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INDEX RAISONNÉ

TO

THE NEW MATERIA MEDICA.

BY

Dr. J. C. PETERS & F. G. SNELLING.

A.

Acids play a most important part in the organism; the gastric juice is distinguished for its acidity, Muriatic and Lactic-acids being predominant; the acidity of the muscular juice is equally marked, Lactic-acid alone being present; the parenchymatous fluids of the spleen, thymus gland, smooth muscles, liver and supra-renal capsules, all contain free acid, the acid-phosphates being internally present; the serum of the blood is always alkaline, but the contents of the red blood corpuscules have either an actually acid reaction, or else contain substances which are able to saturate alkalies; the urine, it is well known, is always acid in health, mainly arising from the presence of Acid-phosphate of Soda, although no less than thirty-one grains of Sulphuric are secreted by the kidneys in twenty-four hours, also from fifty-two to seventy-five grains of Phosphoric-acid, and from seven and a half to fifteen grains of Uric-acid—the acidity of urine also often increases rapidly after its discharge, owing to the formation of Lactic or Acetic-acid in it.

From the above it is evident that there must be a proper supply of acids to the system for the maintenance of health; sometimes the supply must be diminished, at others increased. Muriatic and Phosphoric-acids are regarded as powerful tonics; Sulphuric, as the most efficient astringent; Nitric, as an alterative and hepatic remedy.

Acidity: Acid.-acet. p. 7. Acid-fluoric. 18. 21. Acid.-sulph. 82. Ammon.-carb. 270.

Acidity.—*Acetic-acid* is sometimes found in the stomach; thus in one case after vegetables and a little meat, but no vinegar had been taken, the vomited matters were analyzed, and Lehmann satisfied himself with certainty regarding the presence of Acetic-acid.

Fluoric-acid is also sometimes developed in excess in the stomach.

In the healthy state, when the stomach is empty, the fluid which moistens its surface is slightly alkaline or neutral; the contact of food excites the secretion of gastric juice in which *Muriatic*-acid exists in conjunction with a certain quantity of *Lactic*-acid; this acid fluid is nature's solvent for the nitrogenous or albuminous constituents only of the food; while the saliva, pancreatic and intestinal juices, which are all alkaline, digest the starchy elements. The gastric juice gradually dissolves the albuminous food, and as the food becomes more and more digested, the acidity of the gastric fluid increases; the acid passes out of the stomach with the chyme, and the larger portion of it is then neutralized by the alkaline secretions of the liver, pancreas and small intestines, so that the contents of the small bowels when examined a little way down are generally, or ought to be, slightly alkaline, or neutral.

Excessive acidity of the stomach may be excited, in a four-fold manner; 1st, Acid may be poured out in excess by the glands of the stomach; 2d, It may be taken in with the food; 3d, It may be generated from the food in the stomach by some fermentative process; 4th, the natural function of the saliva is to convert starchy substances instantaneously into sugar, which sugar is subsequently converted into Lactic-acid.

Muriatic, Lactic and Carbonic-Acids may be secreted from the walls of the stomach; the fermentative process may form Lactic, Acetic, Oxalic, Butyric, Carbonic, and probably many other varieties of Acid.

Carbonic-acid seems to be only troublesome or injurious from the excessive flatulent distension it occasions.

Butyric-acid causes the eructation or vomiting of a nauseous acrid or rancid-smelling volatile acid.

Oxalic-acid causes a peculiar form of indigestion, attended with great melancholy.

Muriatic-acid is most common in those who eat much meat; Lactic and Acetic-Acids in those who prefer vegetable food.

Mere mechanical irritation of the inner surface of the stomach will excite the secretion of gastric juice; the irritation of chronic gastritis, or simple ulcer, or cancer, will do the same; also the irritation from the presence of some hard or indigestible substance, or reflex nervous irritation; a deficiency of gastric juice will allow acetous fermentation to arise in the food; unhealthy gastric juice will permit the same; obstruction of the pylorus, or feeble action of the muscular coat of the stomach by which the food is detained too long in the gastric cavity, will be followed by the same effect; as also a catarrhal state of the stomach in which gastric juice is poured out sparingly, and unhealthy mucus secreted, which rapidly decomposes and acts as a ferment.

Acne.—Prus.-acid. p. 30. Acid.-muriat. 39. Acid.-nit. 49. Acid.-phos. 70. Agar. 166. Ammon.-mur. 297. Amyg.-dulc. 336.

Acne is defined as a chronic inflammation of the sebaceous glands and of their excretory hair-follicles; in consequence of inflammation of the lining membrane of the gland, impaction of the altered sebacious matter follows; the pimples which ensue are hard, conical and isolated elevations, of moderate size, and various degrees of redness; the apices of the pimples generally become pustular and burst, while their bases remain for some time in an indolent state before they disappear; in some of these elevations the purulent fluid is mixed with softened sebaceous substance; others subside slowly without suppuration; some are scarcely at all reddened, while others are highly congested, and surrounded by an inflamed base of vivid redness. Acne is usually accompanied by other signs of disorder of the sebaceous follicles, which may either pour out an inordinate quantity of secretion which gives to the skin a greasy appearance, or the sebaceous fluid may be concreted into a solid form and distend the excretory duct and hair-follicle, forming when its top is soiled by the dust and dirt of the atmosphere with which it comes in contact, the so-called *comedones*, or *acne punctata*, or *skin-maggots*. Acne simplex is most common during the middle period of life, and in females is often connected with disorder of menstruation. The term *acne indurata* is applied when the eruption is remarkable for the indolence of its course, the pimples being very hard and deeply rooted in the skin, the suppurative stage being prolonged for two or three weeks, and after suppuration is completed, purplish or livid tubercles continue for months, sometimes becoming permanent, and at others leaving indelible cicatrices. *Acne rosacea* is remarkable for the redness and congestion which attend the pimples, by the enlargement and frequently varicose state of the veins of the skin, by the indolent character of the livid and indurated tubercles which are left behind, by the most common seat of the disease being about the nose, which is often considerably enlarged by the morbid action, the integument and subcutaneous textures becoming infiltrated and hypertrophied, and the cutaneous veins tortuous and varicose. From the nose the disease often extends to the cheeks, and even entire face, disfiguring the features very seriously. *Mentagra*, or *sycosis* is only another variety of acne, differing only in its favorite site, viz., on the hairy parts of the face, chin, upper-lip, submaxillary region, &c.

The milder forms will yield to Arnica; more obstinate cases to Hepar-sulph., or Carbo-animalis; Stibium is a very reliable remedy when suppuration is excessive or indolent; while Staphysagria is perhaps the most specific remedy of all; Selenium and Sabina are often useful, the latter especially when there are derangement of menstruation; Staphysagria where there is irritation of the ovaries.

Adiposis.—Ammon.-mur. 296.

Adiposis is most common in childhood and about the 40th year of life; naturally, fat forms $\frac{1}{20}$th part of the weight of the body; very fat persons have proportionally small arteries, they bear the loss of

blood badly, breathe imperfectly, are apt to be dull and sleepy, have a great susceptibility to atmospheric influences, sweat easily and take cold readily, are predisposed to gout, apoplexy and more especially to dropsy.

The obesity of persons with weak gastric digestion is peculiarly distressing; the defect in muscular power prevents the use of exercise for a time sufficient to prevent its increase and hence it becomes a daily augmented inconvenience. The encroachment also of the adipose upon the other tissues, and the dilution of the insufficient blood through an unnaturally large quantity of capillaries, tend to produce atrophy of important parts, and hence we find as consequences of corpulence, dilatations and degenerations of the heart, fatty deposits on the same, Bright's kidney, dropsy, &c. The addition of many pounds to the body in the shape of fat, requires certainly a very large addition of blood and blood-vessels to nourish it, yet the same heart has still to undertake this extra labor; the balance then between the systemic and pulmonary circulation must be destroyed, and the lungs be inequal to the secretion of so much more Carbon than they were made for; hence the blood becomes more venous, more liable to form congestions, and to dilate the cavities of the heart, by its retarded pace.

A most important part of the treatment of adiposis is the dietetic; thus mutton owes its good character for digestibility to the little fat there is among its close grained fibres, even in joints loaded with adispose tissue; while beef is infiltrated with oleaginous matter throughout. The absence of fat in fish and poultry is one great cause of their easy digestibility; in the cod, haddock and whiting, fat is found in the liver only, hence these are the preferable kinds of fish for fat persons, who wish to reduce their weight; fat abounds in oysters, while the rabbit is said to be almost entirely destitute of fat, and in some instances none at all can be discovered.

Acids prevent the digestion of, and remove fat; a Spanish general, who was enormously corpulent, is said to have removed the fat so rapidly by drinking large quantities of vinegar, that he could wrap the loose skin around him like a cloak; another case of adiposis was promptly cured by *Nitric-acid*; yet when Nitric-acid is made to act on fibrin apparently deprived of its fat, an oily substance is disengaged; and during the action of Nitric-acid on starch, an oily matter is set free. The best time to take acids, to prevent fatness, is before and during meals. Alkalies, such as Soda and Potassa cure adiposis in a different way, they cause the fat to be reabsorbed from the fat-cells, then combine with it to form a soap or emulsion, after which it is burned up with oxygen, as a calorific element; the best time to take alkalies to remove corpulency is from four to six hours after meals; if taken with, or shortly after food, they will solve or saponify all the oil and fat in the food, favor its absorption and appropriation.

Starch, sugar, gum, also distilled and fermented liquors favor the development of fat, and should be avoided; in fact oils and fats can

be formed from starch and sugar, thus, if a strong solution of sugar be mixed with a small quantity of casein and powdered chalk and exposed to a temperature of more than eighty degrees, Carbonic-acid and Hydrogen are evolved and Butyric-acid forms, as the Butyrate of Lime; this acid is a colorless oily liquid, having the odor of rancid butter, in which indeed it exists.

Bile removes fat from the system, in fact the deposit of fat and the production of bile seem to be inversely as to each other; fat animals yield less bile than lean ones, and the hasty inference has even been drawn that accumulation of fat is a consequence of the diminution of the secretion of bile; in this connection we may state that the proportion of fat in the blood is higher in jaundice than any other known disease, and persons are very apt to grow fat after being salivated with Mercury.

Fats and oils are formed from Carbonic-acid and water, and to Carbonic-acid and water they return when consumed in the act of respiration; hence fat persons should be encouraged to breathe deeply and fully; their lungs as well as their muscles should be put through a regular course of gymnastics.

After-pains.—Amyg.-amar. p. 335.

To prevent *after-pains*, the patient should not be allowed to leave the horizontal posture for some hours after delivery; if she be raised up in bed, the blood again accumulates in the uterine veins, blood is poured into the cavity of the uterus, and a very severe attack of after-pains, or dangerous flooding may come on.

Ordinary after-pains generally present themselves while the uterus is contracting; they are rare with first children, except they be of a simple spasmodic, rheumatic or neuralgic nature; *coagulæ* collecting in the womb is one of the most common causes, and if this happens soon after delivery the patient experiences pains as severe or greater than labor-pains. *Flatus* in the bowels also gives rise to severe after-pains. When a *coagulum* is present, the womb is generally large, prominent and exceedingly painful on pressure, but every other part of the abdomen is free from pain and generally soft, if not flaccid. When *flatus* is the cause, the abdomen is tympanitic, the uterus cannot be felt, and the slightest touch gives intense pain, but if the pressure be increased, the pain diminishes until it quite disappears; still, if after this the hand be suddenly withdrawn from the abdomen, the pain instantly returns with great violence, so that the patient may scream with agony. When *inflammation* is present, which is also attended with tympanitis, the greater the pressure the greater the pain. *Spasmodic* and *neuralgic after-pains* may be distinguished by the natural feel of the abdomen, which is soft and free from pain, and by the size of the uterus, which is very little increased; it usually feels firm under the hand, and is exceedingly painful when pressed upon.

After-pains from coagulæ and flatus are most common in those women who have had many children; for the muscles of the abdomen

have been so stretched and debilitated by frequent pregnancies, that they give no support to the intestines when the uterus leaves the abdomen; hence they become over-distended with air and tormina are the result: the womb also is deprived of that equable pressure which it is so necessary to maintain, hence it yields more readily to the distension of coagulæ, and in place of promptly expelling them, allows them to accumulate and produce after-pains.

Secale, Nux and Arnica are the most homœopathic remedies to severe spasmodic after-pains; Arnica and Chamomilla when there is much flatus; Aconite and Coffea when the pains are neuralgic and are so severe as almost to drive the patient to despair.

In the severest cases of pain and spasm Opium and Morphine act like a charm; when there are many coagulæ and much flatus, Terebinth will relieve when other remedies fail; Pulsatilla is said to regulate the uterine contractions, but Conium and Belladonna are more efficient; when there is inflammation, Aconite and Veratrum-viride are the most reliable remedies. Ol-Amygdal-amara deserves more attention in neuralgic and spasmodic cases than it has received.

Albugo.—Ammon.-mur. p. 297.

Albugo is one of the varieties of opacity or speck of the cornea; 1st, *Nebula* is the slightest degree, occurring most frequently in the superficial layers of the cornea, occasionally in the lining membrane, rarely in the proper substance; sometimes it arises from serous effusion into the substance of the cornea, in others from fibrin effused between the layers; nebula includes only those opacities which are cloudy or hazy, its most common cause is scrofulous corneitis, although it is a frequent consequence of muco-purulent ophthalmia, inverted eyelashes, or granular conjunctiva; whenever the upper half of the cornea is nebulous or vascular we may suspect the presence of granular conjunctiva of upper lid.

2d, When the effusion of lymph into any part of the cornea is so dense as to present a pearly appearance, it is called *albugo*, the most common source of which is a phlyctenula on the cornea which has receded without bursting; for a phlyctenula is a small abscess with walls formed by coagulable lymph, the pus may be absorbed and the lymph remain; onyx or abscess of the cornea when the pus is dispersed, leaves an albugo behind, formed by the adhesion of the once separated layers of the cornea by coagulable lymph; albugo is sometimes red and vascular in scrofulous persons and then is extremely apt to spread across the cornea, unless the vascularity is removed.

3d, *Leucoma* is the third variety of speck and is always the result of cicatrization, after a loss of substance of the cornea by ulceration.

All these three kinds of specks have a natural tendency to disperse as soon as the disease which caused them is removed; in children and young persons many very dense and extensive opacities are gradually removed by nature alone; in fact, it is supposed that when the disease is removed nature will sooner or later accomplish the whole

amount of removal of opacity which is possible ; some opacities yield only under the influence of sea- or country-air and generous diet. Mackenzie has seen good effects from the vapor of Hydrocyanic-acid in many cases of speck, especially in nebula from corneitis, in leucoma combined with vesication of the cornea, or watery effusion under the epithelium, and in *vascular* albugo ; in the latter case, the action of the vapor causes the vessels to shrink, after which the speck ulcerates and disappears ; Nitrate of Silver, Corrosive-sublimate, Iodide of Potash, Tartar-emetic, Sulphate of Cadmium and the bile of various animals are considered useful local applications, but if their use be commenced before the cause of the opacity is removed, the patient will be tormented and the cure retarded. Hartmann says, that Sulphur one day, and Calcarea the next, in alternation, will frequently cure scrofulous ophthalmia of years' standing in a fortnight ; Hepar-sulph. is the most important internal remedy against specks, although Euphrasia, Rhus, Cannabis and Silver deserve attention. Ammon.-mur. should be used in- and externally more than it is.

Albuminuria.—Acid-Gallic. p. 25. Acid-nitr. 53. Acid-tannic. 89.

Albuminuria as a term merely refers to the presence of albumen in the urine ; it occurs more especially in connection with three diseases of the kidney, viz. : the *fatty* enlargement, the chronic contracted kidney, and the *waxy* enlargement.

1. The *fatty* condition of the kidney is generally attended with *dropsy*, much greater in amount, and of a more persistent and obstinate character, than either of the others, which unless accompanied by some diseased or enfeebled state of heart, are frequently quite free from dropsy, and generally have it only to a slight amount. Fatty kidney may be detected by means of the microscope, from the presence of abundant fat-cells, fatty casts, and free oil with albumen in large quantity in the urine. *Mercurius-corrosivus* and *Hydriodate of Potash* are the most important remedies in this disease ; they will not only remove the dropsy, but will do much to alter the fatty condition of the kidney; Ether is also a very useful remedy, especially *Phosphoric-ether*, which is almost as useful as Kali-hyd. in dropsy and against the fatty condition of the renal organs. Apocynum-cannabinum is a most useful palliative.

2. In the *contracted* kidney, fat-cells or fatty casts are either not present in the urine, or are discoverable in small numbers only by aid of the microscope, and then only occasionally ; and in its advanced stages the albumen is never by any means so abundant as to render the urine nearly solid under Nitric-acid and heat.

3. The *waxy* kidney, according to Todd, exhibits clinical phenomena sufficiently distinct from those of the fatty disease ; instead of the white anæmic complexion with the puffy face, which accompanies the latter malady—we find the patient looking *sallow*, and, generally speaking, free from any swelling of the face ; dropsy, either does not exist at all, or is very trifling ; it also does not show itself until the

disease has advanced considerably, and it rarely, if ever, is so prominent and chronic a symptom as in the fatty disease, nor is it often as much as in the contracted kidney. In most of the cases the peculiar *waxy* degeneration is not limited to the kidneys, but affects the liver and spleen, causing enlargement of these organs; the increased size of these viscera, therefore, becomes an aid to the diagnosis of this affection, in addition to those signs of its presence found in the urine; the quantity of the albumen is generally large, almost as large as in the fatty disease; but fat-cells are not found by the microscope, nor the fatty casts; while transparent fibrinous casts and the *debris* of epithelium are the most common appearances, but even these may be absent at times. In this disease *Phosphorus* is the most important remedy; it may have to be aided by Phosphoric-ether.

The symptoms in these chronic forms of Bright's disease are often trivial for months, or even for a few years; there may be more or less aching in the back, but never of a severe character; rather more frequent inclination to pass urine, especially at night; with scantiness of urine in the large fatty kidney, and a rather profuse flow in the small hard and contracted; there is much albumen in the urine in the large, white, or fatty kidney, but little in the opposite state; in all varieties there is more or less tendency to dropsy, marked by puffiness of the face and eyelids, and some œdema of the feet and ankles, but when the small hard kidney is present the blood is less robbed of its proper albumen and, therefore, less impoverished, while as the urine is rather abundant its watery portions are plentifully, or at least sufficiently drained away, so that the occurrence of dropsy is long postponed; but any sudden check to the quantity of urine from exposure to cold and wet, or the occurrence of fever, a fit of indigestion, &c. is apt to be followed by extensive dropsical effusions and speedy death; in fact, this small hard contracted kidney is very frequently at the bottom of the disease, called *diabetes insipidus*, or *anazoturia*. The urine in all varieties of Bright's disease is apt to have a peculiar smoky look, as if a cloud of tobacco-smoke had been blown through it, or it may be dark and obscurely turbid like muddy beer; these hues depend upon the presence of a little of the coloring matter of the blood darkened by the acid properties of the urine; it also froths more than usual, and if one blows into it through a tube, bubbles rise like those in soap-water, and the bubbles remain long unbroken; it is a little singular that spontaneous deposits rarely form in albuminous urine, but more or less copious ones are thrown down when it is heated to the boiling point, or Nitric-acid is added in excess. Another peculiarity of albuminous urine is the small amount of urea which it contains; in fact, the urea is retained in the blood, where it irritates and excites almost every organ in the body, causing more or less tendency to headache, convulsions or stupor; or it irritates or inflames more or fewer of the serous and mucous membranes, so that pleurisy, bronchial irritation, disorder of the stomach and bowels, such as nausea, vomiting, flatulence and diarrhœa are common occurrences; rheumatic pains are also

common ; it is a plausible, and probably a true explanation that these affections of the mucous, serous and fibrous surfaces are excited by the poisonous material retained in the blood, and seeking vent through supplementary channels of excretion ; at least large quantities of urea have been detected in the vomits and stools, and even in the perspiration and breath of the patients, and more or less relief has followed copious evacuations by vomiting, diarrhœa, or perspiration.

