bella.*, *Am. m.*,  
*Kali*, *Alum.*, &c.

OPPRESSION of the chest (during sleep, or at night and prevent-  
ing sleep): *Ars.*, *Carb. v.*, *Cham.*, *Graph.*, *Sulph.*,—*Calc.*,  
*Lyc.*, *Op.*, *Acon.*, *Alum.*, *Kali*, *Kali ch.*, *Phosph.*, *Ran.*, &c.

POLLUTIONS during sleep: *Kali c.*, *Kali h.*, *Sulph.*, *Lyc.*,  
*Ac. phosph.*, *Phosph.*, *Con.*, *Carb. v.*, *Puls.*, *Petr.*, *Led.*,  
*Par.*, &c.

QUARRELLING, during sleep: *Ars.*

RESPIRATION, intermittent, during sleep: OPIUM.

— rapid, accelerated: *Acon.*

— short: *Acon.*, *Cham.*, *Rhus*, *Merc.*

— slow: *Op.*, *Cinchona*.

— WHEEZING, whistling: *Nux v.*

SCROBICULUS CORDIS, pain in the: *Calc. c.*, *Kali c.*

SIGHS, during sleep: *Lach.*, *Merc.*

SINGING: *Bella.*, *Croc.*, *Phosph. ac.*, *Mgs. arc.*

SLIDING, or sinking down to the foot of the bed during sleep:  
*Ars.*, *Acid. m.*

SNORING loud, or stertorous breathing: *Op.*, *Carb. v.*, *Stram.*,  
*Nux v.*, *Ign.*, *Cham.*, *Sulph.*, *Sil.*, *China*, *Rheum*, *Rhus*,  
&c.

SOMNAMBULISM: *Op.*, *Bry.*, *Phosph.*—*Alum.*, *Natr. m.*, *Sil.*,  
*Sulph.*

SORENESS of the throat (pain in the) during sleep: *Ammon. m.*

STARTS: *Amb.*, *Ars.*, *Bella.*, *Cham.*, *Cupr.*, *Dros.*, *Hep.*,  
*Lyc.*, *Puls.*, *Sil.*, *Sulph.*, *Tart.*, *Thuja*.—*Nux v.*, *Hep.*,  
*Calc.*, *Carb. v.*, *Chin.*, *Cocc.*, *Castor*, *Daph.*, *Hyos.*, *Acon.*,



*Agn.*, *Alum.*, *Am. c.*, *Ant. c.*, *Merc.*, *Magn.*, *Ign.*, *Lach.*,  
*Kali*, *Plumb.*, &c.

STARTS, when touched : *Stram.*

— with gestures indicative of fright or terror : *Stram.*

STOMACH, pain in the : *Lyc.*, *Con.*, *Alum.*, *Graph.*, *Kali*, *Am. c.*, *Acid. nitr.*, *Sulph.*, *Sil.*, *Rhus*, *Sen.*, &c.

TALKING, during sleep : *Puls.*, *Sulph.*, *Nux v.*, *Alum.*, *Arn.*,  
*Ars.*, *Bella.*, *Calc.*, *Camph.*, *Carbo. a. et v.*, *Cham.*, *Kali*,  
*Magn.*, *Magn. m.*, *Merc.*, *Muriat. ac.*, *Natr. m.*, *Nitr. acid.*,  
*Phosph.*, *Phosph. acid.*, *Plumb.*, *Sep.*, *Sil.*, *Stram.*, &c.

TOES, pains in the, during sleep : *Am. carb.*

TREMBLING : *Euphorbium.*

— internal : *Natrum m.*

UNCOVERING of the arms, &c., during sleep : *Plat.*, *Corr. rubra*, *Magn. polus arcticus.*

UNEASINESS, general, sensation of, during sleep : *Ars.*, *Merc.*

URINE, emission of, during sleep : *Am. carb.*, *Am. muriat.*,  
*Lach.*, *Con.*, *Graph.*, *Hepar.*, *Bella.*, *Ars.*, *Daph.*, *Iod.*,  
*Cup.*, *Coffea*, *Natr. m.*, *Sulph.*, *Calc.*, *Carb.*, *Op.*, *Lyc.*,  
*Sep.*, *Sil.*, *Merc.*, *Petr.*, *Mgs. aus.*, *Cin.*, &c. (See *Enuresis.*)

VERTIGO : *Sulph.*, *Calc.*, *Am. c.*, *Natr.*, *Phosph.*, *Spong.*, &c.

VISIONS, during sleep : *Bella.*, *Cham.*, *Led.*, *Merc.*, *Phosph.*,  
*Phosph. ac.*, *Stram.*, *Sulph.*, &c.

— frightful : *Bella.*, *Sulph.*, *Calc.*, *Carb. v.*, *Merc.*,  
*Sil.*

— horrible : *Carb. anim.*, &c.

VOLUPTUOUS, sleep retarded or disturbed by : *Calc. carb.*

WEEPING, during sleep : *Puls.*, *Sulph.*, *Calc.*, *Nux v.*, *Alum.*,  
*Arn.*, *Ars.*, *Bella.*, *Camph.*, *Carbo a. et v.*, *Cham.*, *Kali*,  
*Magn.*, *Magn. m.*, *Mgs.*, *Merc.*, *Mur. ac.*, *Natr. m.*, *Nitric. acid.*,  
*Phosph.*, *Phosph. acid.*, *Plumb.*, *Rhus*, *Sabin.*, *Sep.*,  
*Sil.*, *Stann.*, *Tart.*, *Zinc.*

SLEEP, LETHARGIC, stupefying : *Acon.*, *Ant.*, *Bella.*, *Calad.*,  
*Camph.*, *Graph.*, *Lach.*, *Nux v.*, *Op.*, *Puls.*, *Hyos.*, *Laur.*,  
*Led.*, *Mosch.*, *Nux mosch.*, *Phosph. ac.*, *Plumb.*, *Stram.*,  
*Tart.*, *Veratr.*, *Mag. arc.*, &c.



SLEEP, lethargic, alternately with sleeplessness : *Lachesis*.

SOMNOLENCY, or drowsiness in the open air : *Tartarus*.

— day and night : *Baryta c.*

— in the evening : *Ant., Ars., Tart.*

— in the forenoon : *Ant. crudum.*

— in the morning : *Mephites putorius.*

SLEEP, broken, interrupted : *Cocc., Ars., Dig., Par., Zinc.*

— incomplete, imperfect, half asleep : *Ars., Bella., Bry., Lach., Merc., Hepar., Cham., Cocc., Op., Acid. nitr., Cic., Euph., Sil., M. arc., Graph., Kali, &c.*

SLEEP, light : *Nux v., Lach., Ign., Sulph., Merc., Acon., Alum., Ars., Sel., Sil., Calad., Ol. an., Tart.*

SLEEP, protracted, too prolonged : *Merc., Sulph., Plat., Puls., Hepar, Berb., Bar., Ol. an., Phil., &c.*

SLEEP, profound : *Ant. tart., Nux mosch., Op.—Ars., Bella., Ign., Laur., Led., Mgs., Phosph. ac., Puls., Rhod., Sec. corn., Seneg., Stram., Veratr., Acon., Anac., Ant. c., Bar., Bry., Camph., Con., Croc., Cup., Hyos, Petr., Phosph., Ruta., Sep., Spig., Zinc., &c.*

SLEEP, unrefreshing : *Bry., Con., Hepar., Op., Sulph.—Amb., Bism., Calc., Cann., Lach., Lyc., Natr. m., Nitric acid., Petr. Selen., Sil., Staph., Alum., Am. m., Anac., Carb. a. et v., Cham., Kali, Mag. arc., Magn., Magn. m., Merc., Ran. bulb., Sepia, Spig., Stann., Stram., Veratr., &c.*

SLEEP, of too short duration : *Nux v., Calc. carb.*

— tendency to fall asleep when in the open air : *Acon. Tart., M. aust.*

SLEEP, tendency to fall asleep early in the morning : *Nux v., Lach., Puls., Sulph., Phosph. ac., Sil., Con., Croc., Calc., Carb. v., Lyc., Plat., Sep., Kali, Hepar, China, &c.*

SLEEP, tendency to, during exercise : *Acon.*

— during and after a meal : *Nux v., Sulph., Acon., Anac., Arum., Aur., Bor., China, Phosph., Phosph. ac., Verb., Natr. m., Graph., Kali, Calc., Sil., Zinc., &c.*

SLEEPINESS in the afternoon : *Sulph., Puls., Bov., Bruc., Canth., Grat., Viol. tri., &c.* (See SLEEP, tendency to, after a meal.)



- SLEEP, tendency to, during employment : *Sulphur*.
- when reading and writing : *Natrum sulph.*
- when sitting : *Bruc., Ferr., Mg., Petr., Tart., &c.*
- during a storm : *Silicea.*
- retarded : *Calc., Carbo a. et v., China, Cyc., Fer., Graph., Hyos., Kali, Lach., Lyc., Merc., Natr., Ol. an., Phel., Phosph., Phosph. ac., Puls., Ran., Stann., Staph., Sulph., Nux v., Natr. m., Nitr. ac., Sep., &c.*
- SLEEP, retarded, or difficult to be renewed after waking during the night : *Natr. m., Sep., Sulph., Puls., Magn., Am. c., Ars., Berb., Bor., Fer., Phosph., Ran., Ran. sc., &c.*
- SLEEPLESSNESS, alternately with somnolency : *Lachesis.*
- after midnight : *Nux v., Coffea, Ars., Cap., Kali carb., Sil.—Assaf., Aur., Cann., Dulc., Hepar, Magn., Natr., Ran. scel., Sep., Sulph. ac., Acon., Am., Ant. c., Bry., Calc., Con., Lach., Graph., Merc., Mez., Nitr. ac., Phosph. ac., Plat., Rhus, Staph., &c.*
- SLEEPLESSNESS, before midnight : *Bry., Calc. carb., Carb. v., Merc., Phosph., Puls., Rhus tox., Sep.—Ars., Bella., Bar., Calad., Carb. a., China, Graph., Hep., Ign., Kali., Lach., Led., Lyc., M. aust., Mar., Mur. ac., Selen., Spil., Sig., Sulph., Nux v., Con., Alum., Am. m., Ant. tart., Arn., Bar., Kreos., Nitr. acid., Natr. m., Stann, Staph., Veratr., &c.*
- SLEEPLESSNESS, with desire or inclination to sleep : *Bella., Cham., Phosph., Puls., Sep.—Ars., Bry., Calc., China, Can., Hep., Kali c., Merc., Natr., Nux v., Phosph. ac., Rhus, Sil., Sulph., Carb. v., Graph., Hyos., Lach., M. arct., Natr. m., Nitr. acid., Staph., Veratr., Selen., &c.*
- SLEEPLESSNESS, arising from griping pains in the intestines : *Lyc., Plumb., Sep., Staph., Kali., Ambr., Am. c., Am. m., Magn. c., Magn. s., Natr., Ac. nitr., Rhus, Phosph., &c.*
- WAKING, difficult and retarded : *Nux v., Calc., Graph., Sepia, Natr., Natr. m., Nitr. ac., Phosph. ac., Tab., Teuc., Alum., Mgs., Magn. m., Merc., Natr., Phosph., Phosph. ac., Sil., Sulph., Euphr., Anac., Arn., Assaf., Carb. v., Hep., Hyos., Kali, Laur., Natr. m., Nitr. ac., Puls., Veratr., &c.*



WAKING too early : *Nux vomica*, *Kali carbonicum*, *Natrum carbonicum*, *Ranunculus bulbosus*.—*Ars.*, *Aur.*, *Caps.*, *Dulc.*, *Magn. c.*, *Mur. ac.*, *Sulph. ac.*, *Assaf.*, *Calc.*, *Graph.*, *Hep.*, *Lach.*, *Mang.*, *Merc. Mez.*, *Nitr.*, *Nitr. ac.*, *Plat.*, *Ran. sc.*, *Rhod.*, *Sep.*, *Sil.*, *Staph.*, *Thuja*, &c.

WAKING early, and always at the same hour : *Selenium*.

— incomplete : *Conium*.

— with a start : *Amb.*, *Ars.*, *Bella.*, *Cham.*, *Dros.*, *Hep.*, *Lyc.*, *Puls.*, *Sulph.*, *Rheum.*, *Tart.*, *Thuja.*, *Bry.*, *Graph.*, *Carbo v.*, *Calc.*, &c.

WAKING at the slightest touch (generally with a sudden start or cry) : *Selenium*.

WAKING at the slightest noise : *Selenium*.

— early, from a feeling of coldness : *Acidum muriaticum*, *Fer. mg.*

WAKING caused by violent shocks or jerks in the head and neck : *Magnetis polus arcticus*.

WAKING caused by a feeling of suffocation or obstructed respiration : *Hepar*, *Ipecac.*, *Sambucus nigra*.

WAKING with headache : *Lachesis*, *Belladonna*, *Anacardium*, *Berb.*, *Fer. mg.*, *Rheum*.

WAKING with colic : *Hæmatoxylum campechianum*.

— congestion in the head : *Berberis*.

— congestion and heat in the legs : *Mephites putorius*.

— diarrhœa : *Hæmatoxylum*.

— dizziness or giddiness : *Ars.*, *China*, *Plat.*, *Puls.*, *Sol. m.*

— erections : *Lachesis*.

— fear of ghosts or spectres : *Sulphur*.

— hallucinations : *Sulphur*.

— hunger : *Belladonna*.

— vexatious thoughts or ideas : *Alumina*.

— lassitude in the arms : *Ferrum magneticum*.

— lassitude general, or fatigue : See *Sleep*, unrefreshing.

— pains in the limbs : *Nux vomica*, *Lachesis*.

— pains as if beaten : *Lachesis*, *Viola odorata*.

— pains in the loins : *Lachesis*.



WAKING with a sensation of paralysis: *Kreosotum*.

— perspiration: *Merc.*, *Clem.*, *Chel.*, *Cic.*, *Dros.*,  
*Fer. mg.*, &c.

WAKING with rigidity or stiffness in the limbs: *Lachesis*.

— stretchings and convulsive yawning: *Nux v.*

WAKING with bitter taste: *Bryonia*, *Rhus toxicodendron*, &c.

— putrid taste: *Rheum*, &c.

— tears, cries, &c.: *Mercurius*.

— thirst: *Berberis*.

— sore throat: *Lachesis*.

— trembling: *Ratanhia*, *Sambucus*.

— visions (visions are seen on waking): *Dulc.*,  
*Sulph.*

— weakness in the knees: *Ferrum magneticum*.

YAWNING, incessant: *Bry.*, *Can.*, *Euph.*, *Lyc.*, *Oleand.*, *Ol.*

*an.*, *Phell.*, *Rhus*, *Staph.*, *Sulph.*, *Viol. od.*, *Zinc.*, *Nux v.*,

*Puls.*, *Ign.*, *Amm.*, *Ant. tart.*, *Arn.*, *Ars.*, *Bry.*, *Cina.*,

*Kreos.*, *Chel.*, *Croc.*, *Laur.*, *M. arct.*, *Men.*, *Mur. ac.*,

*Natr. m.*, *Oleand.*, *Par.*, *Phosph.*, *Ph. ac.*, *Sabad.*, *Sassafr.*,

*Sep.*, *Sil.*, *Stann.*, *Staph.*, *Alum.*, *China*, *Carb. v.*, *Sulph.*,

*Merc.*, *Veratr.*, *Bella.*, *Caps.*, *Bar.*, *Canth.*, *Hep.*, *Zinc.*, &c.

YAWNING, abortive: *Lycopodium*, *Cham.*, *Ruta*, *Acon.*, *Ign.*,

*Croc.*, *Phosph.*

YAWNING, violent: *Ignatia*, *Hepar*, *Platina*, *Rhus*, *Agar.*,

*Mosch.*, *Cor.*, *Fer. mg.*, *Magn.*, *Mgs. arc.*

YAWNING, spasmodic: *Platina*, *Rhus*.—*Ignatia*, *Hepar*, *M.*

*arc.*, *Sep.*.—*Ang.*, *Bry.*, *Cap.*, *M. aust.*, *Mosch.*, *Laur.*,

*Natr. m.*, *Scill.*

YAWNING, without feeling sleepy: *Platina*, *Rhus*.—*Ign.*

*Mag. arc.*, *M. aust.*, *Sep.*, *Bry.*, *Hep.*, *Lach.*, *Scill.*, *Ang.*,

*Natr. m.*, *Mosch.*, *Cham.*, *Cup.*, *Sulph.*, *Staph.*, *Alum.*,

*Amm. m.*, &c.