The *acute* varieties of Bright's disease are the most common cause of *acute general dropsy*, or anasarca. In this form the whole kidney is gorged with blood, which sometimes drips freely from it, when it is cut open ; the whole organ is large, somewhat flabby, of a deep, dark-red, or even of a chocolate or purplish color, nearly uniformly diffused, except that the cut surface is usually diversified by still darker tuft-like spots, which have been ascertained to be the Malpighian bodies, turgid with blood. The symptoms are fever, often preceded by rigors, uneasiness or dull pains in the loins, nausea and vomiting, a very scanty secretion of urine, which is sometimes tinged with blood, and always albuminous ; occasionally there is complete suppression of urine ; to these symptoms there is presently added, in most cases, sudden and general anasarca, forming what is commonly called inflammatory, active or febrile dropsy, which is only too frequently attended with some acute internal inflammation, such as pneumonia, pleurisy, pericarditis, or peritonitis.

In this variety Aconite and Digitalis, aided by Antim.-tart. or Veratrum-viride are the most important remedies at first ; Apocynum may be required if the urine become very scanty and the dropsy excessive ; Phosphoric-ether if the pneumonic symptoms are predominant, with progressive debility.

Alopecia.—Acid-fluoric. p. 19. Acid-phos. 69. Ant.-tart. 403.

Alopecia is defined as falling out of the hair, or loss of the hair ; when the disease is confined to the crown of the head, it is called *calvities ;* when it is congenital, it is called *alopecia adnata ;* when it occurs in later years, *alopecia acquisita* ; when it takes place in patches, *alopecia circumscripta*, or *porrigo decalvans*, or *alopecia areata*, seu, *utiligo capitis ;* another form is called *tinea tondens*, or herpes tonsurans.

The principal causes are congenital predisposition, mercurial or syphilitic disease, severe fevers, debilitating losses, various skin-affections of the scalp, such as irritability and congestion of the scalp, ptyriasis or dandruff, ezema, &c.

The local treatment must be varied according to the state of the scalp ; if it be tender, irritable, easily reddened, with much dandruff, quite soothing remedies may be used, such as, weak solutions of Borax, or Chlorate of Potash, Glycerine, Cod-liver-oil, &c.

If there be great torpor and insensibility of the scalp, irritants and stimulants may be used, such as Bay-rum, Tinct. Cantharides, &c.

Amaurosis.—Acon. p. 119. Agar. 165. Ambra 246. Ammon.-caust. 285. Ammoniac. 319. Ant.-tart. 422.

Amaurosis is defined as partial or complete loss of sight from disease of the optic nerve, retina, or brain. The simplest form arises from loss of power of the optic nerve or retina, and a large proportion of these cases are relieved by the internal and local application of Strychnine, two grains to the ounce. The next least complicated variety is caused by congestion or inflammation of the optic nerve or retina, against which Mercury is relied upon in the dominant school; Travers says, he has been a witness to its powers in suddenly arresting the disease in too many instances not to entertain a higher opinion of it, than of any other article of the Materia Medica, and Laurence says, when a fair trial of Mercury fails he does not believe that we can effect any essential good by other means. An equally simple form of amaurosis, or loss or diminution of the power of vision sometimes comes on from certain causes, which diminish the vigor of the system generally, such as, long-continued nursing, menorrhagia, profuse diarrhœa, or salivation; in all these cases Strychnine, Quinine and Phosphorus are calculated to produce great and permanent advantage, yet singularly enough, both Quinine and Phosphorus have been known to produce blindness. Bright's disease of the kidneys is a common cause of Amaurosis; in a case of poisoning with Phosphorus a peculiar symptom showed himself, viz., deprivation of sight; the patient, who retained perfect consciousness, stated that in the horizontal posture he could perceive a feeble ray of light, but that when he sat up he could not see at all; the pupils were so dilated that only a narrow ring of the iris was visible, and they were insensible to light; he had darting pains in the eyeballs; the urine also contained albumen and exudation-cells, and this state of the urine continued during the whole course of the case, while the cortical substance of the kidneys was found to be *granular* after death;—as the patient's health was excellent before he took the Phosphorus, it is not likely that these signs of Bright's disease were present before the reception of the Phosphorus.

Amblyopia.—Acid.-phos. p. 69. Agar. 165. Anac. 346.

Amblyopia is incomplete amaurosis; the difference between amblyopia and amaurosis being in degree only. It is, however, often mistaken for asthenopia, or weakness of sight, or morbid sensibility, or debility of the retina; but in amblyopia there is constantly present an *indistinctness* of sight, extending to all objects, large and small; in asthenopia vision becomes obscure, only after being excited upon near objects; in amblyopia the patient generally sees best after fixing, or somewhat straining his eyes, or steadying them as he often terms it, for some time on the object; in asthenopia, it is then only that he begins to see ill. Asthenopia has often been treated as amblyopia, or incipient amaurosis, but there is no necessary connection between the two diseases, nor does the one lead to the other; on the contrary,

asthenopia may last for many years, yet vision will not be absolutely impaired, for the patient can see for a few moments at a time as well as ever, but his eyes quickly become fatigued, or strained; while in amblyopia indistinctness of vision is always present, and in most cases gradually and steadily increases.

The most important remedies are Aurum-muriaticum, Cicuta, Phosphorus, Ruta, and Agaricus.

Amenorrhœa.—Acid-benzoic. p. 14. Acon. 126. Agnus-cast. 171. Aloes 218. Alumina 240. Catechu 240. Ammon.-caust. 287. Ammon.-mur. 304. Arom.-spts. Amm. 315. Apis 443. 460.

Amenorrhœa, absent or defective menstruation may arise from a variety of causes:

1st, The menses may have been *retarded* by imperfect development and general debility;

2d, From congenital defect of the ovaries, uterus, &c.

3d, Although naturally secreted they may have been *retained* by an imperforate condition of the os-uteri or vagina;

4th, They may have been established for a time, and then become suspended or suppressed;

5th, They may be retarded or suppressed by an unhealthy condition of the chylopoetic viscera, including the stomach, liver, bowels, &c.

6th, They may have become retarded or suspended by disease in some other organ, such as the lungs, by rheumatism, &c., &c.

When they are retarded by *imperfect development*, we find that the various changes in the system connected with puberty have not been effected; the patient is still a child when she ought to have become a woman; her frame instead of becoming more expanded and robust, remains delicate, her circulation feeble and growth stunted. In these cases fresh air, plain nutritious food, early hours, active exercise, salt-water-baths, friction with coarse towels, Phosphate of Iron, Aloes and Nux-vomica are indicated.

When there is a congenital defect of the ovaries, without an absence of these organs or the uterus—Phosphorus, Ferrum, Strammonium, &c. are indicated.

When the menses have been *retarded or suppressed* by disease of the chylopoetic viscera, we find the bowels confined and unhealthy, the liver torpid, the urine high colored, loaded and probably scanty, the skin dry and harsh, or cold, moist and clammy, the face pale and sallow, the pulse feeble and easily excited, with occasional palpitation, the breathing short and imperfect, the tongue loaded with a thick, yellow fur, through which the red, elongated papillæ often project, or else it is pale, large and flabby, with the marks of the teeth on the edges, and the breath foul. In these cases Pulsatilla, Mercurius, Sulphur, Conium, Chamomilla, &c. are the most important remedies; an occasional laxative dose of Mercurius and Aloes may be required, assisted or not by Conium; by these means a large quantity of un-

healthy fæcal matter is often removed, the complexion begins to lose its dusky, sallow hue, and becomes clearer and brighter; the very expression of the patient's face is improved, the apathetic restlessness and the nervous timidity have cleared away, and looks of intelligence and animation have taken the place of dullness and depression.

When there is a tendency to disease of the lungs, Phosphorus and Pulsatilla should be used; when there are rheumatic affections, Sulphur and Pulsatilla; catarrhal affections require Mercurius and Pulsatilla—congestions of the head, Aloes and Strammonium, &c., &c.

When the vagina is closed at its outer extremity either by adhesion of its walls, or by an imperforate hymen, the menses being prevented escaping, accumulate in the uterus and upper part of vagina; the pain in the back becomes severe and returns in paroxysms, probably from the distended womb being excited to contractions; the patient suffers from bearing down, tension and a sense of weight in the pelvis, the abdomen swells, there is a frequent desire to empty the bladder and difficulty in doing it, from the pressure of the distended vagina, and this sometimes amounts to complete retention of urine;—the fæces are also passed with difficulty from the obstruction caused by the distended uterus pressing upon the rectum. These symptoms at first appear every four weeks, continue some days and then disappear; finally, a large amount of fluid accumulates and the distress now becomes constant, although much aggravated at times; by degrees general disturbance of the health follows, the spirits are affected, the face becomes pale, the abdomen swells and is painful, there are vertigoes and sleepless nights, with frequent inclination to bear down as in labor. An examination soon detects the cause of these symptoms; if the membrane be not very thick and firm it may become so distended as to project between the labia like a pouch of blood; the operation is simple and usually performed without difficulty, and a quantity of tar-like blood comes away, to the great relief of the patient; the vagina should be well washed out with warm water, and a roll of lint dipped in oil inserted between the divided parts to prevent reunion.

Next to imperforate hymen, the most common form of imperforate vagina is, when the labia and nymphæ are adherent together, or where the parietes of the vagina are united either partially, or throughout their whole extent; the first is rarely a congenital defect, the latter is occasionally, at least. Adhesion of the labia and nymphæ are usually induced in early infancy from want of cleanliness, neglected excoriations, &c., and these adhesions, may in some cases extend up the vagina to a considerable distance. Every now and then we meet with cases in which this cohesion of the vaginal walls can be safely separated, either by the finger, or the sponge tent; an early examination should not be neglected, for these cases may be mistaken for dysmenorrhœa, until the retained fluid has distended the fallopian tubes and passed into the abdominal cavity. In most of the above cases, there is a slight depression between the labia, and if the point of the finger be firmly pressed against the deepest part of it and gent-

ly rotated with a boring motion, the parts according to Digby, usually begin to yield and separate, and this may be followed up by the same process, aided or not by sponge tents; where the depression is very slight, it may be necessary to fix a little ball of compressed sponge tightly against the part, by means of a T bandage; a bougie of proper size, will have to be worn subsequently.

In a great many congenital cases of imperforate vagina, this tube is only a blind sac, which passes up a little way and then terminates; in other cases it reaches nearly to the uterus, but does not communicate with it. It is fortunate, that these congenital defects of the vagina seldom occur to a very hopeless degree, without the uterus itself being absent, or more or less defective, so that no menstrual secretion is, or can be formed. A few cases, however, have happened, where the vagina was nearly absent, yet the uterus has become enormously distended with menstrual fluid, producing much suffering and danger, and in which an incision had to be carried to a considerable depth before the womb could be reached.

Obstructed vagina, resulting from the sloughing and cicatrization after a severe labor, seldom leads to retention of the menses, although it may much interfere with coition and parturition.

The most common form of imperforate os-uteri is where the edges have adhered together; this may be a congenital defect, or occur as the result of sloughing and cicatrization produced by severe labor; or the os-uteri may be covered by a preternatural membrane, or be entirely wanting. In these cases the uterus will be found distended, not only sunk low in the vagina, but also may be felt above the symphysis pubis; if the obstruction be very firm, the blood may find a passage through the fallopian tubes into the abdominal cavity and cause a fatal peritonitis; if they be less dense, the distention and contractions of the womb are sometimes sufficient to make them give way, and thus effect a cure. Early and careful examinations should be made, with the finger for the os-externum, with the uterine sound for the os-internum; in occlusions of the external os, a slight depression or groove will generally mark the probable situation of the os-uteri; a trocar passed at this spot, will usually penetrate the uterine cavity and give vent to a large quantity of thick tar-like blood.

Acute suppression of the menses is caused by violent impressions on the system during, or just before the menstrual period, such as exposure to cold and wet, a sharp attack of fever, violent affections of the mind, or a heavy meal of indigestible food. The patient is seized with violent pain in the pelvis and loins, sometimes extending over the whole abdomen, and assuming more or less of a dangerous congestive, or acutely inflammatory character; the pulse is quick and throbbing, the face is flushed, skin hot and dry, and there is usually intense headache.

Anasarca.—Apis. p. 454. Apoc.-cann. 484–5

Anasarca is a dropsy of the skin, or more properly, an infiltration

of serous fluid in the cellular or areolar tissue, passing therefore, up through and amongst the more loosely connected parts of the body generally, such as between the skin and muscles. The simplest form of anasarca arises from general debility, and a thin and watery condition of the blood; we see this frequently in weak chlorotic girls with bloodless cheeks and pale lips; besides the anasarca there will generally be a loud and unmistakable bellows' sound about the heart; all the muscles are weak and flabby, and the heart partakes of the general debility of the muscular system and becomes not only incapable of sending the blood forwards with the requisite energy, but also actually dilates under the existing pressure of the blood which enters its chambers; these cases are readily cured by Ferrum, China and Nux, the former to improve the condition of the blood and the latter to sustain the action of the heart and invigorate the whole muscular system.

In a large number of cases of anasarca the skin is dry and the urine scanty, and the dropsy is observed to increase, or diminish as the quantity of urine decreases or augments; the aqueous fluid which should escape from the surface and through the kidneys, collects in the subcutaneous cellular tissue. As the disorder advances the tendency to effusion of serum through the sides of the blood-vessels is probably increased, not only by the sluggish movement of the blood in the veins, from progressive debility of the heart, but also by one of the causes of that debility, the thin and watery condition of the blood itself.

In other cases the dropsy arises from disease of the heart; we infer that the dropsy in a given case, has this origin, if we find that thoracic symptoms, such as cough and dyspnœa, preceded the dropsy; or if we perceive direct signs of heart-disease, such as, distended jugular veins, irregular movements of the heart, unnatural impulse, or altered sounds. As long as the mitral valve remains healthy and effective, dropsy does not occur, but the left auricle and pulmonary veins become choked and distended, and the blood is detained in the lungs; then commences dyspnœa; at first only occasionally, whenever the heart is tasked with the conveyance of a greater quantity of blood in a given time than usual, as in brisk movements of the body, or sudden emotions of the mind, or when it is oppressed by a full meal, by flatulent distention of the stomach and bowels, or by the recumbent posture; afterwards the shortness of breath becomes more or less constant and distressing. Now this loaded and embarassed state of the lungs even when it is permanent and has reached a considerable degree, may exist without materially interfering with the functions of the right or venous heart; for the pulmonary plethora may be relieved by increased secretion from the bronchial mucous membrane; but dyspnœa may precede for some time any appearance of dropsy. The following train of symptoms is very common in persons over forty years of age; irregularity of the pulse, increased impulse of the heart, occasional shortness of breath, large crepitation, habitually au-

dible in the lower and hind portions of the lungs, more or less expectoration, sometimes tinged, or even loaded with blood; eventually the ankles begin to swell and the patient becomes by degrees decidedly and universally dropsical. But before this occurs, more or less dropsy of the chest may take place; besides if the patient takes cold, or from some other accidental cause, a most intractable form of inflammation of the lungs may set in; the lungs are already so crowded with blood, that inflammation easily arises and subsides with difficulty; as it yields in one quarter, it will progress in another; and the suffering from difficulty of breathing, arising from a complication of congestion and œdema of the lungs, with more or less effusion of blood in the air-tubes and cells, and transudation of serous fluid into the cavity of the chest, will be very great and intractable. In these cases *Phosphoric-ether* is more useful against the inflammation and congestion of the lungs than Phosphorus or Arsenicum; Apocynum and Hydriodate of Potash will often carry off the serous fluid at the rate of many quarts per day to the great present relief of the patient. Iodide of Iron, China and Quinine, Nux and Strychnine will improve the condition of the blood, and sustain the failing action of the heart.

Aneurism of Aorta.—Alum p. 221.

Aneurisme of the aorta generally arise from ætheromatous disease; they are most common in the ascending part and in the arch.

Aneurismal pouches often form at the very entrance of the aorta, or in the coronary arteries, and then generally defy detection; finally it bursts, and the patient all at once drop down dead.

Aneurism of the ascending aorta and arch, often attains a large size, and the first evidence of its presence may be the effects of its pressure on neighboring parts; aneurism of the arch of the aorta may press on the trachea and impede the breathing; or by pressure on the recurrent nerves, may cause a very accurate mimickry of laryngitis, producing raucous voice, and stridulous respiration, and perhaps a cough with a peculiar metallic clang; then if the patient has a sense of pulsation within the chest, we may suspect aneurism. Again, it may press on the œsophagus and cause the ordinary symptoms of stricture of that tube; if pulsation within the chest be also present, we may get upon the track of the disease. It may also press upon the vena cava superior, and cause a most curious example of dropsy, for the face, neck, chest and arms may become tumid and anasarcous to an extraordinary degree, while there is not a trace of dropsy below the ribs; still this is more common in malignant tumors of the chest, than in aneurism. A difference in the force of the pulse in the two radial arteries is apt to occur; the pulse in the left wrist may become feeble and even disappear. Although the patient may long have a sense of pulsation in the chest, and we may have heard a knocking or jogging sound by auscultation, we can not always be quite sure of the presence of aneurism until it comes near the surface and

causes an external prominence or tumor which pulsates visibly to the eye, or touch.

The pulsating tumor, if the aneurism is in the ascending aorta, usually makes its appearance on the right side of the sternum; when it springs from the summit of the arch it produces a bulging above the sternum and the sternal ends of the clavicles, although pulsation may be felt long before by pressing the finger deeply down behind the sternum or clavicle; of course, dullness on percussion behind the upper part of the sternum will also have been present for some time, in connection with the jogging or knocking impulse heard with the stethoscope or ear, and more or less of a *bruit*.

If the aneurism be in the fore part of the arch of the aorta it will finally produce a bulging at the sternal extremities of the upper ribs of that side, although long before dullness on percussion will have been present, and that peculiar jogging sound which almost seems to be felt will have been heard on auscultation. The beating of an aneurismal tumor is the well-known steady, heavy pulsation, synchronous with the systole of the heart.

Aneurism of the descending aorta may exercise its pressure on the vertebræ and cause pain in the back, often radiating in the course of the intercostal nerves, and ultimately may produce palsy of the parts below that portion of the spinal cord; a *bruit* heard in the back along the left side of the spine, if slight dysphagia, or dyspnœa, with pain in the back are also present, would be of considerable significance as pointing to aneurism; although no bruit is usually audible, yet I have met with cases in which it was.

Lycopodium has been used successfully in three cases of aneurism, one of them treated by Dr. Ball, of New-York. Dr. Bolles has treated several cases of nævus or *aneurism* by *anastomosis* successfully with internal remedies.

Angina-pectoris.—Acid-acet. p. 9. Prus.-acid. 35. Arg.-nit. 510.

Angina-pectoris commonly occurs suddenly in paroxysms, while the patient is walking, and more particularly if he walks soon after eating; it consists of a painful and most disagreeable sensation in the chest, always referred to the region of the heart, which seems as if it would take his life away, if it were to increase or continue; the moment he stands still all this uneasiness vanishes; all this time there is no difficulty of breathing, the patient is not out of breath, yet the impression is constant that to stir another step would prove fatal; he lays hold of any adjacent object for support, his face is pale and haggard, he seems actually at the point of death; but in the earlier attacks of the disease the pang is soon over and the patient entirely himself again, so that he is often able to resume his walk for a long time, without any repetition of the distress.

After the lapse of some months the attacks may come on spontaneously, even while the patient is quiet in bed; they do not subside so easily; he feels as if the action of the heart were arrested, and

may be obliged to rise every night for weeks together; the pain often shoots from the heart towards the spine, to the left shoulder and down the arm, often accompanied by a sort of numbness.

In eighty-eight cases, only eleven occurred in females; in eighty-four cases, seventy-two were above fifty years of age; of sixty-four patients forty-nine died suddenly, only two of them being women; and fifteen recovered, or were relieved.

The principal cause of the disease is *fatty degeneration* of the muscular structure of the heart, and the attack consists in a sudden stoppage or temporary paralysis of the softened and weakened heart; the pain and anguish arise from over-distension of the unsound heart, are generally attended with a sense of impending dissolution, and often by actual syncope; the heart may become so distended as to give the idea of spasm or constriction of that organ; similar sensations may also be felt in the chest, for the blood may be so retarded in the left lung, that that organ may suddenly become as solid as if hepatized; or they may be simple spasms of the lungs or respiratory muscles, for some patients describe the sensation to be as if the sides of the chest were held together with a hoop, or transverse bar of iron.

Formerly, disease of the coronary arteries was regarded as the essence of the disorder; and of thirty-nine cases, there was ossification or cartilaginous thickening of these vessels in sixteen cases; but there was also ossification or other disease of the valves of the heart in sixteen other cases; organic disease of the heart alone in ten cases, of the aorta alone in three cases, while the disease was strictly confined to the coronary arteries alone in one case only; there was preternatural *softness* in twelve well-marked cases, and it probably existed in all; there was ossification or dilatation of the aorta in twenty-four cases.

It is evident from the above that the majority of cases must ultimately prove fatal, sooner, or later.

To remove the fatty degeneration of the heart, Iodide of Iron, Hydriodate of Potash, or Carbonate of Ammonia are the most important remedies; to sustain the failing action of the muscles of the heart, Nux-vomica, Strychnine, Angustura, Ignatia, or Quinine will prove useful.

During a paroxysm cordials and stimulants, Brandy and Ammonia have proved most useful; but if the pain is lasting as well as very severe, Opium is the only reliable remedy; in milder cases Spigelia, Assafœtida, Camphor, &c., may be relied upon.

Alkalies.—The blood is naturally alkaline, but this condition may be materially altered in disease. It may become preternaturally acid, as in gout and acute rheumatism, or neutral or nearly so, as in severe inflammations. This alkalinity is due to soda and potash in its different forms. According to Bowman the blood is found to contain the Albuminate of *Soda*, the Phosphates of Lime, Magnesia and *Soda*, the Sulphates of *Potash* and *Soda*, the Carbonates of Lime, Magnesia and

Soda, the Chlorides of *Sodium* and *Potassium*, and the Lactate and Urate of *Soda*.

Nasse found most *alkaline Phosphates* in the blood-ash of swine, geese and hens, and least in that of goats and sheep; he found most *Sulphate of Soda* in that of sheep and least in that of hens and geese; most *alkaline Carbonates* in that of sheep and least in that of hens and geese; and most *alkaline Chlorides* in that of goats and hens, and least in that of rabbits.

In disease these conditions may become very much altered. Lehmann mentions, that very considerable quantities of Ammonia, which does not exist in healthy blood, are often found in the blood in acute diseases, as well as in the urine. Winter thought that the presence of Ammonia in the blood explained the phenomena of typhus; but Ammonia may be detected in the blood in *all* very severe cases of acute disease, especially in variola and scarlet-fever; and Lehmann thinks there is no more constancy in the presence of Ammonia in the blood during typhus, than in the presence of the crystals of the triple Phosphate in the excrements. It is by no means strange that in such conditions of the system Ammonia should abound, since it is the product of decomposition; though in healthy blood it is never found.

Lehmann and C. Schmidt have found Carbonate of Ammonia in the blood of cholera; and Lehmann thinks that to the presence of *Ammonia* and not of Urea are to be ascribed the symptoms of uræmia in cholera, Bright's disease and scarlatina.

Acting upon such hints as these the treatment of some diseases has been modified accordingly. For instance in rheumatism, arguing from the preternatural acidity of the urine and blood, that there was a larger amount of acid circulating in the system than was called for, or, in other words a deficiency of the normal alkalies, the Rochelle salts have been given with a good deal of success, especially in the N.-Y. Hospital, where we have ourselves witnessed the success of the treatment. We append a case or two, reported by Dr. Metcalf.

Case I.—D. V., aged 30; male. Admitted February 26th, eight days ill, with general acute rheumatism; skin hot, dry; pulse 96; tongue coated; urine acid. Treated with *Rochelle salts*. *Feb.* 28*th*. Urine alkaline. *March* 3*d*. Pains disappearing; convalescent. No return by March 29. Discharged, cured. No complication. Duration to convalescence, thirteen days. From beginning of treatment, five days.

Case II.—W. C., aged 46, male. Has had frequent attacks before the present. This came on four days before admission, Feb. 26, beginning in left ankle and knee; joints swollen and painful; skin warm and dry; pulse 88; urine alkaline. *Rochelle Salt*, as above. Alkaline lotion to painful articulations. 28*th*. Right elbow swelled and painful. *March* 3*d*. Improving. 8*th*. Well. No return by 21st, when was discharged cured. Urine continued alkaline; no complication; duration to convalescence, nine days; after commencement of treatment, five days.

Case III.—F. B., aged 22; male. Second attack. Taken eight days before admission (March 5) with the rheumatic pain and swelling of the ankles and wrists. Skin, as in the last case: pulse 116; urine acid. Treated, as above, by the *Salt and alkaline lotion.* By the 11th, the rheumatic pains had nearly disappeared; the urine was alkaline on the 12th. No interruption to convalescence, which allowed him to be discharged, April 6th. Duration to convalescence, fourteen days; from beginning of treatment, six days. No complication.

Case IV.—J. V., aged 27; male. Third attack. Admitted March 6th, on third day of rheumatic fever, affecting the joints generally. Skin warm, perspiring, pulse 108; urine acid. *March 8th.* Urine alkaline. *10th.* Convalescing. *March 24th.* Discharged, cured. No relapse; no complication. Duration to convalescence, seven days; from beginning of treatment, four days.

Case V.—D. L., aged 26. First attack, fourth day. Admitted March 14th. Rheumatic inflammation general, severe; much febrile excitement; urine acid. *March* 17th. Under the use of the *Rochelle Salt*, the urine became alkaline, with coincident relief of the pains. *18th.* Urine acid, pains aggravated. *20th.* Slight diarrhœa. *21st.* Urine again alkaline, with relief to the rheumatic suffering. Convalescence went steadily on. Duration, eleven days. From beginning of treatment, seven days. No complication.

Case VI.—M. F., aged 18; female. First attack. Admitted March 31, after seven days illness. Rheumatism commenced in ankles; thence to knees and right wrist; joints painful and swollen; pulse quick; skin warm and moist; urine acid. *Rochelle Salt*, every two hours. *Alkaline and opiate lotion to joints. April 6th.* Urine neutral; pains nearly gone; the urine became alkaline on the next day. *9th.* Pains gone; suspend medicine. *16th.* Discharged, cured. Duration to convalescence, thirteen days. From beginning treatment, six days. No complication.

Case VII.—P. H., aged 30; male; May 14th; fifth day; several previous attacks; at present, in joints of lower extremities; signs of hypertrophy of heart; pulse 108, intermitting, strong; respiration short, hurried; face anxious, pallid; skin warm, perspiring; urine acid. *Roch. Salt*, every two hours. *17th.* Urine becoming alkaline. *19th.* Joints of fingers attacked. *Alkaline lotion. 21st.* Urine alkaline; pains diminished; convalescent. *23d.* Entirely relieved. No return. To convalescence, twelve days. From beginning of treatment, seven days.

Case VIII.—B. S., female, aged 26; April 23; third attack, fourteen days; general; pulse 84; skin moist and warm; joints very painful and much swollen; urine acid. The *Salt* every two hours. *26th.* Urine slightly alkaline. *27th.* Decidedly so; convalescence. There were several relapses with this patient, to a slight degree. *June 4th.* Discharged cured. To convalescence, eighteen days; from treatment, four days. No complication.

Case IX.—E. M., male, aged 27; April 26th; seventh day, first attack; arthritis general and severe; skin warm, perspiring; pulse 112, full; urine acid. The *Salt* every second hour. *May* 1*st*. Urine alkaline; pains less. Discontinued medicine, with result of one or two slight relapses. *July* 2*d*. Discharged cured. To convalescence, twelve days; from treatment, five days. No complication.

Anesthetics.—The use of anesthetics, like every other innovation in medicine, has received the most virulent abuse, and at the same time the most extravagant encomiums which could be lavished upon it. The truth probably lies midway between these extremes, and although their indiscriminate and incautious use is much to be deprecated there is at the same time scarcely a department of practical medicine into which they may not with propriety be carried. They have received the strongest opposition, perhaps, in the practice of obstetrics, yet even here, where perhaps more plausibly than anywhere else the fiat of sacred writ is brought forward, "In sorrow shalt thou bring forth," even here, we say, their use is steadily gaining ground.

The only possible objection which can be urged again it, in a medical point of view, when used in parturition, is that it undoubtedly, does in some cases, when pushed to positive anæsthesia, deaden and hinder in a measure the uterine contractions, rendering them less forcible, efficient and expulsive. Yet I am inclined to think that we may here detect its peculiar and specific action upon the voluntary centres, leaving intact the involuntary or sympathetic system; for we may satisfy ourselves by the touch or even by questioning the patient at intervals, that the contractions of the womb, per se, are still strong, energetic, and acutely distressing across the small of the back, while the concurrent actions of all the abdominal muscles, which are exclusively supplied from the spinal system, are entirely at a stand still.

In surgery I believe that anesthesia has now come to be looked upon as an integral part of every operation of any severity, and its manifest and positive advantages are so far beyond its possible ill effects, that even its most strenuous opposers have withdrawn their objections in this quarter. I have lately heard that the mortality of amputations has increased in the great English hospitals, since the introduction of Chloroform, but I can hardly look upon this as cause and effect, since every physician knows that in insomnia, or cases of terrible nervous irritation, the nervous force is actually husbanded by large draughts of Opium—that terrible exhauster of the nervous system when not demanded by some unusual drain; and surely this is quite as likely to be the case when a patient is shielded from the fright, agony and shock, to say nothing of the nervous exhaustion, of a bloody operation.

Ether is most commonly used in this country—Chloroform in Europe; but a combination, or alternate use of the two is perhaps preferable. The length of time necessary to bring a patient under the

influence of Sulphuric Ether makes the use of Chloroform a great desideratum in some cases, but it is undoubtedly safer to continue the operation under the more manageable and slow operation of the Ether, and a great majority of the surgeons in this country pursue this mode.

The pulse, breathing, countenance, &c. should be strictly watched during the operation, but as this subject will be treated at length, where it is reached in due course in the Materia Medica (Chloroform) we will not enlarge upon it here.

Angina-tonsillaris.—Acid-acet. 6. Acid-benzoic. 12. Allium-sat. 210. Ammon.-caust. 285. Ant.-tart. 399. Apis 452.

According to Watson *angina-tonsillaris* occurs with very unequal severity in different cases, depending upon the number and variety of the parts which it involves, for it often spreads to the uvula, velum palati, salivary glands, pharynx, and even to the root of the tongue and neighboring cellular tissue.

When the inflammation is superficial (mucous pharyngitis and tonsillitis) it does not produce any great distress; when it penetrates beyond the mucous membrane, (sub-mucous variety,) it is apt to end in suppuration and harass the patient much, as the tonsils often swell to an enormous size; it is worst of all when the back part of the tongue, and the muscular and cellular tissues become implicated, for it may even reach the larynx, and then is always extremely perilous; when the muscular coat alone is affected, (muscular pharyngitis,) although swallowing is difficult and exceedingly painful, there is no appearance in the fauces, which can account for these symptoms; when the mucous crypts are the principal seat of the disease, (follicular tonsillitis,) opaque whitish spots appear on the red tonsil, consisting of the discharged contents of the follicles, and are often mistaken for ulcerating or sloughing points; when the inflammation is violent, the submaxillary and parotid glands sometimes swell, and become tender to pressure, and the patient may be troubled with profuse ptyalism; in severe cases the pain often shoots from the throat to the ear along the eustachian tube, and suppuration occurs in the majority of cases attended with this symptom. Sometimes both tonsils are attacked at once; very frequently one only is affected at first, and the disease begins in the other as it subsides in the first, just as it does in mumps. When the back of the tongue is involved, the patient is unable to open his mouth sufficiently to allow the fauces to be seen, and even the finger cannot be introduced into the mouth.

The milder and superficial cases often terminate by resolution in about three days; the follicular cases frequently end in the formation of small abscesses, for we often notice a small yellow spot or phlyctæna, which may burst unnoticed, on the fourth or fifth day, either during sleep or in a fit of coughing, and the small quantity of matter, which is discharged, is not noticed, or its nauseous taste and smell may attract attention; the patient at once feels essentially relieved and the rest of the disorder subsides rapidly. When the abscess is deep-

seated, the patient often passes four, or five, or seven, or ten sleepless days and nights, when finally it bursts, or is opened artificially.

Treatment.—A large proportion of the difference of symptoms depends as much or more upon the seat of the disease, than its nature; the treatment can generally be commenced with a few doses of *Aconite* and *Stibium*, as the constitutional disturbance often runs higher than might have been expected, considering the limited extent of the local inflammation and the comparatively small importance of the part inflamed, for smart inflammatory fever, severe headache and pains in the limbs, with a rapid pulse of 100 to 120, or more are not uncommon.

When the difficulty of swallowing arises mainly from the soreness of the mucous membrane, especially if the mucous follicles are much affected, *Mercurius* and *Hepar-sulph.*, or *Ammon.-caust.* are the most important remedies; when the muscular coat is much involved, the rheumatic remedies, such as *Mercurius* and *Mezereum* come in play, although Belladonna often proves highly palliative and curative; when suppuration threatens to ensue, *Hepar-sulph.* and *Stibium* are most useful; when there is much œdematous or erysipelatous swelling, *Rhus*, *Cantharides*, or *Apis-mell.* relieve more quickly than other remedies; when the salivary glands, both submaxillary and parotid become involved, *Mercurius* and *Stibium* afford most relief.

As regards the local treatment, Watson recommends gargling with warm milk and water, every hour or two; currant-jelly-water is often useful, or the inhalation of the vapor of hot water, with or without the addition of vinegar, or Nitric-acid; although Dr. Jeanes recommends Benzoic-acid.

Anorexia.—Acon. 123. Actea-rac. 137. Anis. 377.

Anorexia is defined as loss of appetite without loathing; Actea-rac. deserves more attention than it has received. If the ordinary remedies fail, Cocculus may be tried when there is a feeling of hunger almost all day, and not removed by eating; Aconite, Cicuta-vir., Chin., Sulph., Granatum and Lycopodium produce an intense and continual feeling of hunger even after eating copious meals.

Anthelmintics.

Anthelmintics are medicines calculated to expel worms from the alimentary canal, and to effect this object two modes may be adopted.

1st. They may be either killed by the medicine, and thus expelled by the natural peristaltic efforts of the bowels, or 2d, they may be removed by removing the diathesis and condition of system, which favors their propagation and growth.

The former of these is the mode usually adopted in the dominant school; the second is that to which homœopathy generally looks.

But even in the mere killing and expulsion of them there are distinctions and differences. Thus they may be mechanically destroyed, as by the sharp spiculæ of the macuna or cowhage, and this has even been experimentally tried, (by Kuchenmeister, I believe,) out of the

body—or they may be poisoned by some medicament which is comparatively harmless to man, and thus die and be thrown off—or they may be merely sickened by an anthelmintic remedy, and so release their hold upon the mucous coat of the bowels through pure debility—and they may even be caught by a dose of purgative medicine off their guard, as it were, and be carried off in spite of themselves. Some writers, finally, think that they sometimes make voluntary efforts to escape in consequence of some unusual and (to them) offensive condition of the bowels.

The method to which homœopathy usually looks is the correction of the marked and well-known constitutional derangement causing and accompanying, except in the case of tenia, the helminthiasis. There can be but little doubt that in most cases, helminthiasis is directly ascribable to the peculiar dyscrasia which accompanies the disease, and to this is to be ascribed the development and growth of the germ which in another and more healthy condition of the gastro-enteric mucous membrane would have been thrown off effete and dead. We can hardly admit any other hypothesis, (except as regards the tenia,) for doubtless the exposure to the ingestion of the germ of the parasite is very much the same at one time as at another.

It appears to us that these two means may be very happily combined, and that while we remove the predisposition to the *development* of the parasite in its unnatural position, we at the same time may endeavor to remove the one which is already existing, and which, of course, greatly tends to favor the morbid condition.

The first of these objects, viz., the removal of the helminthic diathesis, is to be brought about by a judicious administration of such remedies as the condition of the system calls for, and in this we should be guided by general principles, and not by any fancied anthelmintic power of a dynamized remedy. If, however, we can find a dynamized homœopathic remedy which is potent both to *destroy* the worm and to restore to order the confused and disordered system which has favored its growth, it would of course be proper to give the preference to this; but until such a specific is found, we must content ourselves with a less direct course.

Diet.—One of the first and most important matters to be regulated is the diet. The child or patient should have *enough* to eat, but not too much. The first thing is to relieve the stomach of all burden, while at the same time the system is as well supplied and nourished as may be compatible with the powers of that organ. It is by the overloading and habitual trying of the stomach with rich, sweet, heavy, unhealthy and indigestible food, that the alimentary canal is brought into this condition which favors the development of the worms; and once produced, the irritation caused by them serves to perpetuate and increase the constitutional disturbance. Therefore all cakes, confectionary, pastry, unripe fruits, sweetmeats, raisins, &c., should be prohibited, and a wholesome, plain, digestible and nutritious diet substituted, such as meat, roast or boiled mutton, beef or chicken, an oc-

casional plain pudding not too sweet, bread, &c. Regular and moderate exercise and fresh air should also be strictly enjoined.

TREATMENT.—*Pulsatilla* will go far to relieve this peculiar form of indigestion. It is particularly adapted to the heat and weight at the pit of the stomach, the sense of discomfort in the abdomen, bad taste in the mouth, offensive breath, and capricious appetite.

Belladonna should be thought of, where in addition to the distress of the stomach, the disorder of the alimentary canal, &c., there is headache, stupor, drowsiness, delirium or coma, and where there is starting during sleep, and considerable nervous excitement.

Aconite is indicated where there is considerable febrile action with restlessness and irritability of temper, constant itching and burning in the rectum and anus, and crawling in the throat.