YAWNING, frequent, in the afternoon: *Canth.*, *Ign.*, *Plat.*

— — morning: *Nux v.*, *Ign.*, *Viol. od.*

— while walking: *Euphorbium*.

— — *Natrum sulphuricum*.

— *Cutis anserina*: *Lauroceresus*, *Paris quadri-*  
*folia*.



YAWNING, shaking, shivering, or shuddering: *Laur.*, *Kreos.*,  
*Natr. s.*, *Par.*, *Sil.*

YAWNING, lachrymalian: *Meph.*, *Viol. od.*, *Staph.*, *Kreos.*

— with oppression, or tightness at the chest: *Stannum.*

— stretching: *Staph.*, *Nux v.*, *China*, *Guaj.*,

*Natr. s.*, *Ol. an.*, *Ruta*, *Sabad.*, *Canth.*, *Oniscus*, *Tart.*, &c.

YAWNING, with tremor: *Cina*, *Oleander.*

— vertigo: *Agaricus muscarius.*

*Position during Sleep.*

Arms above the head (during sleep): *Pulsatilla*, *Nux v.*, *Plat.*,  
*Calc.*, *Coloc.*—*Rheum*, *Ruta*, *Thuja*, *Veratr.*, *Sulph.*

Arms across the abdomen: *Pulsatilla*, *Coc.*, *Mags.*

Back, on the (dorsal): *Bryonia*, *Pulsatilla*, *Rhus.*—*Nux v.*,  
*Sulph.*, *Calc.*, *Lyc.*, *Ign.*, *Cic.*, *Ferr.*—*Acon.*, *Ant. tart.*,  
*Aur.*, *China*, *Coloc.*, *Dros.*, *Mgs.*, *Mgs. arct.*, *Phosph.*,  
*Plat.*, *Viol.*, &c.

Hands under the head: *Nux v.*, *Ars.*, *Bella.*, *Plat.*, *Coloc.*,  
*Men.*—*Acon.*, *Ambr.*, *Ant. tart.*, *Ign.*, *Mgs.*, *M. aust.*, *Puls.*,  
*Rhus*, *Sabad.*, *Spig.*, *Viol. od.*

Head inclined forwards, with the: *Staph.*, *Acon.*, *Puls.*, *Cic.*,  
*Cup.*, *Viol. od.*

Head inclined to one side: *Cina*, *Spong.*, *Tarax.*

— elevated, high, with the: *Sulphur.*

— low, or buried under the bedclothes: *Spong.*, *Arn.*, *Hep.*,  
*Nux v.*

— thrown back, with the: *Bella.*, *Cina*, *Spong.*—*Cic.*,  
*Hep.*, *Hyos.*, *Ign.*, *Sep.*—*China*, *Nux v.*, *Cap.*, *Mgs.*, *Stan.*,  
*Viol. tr.*

Knees, bent: *Viola odorata*, *Ambr.*, *Mgs.*

Legs drawn up: *Puls.*, *Plat.*, *Carb. v.*, *Stann.*—*Anac.*, *Cham.*,  
*Chin.*, *Mang.*, *Men*, *Rhod.*

Legs widely separated: *Cham.*, *Puls.*, *Bella.*, *Plat.*, *Rhus.*—  
*Agar.*, *China*, *Dulc.*

Legs, one of the, bent, the other extended: *Stannum.*

— crossed: *Rhodendron corymbosum.*

— stretched out: *Cham.*, *Plat.*, *Mgs.*, *Puls.*, *Viol. od.*

Seated (in a sitting posture): *Sulph.*, *Cina*, *Lyc.*, *Ars.*, *Rhus.*  
— *China*, *Hep.*, *Phosph.*, *Puls.*, *Sabin.*, *Spig.*



Forwards : *Cic., Cap.*

Side, on the left : *Baryta carbonica, Sabina.*

*Positions in which it is impossible to recline or sleep.*

Back, on the : *Phosphorus.*

Recumbent posture, inability to remain in the : *Sulphur, Lycopodium.*

Side : *Aconitum, Sulphur.*

— left (incapability of lying on the) : *Lycopodium.*

### INCARCERATED RUPTURES. (*Herniæ incarceratæ.*)

(Additions to page 367.)

Incarcerated herniæ belong undeniably to those diseases, in the treatment of which, the old method appeared in one of its brightest lights ; having, in most cases of incarcerated ruptures treated in accordance with its dictates, succeeded in accomplishing the two desirable ends, viz. : the removal of the incarceration, and the reposition of the prolapsed parts, without resorting to an operation. According to my own calculation, this has always been the case in three out of four. But if we consider that the remedies which the old method employed for this purpose, were by no means of the most agreeable description to the unfortunate patient, but that, on the contrary, he had to suffer excessively during the treatment, we may justly rank homœopathy above her older sister, (even if we were to take it for granted that the former also succeeds only in three cases out of four) because she attains her object *by far more gentle means.*

But homœopathy does more, though not so much as some exaggerating panegyrists boast, yet decidedly more than some talented practitioners are disposed to admit. Dr. Lobethal, of Breslau, e. g., assures us in his contributions to the "Pharmakodynamik. homœopathischen principien," where he describes the effects of *Nux vomica* with his customary exactness, that he has not observed, in incarcerated herniæ, the effects ascribed to and expected from this remedy ; and he adds, that the external



treatment of hernia appears to him, according to the character of the incarceration, to be more efficacious than the employment of *Nux*, *Belladonna*, and *Aurum*.

It were much to be regretted, if the prejudice caused and promulgated by such unfavourable experience, were to induce practitioners never to have recourse to specific medicines in cases of incarcerated hernia, or, at all events, to do so with but little confidence. In order to prevent the possibility of this prejudice taking place, it is desirable that many such cures should be made known; and this is the reason which induces me to communicate the observations that I have hitherto had an opportunity of making, in my own practice, on the homœopathic treatment of incarcerated hernia. From the time that I commenced to treat my patients on the principles of homœopathy, but few incarcerated ruptures have occurred to me in which the homœopathic medicines have failed to prove their specific power, (the proportion is as one to ten,) through which I have become convinced that homœopathy has obtained a great triumph over the old method in the cure of this disorder also.

In treating incarcerated herniæ with homœopathic remedies, I consider it necessary that the patient should preserve, uninterruptedly, such a position that, after the incarceration has been removed, the protruded parts shall either fall back into the cavity of the abdomen by their own gravity, or be drawn back by the other intestines, and no manual efforts whatever be made to attempt the reduction.

To remove the incarceration, homœopathy selects, as is well known, such medicines, which, if taken by a healthy person in an appropriate manner and in sufficient quantity, produce *positive* symptoms, very similar to those of hernia incarcerated, with the view of lessening and removing the morbid muscular contraction by the reaction of the vital power, (according to the unchangeable law of nature, through which the reacting vital power constantly strives to call forth a tone and activity opposed to that which has been positively excited in the or-



ganismus by some extraneous influence, and thus restores the equilibrium and the harmony of the vital functions).

In order to ensure the most favourable action of specific remedies, the patient should be kept as quiet as possible, and allowed to remain undisturbed, all manipulations made for the purpose of accomplishing reposition, having the effect of producing a primary, or so to speak, violent or forcible dilation of the contracting muscles, by which an increased contraction is caused through the reaction of the vital power, and in consequence of which the beneficial effects of the medicine employed is thereby materially obstructed. The same is the case with most remedies which are applied externally; wherefore, the external treatment of an incarcerated rupture is, in most cases where homœopathic remedies are employed, not only superfluous, but even detrimental.

If, in treating an incarcerated hernia, both homœopathic medicines and external treatment are employed, and the reposition succeeds, this result is no doubt to be looked upon rather as the effect of the latter than of the former, because the homœopathic medicines are interrupted in the display of their positive effects, and the vital power cannot, under such circumstances, exert a beneficial reaction; in this case Dr. Lobethal is perfectly right when he says: The external treatment of a rupture appears to him to effect more than *Nux*, *Belladonna*, and *Aurum*. But if, under the external treatment of a rupture, the reposition does not succeed, the bad effects of the incarceration will increase the more rapidly, and the necessity of an operation will be indicated the sooner; moreover, the success of the latter will be rendered the more doubtful the greater the degree of external violence which may have been used, since the evil consequences of these rude interferences continue even after the operation.

The homœopathic materia medica possesses already a considerable number of remedies by which the symptoms of incarcerated hernia can be more or less simulated, but only a few of these have been employed up to the present time. In my own practice I found the greatest assistance from the following:



1. NUX VOMICA,
2. ACIDUM SULPHURICUM,
3. LYCOPODIUM,
4. BELLADONNA.

And, finally, I must mention one more remedy, which although it does not offer in the series of symptoms that it is capable of producing, those which accompany the formation and incarceration of a hernia, can yet not be dispensed with as an appropriate intermediate or auxiliary remedy in certain forms of incarcerated ruptures, on account of the unlimited influence which it exercises upon the vascular, and chiefly upon the capillary system, and accordingly not only comprises among its symptoms the type of inflammatory fever, but also the type of acute local inflammation; farther, on account of its effects upon the mind, which manifest themselves particularly in the form of inconsolable anguish, forebodings of death, and great disposition to be frightened.—states of mind which we not unfrequently meet with in persons affected with incarcerated hernia: I allude to ACONITUM NAPELLUS.

The method I have hitherto adopted in the treatment of incarcerated ruptures is as follows:—

Having convinced myself of the existence of an incarceration, I first place the patient in a comfortable reclining posture, the chest and the pelvis somewhat raised, in order that the abdominal muscles may be relaxed as much as possible; the lower extremities being, at the same time, moderately drawn up. The patient having continued in this position for a few minutes, I proceed to the selection of the *remedies*.

In reference to the concomitant symptoms, we meet with three forms of incarcerated herniæ, which present materially different marks of distinction.

#### *First form of Incarceration.*

The rupture has just occurred for the first time, or one that had formerly existed has reappeared, and has suddenly become incarcerated, in which case the rupture is always small, the symptoms appear suddenly and with greater intensity; they consist in a pinching or squeezing and pressive sensation in



the region of the rupture; violent dragging pain with periodical tearing, and a sort of spasmodic constriction in the abdomen; nausea, inclination to vomit, and actual vomiting of an acid mucus; obstruction, with frequent inclination for stool; most of these symptoms are increased by the slightest pressure on the rupture, as also by movement.

*Nux vomica* corresponds with the symptoms of this form of incarceration. I accordingly give 10—15 globules of one of the higher potencies every half hour, or every hour. Frequently a remission of the symptoms take place after the first dose or two; if, at the same time, a sensation of movement takes place in the rupture, or if a gurgling noise be heard, then a remission of the incarcerating muscular contraction, and a speedy replacement, without any external treatment, may be expected. Should this not be the case, but, on the contrary, the sufferings return again with unabated vigour; or if an oppressive soreness or pain as if from a wound, and a violent burning, prevail in the region of the rupture, and the superincumbent integuments become very sensitive to the slightest touch; or if the heat in the affected parts increases, and thus betokens an increased determination of blood towards these parts; or should the incarceration have been preceded by a fright, or some other mental affection, and the patient be in a state of general irritation or excitement, then I usually give one drop of *Aconitum* of the third to the sixth dilution, and, an hour afterwards, *Nux vomica* at a lower dilution than in the first instance, and in a liquid form in preference, (*Nux vom.*, 2. gtt. x—xv, Aq. destill ʒij) a teaspoonful every half hour to an hour.

#### *Second form of Incarceration.*

The rupture becomes suddenly incarcerated, and is generally small; tearing, dragging pain, both in the rupture itself, and in the whole abdomen, predominates; the patient sometimes experiences fugitive stitches in the region of the rupture; the pains undergo periodical remissions—disappearing almost entirely for a time, and then returning with increased violence; the patient feels much exhausted during the remissions: he



complains of a general sensation of cold; the abdomen is much distended by flatus; after a continued desire to vomit, the patient eventually vomits an acid-tasting fluid; and, notwithstanding a very urgent inclination for stool, no evacuation takes place.

In this form of incarceration likewise, *Nux vomica* is an excellent medicine, but *Lycopodium* vies with it in efficacy; I generally administer both these medicines alternately, at intervals of one to two hours. If, however, these symptoms appear in a crural rupture, if they take place in a woman, or has the incarceration in the latter case taken place during or immediately after the appearance of the menses, and if, moreover, the individual is of a mild, yielding disposition, *Lycopodium* is to be preferred. I give this medicine in the middle attenuations (10—15) either in globules or in the liquid form (Tinct. lycop. gtt. xv; Aq. destill. ℥j), a teaspoonful every half hour, or every hour. If throbbing, burning, and other symptoms indicating *Aconitum* become predominant, I administer the latter as an intermediate remedy.

### *Third form of Incarceration.*

The third form of incarcerated hernia (which occurs chiefly in aged persons, and in ruptures of long standing, that have, for the most part, been kept back by appropriate bandages, or have been continually protruding, and have attained a large size) is that in which the incarceration comes on insidiously and imperceptibly; and betrays itself at first only by a distressing, pinching, and constrictive sensation of the region of the rupture, by uneasiness and fulness in the abdomen, and by periodical sickness and constipation. The rupture is not very painful to the touch, the incarcerated part is also not so tense and hard as in the two preceding forms, but feels more doughy. This incarceration may often exist for days, without any perceptible increase in the concomitant symptoms; gradually, however, twitchings and pinchings, combined with periodic, transitory, tearing pains, supervene in the abdomen and groin; the sickness then becomes more lasting, a sweetish, saline, or bitter fluid is sometimes



eructated, and is not unfrequently followed by vomiting of a watery fluid, and subsequently of ingesta.

In this form also, two medicines concur, and the one is again *Nux vomica*, which competes here with *Acidum sulphuricum* for the rank of priority. If the patient is of a sanguineo-choleric temperament, which, however, is but seldom the case, *Nux vomica*, at a low dilution, must be given first; and should the removal of the incarceration not be effected within twelve hours, *Acidum sulphuricum* must be administered. If the incarceration takes place on the left side, and the patient is of a melancholic-phlegmatic temperament, *Acid. sulphuricum* should be employed from the beginning. I have hitherto been in the habit of prescribing in the disorder in question, a drop of the tenth dilution of this medicine to be taken every hour.

By means of the foregoing treatment of incarcerated hernia, I say it with heartfelt joy, I have always more readily and more frequently succeeded in attaining the desired result, than was the case in my former practice, when I treated my patients in accordance with the principles of the old school. If my assistance was sought sufficiently early, it formed a rare exception to the rule, when an incarceration of the first and second form was not removed within eight hours, and that of the third form within twenty-four hours. Still more rarely did it happen that the homœopathic medicines entirely failed to remove the incarceration, and where it consequently became necessary to perform an operation.

It is very much to be regretted that homœopathy cannot yet renounce the operation as the last resource in the treatment of incarcerated hernia; whether this will ever be possible, I shall not investigate here; we may, however, presume, with every appearance of certainty, that those cases in which the operation is now deemed indispensable, will become more and more scarce, the more closely that the re-provings of medicines already known, and the provings of others yet unknown, or untried, will be discovered to approach in similarity individual forms of this disease.

If the homœopathic medicines do not remove the incarceration within a given space, to be determined by each individual case;



but if, on the contrary, symptoms of a more troublesome and dangerous character make their appearance; if not only the rupture itself, but also the abdomen and the epigastric region become very sensible to the slightest touch; if the existing pains and the tension of the abdomen become more intensely violent; if nausea, the inclination to vomit, and the vomiting itself increase, and the patient vomit more liquid than he has taken, even during the prevalence of excessive thirst; should traces of bile or of other intestinal contents be discovered in the matter ejected; if high fever, with a hard, full pulse supervene, and the patient become more and more restless, it is to be presumed that the medicines administered (although no others can be found that correspond better with the form of the disease under treatment) are either not strictly homœopathic to the case, or that they have been employed in an improper dose, or, finally, that the medicine appropriate to this individual case; is as yet unproved, and therefore unknown. Under such circumstances I never hesitate for a moment to propose an operation, and if the patient consents, to perform it as soon as possible.

#### FAINTING. SWOONING.—*Syncope.*

Individuals of weak nerves and delicate constitutions, particularly of the female sex, are frequently subject to fainting fits, which, although rarely dangerous, yet when utterly neglected, or inappropriately treated by violent or very debilitating means, are prone to become serious, and even fatal.

The usual causes are sudden transitions from cold to heat; breathing vitiated atmospheres; great fatigue; loss of blood; long fasting; grief, fear, and other mental emotions.