Carbo-vegetabilis is more particularly indicated when the tongue is heavily coated, and there is a very offensive and fetid odor from the breath.

Chamomilla will often serve to set right the digestive organs when the following complications are present, viz., teething, with watery, slimy, bilious, green or yellow evacuations, or fetid, resembling the odor of rotten eggs, thirst, want of appetite, &c., particularly in young infants.

China is indicated where there is looseness of the bowels in consequence of indigestion, particularly if it follows fruit or flatulent food, and if there be griping pain accompanied with want of appetite, thirst, and great weakness. It will also be found useful after improper treatment of this affection.

Cina is more particularly adapted to those cases where the worm-symptoms are especially marked, such as boring at the nostrils, obstruction of the nose, irritability, restlessness, heat, fits of crying, pale face, livid circle about the eyes, constant inclination to take food, griping, distressing heat, with discharge of worms; irregularity of the bowels, evening chills, hard, quick pulse, starting and calling out in sleep; Tongue covered with tenacious mucus, disagreeable eructations, vomiting, itching in the anus, urethral irritation, weakness, lassitude, and occasional convulsive movements.

Calcarea-carb., however, is looked upon as the great remedy against tape-worm, and whenever this species of worm is suspected, it should be administered.

Merc.-vivus should be especially thought of where there is in addition to the worms, a constant inclination to go to stool, and diarrhœa with tenesmus, distention and hardness of the abdomen, and profuse flow of saliva.

Nux-vomica should not be forgotten in prescribing for the disordered condition of the alimentary canal.

Sulphur and *Silicea* are indicated where there are vermicular difficulties in lymphatic children, who become frequently affected with cold in the head; who have a bitter, slimy taste in the mouth, aversion to meat, irresistible longing for sugar, variations of appetite, sometimes

voracious, at others the reverse; frequent regurgitation of food, and heartburn; hiccough, vomiting and rumbling in the stomach and bowels, and soreness and itching of the anus. The *Sulphur* may be used first, and afterwards the Silicea.

In chronic cases of worms, or invermination, great success has attended the use of *Nux-vomica*, *Mercurius*, *Sulphur*, and *Calcarea*.

To remove the parasite itself, we find in the dominant school a large number of remedies of greater or less reputation. Perhaps the first and most commonly used against the common round worm is *Spigelia* or *pink-root*. Wood says that experience has fully established its virtues, a knowledge of which was obtained from the Cherokee Indians, and he regards it as one of the best vermifuge remedies that we have against lumbrici. It is apt, however, when given in *very* large doses, to occasion some disturbance of the nervous system, and it also occasionally acts as a cathartic. *Spigelia* appears to hold in this country the position as an anthelmintic, which *Santonin* holds in Europe, and is probably more frequently used than any other.

Santonin, or the active principle of the European Worm-seed, is the preparation usually resorted to in Europe. Its general effects are said to be those of a mildly stimulating tonic. Kuchenmeister found that when the worms were placed in an albuminous fluid and kept at a temperature of 77 Fahrenheit, that the addition of an oleaginous solution of Santonin killed the round worms sooner than any other anthelmintic, even the most powerful, which he tried. This, therefore, is probably one of the most powerful of the anthelmintics, but Wood, from whom we have taken this description, recommends that it be administered dissolved in oil, as it is insoluble in water.

Chenopodium, or *American Worm-seed*.—Of this anthelmintic, Meigs in his work on "Diseases of Children," gives the most glowing accounts. Thinking it best not to give an irritating violent vermifuge in doubtful cases, he was led to the employment of this in small quantities, and he says that he rarely gives any other remedy in slight and doubtful cases unless this has been tried and failed. He believes it to be all-sufficient in a large majority of the cases occurring under his eye, as they were almost always of a mild character, and as it not only procures the expulsion of the parasites where they exist, but also acts beneficially upon the forms of digestive irritation which simulate so closely the symptoms produced by worms. He thinks that of all the cases which have come under his notice in which it seemed probable that worms might be present, none were expelled in nearly half, and yet the signs of disturbed health have passed away under the use of the remedy. He gives the *oil* in doses of four to ten drops, according to the age of the child, three times a day for three days, to be followed on the fourth day by a cathartic.

The *Aspidium-Filix* mas, or *Male-fern*, is another of the much-vaunted anthelmintics for the expulsion of tænia, and there is no doubt that in a great majority of cases it is effectual, but there are also cases

where it fails. In these cases the Turpentine or Koussu will probably be effectual.

Anury.—Acon. 126. Apis. 458.

Anuria should be regarded as synonymous with ischuria renalis; the term should be confined to cases of entire suppression, and not extended to cases of simple retention. It is most common in persons inclined to corpulency, or those with organic renal disease. If any water, however small the quantity, be made, mild remedies may afford relief; but if not a drop be found in the bladder for thirty-six or forty-eight hours, grain-doses of Cantharides should be given, and a large blister applied to the back; except in cholera, where the profuse discharges from the bowels carry off the urea, and some patients recover although they have not secreted a drop of urine for several days.

Aphonia.—Acid-nit. 54. Ammonium-mur. 305. Ammon.-caust. 286.

Aphonia is defined as a more or less complete loss of voice. The most common form is the *catarrhal*, occurring during the course of influenza, or some other catarrhal affection of the throat and larynx, and depending upon more or less relaxation of the vocal cords. The *nervous* variety is also not very uncommon, arising from an affection of the recurrent nerves. The *paralytic* variety is occasionally witnessed in cases of lead-poisoning, and it is probable that in the catarrhal and nervous forms, there is more or less of a paralytic affection of the laryngeal muscles and of the recurrent nerves; paralysis of the recurrent nerves may arise from the pressure of a large or small tumor in the neck, or even in the chest, and the application of Corrosive-Sublimate to a strumous affection of the neck has been followed by paralysis of the recurrent nerves and consequent loss of voice; worms in the intestines and affections of the genital organs have been supposed to cause aphonia in a few cases; poisoning with Hyoscyamus, Stramonium, and Belladonna has produced the same effect. General debility, such as occurs after long-continued or exhausting disease, will cause it; also local debility of the laryngeal muscles, when they have been overstrained by protracted and excessive efforts in speaking or singing. Catarrhal laryngitis is a common cause.

Treatment.—In the *catarrhal* variety, Pulsatilla, Phosphorus Spongia and Ammonia are the principal remedies. When there is more or less laryngitis, Stibium, Mercurius and Phosphor deserve attention. When there is paralysis of the vocal cords, recurrent nerves, or laryngeal muscles, Plumbum, Nux, or Strychnia may be used; when a tumor pressing upon the recurrent nerves is present, Baryta-muriatica, Hepar, Sulphur, Spongia, or Iodide of Mercury may be used.

Aphthæ.—Prus.-acid. 30. Acid-nit. 50. Acid-Sulph. 86.

Aphtha is most common in young children, from acidity of the stomach or an acid or uncleanly state of the mouth, and in adults from

debility, such as occurs in nursing women, or in the latter stages of consumption, or other exhausting disease.

They consist in small, irregular, but usually roundish white specks or patches, scattered over the surface of the tongue, the lining membrane of the mouth and fauces, angles of the lips, cheeks, palate, velum, tonsils and pharynx; they look like little drops of tallow, or morsels of curd sprinkled over these parts; they project a little above the surface, and in fact are mostly formed by elevated portions of the mucous epidermis, covering a small quantity of a serous or gelatinous fluid, which separates the epidermis from the subjacent corium; these portions of the epidermis detach themselves and fall off, leaving behind them a reddish, raw-looking surface, or sometimes a foul or ash-colored spot; successive crops are apt to be formed.

The most homœopathic remedies are Cantharides, Rhus, and Stibium; I have seen most extensive cases in which the pharynx and larynx were involved and danger from croupous exudation seemed imminent, relieved by these remedies. Borax and Chlorate of Potash are useful palliatives.

Apoplexy.—Acid-fluoric. 19. Acid.-prus. 29. Acon. 117. Aloes. 211. Ambra. 246. Ant.-tart. 420.

Apoplexy.—When a person falls down suddenly and lies without sense or motion, except that his pulse keeps beating, and his breathing continues, he is said to have been attacked with apoplexy; he appears to be in a deep sleep, but cannot be roused; he is not in a state of syncope, for his pulse beats perhaps with unnatural force, and often his face instead of being pale, is flushed and turgid, and his respiration goes on, though it may be labored and stertorous. This is the most common form of apoplexy, and may arise from simple congestion, from serous effusion, from poisoning of the blood, from Bright's disease of the kidneys, or from previous softening of the brain, followed by extravasation of blood. Under proper treatment with Aconite and Arnica, most of the congestive cases recover; when there is serous effusion or uræmic poisoning, remedies which act upon the kidneys, such as Hydriodate of Potash or Colchicum, are most useful; when there is softening of the brain, Arnica and Plumbum, or Ferrum, are the best remedies. Some of these patients recover without any ill effect of the attack remaining; others recover from the coma, but are left paralytic on one side, or with some imperfection of speech, or of one or more of the senses, in which cases Arnica followed by Nux should be used; this paralysis or imperfection may last a few days, or gradually depart, or remain for life.

In a second and very fatal form, apoplectic *coma* is not the earliest symptom, for the attack commences with sudden and sharp pain in the head; the patient becomes pale, faint and sick, usually vomits, and sometimes falls down in a state of syncope, with a bloodless and cold skin, and a feeble pulse, and some degree of convulsion; at other times the patient does not fall, but with the sudden pain in the head, only

has transient confusion of mind; in either case he commonly recovers in a short time, becomes quite sensible, and is able to walk, but the headache does not leave him; after a while, however, he becomes heavy, forgetful, incoherent, and sinks into coma, from which he never rises again. This form of attack is much more fatal than the more ordinary one, and it is of great use to know this, for to an inexperienced eye these cases do not seem so terrible as those in which the patient is profoundly comatose from the first; the apparent amendment is fallacious and apt to lead one astray. These attacks always arise from the giving way of some one of the cerebral vessels, and at the moment when the vessel is ruptured a shock is given to the brain, like a blow upon the head, which renders the patient confused and faint; after a while reaction comes on, the circulation is aroused, bleeding recommences and goes on till such a quantity of blood has escaped into or upon the brain, as is sufficient to produce coma. In these cases the early use of Arnica is most important; when reaction comes on, Veratrum-viride and Aconite, aided by some styptic remedy, are very important remedial means.

The third variety is formed by the *paralytic* cases; it is characterized by sudden loss of power on one side of the body, and frequently by impairment or loss of speech, without coma, or loss of consciousness; the patient is sensible, listens to and comprehends questions, and answers them as well by words or signs as he is able. These cases generally arise from preceding white softening of the brain, and may be followed by more or less extravasation of blood; in many cases a gradual recovery takes place, which is not complete for some weeks or months; in others the paralysis gradually passes over into apoplexy; in others, again, the patient rallies up to a certain point and then the improvement stops; he may recover the use of his paralyzed leg wholly or partially, or his arm remains feeble, and his speech inarticulate, or he remains bed-ridden and completely paralyzed on one side. In these cases the Phosphate of Iron and Arnica are the most important remedies at first, to be followed by Arsenicum, Nux-vomica, Strychnine, or Plumbum.

Arachnitis.—Acid.-muriat. 38. Ant.-tart. 414.

Acute Arachnitis is rarely attended with severe pain or much delirium; according to Watson, the first and the most common and striking phenomenon is a sudden and long-continued paroxysm of *general convulsions;* sometimes it comes on after a few days of discomfort, slight headache and vomiting; the convulsions recur frequently, and finally end in coma; at other times the first attack of convulsions is preceded by violent pain in the head, setting in quite suddenly, and attended with screaming.

The proper recognition of this disease is of great importance; by far the greater number of cases are mistaken for simple eclampsia; anodyne and anti-spasmodic remedies are used in vain, valuable time is lost, and a fatal result is almost always the consequence; the prog-

nosis is grave under any circumstances, and the loss of life under the best treatment is fearfully great. The treatment must be that for inflammation, not for a simple or aggravated convulsive disorder. Aconite, Digitalis, Veratrum-viride, &c., are the important remedies; time is lost in giving Assafœtida, Nux, Belladonna, Ignatia, &c.; the tincture of the root of Aconite may be applied over the whole of the head.

Ardor Urinæ.—Acacia. 5. Ammon.-mur. 295.

Ardor urinæ is defined as a scalding of the urine, or a sense of heat in the urethra; also a scalding sensation occasioned by the urine in passing over the inflamed mucous membrane of the urethra, or over the neck of the bladder.

Diluents and demulcents, such as Gum-Arabic water, Barley water, Flax-seed tea, &c., are given with the view of augmenting the amount of urine and rendering it less acrid. Salines affect the composition of the urine; of these the Muriate of Ammonia deserves more attention than it has received of late. Among the less frequently used remedies, Sabadilla should be thought of when there is much scalding; Ruta and Verat. when there is excessive urging to urinate, with painful burning during micturition.

Arthritis.—Benzoic-acid. 15. 16. Acon. 128. 130. Ammon-phos. 310. Apoc.-andros. 467. 468. Argent.-nit. 498.

do. *Articularis.*—Arg.-nit. 498.

The term *arthritis* is generally confined to gout, but we prefer to treat in this place of the principal inflammatory affections of the joints.

In *acute synovitis* the pain is early and severe; it is constant and gradually increasing in severity; it ultimately becomes intense; there is swelling, also gradually on the increase, sometimes becoming great; the skin is red, tense, hot and sensitive; the pain is severest in the interior of the joint, much aggravated by pressure, and altogether intolerant of the slightest motion, so that a position is assumed in which the parts affected are most relaxed and pressure removed from the opposed inflamed surfaces; relief is felt from this posture and it is maintained as much as possible, but the muscles about the joint are liable to spasms, whereby involuntary startings of the limb occur, especially during the short and uncertain periods of disturbed sleep, and the pains are all much increased by these jerking motions. The system labors under inflammatory fever of a grave kind, which increases with the progress of the disorder; finally, suppuration having occurred, there is a marked aggravation of all the symptoms, both constitutional and local, and a succession of rigors usually ushers in the exacerbation; the fever rises higher, and the system is proportionally more oppressed; the swelling becomes larger and more tense; the pain, heat and feeling of tightness are increased, accompanied with a deep-seated throbbing, and each beat of the pulse seems to augment the pain. The superficial swelling becomes more angry;

the fluctuation within the joint also changes its type, becomes less elastic, and affords to the experienced touch a tolerably certain indication of the presence of pus, and not merely of serum. At one or more parts the swelling begins to point; ultimately, the skin at the prominent points either gives way, or is opened artificially, the matter is discharged, and the cavity of the joint is exposed to the external air; for a short time the more urgent symptoms subside, by the relief from tension, but very soon a second aggravation, generally, ensues, even greater than that which followed on the first formation of matter, the destructive process rages anew, accompanied by violent constitutional disturbance, perhaps now of an irritative rather than of the inflammatory type of fever; this in its turn often gives way to hectic, and the system sinks under its burden. *Synovitis* is generally the result of bruise or wound; if the joint be laid open, and the wound does not unite by simple adhesion, synovitis is inevitable.

Synovial, or *capsular rheumatism* must not be mistaken for acute synovitis, for the former is a far less serious disease than the latter. In capsular rheumatism the pain does not last long before some degree of swelling is perceptible, with slight redness of the skin, and this swelling arises from the rapid effusion of serum in the joint; the fullness and distension of the synovial membrane is tight and elastic, and protrudes as it were between the spaces that intervene between the tendons and ligaments, and fluctuation is often distinctly perceptible. So far, there are not many distinguishing features from acute synovitis, but in the inflammatory affection there is no tendency to suppuration, hence the fever is either less intense from the beginning, or soon moderates after the joints begin to swell; the tongue is less foul, and perhaps the patient sweats less than in fibrous rheumatism, but his skin is less harsh and dry than in synovitis. The whole attack spontaneously becomes stationary or tractable, at the very period when synovitis becomes more urgent and unmanageable.

Capsular rheumatism in its turn may be mistaken for *simple chronic synovitis*, in which the pain, heat, &c. are comparatively slight; swelling is the prominent symptom, for the process of accumulation in the joint may be tolerably rapid in its rise, yet peculiarly indolent and painless; the superficial soft parts are wholly uninvolved, the skin is not very hot, red or œdematous; the fluid effused is entirely serous and the whole disease is often regarded as a simple dropsy, and called *Hydrops articuli*. But chronic synovitis is fraught with danger by continuance; acute inflammation may be easily excited, or the chronic inflammation may extend to the cartilages or bones of the joint; the thinner portions of the synovial fluid may be absorbed, a fibrinous or purulent deposit may gradually take its place both within and without the cavity of the joint; the swelling, consequently, becomes more solid and less fluctuating, the joint more hot, painful and more abridged in its motion, and the constitutional irritation, before perhaps slight, now becomes considerable, tending towards the

hectic type. The disease is most common in those who have suffered with the venereal and mercurial poison; exposure to cold and wet, aided perhaps by some slight bruise, or strain is its most common exciting cause.

With a little care *chronic scrofulous synovitis* need not be mistaken for simple chronic synovitis, nor for capsular rheumatism. The scrofulous patients usually evince more or less strongly the peculiarities of the scrofulous cachexy; the joint slowly swells, and has its motion more or less impaired, but little or no pain is experienced; the swelling is soft, doughy, somewhat elastic, but totally devoid of anything like true fluctuation, such as obtains in capsular rheumatism, hydrops articuli and chronic synovitis; the integuments are pale and scarcely tense, and even pressure and manipulation are comparatively well borne. In this indolent condition the joint may continue for months, but gradually, unless relief be afforded, suppuration finally supervenes, followed by the usual aggravations, both general and local.

In chronic scrofulous synovitis the membrane slowly and silently degenerates into a gelatinous pulpy substance, soft and of a whitish, or light grey color, the secretions from it becoming thicker and more opaque; it is an entirely different affection from the *brown* and *dense degeneration* of the synovial membrane, which slowly and insidiously changes into a pulpy looking substance of darker hue and of greater thickness and extent; it is also of greater density and intersected by many firm, fibrous bands, somewhat after the manner of carcinoma. This *brown intractable degeneration* is most common in adult females and shows itself externally as a gradual, soft, comparatively painless tumor of the joint, much like that of the simple gelatinous degeneration or chronic scrofulous synovitis; yet the swelling is more diffuse and less prominent, as if the diseased action had more deeply fastened upon the whole extent of the joint; it is also more decidedly elastic, often simulating true fluctuation very closely; it is of a uniform character, and has no peculiar bulgings dependant on the natural form of the joint; the uneasy sensations are greater, and increase more rapidly, they are apt to be of a deep gnawing kind, gradually augmenting into smart lancinating pains; there is an obvious concomitant cachexy, quite different from the scrofulous, and somewhat similar to that which attends malignant disease; there is sallowness of hue, loss of flesh, strength and spirits, and a modified hectic fever.

Ascites.—Acid-acet. 8. Acon. 124. Apis 442. 443. 453. Apoc.-cann. 484.