When fainting occurs, the patient ought immediately to be removed to where a stream of pure fresh air can be obtained, and freed from all tight clothing about the neck, chest, and abdomen; he should at the same time be placed in a comfortable position, with the head low. If the foregoing prove insufficient to effect restoration, sprinkle cold fresh water on the face and neck, and if necessary, on the pit of the stomach. Should there still be no marked benefit produced, or if the



patient becomes cold, a little spirits of camphor may be applied to the nose. When the fainting has arisen from fright, the best medicines for the consequences are *Aconite* or *Opium*, and sometimes *Colocynth*. (See MENTAL EMOTIONS.) After great depletion, or other debilitating causes,—*Cinchona*, and, in some instances, *Nux v.*, *Carb. v.*, and *Veratrum*; also a little wine in very small quantities at a time, or a little bread or biscuit, soaked in wine, and sometimes a little strong soup may be administered. Should the fainting arise from mental emotions, *Ignatia* and *Chamomilla* are the remedies in general cases. (See MENTAL EMOTIONS.) When slight pain causes fainting, *Hepar sulph.* Fainting from violent pain, *Aconite*, *Chamomilla*, or *Cocculus*. If the affection is liable to result from even the most trivial degree of fatigue, *Veratrum*. When it is produced by excessive mental application, or in those who have been addicted to the use of ardent spirits, *Nux vomica*.

In other cases, the following remedies have been recommended where the corresponding symptoms are met with:—

**ACONITUM.** When there is *palpitation* of the heart, with determination of blood to the head, humming in the ears; or when the paroxysms come on usually *on assuming the erect posture*, and are accompanied with shivering and flushing of the face, succeeded by *deadly paleness*.

**COFFEA** may be prescribed after *Aconitum* in highly excitable or nervous subjects, when the fainting fit has arisen from fright, and the last-named medicine has not relieved much.

**HEPAR SULPHURIS**, when the fit generally comes on towards evening, and is preceded by vertigo.

**LACHESIS**, when the fainting fits are either preceded, accompanied, or followed by *asthmatic symptoms*, *vertigo*, *paleness of the face*, nausea, vomiting, convulsions, spasms of the jaw, rigidity of the body; bloated appearance of the face; epistaxis; *aching pain or stitches in the fore part of the chest*; *cold perspirations*. (See **VERATRUM**.)

**MOSCHUS**: Fainting fits, attended with spasms in the chest, or succeeded by headache, and occurring towards evening, during the night, or in the open air.

**VERATRUM**, when the attacks are excited by the slightest



fatigue; or when they are often preceded by a feeling of *extreme anguish* and excessive dejection, or despair, and accompanied by spasmodic clenching of the teeth, and convulsive movements of the eyes and their lids.

*Nux v.* is a beneficial remedy when the fits take place particularly in the morning, *after a meal*, or after taking exercise; and there is *nausea*, with paleness of the face; also, when the patient complains, on recovery, of pain in the stomach, sparks before the eyes, or dimness of sight, together with a feeling of anxiety; and is, further, affected with anxiety, trembling, and congestion in the head, or oppression at the chest.

*ACIDUM PHOSPHORICUM* has been found useful after *Nux v.*, when that remedy has not removed or diminished the tendency to suffer from fainting fits *after a meal*.

When, as is frequently the case, the fits of swooning or fainting take place in hysterical females, the remedies which will commonly be found the most appropriate are, *Ignatia*, *Nux moschata*, *Cocculus*, *Chamomilla*, *Nux v.*, *Natrum m.*, or *Arsenicum*, &c.

If the attacks are attended with asthmatic symptoms, *Kreosotum* and *Berberis* in addition to *Nux v.* When accompanied by headache, *Lycopodium*, *Moschus*, *Graphites*, *Natrum m.*, *Stram.*; loss of consciousness, *Lycopodium*, *Oleander*, *Arnica*, &c. Creeping or crawling in the limbs, *Nux v.*, *Borax*. Humming, buzzing, or tingling in the ears, *Aconitum*, *Nux v.*, *Petroleum*, &c. Paleness of the face, *Berberis*, *Natrum m.*, *Pulsatilla*, &c., in addition to *Nux v.* Copious perspiration or sweating, *Calcarea*. Pain in the heart, *Lachesis*, &c. Benumbed limbs, *Natr. m.* Coldness or shivering, *Aconitum*, *Calcarea*, *Colocynth*, &c. Vertigo, *Sulphur*, *Arsenicum*, *Berberis*, *Lachesis*, &c. Vomiting, *Lachesis*, *Nux v.*, *Pulsatilla*, *Kali c.*, &c.

In conclusion, it may be remarked, that *Caladium*, in addition to *Acon.*, is useful in cases that are liable to come on after assuming the erect posture. *Kreosotum* and *Spigelia*, when occurring from the heat of the room. *Lycopodium* and *Silicea*, when in the recumbent posture. *Caladium*, when engaged in meditation. *Carbo v.*, *Natrum m.*, *Kreosotum*, in addition to *Nux v.*, when in the morning. When writing, *Caladium*.



Persons who are subject to fits of fainting or swooning should, if possible, strictly avoid all those frequent causes of fainting fits which have been alluded to at the commencement of this chapter; as also, where practicable, any other cause known by experience to be productive of the attacks; otherwise the cure will be rendered difficult, or even hopeless.

### DROPSY.—*Hydrops.*

The term dropsy is used to imply an abnormal or unusual collection of serous or watery fluid in the cellular tissue, or in any of the cavities of the body. It has, consequently, received the following different appellations according to the particular seat of the effusion: Hydrocephalus, when the fluid is deposited in the cavity of the cranium; Hydrothorax, when in the chest; Ascites, when in the abdomen; Hydrocele, when in the scrotum; Hydrometra, when in the uterus; and Anasarca, when it is diffused through the cellular substance.

The usual symptoms of dropsy are, pale and sickly complexion; dryness of the skin; red and parched, furred and moist, or, on the contrary, a preternaturally clean and florid tongue; failure of appetite, and impaired digestion; constipation, but sometimes diarrhœa, and, occasionally, an alternation between these two states; urine scanty, high-coloured, in some instances coagulable by heat, and of low specific gravity; pulse variable, being sometimes quick, at others slow, and frequently irregular and intermitting; general debility; feverishness, especially towards night. In some cases there is cough, with dyspnœa, or a feeling of suffocation, particularly in the recumbent posture; and occasionally violent palpitation of the heart, with sudden starting during sleep.

The remedies which have hitherto been employed, with greatest advantage, by homœopaths, are: *Arsenicum album*, *Helleborus niger*, *Lycopodium*, *Zincum m.*,\* *Ononis spin.*,

\* *Zincum m.* is one of the most important remedies in dropsical affections, and especially when pains or disagreeable sensations are experienced in the region of the kidneys.—Wahle, Neues Archiv. Dritter Band, Erstes Heft, p. 28.



*Aurum m.*, *Digitalis purpurea*, *Ledum palustre*, *Cinchona*, *Mercurius*, *Sulphur*, *Euphorbium*, *Kali carbonicum*, *Dulcamara*, *Colchicum autumnale*, *Prunus spinosa*, *Sepia* (especially in drunkards), *Bryonia*, *Ferrum*, *Phosphorus*, *Rhus toxicodendron*, *Sambucus*, *Solanum nigrum*, *Camphora*, *Cantharides*, *Scilla maritima*, *Convolvulus arvensis*, *Veratrum*, *Lactuca virosa*.

In dropsy supervening after the *retropulsion* of exanthematous diseases: *Helleborus*. *Arsenicum*, *Digitalis*, *Rhus* and *Sulphur* are found the most efficacious. In that resulting from *intermittent fevers*: *Arsenicum*, *Ferrum*, *Dulcamara*, *Mercurius*, *Solanum nigrum*, and *Sulph.* In *drunkards*: *Arsenicum*, *Helleborus*, *Sulphur*, *Rhus*, and *Ledum*. In that from *depletion*: *Cinchona*, *Ferrum*, *Mercurius*, *Sulphur*, and *Phosphorus*. And in that from the excessive use of *mercurial preparations*: *Sulphur*, *Cinchona*, *Dulcamara*, and *Helleborus*. For further particulars, see ASCITES, ANASARCA, HYDROTHORAX, HYDROCEPHALUS, &c.

Hydrops occurring at an advanced period of life is chiefly to be relieved by the employment of *Kali c.*, *Conium*, *Sulphur*, *Lycopodium*, and *Oleum terebinthinæ*. The diet of patients affected with dropsy should be light, but of nutritive quality.

## ASCITES.

Ascites, or dropsical effusion in the cavity of the peritoneum, may be complicated or not with hydrothorax or general anasarca. In the majority of cases there is also œdema of the lower extremities, or other parts of the body. The disease, in many cases, goes on gradually and insidiously, the abdominal distention being at first attributed to corpulency. In others, again, and especially the idiopathic and acute forms, whilst there is an equal absence of marked constitutional disturbance, the effusion takes place so suddenly, accompanied with such characteristic indications, that there is little risk of falling into error as to the true nature of the enlargement. But on some occasions the invasion of the disease is announced by striking premonitory symptoms, such as fever, restless nights, thirst, im-



paired digestion, foul tongue, nausea or vomiting, costiveness, scanty high-coloured urine, pain in the lumbar or hepatic regions, &c.

The swelling of the abdomen in ascites is somewhat tense, the sound or percussion dull, and when the quantity of the effusion is considerable, the swelling gravitates to the side towards which the patient inclines, and a sense of fluctuation will be felt on placing one hand on one side of the abdomen, and striking the opposite side sharply with the other. There is frequently more or less difficulty of breathing, with incapability of lying in the recumbent posture, either in consequence of accelerated circulation, or from the encroachment of the accumulated fluid on the thorax. *Muscular* attenuation is a common attendant on this form of the disorder, as well as on general dropsy. Those parts of the body which are not puffed up by serous infiltration are accordingly found to be in a state of emaciation.

The prognosis in dropsy must be regulated by the nature of the case, and the age and temperament of the patient. When combined with any organic disease of the abdominal viscera, or the contents of the thorax, with effusion into its cavities, we can scarcely anticipate any other than an unfavourable termination. When occurring in individuals at an advanced time of life, or in sickly children, accompanied with emaciation and extreme prostration of strength, fever, cough and difficulty of breathing, scanty and offensive urine, feeble, irregular, and intermitting pulse, petechiæ and hemorrhages, we must generally expect a like unfortunate issue. But when the disorder sets in as a consequence of scarlatina or other exanthemata, or arises suddenly after the suppression of some accustomed discharge, or from exposure to cold, or exhaustion from fatigue, although properly held as a serious malady, it is yet, in such cases, by no means to be considered in the light of a fatal one.

**THERAPEUTICS.** *Helleborus niger*, *Arsenicum*, *Cinchona*, *Mercurius*, *Sulphur*, *Bryonia alba*, *Ledum palustre*, *Kali carbonicum*, and *Lycopodium*, &c., are amongst the most useful medicaments.



**HELLEBORUS NIGER.** This important medicine is often of equal service here, and in dropsy in general, as in anasarca, and particularly in the acute idiopathic form of the disease, in which indeed it is almost superior to any other remedy. Occasionally it will be found necessary to have recourse to *Aconite* in the first instance, in order to allay any excessive degree of arterial excitement; but when that is inconsiderable, or when the febrile symptoms are accompanied with great debility, and a tendency to torpor or lethargy; the urine extremely scanty, or almost suppressed, and the motions loose and gelatinous; also when shooting or other pains are complained of in the extremities, *Helleborus* should at once be employed. In chronic dropsy, *Helleborus* is also sometimes of unequivocal utility as an intermediate medicament. *Bryonia*, *Ledum*, *Lachesis*, or *Mercurius*, are useful auxiliaries to *Helleb.*, when required, in the acute variety of anasarca.

**ARSENICUM.** As has already been stated, under the head of Anasarca, this remedy is peculiarly valuable when extreme debility is a characteristic feature, and has arisen from the depressing effects of other maladies. It is of speedy efficacy in acute cases, when called for, but is also valuable in the chronic forms occurring in shattered or broken-up constitutions; and even in cases connected with organic affection of some important viscus, it will be found a most useful palliative, however inadequate it may be to effect a cure in such hopeless cases. *Digitalis*, *Ledum*, *Bryonia*, *Solanum nigrum*, and *Helleborus* are sometimes useful after *Arsenicum*. (See ANASARCA, for some of the principal symptomatic indications for this remedy.)

**CINCHONA.** In ascites occurring in constitutions which have been much debilitated by loss of fluids, *Cinchona* can rarely be dispensed with. But also in chronic dropsy arising from organic disease of the liver or spleen, particularly the latter, considerable advantage is obtained from its employment. When, in connexion with either of the above conditions, we meet with a short distressing cough, accompanied or not with some expectoration, extreme paleness of the skin, general chilliness, small, feeble, and slow pulse, frequent calls to make water, which are usually ineffectual or followed by a scanty discharge,



—there will be additional reason for having recourse to this remedy. *Arsenicum* and *Ferrum* are often found exceedingly useful after or in alternation with *Cinchona*.

MERCURIUS, together with *Arsenicum*, *Cinchona*, *Belladonna*, *Bryonia*, *Lachesis*, and *Sulphur*, forms an important remedy in chronic cases associated with disease of some viscus, such as the liver or spleen, attended with great debility, incipient, short, and shaking cough, &c.

When we encounter symptoms of peritoneal inflammation: *Aconitum*, *Bryonia*, *Belladonna*, *Lachesis*, or *Mercurius* are chiefly brought into requisition. In ascites connected with the suppression of accustomed discharges: *Sulphur* and *Lycopodium*, as also *Sepia*, *Calcarea*, *Kali*, *Pulsatilla*, and *Silicea* are the most useful medicaments.

CANTHARIDES has been recommended as particularly serviceable in hydrops connected with deficiency of tone in the urinary organs, and attended with strangury, tenesmus, and pains in the limbs, &c.

In ascites consecutive on scarlatina or other exanthemata: *Helleborus*, *Arsenicum*, *Rhus*,\* *Belladonna*, *Sulphur*, and *Digitalis* form the most valuable remedial agents. And in the chronic forms of the malady, especially when occurring at an advanced period of life, the following are the most important: *Kali c.*, *Con.*, *Sulph.*, *Iod.*, *Lycopod.*, and *Ol. tereb.* (See also HYDROPS and ANASARCA.)

## DROPSY OF THE CELLULAR TISSUE.

### *Anasarca.*

This form of dropsy consists in a preternatural accumulation of serous fluid in the cellular membrane, immediately under the skin.

\* In general I found *Rhus* more useful than any other remedy in hydrops occurring after scarlatina; but the other remedies, and especially *Helleborus*, occasionally proved useful. The extent of the anasarca does not always indicate the degree of danger, as children are often carried off by hydrothorax or by hydrocephalus, who have exhibited only a slight degree of tumefaction.



As the collection of fluid increases, the skin is frequently rendered inflamed and swollen, and exhibits an erysipelatous-like aspect. An outlet is eventually given to the effused liquid by the partition of the distended cuticle; but the serous infiltration into the cellular texture continues with undiminished rapidity. The affection is, in the greater number of cases, symptomatic of some other disease, and is most frequently met with in combination with general dropsy. It sometimes, however, exists as an idiopathic affection, particularly in the sthenic form. The disease, in the acute form, generally affects those who are in the prime of life. It comes on suddenly, either after taking a large draught of cold water when the body is heated, or after exposure to cold under similar circumstances; and generally gives the first indication of its invasion by a feeling, of oppression at the chest, occasionally attended with a distressing cough and pain, particularly on drawing a full breath. In the course of a few hours, dropsical swelling becomes apparent, at first, for the most part, in the face, from whence it spreads downwards to the trunk and extremities. The urine in this, as in the other forms, is scanty and high-coloured. The pulse is frequently neither above nor below the natural standard, although in some cases it is rather quick, and accompanied with heat and dryness of skin, whilst in others it is weak or irregular. If the disease be unchecked, the swelling increases, respiration is performed with increasing difficulty, and the patient is incapacitated from assuming the recumbent posture, or at the utmost can only recline in one particular position. A fatal termination may take place in a few days, but several weeks sometimes elapse before the patient sinks exhausted.

The asthenic form of anasarca generally comes on slowly. It is most frequent amongst the lower orders, who are necessitated to dwell in damp, dark, and ill-ventilated apartments, and who, from poverty, can only obtain the most unwholesome food. When met with in a higher walk of life, it is commonly superinduced by sedentary habits, depressing emotions, excessive depletion, arising either from the loss of blood, diarrhœa, or dysentery. The abuse of spirituous liquors, or debility re-



sulting from chlorosis, scurvy, rheumatism, &c., may also be enumerated as appertaining to the predisposing causes of this variety. The feet are commonly first observed to be in a swollen state, especially towards evening, and are found to pit on pressure; occasionally the face is also noticed to be puffy, and the anasarca swelling then gradually ascends higher, until it, in some cases, pervades and distends the cellular tissue of the entire body. The pulse varies; sometimes there is considerable fever and dry skin; but the temperature of the parts affected is in general diminished. The bowels, although usually costive, are sometimes met with in the opposite extreme; the urine, small in quantity and dark red, depositing an abundant sediment. A great thirst is generally complained of. The skin becomes pale and often milk white; soft, but deprived of its natural moisture, and as the collection of fluid increases, its vitality is so depressed by the effects of prolonged distention, that the slightest injury will induce erysipelas, ulceration, and gangrene.

There is another form of anasarca which, from the circumstance of its supervening after exanthemata, has received the appellation of consecutive anasarca. This variety is much more frequently encountered in children than in adults, and especially as a consequence of scarlet fever. It is apparently of an inflammatory nature, and connected with imperfect cutaneous transpiration, or obstructed secretions and excretions. Exposure to cold or wet, or to a cold and damp atmosphere, favours its occurrence.

**THERAPEUTICS.** The remedies required for the treatment of anasarca are, for the most part, the same as those which are employed in general dropsy. The following may, however, be specified as more particularly applicable to meet the several varieties of this species:—*Helleborus niger*, *Bryonia*, *Phosphorus*, *Mercurius*, *Arsenicum*, *Cinchona*, *Ferrum*, *Sulphur*, *Ledum*, *Dulcamara*, *Colchicum*, *Lactuca virosa*, *Sepia*, *Lycopodium*, *Prunus spinosa*, *Digitalis*, &c.

In the *acute* form of anasarca, *Helleborus*, *Bryonia*, *Phosphorus*, *Arsenicum*, and *Mercurius* are commonly the most serviceable. *Helleborus*, especially where we encounter febrile



symptoms, with constriction in the chest and lancinating pains in the extremities, and almost total suppression of urine; or where there is coma somnolentum, with great debility and looseness of the bowels, the motions generally presenting a gelatinous appearance; prolonged shivering, short and rapid respiration, much thirst. (*Arsenicum* is sometimes required to complete the cure after the previous employment of *Helleborus*.)

BRYONIA is of very great service in some cases of the acute, asthenic variety, whether idiopathic or otherwise, where there is oppression at the chest, with acute pricking pain particularly during a full inspiration; increase of the anasarca swelling during the day, and diminution at night; constipation. Should the foregoing symptoms have come on suddenly after partaking of a long draught of cold water when in a heated state, or should the dropsical swelling make its appearance during an attack of pneumonia, there will be additional reason for selecting this remedy. Occasionally, however, it may be found necessary to follow up the treatment with *Cinchona* or *Lycopodium*, the latter particularly where there are obstinate constipation and diminished activity of the skin.

PHOSPHORUS is chiefly used in anasarca accompanied with inflammation of the lungs; here it forms one of the most important remedies. Should it not prove sufficient to overcome the entire disease, *Sulphur*, *Lycopodium*, and perhaps also *Arsenicum* and *Lachesis*, will, in general, be found the most appropriate medicaments to combat the remaining symptoms.

MERCURIUS. In acute or chronic anasarca, attended with oppression at the chest, incessant, short, and extremely fatiguing cough, this is a useful remedy, particularly in the asthenic form, with disordered liver, general heat, thirst, great weakness. *Dulcamara* and *Colchicum* have been found useful in anasarca resulting from the effects of a chill from exposure to cold and wet when heated.

In the asthenic or in the chronic form of anasarca, *Arsenicum*, *Cinchona*, *Ferrum*, *Mercurius*, *Sulphur*, *Camphora*, *Lycopodium*, *Sepia*, *Ledum palustre*, *Rhus*, *Helleborus*, &c., form the principal medicaments. *Arsenicum* is one of the most invaluable remedies in anasarca with debility, either when the



attack has come suddenly as an idiopathic affection after a chill from drinking copiously of cold water while in a state of perspiration; or when it has been induced by the depressing effects of other maladies, such as dysentery, diarrhœa, scorbutus, &c., and the habitual indulgence to excess in spirituous liquors; or further, when the disorder occurs in combination with gastritis, pericarditis, and other affections of the heart or other viscera. The following symptoms constitute some of the leading characteristic indications for the employment of *Arsenicum*. Tightness in breathing, or attacks of oppression at the chest which threaten suffocation on assuming the recumbent posture, and particularly when lying on the back; dry, harsh, and thickened skin, which is, at the same time, of extreme paleness, or of an earthy, greenish hue, particularly at the face; parched and somewhat reddened tongue; excessive thirst; aching or dragging and rending pains in the back and limbs; *extreme weakness amounting to complete prostration*; feeble or irregular pulse; coldness of the extremities. *Helleborus niger* occasionally proves of essential service after or alternately with *Arsenicum*. In other cases *Cinchona*, *Bryonia*, *Lachesis*, *Ledum*, or *Solanum nigrum*, may claim a preference.

CINCHONA. In anasarca combined with affections of the liver or spleen; or when the disorder has been induced by debility arising from loss of blood, diarrhœa, or dysentery, &c., this remedial agent is of much utility, but will generally require to be succeeded by *Arsenicum*, *Ferrum*, *Helleborus*, *Mercurius*, or *Sulphur*, &c. Shooting or pricking pains in the parts affected with the dropsical swelling, together with a pale, sickly, or deathlike hue of the skin, are characteristic indications for *Ferrum*.

MERCURIUS. Some general indications for the employment of this remedy have already been given. In anasarca with debility it is more frequently useful than in the sthenic form.

SULPHUR is a useful general remedy in chronic cases, or in those with debility induced by CHLOROSIS, SCURVY, DIARRHŒA, SYPHILIS, &c. *Sepia*, *Lycopodium*, or *Kali*, &c., are occasionally of some service after or in alternation with *Sulphur*.



In other cases of anasarca swelling with a deficiency of vital energy, *Camphora*, *Rhus*, *Phosphorus*, *Prunus spinosa*, *Antimonium crudum*, &c., have been found of considerable efficacy.

Against consecutive anasarca, *Helleborus niger* and *Belladonna* are the more generally appropriate remedies; but in some cases it is necessary to have recourse to *Arsenicum*, *Mercurius*, *Rhus*, *Digitalis*, or *Sulphur*. When mortification threatens in consequence of anasarca, *Lachesis*, *Cinchona*, and *Arsenicum* are the remedies from which the greatest possible assistance is to be hoped. (See also art. HYDROPS.)

In anasarca arising from a long-continued residence in a damp, unwholesome dwelling, *Colchicum* may prove a valuable palliative, if not a curative remedy. A radical cure was performed by it in a case which appeared to have been excited by the aforesaid cause, in which the following were the predominant symptoms: At the commencement of the attack, slight gastric derangement, then very gradual anasarca swelling, attended with pains in the joints and extreme sensibility of the skin to the slightest breath of air, no thirst, and a perfectly normal state of the urine. (Kurtz. A. h. Zeit. xxvi, 90.)

## DROPSY OF THE CHEST.

*Hydrothorax. Hydrops pectoris. Hydrops thoracis.*

Dropsy of the chest may exist without complication with effusion into the cavity of the abdomen or any other dropsical affection. The collection of fluid may take place in both sides of the chest, or in one only. Occasionally the exudation is lodged in the cellular texture of the lungs as well as in the sacs of the pleura. The disease is often ushered in by a sense of uneasiness at the inferior portion of the sternum, attended by some difficulty of breathing which is greatly increased by any exertion, but more especially whenever the recumbent posture is assumed. An annoying cough, at first dry, but subsequently accompanied with expectoration of thin mucus, is experienced, and the feet are observed to be in an œdematous state towards evening. In addition to these symptoms, we encounter those



which are met with in all forms of dropsy, such as paleness of the skin, thirst, and diminished secretion of urine, &c. ; further, a fluctuation of fluid is frequently perceived in the thorax, either by the affected party himself or by his medical adviser, on particular movements of the body.

Along with the above symptoms the existence of hydrothorax is to be detected by means of auscultation. Percussion gives a dull sound, and the respiratory murmur is either very obscure or entirely absent, except in the vicinity of the spinal column. Enlargement of one or both sides of the chest is sometimes observed, together with an increased or more prominent appearance of the intercostal spaces.

As the disease advances, the dyspnoea increases, particularly at night, when it sometimes creates a dread of suffocation; the extremities become more and more swollen, and the patient is frequently affected with palpitation and fits of excessive anxiety. Numbness is often complained of in one or both arms. Eventually the patient finds it impossible to keep the recumbent posture, or even incline backwards, and cannot indeed fall asleep in any position, especially if the water is collected in both cavities of the pleura, without starting up suddenly with increased difficulty of breathing and apprehension of asphyxia. The cheeks and lips become pale from the impeded circulation, and the pulse becomes irregular and intermittent. Finally, the patient is carried off by suffocation and exhaustion, or becomes comatose. In some cases the termination is sudden, but in others death is preceded by a spitting of blood for the space of five or six days.

Organic lesions of the lungs, heart, or their great vessels, form the most frequent sources of hydrothorax; but disease of some of the viscera of the abdomen, and especially induration or scirrhus of the liver, is an additional frequent cause of the affection.

**THERAPEUTICS.** The prognosis in this serious and distressing malady must, in a great measure, depend on the cause of the effusion. But in truth, in almost all cases we can rarely speak otherwise than in the most unfavourable terms. The remedies from which the greatest alleviation, and occasionally



the ultimate cure, has hitherto been most frequently attained in homœopathic treatment, are: *Aconitum*, *Arsenicum*, *Carbo v.*, *Helleborus*, *China*, *Lycopodium*, *Colchicum*, *Digitalis*, *Spigelia*, *Dulcamara*, &c.

The most important and more generally applicable remedy in hydrothorax, whether resulting from inflammation of the pleura, or organic affection of the liver or spleen, and even of the heart, is *Arsenicum*, particularly when the following train of symptoms are encountered: distressingly impeded respiration, but especially after any exertion, such as going up stairs, &c.; incessant thirst with inclination to drink but little at a time; painfully obstructed breathing *on getting into bed*, notwithstanding that the act is performed with the utmost caution and slowness, attended with palpitation of the heart and excessive anguish as if from impending suffocation; extreme dyspnœa on assuming the recumbent posture, or on changing the position in bed during the night; coldness of the extremities; œdema of the feet; pale or greenish hue of the skin, pains in the back and loins; complete prostration of strength. When the above symptoms do not arise from or are unconnected with organic lesion of the heart, lungs, &c., they will rarely fail to yield to the employment of *Arsenicum*.

In complications with organic affections of the liver, spleen, or heart, a greater or less degree of melioration is generally the utmost we can look for from the use of this, and but too often, it must be added, of any other remedy. *Carbo v.*, *Cinchona*, *Ferrum*, and *Mercurius* are of considerable assistance after *Arsenicum*, where there is disease of some one or other of the abdominal viscera, such as the liver or spleen, &c.; and *Digitalis*, *Co'chicum*, and *Spigelia* when there is organic lesion of the thoracic viscera, particularly the heart or large vessels.

DULCAMARA has been found of considerable service in alleviating the sufferings in hydrothorax when they become aggravated during the prevalence of cold, foggy, damp, or rainy weather, and continue so until a change takes place in the form of a pure and dry state of the atmosphere.

COLCHICUM, as has already been stated, is a useful palliative along with *Digitalis* and *Spigelia* in dropsy of the chest con-



nected with organic lesions of the heart or great vessels. It is to be preferred to *Dulcamara*, in those cases where, in addition to the tendency to an increase of suffering during cold and humid weather, there is, moreover, extreme susceptibility to cold.

In hydrothorax resulting from inflammation of the pleura (chronic pleurisy), *Arsenicum*, *Carbo vegetabilis*, *Lycopodium*, *Lachesis*, *Kali carbonicum*, are the most important remedies in the generality of cases.

When there are febrile symptoms accompanied by sharp pains in the chest, a dose or two of *Aconitum* is occasionally beneficial; but in most cases of this description we shall commonly find it more advantageous to have recourse to *Bryonia*, without the previous employment of *Aconite*.

The following medicines may also be enumerated as likely to prove of service in hydrothorax: *Stannum*, *Ammonium carbonicum*, *Scilla maritima*, *Aurum*, *Mercurius*, and *Senna*.

## SCROFULA.

The most common form of this disease is that in which the conglobate glands in different parts of the body, but especially the neck, under the chin, and behind the ears, become converted into hard, indolent tumours, and subsequently pass through the stages of suppuration and ulceration. The discharge which succeeds, instead of consisting of pus, is found of a white curdled matter bearing some resemblance to the coagulum of milk. In some cases, and those generally of an inveterate character, the eyes are the principal seat of the disease; whilst in others, of a still more virulent description, the joints become swollen and extremely painful, and if the course of the malady be not checked, it extends to the ligaments, cartilages, and adjacent bones; or tubercles are developed in the lungs; hectic fever is then superadded, and often puts a fatal termination to the disorder.

**THERAPEUTICS.** The remedies which have hitherto been chiefly employed in homœopathic practice in the early stage of



this disorder, are : *Belladonna*, *Silicea*, *Sulphur*,\* *Calcarea*, *Arsenicum*, *Pulsatilla*, *Sepia* ; and, when the glands of the neck, &c., are prominently affected, the following, in addition to the foregoing, are commonly of the greatest efficacy : *Conium*,† *Dulcamara*,‡ *Mercurius*, *Hepar*, *Cistus*, *Staphysagria*, *Phosphorus*, *Aurum*, *Baryta c. et m.*,§ *Rhus*, *Clematis*, &c.

\* A one and a half year old, highly scrofulous (hereditary) child : treated for a length of time allopathically, by means of *Baryt.*, *Hydr. pot.*, and latterly *Calomel*, and then *Iod.* : around the neck glandular swellings partly commencing to suppurate, partly open and discharging thin yellow pus ; moist scabs on the head and ears ; eyelids reddened and swollen ; cornea obscured by old cicatrices and fresh ulcers ; excessive salivation ; dry cough ; violent fever from dentition. *Tinct. Sulph.* 1, a drop night and morning. After some little time the child became lively and vigorous, and the ulcers healed.

† *Enlarged and indurated cervical glands* of scrofulous children, which, if anything, rather increased than otherwise under the employment of *Calc.*, *Iod.*, and *Silic.*, became strikingly diminished and softened within eight days from the use of *Conium* internally and externally.

‡ *Dulcamara* (Tr. gtt. x, Sacch. lact. Dr. aliq.) about a fifth of a grain twice a day, for a period of from six to eight weeks, cured hard circumscribed, painless swellings of the cervical glands, the size of a pigeon's egg, occurring in young persons of from 14 to 18 years of age, who were otherwise of parents sound and healthy.

§ The sphere of action of *Baryta mur.*, is more particularly confined to the lymphatic system. I have found it useful only in scrofulous cases (inflammations of the eye, eruptions, diarrhœa, blennorrhœa of the lungs). *Dosis*, 3d trituration, (4 : 96) scr. j, in aq. destil. ℥ ij ; for children of a twelvemonth old, a teaspoonful every three hours, and so on, increasing or diminishing the dose according to the age and temperament of the patient. The following cases are examples of its successful employment :—

A child, two years of age ;—the neck surrounded with glandular indurations of about the size of an egg ; abdomen hard and distended ; tongue furred ; appetite only for dry bread ; stools hard, white, and take place only after clysters ; urine yellowish and fetid ; offensive otorrhœa ; emaciation ; swelling of the feet ; hump-back. Had been treated allopathically for a twelvemonth. Milk, mucilaginous diet. *Baryta mur.*, (∅ xij), as above, effected a perfect cure, inclusive of the hump, in three months.

A child, one year and a half old, covered with ulcers ; thick offensive incrustations over the head, fetid discharge from the ears ; inflammation of the eyelids, photophobia ; tumid belly ; stools, watery and fetid ; swelling of the feet. In six months, restoration to sound health.