Ascites. The closed cavity within which the fluid of abdominal dropsy is confined, is kept moist during life and health by a continual serous secretion from its surfaces, and it is kept *merely* moist, for the fluid thus constantly secreted is as constantly reabsorbed into the circulation. When dropsy of the abdomen occurs, either the quantity of fluid exhaled has been augmented, the absorption remaining the

same; or the absorption has been diminished, the exhalation continuing the same; or else the exhalation has been increased, while at the same time the absorption was either lessened, or not proportionately increased. But absorption takes place both by the lymphatics and the veins; the lymphatics absorb the more solid or *albuminous* portions of the natural exhalations, while the veins absorb the *serous* fluid exhaled from the surfaces of the serous membranes. In a large proportion of cases of dropsy, the liquid collected is simply serous; it is not the liquor sanguinis, for it holds no fibrin or albumen in solution: in a smaller class of cases, the contrary holds true.

In the *larger* class of cases we require remedies, which act specifically upon the veins; in the *smaller* upon the lymphatics. In another simple class of dropsies mere debility is present; some persons may be bled into a dropsy, or starved or weakened into a dropsy; these are genuine instances of dropsy from debility, but they are rare, and require only tonics, such as wine, spirits, China, Ferrum, nourishing diet, &c. to cure them; but in a large number of examples of chronic or passive dropsy, debility is sooner or later added, often in an extreme degree, and the above remedies come in play, in the later stages of the disease, either alone, or as helps to other more decidedly anti-hydropsical remedies.

Simple debility of the veins, or lymphatics, or of the bloodvessels, generally, is a comparatively rare affection; a thin and watery condition of the blood, such as occurs in chlorosis, anæmia, &c. is more common; the same tonic remedies, above alluded to, are required.

A much larger number of cases of chronic abdominal dropsy arise from pressure upon the veins, more particularly the *vena portæ;* this pressure may arise from a tumor, such as, enlarged mesenteric glands, cancer of the pylorus, cancer of the head of the pancreas, &c.; but far more frequently the pressure arises in the liver itself, when the organ is small, hard and contracted as in the so-called *hob nail liver*, or *granular liver*, or *cirrhosis;* this arises from chronic thickening and contraction of Glisson's capsule, which is an areolar tissue, that accompanies the *portal vein*, hepatic artery and biliary ducts, and forms a sheath around these vessels; while the hepatic vein and its branches are lodged in the proper substance of the liver, without being invested by Glisson's capsule; hence thickening and contraction of Glisson's capsule causes pressure more especially upon the vena porta and obstruction of the portal vein in the liver, hindering the return of venous blood from the intestines, followed by congestion or stagnation in the capillaries, arrested venous absorption and mechanical transudation of serous liquid. Before the cirrhosis of the liver is far enough advanced to cause dropsy unaided, but merely to predispose thereto, the patient may be exposed to cold and wet, have a check of perspiration, and as there is already considerable abdominal venous plethora, rapid effusion may take place in the abdomen, especially if the feverish cold, produce one of its most common effects, viz., scantiness of urine; under such circumstances the patient who had merely been

regarded previously as bilious, weak, or dyspeptic, or what not, rapidly becomes excessively flatulent, as he thinks; his abdomen becomes more distended than common, although a considerable amount of this may have been habitual with him; his breathing becomes short and oppressed, especially on lying down or making any unusual exertion, such as walking fast or going up-stairs; slight puffiness of the ankles, and indistinct fluctuation will be found, on careful examination. These cases yield rapidly to treatment, if detected early, and no general inflammatory irritation of the system, with more or less œdematous pneumonia, pleurisy with effusion, and endo- or pericardial phlogosis ensue. Even then, a few doses of Aconite and Antimony, or Mercurius and Veratrum-viride, or Mercurius, Bryonia, and Scilla, will allay this storm, and the usual hydropic and diuretic remedies will ensure complete present success.

If Glisson's capsule be much thickened, Muriate of Ammonia and Hydriodate of Potash are the most important remedies, and will occasionally remove the dropsy, and cure the capsular disease, unaided by other remedies; but often they will have to be aided by China, Arsenicum, Ferrum, Iodide of Iron, or the Muriate Tincture of Iron, or some other so-called tonic remedy, and, as frequently, Apis, Apocynum, Digitalis, Scilla, &c., will be required, as intercurrent remedies, when dropsical effusion or progressing debility form the most serious complication.

When no accidental occurrence transpires, to hasten the attack of ascites, the abdomen gradually enlarges, flatulence becomes more troublesome, the breathlessness gradually progresses, the difficulty of lying down increases, the urine becomes scanty, the stools may be clay-colored, the skin dry and harsh, &c.

Hartmann regards *Helleborus-niger* as almost specific in curable ascites; *China* he thinks the next most useful remedy, then *Ferrum-aceticum*, Arsenicum, Euphorbium-cyparissias, Solanum-nigrum, Prunus-spinosa, Ledum. Pulte prefers *Arsenicum* and *Sulphur*, in alternation, followed by *Apis-mell.* Guernsey prefers *Apocynum*, *Apis*, and *Arsenicum*, followed by Digitalis, Hellebore, Crotalus, Dulcamara, or China, as the symptoms indicate.

Asthma.—Acid-benzoic, 14, 15. Acid-hydroc., 33. Acid-nit., 54. Acon., 130. Agar., 168. Allium-sat., 206. Alum, 229. Ambra., 249. Ammon.-carb., 276. Ammon.-caust., 285, 287. Gum-ammon., 322. Anac., 349. Anis., 376. Apis, 461, 462.

Asthma is of various kinds: 1st, The *simple spasmodic* asthma, which is a pure spasmodic irritation of the muscular fibres of the bronchial tubes; these muscular fibres have been distinguished by Reissessen and Laennec in bronchial ramifications less than one line across. This species is excited by trifling changes in the quality of air, by indigestion, flatulence, mental emotion, or some distant irritation in the system; it usually passes off in six or eight hours.

2d, The *congestive spasmodic* form, in which the patient usually has fore-warnings, in the shape of languor, irritability, chilliness, oppression, drowsiness, loss of appetite, &c., and goes to bed chilly, ill, or uncomfortable; the chilliness of the surface makes the blood tend toward the susceptible lungs at night, during the first sleep, when the blood is fullest in quantity in those who dine late, its movements slow, and congestion towards internal parts easiest; during sleep the moderating influence of the will is also withdrawn from the respiratory muscles, and those voluntary alterations in the rate of breathing which are required to balance and correct the commencing derangement of the pulmonary circulation, and which are prompted at once during the waking state, do not occur; at length, the congestion reaches that pitch which excites spasmodic contraction, and a fit of asthma rouses the sufferer. This process will be clear to any one familiar with the heavy and uneasy breathing common to most sleeping persons, when compared with the easy breathing of the majority of wide-awake individuals. These attacks are rather more lasting than the simple spasmodic paroxysms, but they generally do not last many hours, unless there be some catarrhal, feverish, or rheumatic irritation of the system.

3d. The *catarrhal variety*. This is by far the most common; it arises from ordinary catarrh or influenza of the air-passages, attacking persons predisposed to, or liable to paroxysms of asthma. The catarrhal element is usually overlooked by the patient, for the disease falls at once upon the susceptible bronchial tubes, and the ordinary catarrhal affection of the eyes, nose, and throat is either altogether wanting, or lasts so short a time that it is usually overlooked or forgotten. A person liable to asthma gets an attack whenever he takes cold, but is not aware that he has taken cold. These attacks usually last several nights and days, and will not yield to simple narcotic and anti-spasmodic remedies; while the pure spasmodic variety usually subsides in the morning, and the patient is perfectly well in the daytime, although he may have another attack at night.

4th. The *emphysematous variety*. In this form, the patient has chronic difficulty of breathing, both by day and night; a fit of flatulence or indigestion, or a catarrhal attack will produce severer attacks than those he is ordinarily subject to. In emphysema, the air-tubes and cells are dilated and feeble; the chronic difficulty of breathing arises from want of contractility of the air-tubes and air-cells, and the voluntary respiratory muscles have the greatest part of the labor of expanding the chest, while the air merely rushes into the almost passive lungs; again, the air must be expelled by the respiratory muscles, almost unaided by the natural contractility of the lungs. During sleep, in emphysematous persons, the blood collects in unusual quantities in the lungs, it is not properly aërated, and, finally, after a few hours' slumber, a more or less severe attack of asthma comes on; for the respiratory muscles and contractile fibres of the air-tubes and lungs are thrown into a state of labor and spasm, in

order to restore the balance of the circulation, aëration, and respiration.

5th. The *chronic catarrho-emphysematous variety*. This is merely a combination of chronic bronchitis and emphysema; there is always more or less cough, expectoration, and difficulty of breathing, all of which are aggravated periodically or occasionally.

6th. *Cardiac asthma.*

TREATMENT.—In pure *spasmodic* asthma, Ipecac., Belladonna, Stramonium, &c., are the most important remedies. Watson says he has often prevented an attack, when the familiar preliminary feelings have been present, by giving one-quarter or half a grain of Ex. Stramonii, just before going to sleep. In the severest cases, he says, some preparation of Opium will have to be used, to give the agonized patient some little relief, until other remedies remove the paroxysm.

In the congestive variety, Ipecac. and Lobelia are the most important remedies. Watson says, many persons are thrown into a paroxysm of dyspnœa if they enter an apartment where Ipecac. is under preparation; a laboratory-man at St. Bartholomew's Hospital was obliged to fly the place whenever Ipecac. was about. Most persons, he continues, who have had much experience in druggists' shops, are acquainted with similar examples, so that the influence of Ipecac., in exciting fits of difficult breathing, resembling asthma, is undoubted, and common to many constitutions. We might as well speak of Ipecacuanha-asthma, as of hay-asthma, which is a precisely analagous affection; yet, he says, on another page, Ipecac., which is so frequently the *cause*, has also been recommended for the cure of asthma. I have seen two very severe attacks, lasting three days, produced by Dover's powder. Wood says, that Lobelia is the most useful remedy which he has used; sometimes it is merely a palliative, in others it effects absolute cures. Hydriodate of Potash, dissolved in an infusion of Senega, forms the basis of Whitcomb's celebrated remedy for asthma. Nitric-acid and Hydriodate of Potash had been used by physicians many years before Whitcomb's remedy was so extensively advertised.

Asthenia.—Acid-acet., 9.

Asthenia is defined as want of strength, simple debility, or extreme debility. This term was employed by Galen and Brown to designate debility of the whole economy, or diminution of the vital forces.

The simple asthenic constitution is said to be rarely congenital, but more frequently acquired, in consequence of disease, excessive exertions, or dissipation. It occasions a constant sickness or delicacy, without many objective symptoms, except deficient digestive powers and more or less emaciation; every fresh attack of sickness, however slight, is rapidly followed by extreme exhaustion.

In death from asthenia, the pulse becomes very feeble and frequent, and the muscular debility extreme, but the senses are perfect, the

hearing is sometimes even painfully acute, and the intellect remains clear to the last.

The *asthenic-anæmic* constitution is frequently congenital, and as frequently acquired by an injudicious mode of living, by chronic disease, frequent hæmorrhages, excessive exertions, miserable food, frequent child-births, prolonged lactation, excessive grief, disappointment, or misery. When it is congenital, the body is slightly developed, small, delicate, &c. This constitution predisposes to many local nervous affections, especially gastric and facial neuralgias, indigestion, too frequent and facile attacks of disease, so that acute, and otherwise slight sickness often occurs, and prove exceedingly obstinate and malignant.

B.

Baldness.—Acid-fluoric, 19. (See Alopecia, page 9.)

Biliousness.—Aconite, 115, 123. Agaricus. Ammon.-mur.

The natural quantity of bile secreted every twenty-four hours, is about three or four pounds; of this, the whole of the fluid bile, and at least seven-eighths, and perhaps fourteen-fifteenths of the solid matter is again taken up by the absorbing vessels, on its road from the liver to the rectum. It is clear, therefore, that it is not a mere *excretion*, and that the simple absorption of bile does not cause biliousness and jaundice.

It has been found, by experiments on dogs fed on *meat* only, that, when no bile was allowed to flow into the intestines, rapid decomposition of the fleshy matters occurred; there was continuous rumbling the abdomen, secretion of fetid gases, and of fæces smelling like carrion, immediately followed with a very foul breath. When the animals were fed on bread only, these symptoms ceased, the fæces and abdominal gases were sour, rather than putrid. Hence, we may conclude that *bile acts on albuminous matters, as on antiseptic*, preventing their putrid decomposition, and preserving them safely, to be exposed as much as possible to the absorbents of the alimentary canal. *Bile also checks the excessive acid fermentation of vegetable starch*, so that it may proceed gradually, and as required by the digestive process. It has also been found that the greatest quantity of bile is naturally secreted twelve or fourteen hours after a meal; now, as both putridity and fermentation are most likely to occur in excess at a late period of digestion, we have here an easy explanation why nature furnishes the largest quantity of bile at that time.

Although bile prevents the putrefaction and fermentation of albuminous and starchy aliments, it does not digest or solve them; indeed, since starch has saliva and pancreatic juice to digest it, and albumen gastric juice, why should the bile interfere? But, *bile does digest fat.* In dogs with biliary fistulæ, only 1.56 of fat was absorbed; if they were allowed to lick up the bile, which flowed out of the fistulæ, 2.24

of fat was digested; while, in healthy, uninjured dogs, 11.1. was taken up. Hence, it is clear that, though some fat may be absorbed without the aid of bile, yet, that a small addition of that secretion makes the quantity considerably greater, and that an unrestricted flow of bile into the intestines increases the absorption of fat, five, six, or seven-fold.

Fresh flowing bile is always *neutral;* it only becomes alkaline after mixing with the thickened contents of the gall-bladder, which contain mucus. The bile of carnivora is yellow in color, from golden to burnt sienna; in herbivora it is green, from grass-green in rabbits, to sea-green in geese, and olive-green in sheep. These varieties of color are partly dependent on the amount of oxygen admixed; for, by an artificial addition of that element, the yellow bile may be made green, and the green bile, when deoxidated by zinc, turns yellow. We may conjecture, then, it varies in color somewhat, according to the quantity of oxygen brought to the liver by the blood. Acids also turn the bile green.

A full diet increases not only the quantity of the bile, but also the amount of solid material therein. *Flesh* diet increases the secretion of bile more than vegetables. *Fatty* food, instead of increasing, as might have been expected on theoretical grounds, the quantity of bile, extraordinarily diminishes it. *Water* increases the quantity of bile within an hour after it is drank; it probably merely dilutes and washes out the bile already formed more easily, and copiously. Mercury, Muriate of Manganese, and Colchicum increase the quantity of bile more than any other medicines, and they also produce a very great sanguineous congestion of the liver. Aloes, Turpentine, and Rhubarb empty the liver of its bile, and increase the flow into the intestines, but render the liver pale. Nux and Sulphur, in alternation, remove many cases of chronic biliousness. Manganese deserves more attention than it has received.

A large proportion of cases of so-called biliousness, are not simple cases of excess of bile, but rather an excess of food and drink; cases of combined gluttony, partial intemperance, and much laziness. Too much stimulating food and drink is taken, the stomach and bowels are loaded with rich and badly-digested food, too much blood is made, and that of an unhealthy quality, and too much bile and fat, also of an unhealthy nature. If the patient cannot be induced to reform his habits, it is much better to give him somewhat active bilious and saline medicines; let the excess be purged off, and the blood lessened in quantity, and thinned in quality, by getting the liver, kidneys, and skin to act freely. Then Nux, Bryonia, Sulphur, &c., will prove much more effectual than when given without such preparatory treatment.

In ordinary biliousness, there is, generally, a partial retention of the whole catalogue of substances which should be excreted from the liver, bowels, and perhaps kidneys, instead of a complete retention of one constituent, the bile. In *general defective secretion from the liver and bowels*, there is a dinginess and darkness of complexion, but none

of the yellow-green of jaundice, and the stools are scanty, usually dark, hard, and dry, but not always clay-colored, as in simple jaundice.

The skin gets greasy and opaque; the face sometimes puffy and bloated; the lower eyelid especially sallow and discolored; there is often great sluggishness of body and apathy of mind, and often a miserable want of decision and energy. Digestion is accompanied by a good deal of discomfort and flatulence, especially several hours after eating; the appetite, sometimes, does not suffer, and the patients often indulge largely in eating, and pronounce the first period after eating their most comfortable time. Alcohol and fatty food are apt to disagree, and sometimes are abstained from by choice; attacks of bilious and flatulent colic may occur, and some disorders closely bordering on jaundice. Nux, Sulphur, Mercurius, Colchicum, Bryonia, &c., are useful remedies.

Epithelial gastric catarrh is often associated with biliousness, and generally mistaken for it. It is characterized by a thick yellow coat on the tongue, an incapacity of the stomach to digest its contents, and an irritability of the viscus, which tends to reject, by vomiting, these undigested contents. At the same time, although the bile is only formed in its usual quantity, it is drawn up, by the effort of retching, into the stomach and thrown out with the food and mucus; or else, passing downward, and not being absorbed by the mucous membrane, it is excreted in the shape of bilious stools. The frequency with which bile is vomited, and the frequent appearance of large quantities of bile in the diarrhœa of gastric catarrh, have acquired for the disorder the popular name of "bilious attack." It is caused, possibly, by an extension of the catarrhal state to the duodenum, and, perhaps, even to the gall-ducts themselves, and thence to the whole substance of the liver. It is likely that there is an increased secretion of mucus from the gall-ducts, which mixes with the bile and makes it unsuitable for reäbsorption from the intestinal canal, at the same time that the absorption is further impeded by the increased secretion of mucus throughout the bowels. The bile then regurgitates into the stomach, and excites vomiting, or else passes away by a diarrhœa. These cases are best relieved by *Pulsatilla*, *Ammon.-Muriat.*, *Natrum*, &c., aided or not by gentle laxatives.

Chronic duodenitis is frequently mistaken for simple biliousness and jaundice, with which it is almost invariably associated. In this disease, there is pain more or less pronounced, accompanied by tenderness on pressure, and a sense of constriction or fullness, confined to a small space, but sometimes occupying the whole length of the duodenum, extending down from the cartilage of the eighth or ninth rib, in a somewhat curved or crooked course, toward the right side of the umbilicus. In some cases, the pain, tenderness, and constriction in this situation are constant, and greatly aggravated by taking food or irritating liquids; in others, they are felt only after food, and are more liable to occur after dinner than any other meal. The *pain is not aggravated or excited immediately* after food is taken, but in from a half, to one, or two hours, or as soon as the chyme enters the duodenum,

and the pouring out of bile and pancreatic fluid upon the irritated mucous membrane commences, and is attended with flatulent eructations, and sometimes by slight nausea. In some cases, the symptoms cease or decline as soon as the process of duodenal digestion is finished, in others, they continue for several hours; but, if the food or drink has been very irritating or indigestible, they may last for some time.

The bowels are often confined and irregular, but may be relaxed and irritable; *the motions are peculiar and characteristic of the disease.* In some cases, they are of the color and consistence of dirty paste; in others, hard and clay-like, sometimes streaked with black bile, or formed in parts, sometimes altogether of bile, black and pitch-like, yellow or green, and mixed with, or surrounded with mucus. The odor of the evacuations is often peculiar; sometimes it is faint and sickly, sometimes highly offensive, and resembling that given off by fish or vegetables when putrefying. In some cases, these peculiar states of the motions, with slight pain in the duodenum or in the right lumbar region, are the only indications of the existence of the disease, which is then almost certain to be mistaken, by ordinary physicians, for simple bilious derangement. In one sense it is, however, a misnomer to call this affection a simple and pure chronic duodenitis, for the chronic phlogosis creeps along the biliary ducts by contiguous sympathy and simple progression, and finally a large portion of the secretory and biliary portion of the liver becomes involved; still the disease generally commences in the duodenum.