A girl, six years of age, dismissed as incurable, after having been under



(See DISEASE OF THE CONGLOBATE GLANDS.) A careful selection from amongst these remedies, according to the nature of the symptoms, combined with great attention to cleanliness, ventilation, and the quality of the food, which should be wholesome and nourishing, will rarely fail to be attended with satisfactory results. In young subjects, indeed, it will frequently be found practicable after patient perseverance, completely to eradicate, by the said means, the scrofulous diathesis. When the joints or bones have become affected, *Sulphur*, *Calcarea*, and *Silicea* are of striking utility; in other cases,—*Mercurius*, *Aurum*, *Lycopodium*, *Phosphorus*, *Cistus*, &c., may be called for. And when the glands of the mesentery are in a diseased state (scrofula mesenterica), *Sulphur*, and *Calcarea*, as also *Mercurius*, *Arsenicum*, *Baryta*, *Lycopod.*, *Baryta c.*, *Bella.*, *China*, *Puls.*, *Rhus*, *Nux*, &c., are those from which we may generally look for the most important aid. (Vide also ENLARGEMENT AND INDURATION OF THE CONGLOBATE GLANDS IN THE NECK, &c., ATROPHY, RACHITIS, OSTITIS, OPHTHALMIA, and ULCERS, &c.)

## OSTITIS.

### *Caries, Necrosis, Exostosis.*

Inflammation of bone may either be acute or chronic. It is usually characterized by pain, more or less severe, followed by swelling, and often with heat and redness of the integuments covering the affected parts. In chronic cases the enlargement takes place very slowly, and the pain varies according to the cause of the attack, being much more intense and accompanied by nocturnal exacerbation, in ostitis arising from syphilis or from the abuse of mercury, than when induced by the effects of external lesion. The accompanying fever is not often very intense, and displays itself chiefly towards evening and at night.

allopathic treatment for a twelvemonth. Complete dimness of the cornea, sclerotica inflamed and relaxed; both nostrils inflamed and excoriated. After three weeks, the inflammation was subdued; after four months, the vision clear and normal.



When the inflammation is acute, it soon, if unchecked, terminates in caries, in necrosis, or in suppuration of the cancellous texture. Caries or ulceration may either arise in consequence of an external injury followed by considerable inflammation and abscess; or it may occur as a sequel of scrofula and syphilis. The latter is the more frequent source of the disorder. It may take place in any of the bones, but is most commonly encountered in those of a spongy texture, such as the bones of the tarsus and carpus, the sternum, vertebræ, and the extremities of the long bones. In the commencement of caries, an obtuse, deep-seated pain is experienced in the affected bone, and the superincumbent integuments become discoloured, flabby, and tender to the touch; the soft parts then ulcerate, and a sinus is formed, which is in communication with the caries, and from whence a dark-coloured, thin, ichorous matter, having a peculiarly offensive odour, and occasionally containing osseous particles, is discharged. The diseased part of the bone is usually soft, moist, accompanied with the production of pale, spongy granulations, and sometimes perforated at innumerable points (*wormeaten caries*); at other times the surface of the bone is dry, brittle, and of a pale white colour. Partial absorption of the bony texture frequently takes place, some of which is rendered so fragile as to crumble away at the slightest touch. Caries may take place at any period of life, but is most frequently met with in young subjects, particularly when originating, as it so frequently does, in scrofula. The bones which are most liable to be affected with syphilitic caries are those of the cranium, the tibia, the sternum, the palate and the nasal bones; while those which more commonly become carious from scrofula, are the vertebræ, the bones of the carpus and tarsus, and the extremities of the long bones. The disease is attended with the greatest danger when it exists in the bones of the cranium, the large joints, the vertebræ, the carpus and tarsus, particularly if, at the same time, it arises from a constitutional cause. Necrosis, or the death of a portion of a bone, may be induced by violent inflammation of the periosteum, or by anything which affects the substance of the bone or the medulla in such a manner as to interfere with or interrupt the process of nutrition.



Consequently severe contusions, compound fractures, the protracted exposure of the surface of a bone, which has been deprived of its periosteum, to the air; irritating applications, such as strong acids, caustics, &c., are frequent causes of the disease. But, in addition to these external means, it may also proceed from an internal or constitutional source; and accordingly we find some of the worst forms of it attributable to the effects of scrofula, lues venerea, scorbutus, the abuse of mercury, and the debilitating results of typhus fever, small-pox, &c. The symptoms of necrosis vary according to the nature of the cause and the extent of the disease. In scrofulous or syphilitic individuals the pain is deep-seated and extremely violent; and it is in such cases that a large portion, sometimes indeed the whole shaft of a long bone is destroyed. In all cases a swelling of a greater or less extent soon takes place, and the pain, when excruciating, is rarely relieved until matter forms and the abscess bursts. When the necrosis is inconsiderable and arises from external injury, the patient being, at the same time, of a healthy habit, there is little or no constitutional disturbance. But when the disease is more extensive and occurs in scrofulous or otherwise unhealthy habits, the derangement of the system is sometimes very violent. On the bursting of the abscess, and particularly in the severer forms of necrosis, there remains a large tumour of a firm, unyielding description, resulting in the effusion of coagulable lymph around the dead bone, together with the œdematous and thickened condition of the cellular membrane. If a probe be introduced through the orifice from whence the matter escaped, and passed down to the bone, the surface of the latter will often be found bare and rough. Cicatrization does not take place after the evacuation of the abscess. but, on the contrary, the openings are, for the most part, converted into fistulæ, chiefly in consequence of the continued irritation which is caused by the dead bone, and serve as a passage for the exit of any pus that may be formed, as well as for the sequestrum itself.

We can never be certain of the existence of necrosis until we can touch a portion of dead bone with a probe, or can obtain a sight of the affected bone, and find it presenting either an ex-



cessive whiteness or a darker colour than natural. All the bones are liable to necrosis: but the tibia, femur, clavicle, humerus, maxilla inferior, radius, and ulna, are those which are most frequently affected. The diaphysis is the general seat of the disease. Regeneration of the long, cylindrical, or flat bones, may take place; but those of the cranium, carpus, and tarsus cannot be reproduced.

Old age, lues venerea, cancer, scurvy, and rickets, impede the regenerative process. Suppuration principally takes place in the spongy texture, or medullary cavity of a bone. Its invasion is speedily followed by absorption to a greater or less extent; and occasionally, while the interior structure is removed by the absorbents, the external shell is expanded (*spina ventosa*). After the suppurative process has gone on for some time, the matter makes its way under the skin, and gives rise to the foundation of a soft swelling or abscess, which, on bursting, affords considerable alleviation of suffering. Necroses or caries frequently originate in disease of the medullary membrane, in consequence of the obstruction which is thereby offered to the nourishment of the bone.

**THERAPEUTICS.** In inflammation of bone we shall rarely find occasion to have recourse to *Aconitum*; at the utmost it may only be found useful as a palliative, and that chiefly in idiopathic ostitis occurring in young plethoric subjects. In some of the milder forms, attended with redness of the integuments, slight swelling of the bone and extreme sensibility to the touch, *Bryonia* and *Pulsatilla* have proved very serviceable; the former particularly in persons of nervous or bilious temperament and of a dry meagre habit; the latter in those of phlegmatic temperament, with relaxed, lymphatic constitutions. When external violence has given rise to the disorder, and the periosteum has been considerably injured, *Ruta* is a valuable remedy. Lastly, *Mercurius* may be named as one of the most important remedies in acute ostitis with excessive nocturnal exacerbations of pain, and especially when the disorder occurs in persons of lymphatic temperaments, or in those who from having been badly fed, ill lodged, or have had their constitutions otherwise much reduced and enfeebled. Warm fomentations



may be beneficially applied along with the internal employment of the appropriate medicines; spare diet and perfect rest must, at the same time, be enjoined. In chronic ostitis, which is the most common form of this inflammation, *Sulphur*, *Calcarea*, *Silicea*, *Phosph.*, *Acid. ph.*, *Staph.*, and *Assaf.*, are, in general cases, the most important remedies at the commencement of the attack. In other cases, and more particularly when the affection has originated in the abuse of mercury, *Hepar sulph.*, and *Acid nitr.*, are two of the most important remedies; but when there is a considerable degree of erysipelatous redness, a dose or two of *Belladonna* will generally be found requisite ere we proceed to employ the aforesaid medicines, or any other remedy which may appear more appropriate to the aggregate features of the case. If traces of scorbutus accompany the inflammation, *Carbo v.*, *Merc.*, *Staph.*, *Sulph.*, *Ac. nitr.*, *Dulc.*, *Scpia*, &c., are the most appropriate. And when syphilis, or the joint effects of mercury and syphilis, have evidently given rise to the disorder, the following medicaments, in addition to those described as the most applicable at the commencement of ostitis in general, have hitherto been found the most useful, viz. : *Aurum*, *Assafæida*, *Staphysagria*, *Mezereum*, *Lycopodium*, *Manganum acet.*, *Lachesis*, *Dulcamara*, *Baryta*, *Carbo v.*, *Acid. fluoricum*. *Manganum aceticum* and *Mezereum* are more especially adapted to inflammation of the periosteum, attended with pains of an almost insupportable nature.\* *Mercurius*, *Aurum*, *Staphysagria*, and *Phosphorus* generally claim a preference when the bones of the face form the seat of the inflammation; *Mercurius* and *Staphysagria* when those of the hip; and *Assafætida* and *Mezereum* chiefly, when the shin and other superficial bones are affected. In the treatment of *caries* it is, as in ostitis, of importance to consider the cause from which the disease has arisen. In the early stage of the malady the remedies which we have named as being very useful in the

\* Hartmann's Therapie, zweite Ausgabe, p. 290. We have found *Assafætida* and *Acid. phosph.* of much efficacy in periostitis. *Mercurius* and *Silicea*, and sometimes *Bella.*, *Staph.*, *Puls.*, *China*, &c., may also do good in particular cases.



milder forms of acute, and at the beginning of chronic ostitis, are frequently of considerable service, and indeed, will often prove sufficient, especially in cases which have arisen from a local injury, and unattended by signs of general constitutional derangement, to stay the morbid action, and eventually effect a radical cure without the expediency of an operation.

In cases depending upon a constitutional cause, such as scrofula, scorbutus, or from syphilis and the abuse of mercury, the same medicines are required as have been quoted under Chronic Ostitis. We must, in a great measure, be regulated by the law *similia similibus* in the selection of the different remedies; but when, from the paucity of the symptoms, or the absence of any of a characteristic or sufficiently well-marked character, there is some difficulty in finding the appropriate remedy, the alternate or successive employment of two or more medicaments, which embrace the main features of the case, and which experience has proved to be remedies of great value in caries in general, may be resorted to. Thus, *Sulph.* and *Calc.*; *Sulph.*, *Calc.*, and *Silicea*; *Silicea* and *Phosph.*, administered in alternation or rotation, have often succeeded in effecting a radical cure. In like manner, Perussel mentions three cases of caries which were cured by *Hepar s.* and *Silicea* in alternation. In another case he had recourse to *Mezereum* and *Rhus* in addition to the foregoing. And in a fifth, in which there was considerable complication with mercurial disease, *Sulphur* and *Acid. nitr.*, established the cure. (Bib. Hom. d. G., x, 321.) Caries articulationis cubitalis, cum ulceribus ossis fistulosis: *Calcarea c.*, (*Rhus*), *Silic.*, *Sycop. et Sulph.* (A. H. Z. viii, 120.) Caries femoris pueri serophulosi: *Sepia 10 et Acid. nitr.* (Ann. 11, 365.) Caries fungosa manus: *Rhus et Arsenic.* (T. h. 1.) Caries ossium faciei: *Calc. carb. et Silic.* (A. H. Z. viii, 309.) Caries pedis cum febre hectica: *Arnica, Lycopod., et Silicea.* (Arch. xii, 191.) Caries radii with bluish red swelling of the fore-arm and hectic fever: *Pulsatilla, Mezereum, Sabina, Silicea, Calc. c.*, and *Lycopod.* (Arch. viii, 1, 42.) Caries tibia-rum et antibrachii sinistri, with several fistulous passages, debilitating diarrhoea, and utter prostration of strength. *Sulphur, Assafet., Acidum nitr.*, and *Acid. phosph.*, accomplished the



cure. One medicine alone, when homœopathic to the entire disease, is often sufficient to stop the caries and bring about a healthy action in the carious part. Thus, *Aurum* has repeatedly effected cures in caries syphilitica ossium palati et nasi; as also in caries syphilitica processus alveolaris cum ozæna. *Silicea*, in several doses (at the thirtieth potency), frequently cured chronic caries in scrofulous children. Other cases required lower potencies of the same remedy (Kämpfer, Allg. h. Zeit. xxiv, 135.) *Silicea* 30, cured, in two cases, caries of the mastoid process (Goullon, Gr. u. St. Arch. xv, 3, 55.) Caries tibiæ recens: *Silic.* 10 (Arch. viii, 1, 23.) Caries of the third phalanx of the middle finger, in a female who had applied all sorts of unguents to the part for a whole year, and from which a piece of bone had exfoliated. Eight days after the exhibition of *Silicea* the pain was removed, and another small exfoliation took place, after which cicatrization ensued. (Rückert's Therapie). *Acidum fluoricum*\* has been employed in some cases of caries with striking effect, and promises to be a remedy of great value in diseases of the bones in general. We may quote the two following cases as illustrative of its curative powers in disease of the bones: "A boy became affected, after scarlet fever, with caries of the temporal bone, which, during a period of five or six years, periodically broke out afresh, discharged an offensive pus, and then healed again. The entire left side of the cranium was arrested in its growth, and consequently rendered much smaller than the other side; the left eye also appeared strikingly smaller than the right one. The intellect of the boy was, nevertheless, not in any way affected. Several remedies improved, but failed in curing the caries. After the employment of fluoric acid the periodical attack came on earlier, and in a more aggravated form than usual, but never returned. From that time onward the left half of the cranium commenced to grow, and the previous inequality of size between the two sides of the head became gradually less, and finally imperceptible." (Neues Arch. 3ter Bd. 1stes Heft.)

\* The provings of this important remedy appeared in the Neues Archiv, zweiter Band, erstes Heft.



“The first and second phalanx of the left index finger, particularly the former, were swollen to four times their natural size, so that the finger presented the shape and appearance of a pear. On the dorsum of the finger an opening sometimes made its appearance, from which pus and ichor oozed out. The entire tumour was very hard to the touch; the skin otherwise unaltered; the cause of the affection was not ascertainable; the pains were intermittent. With exception of some degree of dyspepsia, the health of the patient was good. Of *Silicea* x, two doses were prescribed. Twelve days afterwards, the patient returned, and said that she thought the finger better; but there were no outward signs of improvement. *Acidum fluoricum* x, in two doses, was next prescribed. The patient did not come back again until about twelve weeks after her preceding visit. The affected forefinger was so much restored that it exhibited little or no difference in its appearance from that of the other hand. The patient had merely returned because her digestion, after having been rendered much stronger, had threatened to become somewhat disordered again. *Silicea* x, two doses, was prescribed for the general symptoms remaining. The patient did not show herself again.” (Neues Arch. 3ter Bd. 1stes Heft, Seite 128.)

In caries of the *ossa nasi*, *Acidum nitricum* is, as well as *Aurum*, a most efficacious remedy. In that of the inferior maxilla (when the disease has not arisen from exposure to its vapour) *Phosph.* And in caries of the bones contributing to form the *Antrum highmorianum*, *Arsenicum*, *Lycopodium*, and *Silicea* have repeatedly proved curative; but in some instances it may be found necessary to have recourse to other medicines, as *Sepia*, *Sulph.*, &c. Where caries is attended with ulceration of the integuments, and thick, lemon-coloured discharge, *Lycopodium* acts beneficially. When caries fails to yield to the agency of medicines, and the symptoms of constitutional irritation increase in intensity, an operation for the removal of the carious portion of bone becomes necessary.

The medicaments employed in the treatment of the two preceding forms of disease of the bones, are also more or less requisite in *necrosis*. In the first stage of the disorder, if there



be severe and extensive inflammation of the soft parts, *Aconitum*, *Belladonna*, *Bryonia*, *Pulsatilla*, *Mercurius*, and *Sulphur*, together with warm fomentations and poultices, are more or less useful. (See OSTITIS.) When matter forms, and is confined under the periosteum, it should be evacuated early, by means of a deep and free incision.

When the disease has reached the second stage, or that in which the sequestrum has been formed, yet remains adherent to the living portion of bone, the process of absorption or of exfoliation may be aided and quickened by the administration of *Symphytum officinale*, or by *Silicea*, *Phosphorus*, *Sulphur*, and *Calcareo*. These remedies, especially the four latter, materially serve, moreover, to lessen the tendency to renewed inflammatory attacks and their sequelæ, as also to mitigate any undue severity in the constitutional disturbance which is so prone to set in during this stage of the affection. When, notwithstanding all our efforts, the health of the patient begins to be seriously injured by the pain, profuse discharge, and hectic fever, an operation for the removal of the sequestrum, or even amputation of the affected limb, if the necrosis be extensive, becomes necessary. But as long as the health remains tolerably good, we should abstain from any harsh interference with the operations of nature, and endeavour to forward her efforts by judicious medical treatment. The principal medicines by means of which this commendable aim is most likely to be promoted, are : *Sulphur*, *Calcareo*, *Silicea*, *Lycopodium*, &c. These remedies are equally applicable, whether the disease may have arisen from the effects of external injury, or originated in internal causes—such as *Scorbutus*, *Scrofula*, *Syphilis*, or the abuse of mercury, which have affected the bones through the medium of the constitution, or has proceeded from a debilitated state of the system resulting from severe febrile disturbance. *Sulphur* is chiefly required when necrosis occurs in persons of lymphatic or bilious temperament; also in those who are disposed to eruptions, enlargement of the glands, hemorrhoids and constipation. *Calcareo* may generally be exhibited with advantage after the previous employment of *Sulphur*. *Silicea* is, if anything, still more frequently required than either of the



two preceding remedies, when the sequestrum is completely formed, but is still firmly attached to the living part of the bone (second stage); or when it is loose (third stage), and there is an excessive discharge from the fistulous openings consisting of pus and ichor; further, when there is a considerable degree of nervous excitement, and the sleep is restless and unrefreshing. *Lycopodium* is often useful when the matter discharged is very copious, thick, and lemon-coloured. In other cases, *Assafætida*, *Acid. nitricum*, *Phosphorus*, *Ruta*, or *Mezereum* may be required. The alternate use of *Sulphur* and *Calcareæ*, *Silicea* and *Phosphorus*; or of these four in rotation at intervals of from six to eight or ten days, is sometimes beneficial.

Suppuration of the spongy texture is to be treated at the beginning of the disease in the same manner as has been described for osteitis; and on the bursting of the abscess, those remedies which have been noticed under caries and necrosis must be resorted to. In *exostosis*, or the growth of a bony tumour from the surface of a bone,—*Sulphur*, *Calcareæ*, *Silicea*, *Phosphorus*, *Assafætida*, *Dulcamara*, *Mezereum*, and *Mercurius*, have chiefly been recommended. And in Tophus, or the formation of a soft swelling on a bone, *Bella.*, *Merc.*, *Phosph.*, *Acid. nitr.*, *Sulph.*, *Calc.*, *Assa.*, &c.

## WOUNDS.

(Additions to page 417.)

Dr. Thorer, of Görlitz,\* strongly recommends *CALENDULA OFFICINALIS* in preference to *Arnica*, in wounds of every description, but especially incised, punctured, or lacerated wounds, and those with considerable loss of substance. The sphere of the latter as a traumatic remedy he confines to contusions, sprains, bruises without abrasion of the surface, or laceration of the soft parts. Dr. Thorer speaks, moreover, in favourable terms of the effect which *CALENDULA* appears to exercise over

\* Neues Arch., dritter Band, erstes Heft.



the process of granulation and cicatrization. Very frequently, even after amputations, the cure, under the employment of this remedy, was effected by the first intention, and in almost every instance where it was impossible to avoid suppuration, the extent to which it occurred was comparatively insignificant. He employed two different preparations of this remedy as lotions; the one to which he gave the name of *Aqua Calendulæ Officinalis*, he prepared as follows :

“ I filled one-third of a clean bottle with the petals or leaves of the flowers, the remaining two-thirds with fresh, pure spring water, corked it well, and exposed it for two to three days to the warm rays of the sun. The water was, by this process, rendered slightly aromatic, and having been poured off from the leaves, it was put into a bottle, well sealed up like wine bottles, then immediately placed in the lower temperature of the cellar. Whilst the bottle with the mixture of the leaves and water is exposed to the higher temperature of the sun, it should be narrowly watched, and the moment that any signs of incipient fermentation make their appearance, measures must be taken to arrest it. The second preparation was a *Spiritus Calendulæ*, for which I employed the same quantity of the leaves of the flower as in the preceding instance, and pure rectified spirits of wine in place of the water. I employed the latter preparation only on one occasion, very much diluted, in order that the spirit of wine might not exercise a detrimental influence on the injured parts. Its effect was equally beneficial.”

We give the following cases as instances in which Dr. Thorer applied *Calendula* as a lotio vulneraria homœopathica with success :

“ 1. R. K. had the under lip much bruised and *lacerated* from the kick of a horse. The lips of the wound were brought into approximation, and retained there by means of a strip of adhesive plaster. In addition to this, the patient was furnished with a phial containing *Aqua calendul.*, and desired to keep the wound covered with a compress saturated with the lotion. Already, after an interval of three days, healthy cicatrization began to set in, without suppuration. The process of healing



went on quickly and uninterruptedly per primam intentionem, and the scar of the divided lip is now scarcely perceptible.

“2. M. A. had the misfortune to fall down a flight of stairs, and in addition to several contusions on the chest, two extensive wounds were inflicted, one on the forehead, and the other along the ridge and at the point of the nose, producing great disfiguration. In this case, also, the healing process proceeded most rapidly and favourably, without suppuration, and without leaving any disfigurement, such as a wound of so severe a character might reasonably have led me to anticipate.

“3. This case was of infinitely greater importance than the above: Flöder, a boy, 16 years of age, while engaged at his occupation in a cloth manufactory, had the misfortune to become entangled in the machinery; in consequence of which, the following injuries were sustained:

“1. Compound fracture of the left arm, the sharp extremities of the broken bone protruding through the integuments.

“2. A deep wound at the bend of the elbow.

“3. The bones of the left forearm completely stripped of their muscles, and laid bare to the extent of six inches.

“4. The hand torn off, being only kept adhering to the stump by a slip of skin.

“5. The skin and portions of the muscles of the exterior surface of the right leg were torn off, leaving a large and deep wound extending down to the bone.

“6. Face and chest severely contused, and exhibiting many small flesh wounds.

“The unfortunate patient was reduced to a state of extreme exhaustion by loss of blood and excessive suffering; amputation of the left upper arm was nevertheless rendered imperative, and was accordingly performed. Compresses, saturated with *Aqua calendulæ*, were applied to the exposed lacerated muscles of the right leg, up to the period of the recovery of the patient, and it was striking to observe how dry, and without suppuration, incarnation proceeded in the parts to which the *Calendula* was applied, in comparison with the extensive suppuration and slow curative process which took place in the stump of the amputated arm, treated according to the ordinary surgical rules.



I was not at the time aware of the peculiar properties of *Calendula*, but in consequence of the striking beneficial effects which it produced on the injured lower extremity of the patient, I subsequently applied it to the wound of the stump, and was gratified by the peculiarly favourable granulation which soon ensued there likewise. All the wounds henceforward filled up and healed in so satisfactory a manner, that it was scarcely possible to conceive that they could have been of so serious a character, and attended with such loss of substance as they in reality were. The patient was restored to perfect health, and I have no hesitation in attributing his recovery to the very favourable process of granulation and cicatrization which took place under the employment of the *Aqua calendulæ*.

“4. C. in G. lost his footing when in his mill, and had the third phalanx of the left index-finger, the second and third phalanx of the ring-finger, and the flesh of the point of the middle finger torn off. A small portion of the bone of the second phalanx of the ring-finger remained, but was entirely bared and exposed; the patient was desirous that this remnant of bone should be removed. I refrained from doing so, however, in the hope that it might become covered by means of favourable granulation. And so the result proved. After the hemorrhage had been arrested by the application of cold water dressings, *Aqua calendulæ* was employed, two days from the occurrence of the accident. The wounds thereupon assumed a drier aspect, incarnation went on uninterruptedly, and a perfect cure was rapidly accomplished. On the ring-finger alone, a very minute exfoliation came off from the exposed bone.

“Mr. Surgeon Schulze, to whom I had recommended the *Calendula* as a remedy in wounds, and who had employed it extensively with much satisfaction to himself for the past two years, recently favoured me with the following cases, amongst others, in which he had used it with success.

“5. A labourer received a comminuted fracture of the right index-finger, while engaged in lifting a heavy stone. The splintered and more or less loose pieces of bone were removed,



and the *Aqua calendulae* applied as a lotion. The cure followed rapidly, and without any particular suppuration.

“6. A miller’s apprentice had two of his fingers so completely crushed that, as in the foregoing case, it was necessary to remove the shattered particles of bone. The *Calendula* effected an equally rapid cure, with a very trivial degree of suppuration.

“7. In a case of complicated fracture of the leg, with a wound nine inches in length, from which the tibia was laid bare, *Arnica*, largely diluted, was employed for a few days, in consequence of the accompanying extensive sugillation. The *Calendula* was then brought into requisition, and produced a speedy cure without extensive suppuration.

“I could quote a multitude of other cases in which the *Calendula* alone was employed, and with singularly successful and satisfactory results; but I shall content myself with adding, that in all instances in which there is extensive loss of substance, and where it is found impracticable to bring and retain the lips of a wound together by means of adhesive plaster, &c., I consider the *Calendula* to be the best aqua vulneraria. It has long been occasionally employed by the lower orders in the form of an ointment, made of fresh butter, mixed up with the ground or powdered leaves of the flower, and sometimes, though rarely, in the form of infusion, and taken internally. Its *homœopathicity* in wounds, as well as several other affections, has moreover been demonstrated and confirmed by the provings of Dr. Franz.\*

Dr. Thorer concludes his remarks by expressing the hope that his statement, in respect to the properties of *Calendula* as a remedy in wounds, may have the effect of calling the attention of surgeons to it; and that if their observations tend to confirm its healing properties in recent wounds, attended or not with loss of substance, the *Chirurgia Homœopathica* will possess a new remedy which presents the advantage of causing very slight suppuration, a circumstance of no mean importance in the treatment of extensive wounds, where there is often ex-

\* Arch., Bd. 17, Heft 3.



hausting suppuration, lasting a long time, and severely taxing the strength of the patient.

### OVERHEATING. EXPOSURE TO HEAT.

When heat in the head and flushing of the face have arisen from over-exertion in hot weather, care should be taken not to drink cold water until a sufficient time has elapsed to admit of a diminution of the temperature of the body. The early employment of *Aconitum* in such cases affords speedy relief, and acts as a preventive to any ulterior troublesome consequences. Violent headache, with congestion, fever, vomiting, sleeplessness, great anguish or despair, and a sense of weight at the forehead on bending forward, or on stooping, as if the contents of the cranium would burst forward out of their containing cavity, *Belladonna* should be given, and repeated from six, twelve, or twenty-four hours, if required, shortening or lengthening the interval according to circumstances. *Bryonia* may be selected in preference to *Bella.*, where there is ill-humour and apprehension of some future misfortune. When headache with loss of appetite, a degree of fever with thirst, or diarrhoea is brought on by exposure either to the rays of the sun or to the heat of the fire during any exertion, *Bryonia* is again the most useful remedy in most instances. If nausea is the only or principal symptom which is produced by exposure to heat, *Silicea* will generally be found the most efficacious medicament in removing the said susceptibility. Against headache from overheating, with weight over the orbits and pain in the ball of the eye on looking intently at any object, *Carbo v.* usually affords speedy relief.

### INFLAMMATION OF THE OVARIES.

#### *Ovaritis.*

Inflammation of the ovaria is more particularly liable to occur a short time after delivery; but the affection may arise at other times, and particularly in highly excitable females who are addicted to pernicious habits, such as venereal excesses,



onanism, or to over-indulgence in spirituous liquors. The signs by which the disorder is to be recognised consist in pain in the ovarian region, sometimes of a severe shooting, pulsating character, which is occasionally, however, only experienced under the influence of external pressure over the part. After a careful examination, per vaginam aut rectum when necessary, a small, hard, circumscribed swelling is detected. In combination with these symptoms, a constant itching is frequently complained of in the internal organs of generation, also gastric disturbance, headache, constipation, diminished secretion of urine, fever, frequently of an active, inflammatory type, and derangement of the entire nervous system. But it is chiefly in the subacute or chronic form that the inflammation is encountered; coming on gradually and insidiously, materially implicating the nervous system, and often occurring in association with a species of nymphomania.

**THERAPEUTICS.** In phlegmonous inflammation of the ovary, attended with a high degree of fever and shooting pain, a few doses of *Aconitum* are necessary, after which we must select another remedy to meet the remaining local symptoms; being guided in our choice by the exciting cause of the malady, where known, as well as by the particular nature of the pain, or the circumstances under which it becomes aggravated, &c. &c.

When the pain in the affected parts is increased by movement, *Bryonia* is, generally speaking, the most efficacious remedy; and when, on the other hand, movement somewhat relieves, whereas rest is only productive of aggravation,—*Rhus* will rarely fail to produce considerable relief, if not a radical cure. Should the pains be so violent as to cause the patient to toss about with agony, and continually shift the position of the feet, from experiencing some slight temporary alleviation of the sufferings by so doing, they will commonly yield to the use of *Arsenicum* or *Colocyn'h*.

In cases where the disease has gradually arisen from the habitual use of spirituous liquors, material service will commonly be derived from the employment of *Nux vomica*; but where there is reason to apprehend that the inflammation has



terminated in suppuration, *Lachesis* will be more appropriate, and subsequently *Staphysagria*, *Mercurius*, or *Hepar s.*

In the event of excess in venery or onanism having given rise to the disorder, *Cinchona* may be employed with advantage. *Nux v.* and *Staphysagria* are also calculated to be of assistance in similar cases. *Ignatia*, *Staphysagria*, and *Acidum phosphoricum* have been recommended where unrequited love and consequent perpetual dwelling of the imagination on sensual subjects has proved the originating cause. In those cases where the affection is accompanied with a continual prurient irritation in the internal genital organs, and where nymphomania has thereby been developed, where, moreover, the local pain which is commonly experienced, changes to a beaten or bruised feeling on the application of external pressure, and the patient is affected with anxious oppression at the chest, palpitation at the heart, pricking in the forehead, together with alternate fits of elevation and depression of spirits, *Platina* is often capable of effecting a radical cure. *Belladonna* may be beneficially employed where there is no nymphomania, or internal itching, but the symptoms otherwise analogous to those above given. It rarely happens that a cure is to be obtained from the employment of one remedy alone; it therefore becomes requisite to select others which seem appropriate to meet the remaining symptoms, when we have derived all the assistance that the remedy first selected seems capable of accomplishing. *Ambra.*, *Cantharides*, *Pulsatilla*, and *Antim. crudum* have also been named as likely to prove of efficacy in ovarian inflammation.

In ovarian induration, ulceration, or dropsy, &c.: *Lachesis*, *Platina*, *Belladonna*, *China*, *Cantharides*, *Calcarea carbonica*, &c., have been found more or less successful, according to the state of the constitution and the stage of the disease. But in the great majority of cases which have been of long duration, or in which the tumour has attained a large size, all that can be done is to endeavour to afford as much palliative relief as the circumstances will admit of, by means of such remedies as *Aconitum*, *Belladonna*, *Bryonia*, *Arsenicum*, *Prunus spinosa*, *China*, *Sepia*, *Lycopodium*, *Kali c.*, *Merc.*, *Sulphur*, *Cannabis*, *Graph.*, *Hep.*, *Sil.*, &c. It often happens that ovarian diseases



are not detected until they excite peritoneal inflammation or other disturbances in adjacent parts, by the pressure arising from their increasing bulk. Their progress is sometimes very rapid, but frequently it is slow, even for a succession of years. A sudden and inexplicable invasion of dangerous activity in cases which had long been in a dormant state is not of rare occurrence.

### INFLAMMATION OF THE LABIA MAJORA AND VAGINA.

This inflammation develops a painful, burning, red, hard, dry, and very sensitive swelling of the labia pudendi. It chiefly occurs in new married females after the rupture of the hymen, and especially when the orifice of the vagina is of small size; in which latter case, moreover, the sheath itself becomes implicated in the swelling, and is consequently productive of considerable impediment to locomotion, or even the assumption of a sitting posture. Difficult and tedious labours also form a not unfrequent source of the inflammation. The inflammation, when arising from the above cases, yields very speedily to the application of a lotion of *Arnica* (one part of the tincture in ten of water). When traumatic fever results, which is prone to happen in neglected cases, the internal administration of *Arnica* becomes requisite; but should the fever partake of an inflammatory type, *Aconitum* must be resorted to.

If the inflammation and tumefaction partake of a lymphatic character, and is attended with considerable induration, *Mercurius* forms the specific remedy. On the other hand, when an erysipelatous swelling and inflammation affects the labia, accompanied with burning pain, and an internal feeling of fulness, tension, and bearing down is complained of, *Belladonna* is to be preferred, from whatever cause the disorder may have arisen. Should there be only an internal swelling of the vagina, somewhat analogous to a partial prolapsus, attended with burning, pricking pains, increased by external pressure, *Nux v.* will give the required relief.