The pain is *rarely acute* or strongly marked, unless ulceration exists, and then it may be dull and boring; sometimes the chief pain is referred to the back, between the shoulders, and then may be mistaken for that of perforating ulcer in the posterior wall of the stomach. The distress in the vicinity of the margins of the false ribs often consists of a feeling of tension or constriction, which is worse to bear than actual pain; it wears down the nervous powers, and renders the sufferers irritable, nervous, and melancholy, and often, from the great bodily and mental depression which it excites, incapable of exertion.

On examining the right side of the epigastrium, *some enlargement and fullness*, with tenderness on pressure, can generally be discovered, especially after a full meal This enlargement and fullness are often mistaken for enlargement of the liver, with which, in fact, it is sometimes associated. But *simple duodenal distention* is accompanied with a clear sound on percussion, and, in the intervals of digestion, the enlargement and fullness always diminish, and sometimes disappear. These signs are most valuable when the liver is natural in size, or rather smaller, as is sometimes the case.

The appetite is generally good and digestion rapid; the patient makes no complaint immediately after food is introduced into the stomach, but as soon as chyle begins to pass into the duodenum, the symptoms commence. If there be minute ulcerations scattered over the mucous membrane, very sweet and farinaceous food, or very sweet

tea or coffee, or rough sweet wines, especially after a full meal, will excite or aggravate the symptoms, exactly as sugar does when it comes in contact with a decayed tooth.

The tongue is often dry and flabby, coated or streaked with white fur; the thirst, particularly during digestion, severe; yet drinking freely of liquids seems to sweep the contents of the stomach more rapidly into the duodenum and add to the distress. Very cold liquids are said to give rise to severe headache, which may last from six to twenty-four hours. The skin is apt to be harsh and dry, often affected with psoriasis, sometimes with prurigo, and occasionally with nettle-rash. In these cases, *Arsenicum* is the most important remedy.

Patients laboring under chronic duodenitis are very apt to have *bilious attacks*, as the irritation spreads rapidly along the biliary ducts; or these may be thrown into a state of spasm, by irritation, congestion, inflammation, or ulceration about the region where the ductus communis empties into the duodenum. The more the duodenum is congested or inflamed, the more severe these bilious attacks become, and often last for several days; severe bilious headache is a constant accompaniment. Nausea, retching, and vomiting may occur; the urine may be scanty, and loaded with urates; the bowels confined or irregular; the motions very deficient in bile; increase of pain, tenderness, and constriction about the duodenum; *the conjunctivæ often become muddy, sometimes yellow, and the skin* often assumes a jaundiced tinge. These attacks may occur with great regularity once a week, or fortnight; in females, often just before the menses; but more frequently they occur at irregular periods, excited by irregularities of food or drink, mental emotions, exposure to cold and wet, fatigue, constipation, &c. When the spasmodic contraction of the mouth of the ductus-communis is very great, much difficulty is experienced in getting evacuations from the liver and bowels; when it subsides, *oil-like fat* is sometimes passed from the bowels or vomited up; it seems as if the bile detained in the common or hepatic ducts undergoes a fatty degeneration.

The most useful remedies against chronic duodenitis are Colchicum, Conium, Mercurius, Aconite, Phosphor., Agaricus, and Cuprum. In some instances, Tinct. Rad. Aconite may be applied freely over the region of the duodenum, several times a day; or a plaster of Conium, Digitalis, or Mercurius; as severe burns (see page 58.) cause congestion, inflammation, or even ulceration of the duodenum, it may be homœopathic to apply a small blister externally.

Bites of Venomous Reptiles.—Ammon.-caust., 281. Anac., 339.

Venomous bites may be divided into three different classes, *e. g.*, *bites of serpents*, *bites of spiders*, and *stings of insects;* but their treatment is so similar, at least of the two last, that they might almost be classed under one head. This arrangement, of course, excludes the venomous bites of *rabid animals*, which, giving rise to a distinct and peculiar disease, hydrophobia, do not properly belong to this class of affections.

Dr. Tomlinson Fort favors the idea that the poison of the rattle-snake, the viper, &c., is the same as that of stinging insects, (the wasp, hornet, &c.,) the only difference being in the quantity of the poison injected into the flesh; and that, in a snake-bite, the danger is very much in proportion to the size of the animal. He has never known death to occur from the bite of a small snake of any kind. Even the small variety of the rattle-snake, the *ground rattle-snake*, he has never known to inflict a fatal wound, even on a small child.

Though this may hold good of the region of country of which Dr. Fort writes, it is a notorious fact that, in the West Indies, some of the most venomous and deadly reptiles are so small as frequently to be overlooked in one's bed, and the bite of the tarantula spider, (*Aranea tarantula*, *Lycosa tarantula*,) an animal much smaller than any snake, has frequently proved fatal.

The poisonous snakes met with in the United States, are:

1. The rattle-snake, (*crotalus horridus*,) of which, according to Fort, there are three species, all easily known by the rattle in the tail. This name, *crotalus horridus*, is also sometimes used to designate the *Cobra di capello*, of South America, but it is more properly the *Coluber-naja*, of Linnæus.

2d. The viper, (*Coluber-berus*,) of which there are four varieties: the common viper and the copper-head, which inhabit the uplands, and the brown or blunt-tailed moccasin and the cotton-mouth, both of the latter amphibious, and inhabiting small streams, swamps, and low-lands.

According to Dr. Gilman, (Philadelphia *Journal of Homœopathy*,) there are four distinct varieties of rattle-snakes, of which the *crotalus horridus*, and *crotalus Kirtlandii* are much the most numerous. Of the moccasin-snake, as he calls the *coluber*, there are, he says, two varieties, both of them being quite as venomous as the rattle-snake.

The poisoning apparatus is, he says, the same in all varieties of snakes. He describes it as "a strong frame-work of bone, with its appropriate muscles, in the upper part of the head, resembling and being, in fact, a pair of jaws, but external to the jaws proper, and much stronger. To these is attached, by a ginglymoid articulation, one or more moveable fangs on each side, just at the verge of the mouth, capable of being erected at pleasure. These fangs are very hard, sharp, and crooked, like the claws of a cat, and hooked backward, with a hollow from the base to near the point. This hollow has been found divided by a thin bone, making two. At their base is found a small sac, containing two or three drops of venom, which resembles thin honey. The sac is so connected with the cavity of the fang, during its erection, that a slight upward pressure forces the venom into the fang at its base, and it makes its exit at a small slit or opening, near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang. Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the internal and external jaw-bones, somewhat like a

penknife-blade shut up in its handle, where they are covered by a fold of membrane which encloses them like a sheath—*the vagina dentis.* There can be no doubt that these fangs are frequently broken off or shed, as the head grows broader, to make room for new ones, for within the vagina dentis of a very large crotalus horridus, which Dr. Gilman dissected, he found no less than five fangs on each side, in all stages of formation. The venom may be easily withdrawn by the aid of chloroform, a few drops of which stupefies snakes. They are then to be seized by the neck, the vagina dentis held out of the way by an assistant, with a pair of forceps, while the fang is erected and gently pressed upward with a pair of forceps. The poison may be caught in a little vial, or on a bit of lint. After being robbed in this manner, in two days they will be as highly charged as ever."

A number of vigorous and healthy plants, inoculated with a lancet charged with the poison, were next day withered and dead, as if scathed by lightning. It is a significant fact, that on mixing the poison, in order to preserve it, with two or three parts of alcohol, in a short time it was found to have lost its venomous properties; but no such result took place after mixing it with aqua-ammonia, spirits of turpentine, oil of peppermint, cinnamon, or cloves, nitric or sulphuric acid, &c.

The venom, though elaborated by the snake, is quite as poisonous to itself as to others. An experiment was made, of putting seven venomous serpents together in one den; they were made to fraternize, and lived amicably together. A beautiful pair of long-bodied speckled snakes, known as king-snakes, known to be fangless and venomless, were introduced. Some uneasiness was observed among the others, but no attack was made upon the king-snakes. The next morning, four of the venomous serpents were dead; one was still within the coil of the king-snakes, and the two others would make no defence. A large rattle-snake seemed stupid and indifferent to his fate—he could not be made to give warning or threaten with his rattles. The smallest king-snake was afterwards inoculated with the poison of one of the serpents he had destroyed, and he died immediately after. Gillman's conclusions are as follows:

1. That the venom of all serpents acts as a poison, in a similar way.
2. That the venom of some varieties is far more active than that of others.
3. That a variety of the *coluber*, known as the cotton-mouth, is the most venomous serpent in Arkansas.
4. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.
5. That alcohol, if brought in contact with the venom, is, to a certain extent, an antidote.
6. That serpents do possess the power of fascinating small animals —that power being identical with mesmerism.
7. That the blood of small animals destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by light-

ning or hydrocyanic-acid; it loses its power of coagulation, and cannot long be kept from putrefaction.

The effects of a rattle-snake-bite usually follow very promptly. It produces intolerable pain in an instant, sickness at the stomach, blindness, pain in the region of the heart, and death. Sometimes these effects follow with almost instantaneous rapidity; but, if the patient lives a few hours, intense and violent swelling of the limb ensues; and, if he lives a day, a violent fever follows, which sometimes destroys life after the lapse of three or four days.

Fort says, that for these awful cases, we are in want of remedies, notwithstanding every article in the materia medica has been tried. Undoubtedly, the first thing to be done, if seen instantly, is to remove the poison by suction or excision. Ammonia might be given, but he should have more faith in the liberal exhibition of whiskey or brandy. But, if Bibron's Antidote were at hand, it would be, by all means, proper to have recourse to that; for, from the cases already published, we may infer that, if not an antidote, in the full acceptation of the term, it is, at least, very often successful. It was discovered by Professor Bibron, and is composed of "Potass.-iod., four grains; Hydrarg.-chlor.-corros., two grains; Bromine, five drachms.—Mix." Ten drops, diluted with a tablespoonful or two of wine or brandy, constitute a dose—to be repeated, if necessary. To be kept in well-stoppered glass vials.

Surgeon Hammond, of the army, reports of it as follows: Prof. Bibron allowed a rattle-snake to bite him in the lips, cheeks, &c.; he took the antidote, and suffered no inconvenience.

Case I.—A man was bitten in the index-finger by a large rattle-snake, (crotalus confluentus). One dose of Bibron's Antidote arrested the swelling, and the symptoms disappeared. Forty minutes after, they re-appeared. The medicine was repeated, and, in five minutes, the pain and pulsation had ceased, and the finger regained its normal appearance.

Case II.—A very large rattle-snake was made to bite a young wolf. Fifteen minutes after, the leg was much swollen, with signs of uneasiness, yawning, stretching, looking about, &c.; increasing to inability to stand, drowsiness, and slight convulsive movements. Now, thirty minutes after the infliction of the wound, six drops of the antidote were given, with almost instantaneous disappearance of the symptoms.

Case III.—On the following day, the same snake was made to bite the wolf three times in the space of five minutes. Inability to stand, gasping respiration, and fixity of countenance ensued at once. Some delay occurred in getting the antidote ready, and before it could be administered all signs of life had disappeared. Nevertheless, six drops of the Bromine mixture were given, and, in one minute, respiration again commenced, and the heart could be felt to pulsate. He lived twenty-seven minutes, and then died comatose.

Case IV.—A dog, five months old, was bitten in the right shoulder. Two ineffectual attempts were made to administer the antidote, but

the dog would not swallow. The third dose was inhaled into the lungs. By this time, he was perfectly senseless, and died in forty-five minutes.

Case V.—Forty-five minutes after, the same snake bit another dog of the same litter. At the end of three minutes, the antidote was given, and swallowed readily. At the end of fifteen minutes, he seemed so much worse that another dose was administered. The next morning he was as well as ever.

Case VI.—A girl, aged fifteen, was bitten on the back of the finger of the right hand. In a few moments the finger became swollen and bluish, and, when first seen, ten minutes after the receipt of the wound, the fore-arm had begun to swell, and pain extended to the elbow. She was depressed and nauseated. An elder sister had sucked the wound, from the first instant. A free incision was made, down to the bone, and two drops of the Bromine mixture given, as soon as the articles could be procured; and injected into the wound the Iodine and Iodide of Potash. She expressed herself relieved after the first dose, and ultimately recovered. Some other cases are reported, too long to be embodied here, but all quite favorable to the efficacy of the antidote.

In many of the severe cases, where death is not the immediate result, the patient may linger on for some days, suffering from grave fever, and these cases should be treated accordingly. In a recent wound, if the swelling is extensive and painful, it may be bathed with Aqua-ammonia, or Hartshorn. Cloths dipped in warm brandy and water, have been recommended. Sweet oil has been recommended internally; but, if the patient appear to be sinking, diffusible stimulants should be given at once, in full doses—brandy or whiskey are probably the best.

The bites of the smaller varieties of snakes, are not fatal; they get well of themselves. The pain is, perhaps, severe, and the swelling great, but, like the sting of an insect, they appear to run their course in a short time. It is not uncommon for the part bitten to run on to mortification, or give rise to sloughing and extensive loss of substance. But, whatever injury follows, it is to be treated according to the general indication, without regard to its peculiar origin. There is no evidence that any portion of the poison remains in the system.

Bites of Spiders.—Fort thinks, that of the many different species of spiders, there are comparatively few which are poisonous. Infesting every house, tree, and bush, as they do, they would be dangerous indeed were they all capable of inflicting a poisoned wound. Fort has seen but two instances in which the animal was seen, and these he describes with much care. He says the wounds were inflicted by a variety of spider, common to our fields and woods, whose body is of a shining black, with a bright red spot on the abdomen. It is about the size of a wild grape, or swan shot, with slender legs, slow motion, and very feeble. It spins its web in the open air, from bush to bush, much as do many other varieties. The spider was described

o him, in both cases, in language not to be mistaken, and he readily recognized it. Its feebleness and slow motion render it but little dangerous, unless accident should bring them in contact with the body. In both his cases, the spiders were thrown by accident into the bosom.

The patients were both laborers—strong, active, young negro men, laboring in the field. The symptoms were alarming and violent; pain at the pit of the stomach, oppressed and difficult breathing, with spasms of the muscles of the abdomen and back, so permanent and rigid that the body could scarcely be bent. The pain in the part bitten was slight, and the total absence of swelling rendered it difficult to ascertain the *exact* spot on which the injury had been inflicted. The symptoms of pain at the pit of the stomach, and difficult breathing came on in a few minutes. One was bitten on the back, and the other on the side, and, at the end of two hours, when he first saw them, he thought their symptoms very alarming.

When called to the first one, the medical reviews were full of the treatment with Ammonia. Time has not strengthened these claims. However, he gave a teaspoonful of Aqua-ammonia, as quickly as possible. Not finding him much better in half an hour, he cauterized the place with lunar caustic. Not being able to find the exact spot, he took a spot as large as a dollar and began rubbing it with the caustic, keeping the part at the same time moist, to dissolve it. This process was continued until it was evident that an eschar would form, and, at the end of half an hour, the patient declared himself much better. By the next morning, all symptoms of injury had disappeared, and, as soon as the eschar from the caustic fell off and healed, he was well.

The second case occurred a year or two afterwards, and was treated in the same way, and with the same results.

Stings of Insects.—The most formidable of the stinging insects is undoubtedly the hornet; but the bee, wasp, &c., may produce very severe effects, if a number of them inflict their stings at the same time. In one of the departments of France, some time since, a pair of farm-horses were stung to death by a swarm of enraged bees, and numerous deaths have undoubtedly occurred, among both adults and children in the same way.

The sting of a hornet is most to be dreaded about the head or eyes. Three or four on the face, have almost instantly closed a man's eyes by the swelling which ensued; and, in the case of a man stung on the ball of the eye, he was frantic with pain for two hours, when the eye burst spontaneously, affording him some relief, but destroying the sight.

A sting is also dangerous when happening on the throat, in such a way that the swelling may impede respiration. A lady came very near falling a victim, in this way, to the sting of a bee, near the angle of the jaw.

As cupping or suction is recommended in the case of the bites of serpents, the same may be tried here, by pressing very strongly, over the place where the sting is supposed to have entered, a key or other small hollow tube. On examining it, after a moment or two, a drop of

transparent fluid will be seen to have flowed from the wound. Whether this be serum from the blood, or the poison which has been thrown into the wound, is as yet undetermined; but, if it be done within a few minutes of the time when the sting is inflicted, no swelling will follow, and the pain will shortly cease. In the case of bites of serpents, a similar plan might be pursued with advantage—but it should be immediate to be of any use.

Much relief will oftentimes be experienced, if, along with whatever preparation may be applied to the sting, some preparation of Opium be mixed. Fort has known almost immediate cessation of the pain of a wasp-sting by the instant application of Camphor and McMunn's Elixir. Probably the Opium would have been all-sufficient.

Black Eye.—Ammon.-mur., 298. Arnica.

The ready production of ecchymosis about the eye is due to the superficial position of the bones of the orbit, and the looseness of the skin about the eye-balls. Watson says the employment, by pugilists, of Bryonia-roots and Solomon's-seal, or of Rosemary and Arnica infusions, has induced medical men to recommend these applications; but he insists that it is not a fact that prize-fighters can disperse black eyes sooner than other persons. Under ordinary circumstances, the blood in ecchymosis of the eye-lids is absorbed in two or three weeks; the swelling subsiding, and the skin gradually losing its livid color as the absorption goes on; first becoming brownish and then yellow. *Conium* is more homœopathic than *Arnica;* and *Hydriodate of Potash* is a more powerful absorbent than *Muriate of Ammonia.* Leeches on the injured part are worse than useless, they do not imbibe the coagulated blood, while they add to the local injury. A popular remedy are the bruised roots of Black Bryony, or of Solomon's-seal; they are beaten into a pultaceous mass in a mortar, and re-applied every half hour for three or four hours or more. They cause a degree of redness and swelling, the œdema which they excite diluting the effused blood, and thus promoting its absorption. According to this view, *Arsenicum*, which so specifically excites œdema of the eye-lids, ought to prove a useful internal remedy. Hammamelis deserves attention. If long continued, Bryonia and Solomon's-seal produce too much inflammation; and, if the skin is broken, they are too irritating to be applied at all. Pugilists, who are obliged to appear in public, sometimes contrive to paint the discolored skin, from day to day, till the natural color is restored.

Sub-conjunctival ecchymosis often occurs spontaneously in elderly persons; in children, it may arise from the concussions of whooping-cough. It is very persistent, but need not excite the slightest anxiety unless combined with much tumefaction. *Arnica* and *Hammamelis* are the most reliable remedies.

Ecchymosis of the eye-lids is sometimes symptomatic of counter-fracture of the walls of the orbit; the ecchymosis then increases slowly for days, and is not attended by any considerable swelling.

Bladder, Irritability of.—Benzoic-acid, 14. Alum, 227.

The characteristic symptom of this disease is frequent micturition. In the natural state, the urine is voided from four to six times in the twenty-four hours, the quantity varying from thirty to forty-five ounces. Urination generally occurs more frequently in the male, owing chiefly to the smaller size of his bladder, and his consumption of a larger quantity of stimulating food and drink.

In *irritability of the bladder*, the urine is voided every hour or two, perhaps every few minutes, and the act is often attended with more or less pain, spasm, and burning at the neck of the bladder and along the urethra; the urine may be perfectly natural, or variously altered in quantity or quality.