- In the event of a termination of the inflammation in ulceration; *Arsenicum* and *Sulphur* are the remedies most likely to be required.

## TOOTHACHE.

(Additions to p. 515.)

**MEZEREUM** :—Continuous dull pains; teeth feeling as if elongated; sensibility to the touch.

**COCCIONELLA** :—Pains in hollow teeth, particularly of a throbbing description. (*Cynips rugarum* has likewise been found useful in similar cases.)

**SARSAPARILLA** :—Rending pains in the teeth, especially in the evening, on exposure to a current of air.

**CARBO V.** :—*Gnawing, pulsative* constriction, or dragging pains, especially in hollow teeth, usually increased by partaking of food or drink, whether hot or cold. (See TOOTHACHE, Part I.)

The following remedies are those which are generally of the greatest efficacy when the pains are excited, aggravated, or relieved under the circumstances hereafter mentioned :

**AIR** (toothache, on exposure to) cold : *Staph.*, *Sep.*, *Sil.*,  
*Nux v.*, *Sass.*, *Merc.*, *Hyos.*

**AIR** (diminution of pain from) cold : *Puls.*, *Natrum s.*

— (aggravation from exposure to) damp : *Nux mosch.*, *Rhod.*,  
*Bor.*

**AIR** (aggravation from exposure to) the evening : *Nux mosch.*,  
*Sass.*, *Merc.*

**AIR** (toothache excited or aggravated by inhaling, or drawing in) : *Natr. m.* and *Staph.*; or, *Nux v.*, *Alum.*, *Mags.*, *Mags. arc.*; or *Alum.*, *Bella.*, *Sil.*, *Spig.*, *Clem.*, *Sabina.*

**AIR** (toothache in the open) : *Bell.*, *Nux v.*, *Sulph.*, *Phosph.*;  
*Con.*, *Magn. s.*, *Ant.*, *China.*

**AIR** (diminution of, or exemption from pain in the open) : *Rhus*,  
*Con.*, *Magn. s.*, *Nux v.*

**BED** (aggravation of pain in) : *Cham.*, *Merc.*, *Puls.*, *Acidum*



*sulph.*, chiefly; but also: *Ant.*, *Alum.*, *Ammon. c.*, *Graph.*, *Phosph.*, *Ac. nitr.*, *Kali*, *Sab.*

BED (diminution, or cessation of pain in): *Lyc.*, *Magn. s.*

— (diminution or cessation of pain on getting out of): *Oleander*, *Sabina*, *Antim. crudum*.

CLENCHING, or compressing the teeth, or masticating (aggravation from): *Am. c.*, *Graph.*, *Colch.*, *Sep.*, *Hep.*, *Petr.*, *Tab.*, *Guaj.*, *Sab.*, *Phosph.*, *Thuja*, *Veratr.*, *Staph.*, *Sulph.*, *Alum.*, *China*, *Zinc.*, *Euph.*

CLENCHING the teeth (amelioration on): *Cinchona*.

COLD substances (aggravation from the introduction of, into the mouth): *Merc.*, *Sulph.*, *Spig.*; *Ant.*, *Thuja*, *Plumb.*, &c.

DRINKING cold fluids, (aggravation from): *Nux v.*, *Sulph.*, *Staph.*, *Graph.*, *Acid. mur.*, *Bor.*, *Nux mosch.*, *Merc.*, chiefly; but also, *Cham.*, *Calc.*, *Lach.*, *Puls.*, *Carbo a.*, *Sass.*, *Mags.*

DRINKING coffee (aggravation from): *Nux v.*, *Cham.*

— hot fluids (aggravation from): *Agnus*, *Cham.*, *Drosera*, *Nux v.*, *Lach.*

DRINKING tea (aggravation from): *Thuja*.

— wine — *Nux v.*

EATING (aggravation while): *Bellad.*, *Kali*, *Lyc.*, *Merc.*, *Natr.*, *Mags. arc.*, chiefly; but also, *Ant.*, *Bry.*, *Carbo a.*, *Cocc.*, *Graph.*, *Hep.*, *Ign.*, *Magn. m.*, *Puls.*, *Sulph.*, *Thuja*, &c.

EATING (aggravation after): *Bellad.*, *Cham.*, *Lach.*, *Nux v.*, *Staph.*, *Sabin*, *Spig.*, *Mags. arc.*; or, *Ign.*, *Graph.*, *Magn.*, *Natr. m.*, *China*, *Bryonia*, &c.

EATING cold food (aggravation from): *Conium*.

— hot food — *Agn.*, *Phosph.*, *Sil.*

EVENING (aggravation of the toothache towards):

HOT substances (aggravation from the introduction of, into the mouth): *Nux v.*, *Calc.*; *Bryon.*, *Carbo v.*, *Lach.*, *Sulph.*, *Merc.*, *Phosph.*, &c.

HOT substances (mitigation on the introduction of, into the mouth): *Nux mosch.*, *Kali h.*

MORNING (aggravation of suffering in the): *Nux v.*, *Lach.*, *Phosph.*; *Tart. emet.*, *Kali*, *Kreos.*, *Ran.*



NIGHT (aggravation or accession of the toothache during the):

*Bella.*, *Cham.*, *Nux v.*, *Ars.*, *Puls.*, *Rhus*, *Spig.*, *Sulph.*,  
*Staph.*, *Merc.*, *Phosph.*, *Magn.*, *China*, *Cyc.*, *Gran.*, *Am.*  
*c.*, *Sep.*, *Rhod.*, *Baryta c. et m.*, &c.

NOISE (aggravation of pain from): *Calc. c.*

NOON, in the after-, *Nux v.*, *Lach.*, *Puls.*, *Berb.*

QUOTIDIAN toothache: *Diadema*, *Tart.*, &c.

READING, Reflecting, Meditating (aggravation from): *Nux v.*,  
*Belladonna*.

REPOSE, Rest, Quietude (aggravation from): *Magn.*

ROOM (aggravation in a warm): *Puls.*, *Nux v.*, *Hepar s.*

POSTURE (aggravation while in the horizontal): *Clem.*

— (aggravation whilst lying on the affected side):

SALT food, (toothache increased or excited by partaking of):  
*Carbo v.*

SMOKE (aggravation from tobacco): *Spig.*, *Clem.*, *Sabin.*

— (mitigation from ditto):

SPEAKING (aggravation while): *Sepia*.

SUCKING the teeth (aggravation or accession of toothache from):  
*Nux mosch.*

SWEETMEATS (sugar, &c., aggravation from): *Natrum*.

TEA (aggravation from): *Thuja*.

TOOTHACHE, with extension of pain to the arms and fingers:  
*Sepia*.

TOOTHACHE, with extension of pain into the ears: *Merc.*, *Ars.*,  
*Nux v.*, *Puls.*, *Sulph.*, *Sep.*, *Cham.*, *Natr. m.*, &c.

TOOTHACHE, with pains extending into the face: *Merc.*, *Puls.*,  
*Nux v.*, *Hyos.*, *Sulph.*, *Rhus*, *Mez.*, &c.

TOOTHACHE, with pains extending into the eyes: *Puls.*

— with pain extending into the head: *Ant. c.*, *Ars.*,  
*Baryta c.*, *Hyosc.*, *Merc.*, *Nux v.*, *Rhus*, *Puls.*, *Sulph.*,  
*Cham.*, chiefly.

TOOTHACHE, with pain extending to the neck; *Natr. mur.*

— attended with coldness in the ears: *Lach.*, —with  
general coldness: *Veratr. alb.*

TOOTHACHE attended with dyspnoea: *Sep.*, *Puls.*

— despair: *Nux v.*, *Ars.*, *Cham.*



TOOTHACHE with great irascibility: *Nux v.*, *Sep.*, *Alum.*,  
*Cham.*

TOOTHACHE with extreme agitation or anguish: *Coffea*, *Clem.*,  
*Spig.*, *Ars.*, *Magn.*, *Mang.*, *Natr. s.*

TOOTHACHE, with paleness of the face: *Puls.*, *Spig.*

— with redness of the face: *Cham.*, *Veratr.*, *Bella.*,  
*Nux.*

TOOTHACHE with virulent pulsation in all the arteries: *Sepia.*

— with whining, or plaintive humour: *Nux v.*, *Cham.*

— with salivation: *Merc.*, *Daph.*, *Phosph.*, *Stront.*,  
chiefly.

TOOTHACHE, with tendency to shivering: *Daphne indica*, *Lach.*,  
*Merc.*, *Puls.*, *Sulph.*, *Euph.*

TOOTHACHE, with tendency to sweating: *Daphne indica.*

— with cold sweat on the forehead: *Veratr. alb.*

— with tendency to syncope: *Veratr. alb.*

— with vomiting: *Veratrum album.*

TOOTH-PICK (accession, or aggravation of pain on using the):  
*Puls.*

VINEGAR (mitigation of pain from): *TONGO.*

WALKING (mitigation from): *Mags. arc.*

— in the open air (mitigation from): *Mags. arc.*,  
*Nux v.*

WALKING in the open air, after, (mitigation): *Magn. s.*

WARMTH (aggravation, or accession of pain from): *Mags. arc.*,  
*Puls.*, *Nux mosch.*; *Hep.*, *Graph.*, *Hell.*

WARMTH OF THE BED (aggravation, or accession of the pain  
from): *Puls.*, *Merc.*, *Phosph.*; or *Cham. Acid. phosph.*,  
*Sabin.*, *Ant.*, *Alum.*, *Acid. phosph.*, *Am. c.*, *Graph.*, *Kali*,  
*Baryta c.*, &c.

WIND (aggravation from): *Puls.*

WINE (aggravation from): *Nux v.*



## DISEASES FOLLOWING PARTURITION.

## INFLAMMATION OF THE WOMB.

*Inflammatio uteri. Metritis.*

**DIAGNOSIS.** Continuous, burning, pricking, or shooting pain, in the hypogastric region, sometimes of a very acute description, accompanied by a sensation of weight. At the commencement of the attack, the pain occupies only a small extent of surface, but it soon afterwards extends to the perineum, rectum, and even the entire abdomen. On examination, the vagina and os-uteri generally feel hot, and are tender to the touch. The abdomen becomes subsequently tumefied, sensible to the touch, and considerably increased in temperature. The utero-vaginal secretions are suppressed, sometimes also the evacuation of fæces and urine; and, in lying-in women, the secretion of milk is likewise arrested. These form, in general, the more constant symptoms of uterine inflammation; but as the entire womb is very rarely affected, the symptoms are liable to vary somewhat according to the precise seat of the inflammation.

**CAUSES.** Severe, unnatural labours, maltreatment, such as harsh manual interference, the administration of powerful stimulants, &c., during protracted labours, or labours with deficient contraction, retention of the placenta, coagula, mental emotions, &c., are the most frequent exciting causes of the disease; but it is likewise prone to occur, though, for the most part, in a less active form in married women who have never borne children, or during the period of utero-gestation, in consequence of cold in the feet or abdomen, inflammation in the neighbouring organs, external injury, &c. Organic defects and menstrual ataxia are frequent predisposing causes.

**THERAPEUTICS.** The remedies which have hitherto been chiefly employed in homœopathic practice against metritis are :



*Aconitum, Belladonna, Arnica, Nux, Mercurius, Chamomilla, and Coffea.*

When the accompanying fever partakes of a synochal type, a few doses of *Aconitum* are requisite, particularly at the commencement of the treatment. As soon as the violence of the fever has been mitigated, some other remedy must be prescribed, according to the exciting cause of the attack, when known, and the characters of the symptoms. *BELLADONNA* will thus claim a preference in cases which have resulted from adherence to the placenta; or if the inflammation has taken place after confinement, without any assignable cause, and is attended with the following symptoms: suppression of the lochia; distressing sensation of weight, dragging, or bearing down in the hypogastric region; burning, shooting pains in the lower part of the abdomen; shooting pains in the hip-joint; severe pain in the back, as if it would break; tenderness of the abdomen to the touch. When metritis has arisen in consequence of severe and protracted labour, with laceration of the parts, *Arnica* should first be prescribed, or it should be given in alternation with *Aconitum*, or with any other remedy which may seem called for by the symptoms. The early employment of this remedy, both externally and internally, after delivery, is always attended with more or less benefit, and is undoubtedly frequently the means of warding off mischief in cases of unnatural labour.

*NUX VOMICA* is a most useful remedy in various uterine derangements. In this inflammation it may be employed with advantage when the pains in the region of the uterus are very severe, partaking chiefly of a shooting or cutting description; and are accompanied by ischuria or dysuria, constipation or costiveness, and tenesmus; when a feeling of soreness or pain, as from a bruise, is constantly experienced in the epigastrium; when there is severe aching in the lumbo-sacral region; and when all the symptoms become exacerbated towards morning.

*MERCURIUS* is useful when frequent fits of perspiration or shivering take place, and when shooting, pressive, boring, or piercing pains are complained of in the region of the uterus.

*Chamomilla, Ignatia, Coffea, or Bryonia* may be of much service in some cases, particularly when mental emotions have



preceded the attacks. (See the different indications which call for the one or the other of these remedies in the article MENTAL EMOTIONS.)

*Cinchona* is indicated in metritis, by most of the symptoms which have been mentioned under *Belladonna*. The latter is better adapted to plethoric habits, whereas the former is more appropriate in feeble or exhausted constitutions, who have suffered from excessive hemorrhage, or other debilitating causes.

In other cases, recourse may be had to *Lachesis*, *Platina*, *Pulsatilla*, *Rhus*, *Sec.*, *Thuja*, &c.

In *irritable uterus*, so-called, the most important remedies are : *Nux v.*, *Plat.*, *Bella.*, *Stan.*, *Cham.*, *China*, *Ipec.* ; and also : *Sepia*, *Sulph.*, *Calc.*, *Coc.*, *Con.*, *Graph.*, *Natr. m.*, *Kali*, *Kreos.*, *Croc.*, *Ac. muriat.*, *Magn.*, &c.

Against *uterine spasms* : *Cocculus*, *Ignatia*, *Conium*, *Magn.*, *Magn. m.* ;—*Bella.*, *Cham.*, *Nux*, *Hyoscy.*, *Natr. m.*, *China*, are the principal homœopathic remedial agents.

Against *uterine polypus* : *Staphysagria*, *Thuja*, *Calc.*, *Ac. nitr.*, *Carb. v.*, have been chiefly recommended.

Against *ulcerations* at the os-uteri, &c. : *Carbo v.*, *Graph.*, *Sulph.*, *Silic.*, *Sep.*, *Ars.*, *Merc.*, or *Thuja*, may be successfully employed.

In *indurations* of the uterus : *Aurum*, *Bellad.*, *Sep.*, *Staph.*, *Tad.*, *Calendula*, have hitherto claimed the principal attention.

And in *carcinoma* : *Bellad.*, *Ars.*, *Staph.*, *Thuja.*, *Carbo v. et a.*, *Clem.*, *Con.*, *Sil.*

DOSE :  $\frac{0.0.0}{3}$ , or  $\frac{0.0.0}{6}$ , or  $\frac{0.0}{3}$ , according to circumstances.

## DISEASES OF INFANCY.

### DIARRHŒA.

(Additions to page 474.)

Against DIARRHŒA unattended with pain (painless diarrhœa) the most useful remedies are : *Ferrum*, *Ars*, *Lyc.*, *Hyos.*, *Phosph.*, *Phosph. ac.*, *Stram.*—*China*, *Sulph.*, *Baryta m.*,



*Clem., Cina, Nitr., Mgs., Cham., Bella, Chel. Puls., Ran. bulb., Rhod., Rhus, Merc., Ign., Graph., Con., Calc., Acid. nitr., Op., &c.*

DIARRHŒA, stercoral: *Cin., Hepar., Gran. Led., Ac. mur., Plumb., Mosch., Prun., Spig. &c.*

DIARRHŒA arising from acids (acid food, fruit, lemon-juice, &c.): *Lachesis.—Arsenicum, Pulsatilla.*

DIARRHŒA after exposure to cold: *Merc., Cham., Dulc., Bry., Bella., Nux moschata.—Puls., Nux v., Sulph., Verat., &c.*

DIARRHŒA which manifests itself on exposure to the cool, fresh air of the evening: *Mercurius.*

DIARRHŒA which manifests itself in damp weather: *Lachesis, Rhododendron.*

DIARRHŒA which manifests itself day and night: *Sulphur.*

— — after drinking: *Ars., Cina.*

— — in the evening: *Lach., Kali c.*

— — after eating (after a meal):

*Ars., Col., Bry., China, Lach., Am. m., Rheum, Bor., Fer. mg., Veratr.*

DIARRHŒA which occurs after eating and drinking: *Bry., Ars., Rhus.*

DIARRHŒA which occurs after eating fruit: *Lach., China, Rhod., Cist., Ars., Puls.*

DIARRHŒA which occurs after drinking milk: *Bry., Lyc., Sepia, Sulph., Natrum.*

DIARRHŒA which takes place in the morning: *Bry., Caps., &c.*

— — at night: *Ars., Puls., Merc.,*

*China, Cham., Moschus, Sulph., &c.*

DIARRHŒA which takes place (during sleep): *Puls., Arn., Rhus, Mosch., &c.*

DIARRHŒA which occurs during warm weather: *Bry., Lach.*

#### *Concomitant Symptoms.*

DIARRHŒA attended with distention of the abdomen (flatulent): *Veratr., Colch., Sulph., Graph., &c.*

DIARRHŒA attended with distention of the anus, pain (burning) in the: *Merc., Puls.—Lach., Veratr., &c.*



DIARRHŒA attended with excoriation of the anus: *Cham.*,  
*Merc.*, *Sulph.*, *Ferr.*, *Sass.*

DIARRHŒA attended with loss of appetite: *Nux mosch.*—  
*Antim. c.*, *Puls.*, &c.