Irritability sometimes arises from *congestion* of the neck of the bladder, prostate gland, and seminal vesicles, and is then characterized by a feeling of fullness in the perineum, almost uninterrupted micturition, and smarting of the neck of the bladder, with a scalding sensation in the urethra; these symptoms are aggravated by exercise, by the erect posture, exposure to cold, a full meal, a few glasses of wine, &c. *Cantharides* is the most homœopathic remedy, but *Digitalis* is very useful.

Irritability of the bladder is frequently induced by an *altered state of the urine*, which is often more or less acid, dark-colored, and strongly disposed to become ammoniacal; it is usually scanty, often deposits a copious sediment of mucus, and is speedily decomposed after being voided. It is often associated with dyspepsia, constipation, capricious appetite, sour eructations, coldness of the extremities, dryness of the skin, soreness in the loins, neuralgic pains in various parts of the body, and burning in the urethra. This form is most common in males, and those disposed to gout, rheumatism, or gravel. *Kali* and *Colchicum* are useful remedies.

There is a form of vesical irritability very common in *young girls*, soon after the age of puberty, generally associated with spinal irritability and disordered menstruation. The extremities are apt to be cold, the bowels constipated, tongue coated, appetite impaired, and digestion languid and difficult; the patient may also be flatulent, nervous, and subject to palpitations. The slightest congestion, most trifling displacement, or the smallest possible ulcer of the womb, has been known to maintain the bladder in an unsafe condition for months and years, the general health being in the meantime perfectly wretched, and life scarcely worth possessing. A four or six weeks course of *Arsenicum*, *Cantharides*, or *Cocculus*, will remove this affection without recourse to local treatment. Diseases of the ovary or womb may cause irritability of the bladder. It is singular that the local suffering is sometimes wholly confined to the bladder, while the organ originally and mainly affected is free from irritation. *Pulsatilla*, *Digitalis*, and *Sabina*, are useful remedies.

In other cases, the complaint consists in an exaltation of the nervous

sensibility of the mucous membrane of the bladder, similar to that which occurs in strumous ophthalmia and scrofulous photophobia, and, of course, is most common in the weak and scrofulous. *Belladonna* and *Conium* are useful remedies.

In the confirmed stage of *stricture of the urethra*, one of the most constant symptoms is a frequent desire to void urine. In females, *warty* excrescences at the orifice of the urethra generally produce similar effects. Stone, catarrh of the bladder, inflammation or ulceration of the mucous coat, gonorrhœa, venereal excesses, all may cause it. In boys, a degree of irritation about the bladder is sometimes produced by a long and narrow prepuce, which prevents the ready escape of the urine, in consequence of which the edges of the foreskin become inflamed and sore, causing a frequent desire to pass water, accompanied with severe pain and even spasm. Ascarides and tape-worm will cause it; also mental emotion, grief, anger. Too frequent micturition will lessen the size of the bladder, and finally bring on irritability. Long-continued debility, exposure to cold and wet, or to a very hot sun will induce it; the former checks the secretion of the skin, and throws the fluids back upon the kidneys, while the latter renders the urine scanty and acrid.

Gross has seen irritability of the bladder disappear promptly under the use of *muriated* Tincture of Iron; he has found it most useful when there was a weak, languid state of the digestive organs, coldness of the extremities, great pallor of countenance, and an alkaline condition of the urine. *China* is said to be useful when there is a frequent, irresistible urging to urinate.

Belladonna has been found most useful when the complaint is attended with neuralgic symptoms, or sharp, darting, or shooting pains in the region of the bladder or pelvis.

Balsam-copaiba is said to be particularly applicable when there is an extension of gonorrhœal inflammation, vesical catarrh, or organic disease of the kidney.

Gross has used Tinct. Cantharides with marked advantage, in young children and hysterical girls, when carried to the extent of slight strangury; as soon as this effect passes off, there is generally a very decided improvement, which, under the subsequent continuance of the remedy, in smaller doses, finally eventuates in a complete cure. This sounds quite homœopathic.

Harlæm-oil has been used with happy effects, when everything else has failed. The *Phytolacca-decandra* was a favorite remedy with Dr. Physick. *Turpentine* is recommended when worms are present, although *Santonine*, *Cina*, and *Spigelia*, may come in play. *Staphysagria* is useful when there is ovarian irritation. *Cocculus*, singularly enough, will relieve some cases attended with displacement of the womb. A lengthened course of *Arsenicum* will cure those cases attended with ulceration of the os uteri and much leucorrhœa. *Digitalis* ought to be used much more frequently than it is; it causes constant desire to urinate, especially at night.

Nitrate of Potash is a homœopathic remedy; Gross says, when administered for a long time as a duretic it seldom fails to irritate the neck of the bladder, and occasion frequent micturition.

Bronchitis.—Acid-oxalic, 64. Acid-phos., 73. Acon., 128. Alum, 228. Ammon.-carb., 274. Ammon.-caust., 287. Ant.-tart., 399, 414. Apis, 462.

Bronchitis is exactly similar in its nature to acute catarrh of the nose, and we may infer, from the appearances of one, what they will be in the other. At first, the nostril is dry and hot, yet, though it is dry, one cannot breathe through it; it is stuffed up, not with accumulated mucus, but by the great swelling of the membrane; the part is evidently red; it is tender also, and irritable; the contact of atmospheric air, a little colder, or a little less pure than common, will irritate it. After the unusual dryness the membrane begins to secrete a thin serous fluid, having acrid properties; by degrees, this thin serous fluid becomes thicker and less irritating, also more viscid, opaque, and yellow; the swelling of the membrane diminishes, it becomes less raw and sensitive, the unnatural tumefaction of the membrane entirely disappears, and, at length, the secretion resumes its natural quantity; for the mucous membranes, in a state of health, are perfectly moist; and the exhalation of this moisture, to a certain extent, and not beyond a certain amount, constitutes an essential part of their healthy functions.

Healthy mucus is composed—1. Of a transparent fluid, holding salts and mucine in suspension; 2. Of two kinds of suspended corpuscules or cells.

a. Epithelial cells, of elliptical shape, containing nuclei, of elongated form and granular appearance.

b. Mucous globules or corpuscules. These are much less numerous than the epithelial cells in healthy mucus.

Henle regards healthy mucus as being the product of the desquamation of the epithelium of mucous membranes; the desquamation occurring constantly in health, and being as constantly reproduced. We prefer to regard mucus as a secretion; epithelium bears the same relation to the mucous membranes as the scarf-skin does to the cuticle; perspiration does not consist in a mere exfoliation or desquamation of the scarf-skin, neither does mucus arise merely from the desquamation of the epithelium.

Besides these two varieties of corpuscules, mucus, under the microscope, often presents a granular appearance, which is regarded as indicative of approaching precipitation of mucine.

The fluid which holds these corpuscules in solution consists of water, like the serum of the blood, holding in solution a certain number of chemical constituents.

Healthy mucus is chiefly composed of water, holding in solution the following substances:

1. *Mucine*, which gives to mucus its viscidity and special characteristics; it is held in solution by free soda. Albumen is never found in healthy mucus.

2. Free soda, lactate of soda, and chloride of sodium, the proportions of which are increased in catarrhs.

3. Phosphate of lime and silicia.

4. Extractive matters.

Diluted acetic, oxalic, and tartaric-acids dissolve the mucous globules; the mineral acids do not.

Lehmann says it has not yet been determined whether the blood-globules take part in the preparation of mucus as they do in most other secretions, and whether the mucus is formed solely from the constituents of the blood-plasma.

In inflammatory mucus some of the albumen of the blood is poured out. In purulent mucus, both albumen and fat are discharged in abundance.

We may sum up the history of mucus and its modifications in the following table:

UNDER THE MICROSCOPE.

Normal Mucus.	*Morbid Mucus.*	*Muco-Pus.*
1. Many epithelical cells.	1. Few epithelical cells.	1. Few epithelical cells.
2. Few mucous cells.	2. Many mucous cells.	2. Many mucous cells.
3. Fine granular appearance, due to precipitation of mucine.	3. Fine granular appearance, due to precipitation of mucine.	3. ——
	4. Yellowish globules—larger than the mucous and verging on pus-globules.	4. Numerous pus-globules.

MATTERS HELD IN SOLUTION BY WATER.

1. Mucus in tolerable quantity.	1. Mucus in tolerable quantity.	1. A very small quantity of mucus.
2. No albumen.	2. Small quantity of albumen.	2. A large quantity of albumen.
3. Free soda, lactate of soda, chloride of sodium, phosphate of lime.	3 and 4. More salts and extractives.	3 and 4. More salts and extractives.
4. Extractive matters.		
	5. Small quantity of fat.	5. Fatty matters in abundance.

It seems from the above as if catarrh was a species of albumenorrhagia, somewhat similar to that which occurs in albuminuria.

Catarrh arises in two ways: either from the application of cold air to the mucous membrane; or else from cold, or cold and wet applied

to the skin. In the latter case it is probable that some of the effuse matters which should be thrown off by the skin are projected upon the mucous membrane.

In bronchial catarrh the mucous membrane is, at first, dry, hot, tumid, and irritable; the uneasy sensations, of which it is the seat, excite coughing; the chest feels tight, stuffed, and constricted; there may be some hoarseness, and a sense of roughness and soreness in the windpipe; a dry cough, which seems to arise from some irritation about the glottis; sometimes pains in the limbs occur like those of rheumatism; the patient is thirsty, and has lassitude. Such attacks are called catarrhal-rheumatic, and it is very probable that bronchitis is generally somewhat rheumatic in its nature.

The symptoms and importance of bronchitis vary, according as the disease is seated in the larger, smaller, or capillary bronchi. The first is the most slight and manageable; the last is the most severe and dangerous, and is especially common in young children.

Bronchitis of the larger air-tubes is rarely attended with such violent symptoms as when it attacks the minuter branches; the fever and dyspnœa are moderate, the cough loud and deep, and the expectoration scanty and glairy at first, afterwards easy, profuse and mucous. The percussion-sound, in all the varieties of bronchitis, is natural, and affords a ready mean of diagnosis from pneumonia and pleurisy, in which diseases more or less dullness on percussion is always present. The hand, applied to the chest, often detects rhonchal vibration, especially if loud, sonorous rhonchus be present. In the first stage auscultation detects sonorous rhonchus, like the prolonged note of a bass-violin, or the cooing of a dove; the louder the sounds the less dangerous the case. When free expectoration comes on, the sonorous rhonchus is intermixed with a mucous rattle of large, scattered, and uneven bubbles. As a general rule, except in phthisis, the larger the bubbles of a mucous rattle in the chest the less dangerous the case.

It is well to select remedies which act specifically upon the skin and mucous membranes; of these *Pulsatilla* and *Stibium* are the most useful. If the fever runs high, and the chest be much oppressed, larger doses of *Stibium* should be given, and *Aconite* or *Veratrum-viride* may be required in alternation; if the expectoration be thin and scanty, *Bromide of Potash* and *Kali-hydriodicum* will render it more thick and copious; if it be too dense and profuse, Arsenicum will render it thinner. All these remedies exert a specific and alterative action upon the mucous membranes.

The more common form of acute bronchitis is that in which the larger bronchi, and those of the second, third, and fourth orders are simultaneously inflamed. The ordinary descriptions of the disease are taken from this variety. There is often a burning-piercing pain beneath the breast-bone; a comparatively great oppression of the chest, and difficulty of breathing, yet the patient is able to expand the chest fully; the cough is deep, metallic, ringing, dry and hard; the

expectoration is scanty in the first stage, often streaked with small threads of blood, saltish, transparent like the uncoagulated white of an egg, glairy, and viscid; it is more stringy and viscid in proportion to the intensity of the inflammation, and then may be drawn out into threads like those of melted glass. If expectorated after much coughing, it will be frothy, with unequal-sized large and small bubbles.

In the first stage of this variety the antiphlogistic remedies, such as Aconite, Stibium, and Veratrum-viride, must be given, in larger doses, and more frequently repeated than in the milder forms, and the catarrhal-rheumatic remedies, like Pulsatilla, Kali-hydriodicum, &c., can only be used after some favorable impression has been made upon the inflammatory symptoms by the antiphlogistic medicines.

When the inflammatory fever abates or ceases, a remarkable change in the expectoration ensues; or, rather, when those changes in the functions of the mucous membrane take place which allow the inflammation to subside, the expectoration gradually loses its transparency and becomes mixed with yellowish-white or greenish opaque masses, which increase more and more, until they compose the whole of the expectoration, which is then thick, consistent, and muco-puriform, though somewhat viscid and confluent.

In some instances, bronchitis will linger in its first or dry stage, and the symptoms are very severe, almost like a combination of spasmodic asthma with congestion of the lungs. The patient is then generally feverish, in a state of extreme dyspnœa, sitting up in bed, from inability to lie down, laboring for breath, the face turgid and rather livid, the nostrils working, and shoulders elevated and heaving, scarcely able to speak, and in dread of immediate suffocation. Still this condition is more common in capillary bronchitis than in the second variety. *Bromide of Potash*, *Hydriodate of Potash*, or *Muriate of Ammonia*, in alternation with reasonably full doses of *Stibium*, will bring on expectoration, especially if aided by inhalations of quite warm water.

The percussion-sound remains clear in the second variety of bronchitis, and this is of great importance; for if, after three or four days of fever, cough, hurried and laborious breathing, we find that the chest sounds clear, the great probability is that the disease is bronchitis, and not pneumonia or pleurisy. In pleurisy, we have dullness on percussion, and great feebleness or entire absence of respiratory murmur in some portion of the chest; in pneumonia, we have dullness on percussion, and either very fine crackling sounds, almost as small as those produced by rubbing a lock of hair between the fingers before the ears, or like the fine crackling of soda-water or champagne, or else we hear the louder, smoother, clearer, whiffing, bronchial breathing; in the second variety of bronchitis, we hear sibilant or hissing sounds, intermixed with more or less sonorous rhonchus, or a strange admixture of chirping, whistling, hissing, and moderately coarse crackling, with louder sounds, such as cooing, droning, and groaning. We are also generally able to hear some of the natural, gentle, breezy, vesicular respiratory murmur; and the more we hear of this the less

dangerous the case; the less we hear of natural respiratory murmur, and the more of sharp, hissing and sibilant rales, the more dangerous the attack; the more the loud sounds of the first variety of bronchitis outroar the sibilant and natural respiratory murmurs the less dangerous the case.

Capillary bronchitis is a more serious disease than pneumonia; in fact it is at the bottom of many cases of *pneumonia-notha*. The dyspnœa and oppression of the chest is very great, the whole attack is of an intense and severe character, and, unless quickly relieved, runs on to a fatal termination with great rapidity. It resembles dry bronchitis of the second variety very much, but it is even more severe and dangerous than this; expectoration is less easily brought about, and, when it does occur, it blocks up the smaller bronchi and air-cells, and produces almost as much distress as the dry stage; it is also very apt to be complicated with acute œdema of the lungs, and then the case is almost hopeless; we may be able to relieve simple œdema rapidly, but inflammatory œdema is most difficult to overcome. The percussion-sound, of course, remains clear. The commencement of the attack is often marked by a very loud, rough respiratory murmur, resembling a great aggravation of the natural respiratory murmur; this quickly changes to a dry, sharp wheezing, with sibilant rhonchus, hissing and whistling like that in a case of dry spasmodic asthma; we can promptly relieve simple spasms, but inflammatory turgescence and spasms of the capillary air-tubes is not so easily remedied. In capillary bronchitis the sharp sounds are numerous and close together; they obliterate the natural respiratory murmur, and when they are heard all over the chest the case is a very serious one, for severe capillary bronchitis of both lungs is remarkable for the rapidity with which collapse, extreme prostration, and debility succeed to high fever and extreme dyspnœa. It is natural that it should be so, for almost every air-cell is obstructed, the oxygenation of the blood is much interfered with, and the patient dies, as it were, asphyxiated in his own impure venous blood.

Depressing remedies must be used with great care, and only during the first two or three days; still antiphlogistic remedies are imperatively required. *Conium* is a valuable palliative, relieving the difficulty of breathing better than other remedies of this class, allaying irritation and spasm of the capillary air-tubes, and promoting absorption of the fluids poured out into the air-cells and small air-tubes; at first, it may be given in alternation with *Aconite*, *Stibium*, or *Veratrum-viride*, until the fever is somewhat controlled; then in alternation with *Bromide of Potash*, *Hydriodate of Potash*, or *Muriate of Ammonia*; and, finally, in alternation with *Arsenicum*. It must be used liberally; and, when the lividity, great oppression, and collapse threaten, *Arsenicum* may be given boldly.

All the fatal cases of bronchitis are probably complicated with this severe capillary disease. When the inflammation is extended and intense, the fever high, and the labor of respiration great, and the

symptoms do not yield to treatment, the signs of impending suffocation begin to show themselves: the lips, cheeks, and tongue assume a purplish color; a livid paleness takes the place of the former red flush; the expression becomes more and more anxious; then the delirium comes on and rapid sinking. These signs indicate that the circulation of the blood through the arteries is in a great measure venous, and venous blood acts as a poison when it so circulates. Profuse cold clammy sweats ensue, and the patient dies of apnœa; his breathing is choked by the morbid secretion which occupies the bronchial tubes, small as well as large, and which he has not strength enough left to cough up.

This is the class of cases in which the *inhalation of Oxygen* is a useful palliative: when there is a livid countenance, delirium, hurried and laborious respiration, almost imperceptible pulse, and all the signs of the rapid approach of death, by a mixture of *coma* and apnœa, a few inspirations of the gas will redden the cheeks, the artery will pulsate freely under the finger, consciousness will return, and some cough occur. To administer the Oxygen, equal parts of *Chlorate of Potash* and *Peroxide of Manganese* are mixed together in a glass retort, and heated; the disengaged gas may be passed through a column of water, and breathed through a long flexible gutta-percha tube—from four to ten inhalations, two or three times a day, will suffice.

The good effects of the inhalations must be kept up by *Arsenicum* and *Carbonate of Ammonia*, both of which exert a specific influence on the bronchial mucous membrane.

In the later stages of acute bronchitis, a peculiar condition of the lung is apt to result mechanically, from obstruction of the air-tubes by inspissated mucus, followed by *collapse* of a portion of the lung. The mechanism of this collapse is very simple and intelligible. Small portions of tough and sticky mucus are driven to and fro in the larger air-tubes during the alternate acts of respiration or in the paroxysms of cough; it may, and often does happen that, during inspiration, one of these pellets, forced strongly backward, in a tube which gradually becomes smaller and smaller, shuts up that tube and all the smaller branches that proceed from beyond the place of the obstruction. In expiration, the plug moves a little outwards again, so as to allow a part of the imprisoned air to escape; but, returning in inspiration, it does not permit any fresh air to enter. Repetitions of this process exhaust, or nearly exhaust the air from the portion of the lung thus mechanically sealed up, and the portion so exhausted becomes collapsed.

Where collapse of the lung takes place to any extent during an attack of bronchitis, the breathing is apt to become laborious; the act of inspiration is performed with effort, difficulty, and distress, while that of expiration is comparatively easy; the patient is unable to lie down; all the muscles accessory to respiration are called in play, yet little air finds entrance. This long-drawn, inadequate, exhausting inspiration is probably peculiar to obstructive bronchitis.