DIARRHŒA attended with pains in the back: *Ferrum*.

— — cephalalgia: *Rhus tox.*

— — coldness: *Spig.*, &c.

— — colic: *Ars.*, *Merc.*, *Puls.*, *Cham.*,  
*Nux v.*, *Veratr.*, *Ipec.*, *Bry.*, *Rheum*, *Jalap.*, *Rhus*, *Rat.*,  
*Sulph.*, *Canth.*, *Baryt. c.*, *Ant.*, *Agar.*, *Petr.*, &c.

DIARRHŒA attended with crying or screaming (in the case of  
children): *Cham.*, *Ipec.*—*Rheum*, *Jalap*, *Sen.*, *Carb. v.*,  
*Sulph.*

DIARRHŒA attended with dyspnœa: *Sulphur*.

— — eructations: *Merc.*, *Con.*, *Dulc.*, &c.

— — flatulency: *Ferrum mg.*, &c.

— — pains in the limbs: *Rhus*, *Ammon. m.*

— — lassitude, debility; *Ipec.*, *Ars.*, *Ve-*  
*ratr.*, *Kali*, *Ferr. mg.*

DIARRHŒA attended with nausea: *Merc.*, *Ipecac.*, *Ars.*, *Lach.*,  
*Bella.*, *Gran.*, *Hell.*

DIARRHŒA attended with cold perspiration on the face: *Merc.*,  
*Veratr.*

DIARRHŒA attended with pains in the rectum: *Alum.*

— — shivering: *Merc.*, *Puls.*, *Sulph.*, *Ve-*  
*ratr.*, *Cast.*, *Cop.*, *Dig.*

DIARRHŒA attended with shuddering: *Merc.*, *Puls.*, *Veratr.*,  
*Rheum.*

DIARRHŒA attended with inclination to sleep: *Nux mosch.*

— — tenesmus: *Merc.*, *Lach.*, *Ars.*, *Nux*  
*v.*, *Alum.*

DIARRHŒA attended with thirst: *Ars.*, *Magn. s.*, *Dulc.*

— — tremor: *Merc.*

— — vomiting: *Ipec.*, *Ars.*, *Veratr.*—  
*Cup.*, *Tart.*, *Rheum*, *Lach.*, *Ant.*, *Phosph.*, &c.

· Colour of the Fæces.

Ash-coloured: *Digitalis purpurea*, *Asarum europæum*.



- Black, or very dark : *Ars.*, *Ipecac.*, *China*, *Veratr.* *Camph.*,  
*Ac. sulph.*
- Brownish : *Ars.*, *Rheum*, *Veratr.*, *Camph.*, *Merc. c.*, *Dulc.*,  
*Sulph.*, *Magn. m.*, *Tart.*, &c.
- Clay-coloured : *Calcarea carbonica*, *Hepar sulphuris*, *Petro-*  
*selinum*, *Dig.*, *Puls.*, *Sulph.*, &c.
- Frothy : *Lach.*, *Rhus*, *Calc.*, *Coloc.*, *Merc.*—*Iod. mag.*, *Natr.*  
*s.*, *Sulph. ac.*, *Op.*
- Grayish : *Digitalis*, *Merc.*, *Phosph.*, *Rheum*, *Ac. phos.*, *Asar.*
- Greenish : *Chamomilla*, *Puls.*, *Arsenicum*, *Mercurius*, *Sulphur*,  
*Phosph.*, *Veratrum.*—*Bella.*, *Ipecac.*, *Hep.*, *Nux v.*, *Magn.*  
*m.*, *Sep.*, &c.
- Pale : *Lycopodium*, *Carbo vegetabilis.*
- Whitish : *Pulsatilla*, *Sulphur*, *China*, *Digitalis*, *Chamomilla*,  
*Hepar*, *Colch.*, *Ign.*, *Acon.*—*Nux v.*, *Merc.*, *Rhus*, *Ars.*,  
*Calc.*, &c.
- Yellowish : *Chamomilla*, *Mercurius*, *Puls.*, *Ipecac.*, *Ars.*,  
*Phosph.*, *Tart.*, *Calc.*, *Magn. m.*, *Coloc.*, *China*, &c.

#### Nature of the Alvine Discharge.

- Aerid (producing excoriation in the anus) : *Merc.*, *Ars.*, *Lach.*,  
*Cham.*, *Puls.*, *China*, *Ign.*, *Veratr.*—*Ferr.*, *Sass.*, *Lach.*,  
*Staph.*, *Sulph.*, *Kali*, *Phosph.*, *Graph.*, *Nux v.*, &c.
- Bilious : *Pulsatilla*, *Chamomilla*, *Ipecac.*, *Veratr.*—*Merc.*,  
*Nux v.*, *Dulc.*, *Ars.*, *Oleand.*, *China.*—*Bism.*, *Coloc.*,  
*Sulph.*
- Ingesta containing (lienteria) : *China*, *Ferrum*, *Oleander.*—  
*Ars.*, *Bry.*, *Men.*, *Phosph.*, *Phosph. ac.*—*Ant. c.*, *Arn.*,  
*Asar.*, *Bar.*, *Calc.*, *Can.*, *Nitri. ac.*, *Rheum*, *Rhus*, *Sil.*,  
*Sulph. ac.*
- Gelatinous : *Colch.*, *Hell.*, *Rhus*, *Sep.*
- Membranes (containing portions of false) : *Cantharis*, *Colchic.*,  
*Sepia.*
- Mucous : *Pulsatilla*, *Capsicum*, *Chamomilla*, *Borax*, *Nux vom.*,  
*Phosphorus*, *Sulphur asarum*, *Arn.*, *Ars.*, *Carb. v.*, *Coloc.*,  
*Graph.*, *Hell.*, *Ipec.*, *Kali*, *Magn. m.*, *Merc.*, *Petr.*, *Rheum*,



- Rhus, Sep.*—*Ant. c., Canth., China, Colch., Hep., Hyos., Ign., Iod., Led., Natr., Nitr. ac., Phosph. ac., Sabad., Sabin., Stann., Veratr., Viol. tr., &c.*
- Pitch, or tar, resembling: *Lachesis, Ipecacuanha, Mercurius, Nux vomica.*
- Purulent: *Mercurius, Silicea.*—*Puls., Sulph., Canth., Arn., Lyc.*—*Col., Kali, China, Bella., Cocc., Sep., &c.*
- Sanguineous: *Mercurius, Cantharis, Nux vomica, Pulsatilla, Ipecacuanha, Sepia, Sulphur.*—*Arn., Ars, Asar., Bry., Colc., Caps., Carbo v., China, Dros, Ferr., Led., Lyc., Nitr. ac., Phosph., Rhus, Sabin., Sil.*—*Alum., Amm., Ant. c., Bella., Cham., Coloc., Con., Croc., Cupr., Dulc., Graph., Hep., Hyos., Magn. m., Mur. ac., Natr., Natr. m., Sabad., Sec. corn., Selen., Stram., Sulph. ac., Zincum, &c.*
- Viscus, glutinous: *Mercurius, Asar., Sassap., Hell., Nux v., Plumb., Ars., Colc., Carb. v., Hep., Kali, Mezer., Natr., Veratr.*
- Watery: *Ars., Puls, China, Lach., Cham., Rhus, Ferr., Hyos., Sec., Nux v., Ant., Ipecac., Phosph., &c.*

*Smell of the Alvine Evacuations.*

- Acid: *Rheum., Mercurius, Sulph., Calc., Graph., Natr.*—*Cham., Arn., Hep., Sep., Magn., Phosph., &c.*
- Cadaverous: *Bismuthum.*
- Mouldy: *Colocynthis.*
- Eggs, rotten, resembling: *Chamomilla.*
- Fetid, putrid: *Ars., Carb. v., Ass., Puls., Sil., Sulph.*—*Arn., Bry., Aur., Bor., Calc., Cham., China, Graph., Nitr. ac., Nux v., Ol., Plumb., Scill., Stram., Phosp. ac., Carb. a., Dulc., Mgs., Lach., Mar., Asar., Ant. tart., Iod., Sep., &c.*
- Involuntary discharge of fæces: *Phosph. ac., Phosph., Veratr.*—*Ars., Bella., Muriat. ac., Natr. m., Sulph.*—*Rhus, Bry., Lach., China, Nux v., Arn., Op., Sec. corn., Staph., Hyos., Colch., Dig., Hell., Merc., Laur., Puls., Sep., Zincum, &c.*
- When urinating: *Ac. mur.*
- When expelling flatus: *Ferr. mag.*
- When sleeping: *Rhus, Puls., Arn., Moschus, &c.*
- In COMA occurring in children from the depleting effects of



neglected or protracted diarrhœa, *China* and *Arsenicum* in alternation are of considerable efficacy. Supplementary nourishment ought at the same time to be given in the case of infants at the breast; and diet of a *nutritive quality* to children of more advanced age.

**DIET.** When the derangement can be traced to any particular kind of food, an alteration in the diet becomes imperative; at the same time the quantity of food or drinks must be diminished, until improvement sets in.

### DERANGEMENTS DURING TEETHING.

(Additions to page 480.)

**ZINCUM** is strongly recommended by Dr. Elb, of Dresden, in apparently hopeless cases, with symptoms of *incipient paralysis of the brain*, such as sopor, half-closed eyes, or motionless eyes with insensible pupil; loss of consciousness; moaning; icy coldness of the whole body, and bluish colour of the skin; pulse nearly imperceptible; respiration interrupted.

*Dose.* Gr. ss. every two hours, until the temperature of the skin increases, and consciousness returns, upon which the intervals between the doses may be lengthened; but if some other remedy, as *Belladonna* for instance, should be called for by the nature of some of the remaining symptoms, it ought to be given in alternation with *Zincum*, until all signs of danger are removed.

When the irritation seems to arise from *difficulty of teething*, we may administer **CALCAREA**, and repeat it every eight days for about a month, which will materially assist the protrusion of the teeth. *Kali nitricum* is a useful remedy when inflammatory symptoms set in during dentition.

When *obstinate constipation* is present, see that article in this part of the work. (See also **CONVULSIONS IN CHILDREN**, where additional indications will be found for the selection of *Belladonna*, *Chamomilla*, and other remedies which are frequently required in *fever* and other derangements during *teething*.)



## DROPSY OF THE BRAIN. DROPSY OF THE HEAD.

(Additions to page 486.)

ZINCUM, (gr. ss, every two hours,) has been successfully employed by Dr. Elb\* in the last stage of hydrocephalus with symptoms of incipient *paralysis of the brain*. As soon as the signs of immediate danger have been removed, some other remedy, appropriate to the remaining symptoms, should be prescribed; but it is recommended by Dr. Elb to give *Zinc*. at first in alternation with the new remedy, otherwise a relapse is liable to happen. *Kali hydriod.*, *Digitalis*, *Arnica*, and *Conium*, have also been named as likely to prove serviceable in this malady. In *chronic hydrocephalus*, Dr. Wahle recommends *Helleborus*, *Arsenicum*, and *Sulphur*† in particular. (See also remedies enumerated under SCROFULA and RACHITIS, with which diseases, chronic hydrocephalus is generally connected.)

\* Allg. Hom. Zeit. No. 15, 31ter Bd.

† According to my experience, *Sulphur* (30) is the most important remedy in the treatment of inflammatory and exudatory affections of the brain. It is more effective in the erethic than in the torpid stadium. The previous or intercurrent employment of *Aconitum* and *Belladonna* is often necessary. In the torpid stage, I consider *Helleborus*, and, in some cases, *Acid. phosphoricum*, fully equal to *Sulphur*.—(Rummel, Allg. Hom. Zeit. No. 22, 32ster Bd.)





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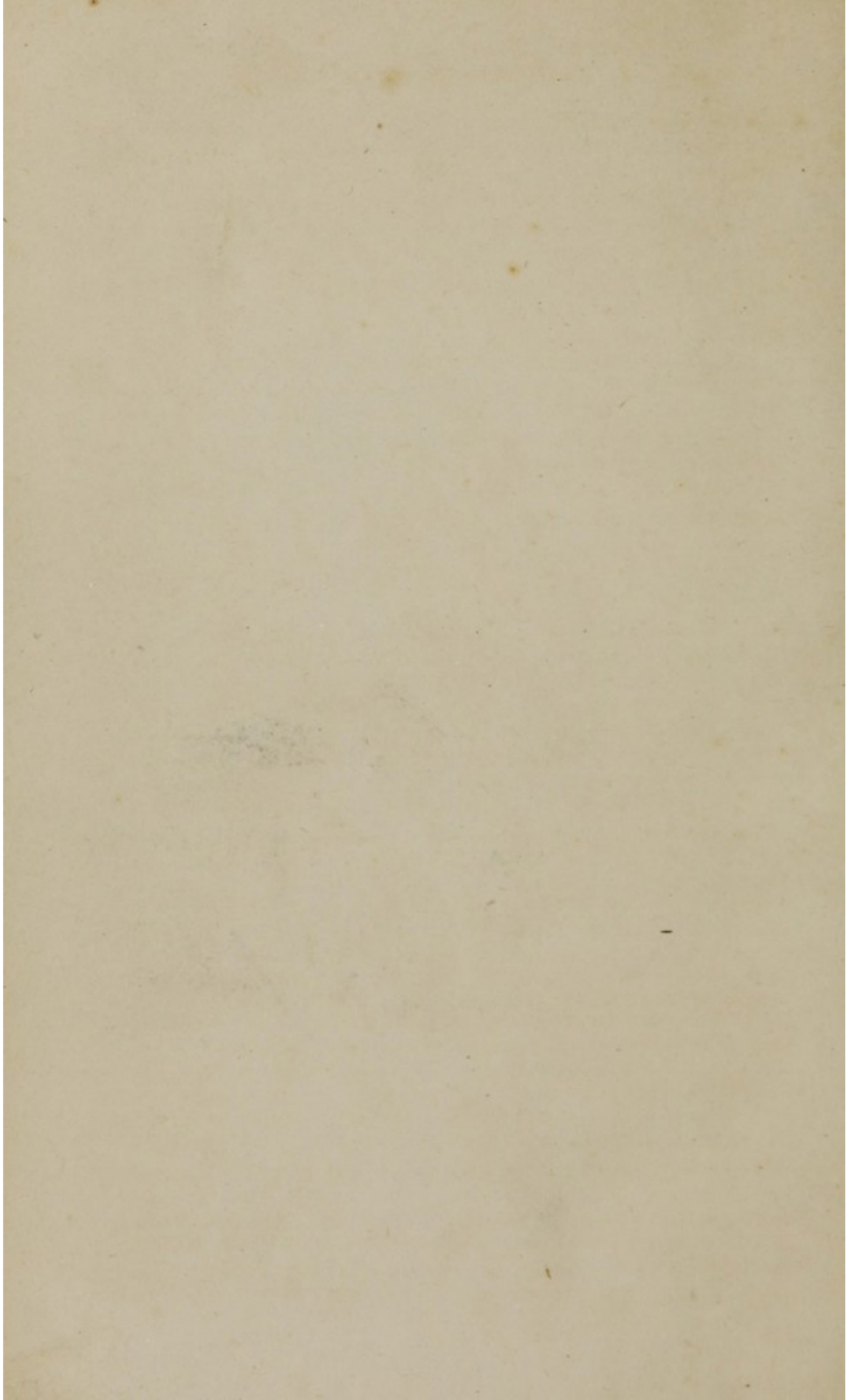
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