Some of the paroxysms of severe dyspnœa incidental to bronchial disorders, and often so unhesitatingly ascribed to congestion of the lungs, are doubtless owing to casual changes in the position of portions of tenacious mucus in the air-tubes. A similar accident may sometimes convert an apparently slight attack of bronchitis into a most perilous and quickly fatal malady; a large plug of tenacious mucus may all at once enter and stop up the principal bronchus of one or the other lung; sudden and urgent dyspnœa ensues, and, unless the plug be dislodged, the patient may perish. The symptoms are precisely similar to those which arise when a foreign body gets down into the air-tubes. The symptoms are marked, and the diagnosis easy; considerable dyspnœa comes on suddenly, respiration quickly ceases to be audible over a certain portion of the lung, yet the percussion-sound is clear.

As the muscular contractions of the muscular tubes have frequently a greater share in promoting the expulsion of accumulated mucus than the movements of respiration, it may be allowable to give *Nux-vomica* or *Strychnine*, in sufficient doses to keep up a powerful spasmodic contraction of the muscular fibres of the air-tubes. *Ammonia*, by inhalation, may be useful in exciting cough and the expulsion of the offending body.—PETERS.

Bright's Kidney.—Aethusa, 155. Allium-sat., 209. Apis, 464. Apoc.-can., 486. (See Albuminuria, page 7.)

Bubo.—Alum, 227.

Although bubo comes more commonly from syphilis than any other affection, still it may arise from a variety of causes; it may also be superficial or deep-seated, according as it is located in the superficial or deep-seated inguinal glands or cellular tissue.

The *superficial inguinal glands* are above the fascia-lata, immersed in a mass of subcutaneous tissue and fat, disposed below Poupart's ligament and around the saphena vein, where it is about to traverse the crural ring and join the femoral. They vary in number and size in different persons, and hence, perhaps, one reason for the greater tendency to bubo in some subjects. The more *internal* glands receive the lymphatics of the scrotum, prepuce, and glans-penis in the male; of the labia, nymphæ, and clitoris in the female, and of the perinæum in both sexes. Hence, it is those glands of the superficial plexus which are seated nearest the median line which enlarge from syphilis, gonorrhœa, phymosis, excoriations, or ulcers of the inner or outer prepuce, syphilitic warts or mucous tubercles on the scrotum or perinæum, abscess in the female labium, ulcerated piles, fissures or fistulæ of the anus, ischio-rectal abscesses, &c. Smart inflammation of the inguinal glands has followed tying internal piles.

The *inferior and central superficial inguinal glands* receive the lymphatics of the dorsum and inner side of the foot, of the front, inner side, and back of the leg, and surface of the thigh. Hence, if

the *surface* of the foot, leg, or thigh be irritated, the *lowermost* of the superficial inguinal glands will be affected, and this is often observed in cases of suppuration beneath a corn or bunion, in diseases of the toe-nail or its matrix, in fissures between the toes, in wounds, erysipelas, or diffuse inflammation of the subcutaneous cellular tissue of the foot or leg, after blisters and ulcers of various sorts. Indeed, if the patient complains of bubo, and the *lowermost* of the superficial inguinal glands are enlarged, the surgeon may presume that the cause is in the lower portion of the leg, and not in the parts of generation.

The most *external* of the superficial inguinal glands receive the lymphatics of the nates, and boils, or caustic issues about the buttocks sometimes give rise to enlargement of them.

The glands in the middle and outer side of the superficial plexus are supplied by the superficial lymphatic of the hypogastric and lumbar regions, and eruptions, sores, or boils on these parts sometimes cause trouble in the middle portion of the superficial inguinal glands.

The *deep-seated inguinal glands* vary more in number and size than the superficial, and are frequently absent. They are placed, when they exist, below the fascia-lata, and beneath the saphenous opening of the crural canal. The deep-seated lymphatics of the foot, leg, ham, anterior, internal, and external parts of the thigh join the deeper seated inguinal glands, or, in case of their deficiency, the superficial ones.

The majority of cases of bubo arise from absorption of some virus, or from a spreading irritation or inflammation of the lymphatic vessels; but the inferent or afferent vessels, or the gland itself may become strained or torn from pulling heavy weights or riding restive horses; something may then be felt to snap in the groin, and a suppurating bubo may follow.

The mere exertion and excitement of coition may produce simple inflammatory enlargement of a lymphatic gland, without the occurrence of excoriation, gonorrhœa, or chancre. And sometimes there may be an absorption of syphilitic virus, without any abrasion or ulceration of the skin; I have seen three cases of bubo in which there was and never had been any visible ulceration, all followed by secondary syphilis.

The Syphilitic Bubo is of two kinds: *First*, Specific, from absolute absorption of syphilitic virus, which is directly taken up by the lymphatic vessels, carried along them, and deposited on their sides; it then eats through the lymphatic vessels, and acts on the cellular tissue of the groin in the same way as when introduced into a mucous follicle on the glans-penis; it produces a true chancre in the groin, which causes destruction of the tissues, until it appears at the surface of the skin. Inoculation of the secretion of bubo has clearly proved that a great many buboes secrete the syphilitic virus, thus proving that absorption has taken place. Ricord gives a case which proves this incontestably. In a patient suffering under syphilitic bubo, attended with considerable suppuration, the external abscess

was opened; after the pus had been thoroughly evacuated from the cellular tissue, a lymphatic gland of considerable volume was found, presenting the feeling of fluctuation in the centre; it was punctured, and the patient inoculated with the pus, and a characteristic syphilitic pustule was produced; inoculation with pus from the cellular tissue did not produce this result. Chancres situated around the frænum, meatus of the female, or at the anus, are seldom unattended by bubo. The treatment of this form of bubo is exactly like that for a true chancre.

Second, The syphilitic virus may not be absorbed, but give rise to an irritation or inflammation of a simple kind. The treatment of this variety is mainly with *Tartar-emetic*, *Conium*, *Aconite*, and *Veratrum-viride;* in short, like that of simple inflammation.

The Gonorrhœal Bubo is also of two kinds: the *specific* and *irritative*. The majority of cases are of the sympathetic or irritative kind, and are quite amenable to treatment. The termination by resolution is the most common, that in suppuration the least, while that in induration is not an unfrequent occurrence; for, when an inguinal gland is once enlarged to any size, it regains with difficulty its exact natural dimensions.

Scrofulous Bubo.—The diagnosis of scrofulous bubo may generally be made by observing that the swelling commences in the deep-seated glands; these, although small at first, may assume a very considerable size, and may or may not suppurate. Persons of a scrofulous habit are particularly liable to bubo, especially if they contract syphilis or gonorrhœa, and the tendency is to the affection of several glands together or in succession; it goes through its stages with characteristic dilatoriness; resolution is, of course, less frequent than in the healthy; induration is very common, and suppuration is common too. When suppuration has occurred, a considerable swelling occupies the groin, frequently irregular upon its surface; the skin is of a bluish and variegated, or rather of a brick-dust red; on pressure, the swelling feels remarkably boggy, elasticity predominating, however, in one part, and œdomatous pitting in another. Amidst the bogginess and tumefaction, hard lumps may be distinguished, evidently indurated glands; the tenderness is usually inconsiderable, and the seeming amount of disease contrasts strongly with the general absence of pain. If the suppuration has been recent, there are ulcerated apertures, of greater or less size, leading, perhaps, to an exposed gland; if the case is more ancient, these apertures may have closed completely, or, what is more common, they may have ended in sinuses, generally leading to a diseased gland; and the sinus will not close securely until the morbid gland is cured, or has sloughed or suppurated away. The discharge, when there is any, is thin, and may be curdy. There is a striking disposition to repeated and partial attacks of suppuration; the duration of this morbid state is always prolonged, and may last for a year or more.

The scrofulous bubo must not be mistaken for the *indurated syphi-*

litic bubo. In indurated chancre, there is a constant occurrence of indurated glands in the groin, and, in a diagnostic point of view, the existence of these indurated masses is very important. When a chancre assumes the indurated form, several *superficial* glands become enlarged to the size of horse-beans, generally most numerous on the side on which the chancre exists; the enlargement is attended with no pain, but it has an elastic feel, and the patient says he has no bubo; the glands may remain in this indolent state a long time, showing no disposition to suppurate. The diagnosis is generally simple enough when, together with an indurated sore on the penis, we find several glands in *both* groins enlarged, which have no tendency to suppurate; while, in inflammatory bubo, we meet with enlargement of *one* gland only, which soon hurries on to suppuration. The *scrofulous bubo* is equally characteristic, and may often be recognized at glance; it is voluminous, occupying the entire inguinal fossa; a large number of inguinal glands are simultaneously affected; the base is immoveable, and appears lost in the iliac fossa, or rather appears continuous, with a similar affection of the glands in the pelvis. If the swelling bursts, it does so like other scrofulous tumors; the pus is collected in various little abscesses; their various orifices do not enlarge, but become puckered, and present those ill-shaped cicatrices and ill-conditioned sores seen in softened tuberculous glands.

The Cachectic Bubo frequently results from the injudicious administration of Mercury; it is characterized by the predominance of the suppurative and ulcerative processes, and by a marked tendency to phagadæna and sloughing. When suppuration occurs, as it almost always does, it is usually extensive; the skin is blue and disposed to be widely thinned and undermined; the cellular tissue is involved to a greater degree, the absence of the limitations to abscess, which occur in a healthy person, being marked; the pain is frequently severe, although it may be slight, unless an opening be made early, and often, in spite of every precaution, the skin ulcerates or sloughs extensively. A large cavity, with sloughy-looking walls, and with diseased glands, more or less exposed, is now laid open; granulations arise feebly and irregularly, ulcerating or sloughing, perhaps, after they are formed; the edges of the aperture may continue to ulcerate and look picked or jagged; or they may ulcerate in one direction and granulate in another. The surrounding cellular membrane still suppurates irregularly or sloughs, so that sinuses open into the old cavity, or fresh ulcerations form in the skin. A patient in this state is liable to phagadæna or to gangrene, but the usual course is to lapse into a chronic state. The cavity granulates to a certain extent, its size being proportionately diminished; but the granulations are unhealthy, dark, imperfectly organized, disappearing or even sloughing readily; the gland is often palpably diseased; the discharge thin, copious, and irritating; the edges of the sore are callous, or they ulcerate fretfully; the surrounding skin bluish; the cellular tissue thickened or morbid in some other fashion. This state may persist

for weeks or months, but, if properly treated, is curable in a reasonable time. The granulations then put on a healthy aspect; the diseased structure of the gland is quickly absorbed, or removed by instalments of ulceration or of sloughing; or the gland sloughs away bodily. The diseased cellular tissue is similarly disposed of; the sinuses close or have to be laid open with the knife; and, at last, cicatrization is complete.

The symptoms of Inflammatory Bubo vary somewhat, according as it is *simple*, syphilitic, or gonorrhœal.

In *syphilitic inflammatory bubo*, the first appearance of the affection is frequently the occurrence of an inflamed lymphatic vessel, commencing at the chancre and extending itself along the trunk of the vessel to the pubis, where it may terminate and form a distinct swelling, or may extend itself to one of the superficial inguinal glands.

In other instances, there is no swelling of the lymphatic vessel, but a gland, connected by its vessels with the part to which the venereal poison had been previously applied, becomes a little enlarged and slightly painful on handling, so as to present a small tumor about the size of a filbert, situated under the skin, and moveable between it and the subjacent parts.

This moveable tumor increases in size, and becomes more fixed, in consequence of the disease extending to the surrounding cellular tissue; the motions of the leg become somewhat painful; the swelling assumes an oblong rather than a rounded form; the skin is still moveable over it, and of its natural color; after a time, the skin becomes red, and adheres to the surface of the tumor. The bubo now increases in size with rapidity; the pain becomes of a throbbing kind; some degree of fever sets in with it, accompanying *malaise*, especially in the evening. The swelling becomes still more prominent, the skin more red and shining, but the tumor still feels hard and resisting; yet soon this hardness decreases, and the swelling, which was at first somewhat doughy, finally affords a distinct sense of fluctuation. The skin now commences to desquamate, so as to form scaly circles, and afterwards assumes a mottled, livid appearance; the livid patches quickly acquire a deeper color, and often become partially black, the cuticle separates from them, and, giving away, a larger or smaller quantity of thick yellowish-white matter is discharged through one or more small openings; these openings frequently present a ragged, sloughy, ulcerated appearance, with a red edge, and with a white, pulpy, or porky substance on the inner part of the edge, as if the cavity of the bubo, or the surface of the ulcer from which the pus is discharged, was lined or covered by a stratum of white, porky matter, resembling that which so frequently covers the primary sore on the penis during its stage of ulceration. The process of destruction thus commenced in the integuments covering the tumor, extends, very frequently, until all that part of the skin which had been rendered very thin is removed, and until the bottom of the abscess has been

so exposed that the diseased part presents the form of an ulcer, somewhat resembling, on a large scale, the regular primary ulcer on the penis. The process of ulceration ceases, in general, as soon as the skin which covered the front of the tumor has been removed. The ulcer is now quickly filled up by new granulations; a narrow red margin is formed, from the inner edge of which the new cuticle proceeds. The regular bubo, if uninterrupted in its course, will occupy, during its various stages, a somewhat longer period than that occupied by the regular primary ulcer on the penis. A syphilitic bubo is, to all intents and purposes, an actual syphilitic ulcer in the groin —ACTON.

The *inflammatory gonorrhœal bubo* is characterized by the larger quantity of merely serous fluid, or of sero-purulent matter, which forms, and which is much more readily absorbed under treatment than ordinary pus, and infinitely more so than syphilitic matter. If suppuration ensues, a small ulcerated opening finally becomes visible, the matter oozes out, the aperture extends usually in a linear direction, and in that of a fold of the groin; or several apertures may form, or two or more may coälesce. The matter is then discharged more freely, but seldom freely enough, and the abscess may then either fill up, or ulcerated openings in the skin may continue, or sinuses may form, or the gland or the cellular tissue may undergo a decidedly morbid modification of structure, which must be removed before the whole can heal soundly.

It is but just to add that a large portion of these bad effects are the result of the recklessness and carelessness of the patient; the majority of them can be prevented by judicious treatment, and reasonable self-denial on the part of the sick person.

Compression of buboes, which is so much recommended by some surgeons, is often injurious; it binds down the inflamed part, and the effused fluids, whether pus or serum, not being able to come to the surface, are forced deeply and laterally wherever they can penetrate.

As regards the use of the lancet, it is generally advisable, except in scrofulous bubo, where small foci of pus are forming, and the cellular tissue is much involved; these cases often do better without, than with lancing. In most other cases, an early opening is serviceable. If the abscess is small, a vertical incision answers best; if larger, it should be oblique, forming an angle of forty degrees, with Poupart's ligament. Sometimes, in a large abscess, it is preferable to make a small opening at each end, and pass a seton through; we thus save much integument, and avoid a large scar.—ACTON.

Burns.—Acacia, 5. Acid-acet., 10.

Burns and scalds arise from the application of fire, or hot solid or fluid substances. They vary in degree: *First*, Superficial inflammation or erythema; *Second*, More severe inflammation, with rising of the cuticle into blisters, resembling the vesication of a fly-blister or that of vesicular erysipelas; *Third*, More deeply penetrating in-

flammation, attended with destruction of the cuticle and rete-mucosum, followed by a phlegmono-suppurative process, similar to that excited by Tartar-emetic or Savine ointment; *Fourth*, Gangrenous destruction to different depths, similar to that produced by the mineral acids, Arsenic, and other caustic substances.

The first and second varieties require very little treatment, and leave no scars: the third variety leaves white, glossy marks; the fourth variety leaves shapeless, hard, contracted, and tough, disfiguring cicatrices.

The most homœopathic local treatment for the slighter varieties is the use of moderate heat and moisture, in the shape of comfortably warm slippery-elm, bread-and-milk, or flax-seed poultices, with or without the addition of a small quantity of Cantharides, Rhus, or Arnica; or thick cloths, wet with water, form a cleaner and more handy application. Simple flour, or carded cotton are said to be very useful as protectives against the irritating effects of atmospheric air on the tender or raw surfaces. Many homœopathic physicians recommend several coatings with a thick lather of castile soap; this is only a modification of the common empirical application of sweet or linseed oil and lime water; but a drachm of good Magnesia, rubbed up in an ounce of simple cerate, forms a much more elegant and useful salve.

In the severer forms, far more careful internal and external treatment is required. The clothes of the patient should be removed with the greatest care; they should first be soaked with warm water, and then cut through in many places, so that they will drop off, allowing the whole vesicles to remain unbroken, and the loosened cuticle to remain *in situ*. If the patient be attacked with shivering, or remains cold and collapsed, the system has received a severe shock, which may terminate the patient's life by syncope, and warm brandy and water may be applied externally and given internally. The same remedies may be used when imperfect or nervous reäction results to an excessive and incontrollable degree, the patient being inclined to sink exhausted under febrile tumult of the asthenic kind at an early period; although *Arsenicum* is also a most reliable remedy. When the pain is intense, or there is a disposition to convulsions or other spasmodic affections, or there be much sleeplessness, warm tincture of Opium may be applied externally, and Opium given internally. It is quite certain that soothing the patient's sufferings and dulling his nervous irritability are most important indications in the constitutional treatment; the advantage derived from sleep, even for a short period, is very great, as during that time the agony of the burn is forgotten. In some instances, *Coffea* will promote sleep and allay nervous excitement.

In severe burns and scalds, nausea and vomiting very frequently occur, from the shock and prostration of the system, and have to be treated with stimulants. But, in the higher degrees of burns and scalds, excessive reäction may set in, when, on account of the dis-

turbed functions of the skin, and the changed relations between the skin and mucous membranes, that of the stomach and bowels may become disordered, and uneasiness, loss of sleep, red, dry tongue, nausea, vomiting, high nervous excitement, delirium, and the like may come on. In these cases, it is supposed that, from the sudden stoppage of the functions of the skin, excessive flow of blood may take place to internal parts, and congestion, or even inflammation of the stomach and bowels may arise. In some cases, ulceration of the duodenum has been found. Habershon (see "Observations on Alimentary Canal," p. 147.) says, after burns, the mucous membrane of the duodenum has been found greatly congested, and, in several cases recorded by Mr. Curling, in the "Medico-Chir. Trans.," it was ulcerated. Habershon has seen congestion only; but Dr. Gull has reported a fatal case of ulceration. *Arsenicum, Belladonna, and Stibium* are the most homœopathic remedies, but *Aconite, Veratrum-viride,* and *Hyosciamus* are often useful.

Both burns and scalds are generally dangerous, more in reference to the part which is involved than the extent of surface they injure; although cases in which one-third of the whole body is affected usually prove fatal. Still burns and scalds on the chest and belly are far more dangerous than on the limbs, although the injured part be twice or thrice as extensive; and children who are badly burned or scalded on the chest commonly die in two or three days; in a few instances they may live a week, but they rarely recover under ordinary treatment. Convulsions may occur in these severe cases; but, if they are to prove fatal in a few hours, the patient generally, almost at once, drops into a state of stupor from which he never after rouses, and examination after death shows the brain loaded with blood; or, if life be prolonged, effusion of serum is found on the membranes and in the cavities of the brain, and less commonly also in the chest. These facts would seem to point to the homœopathicity of blisters to congestion and dropsy of the brain and chest. In these cases, *Opium* and *Cantharides* are the most homœopathic remedies, although *Hellebore* may be required, and *Digitalis* and *Kali-hydriodicum* may prove very useful.

In other cases, very copious and continued suppuration may take place, and exhaust the patient. *Stibium* is the most homœopathic remedy, although full diet, China, Nitric-acid, and Hepar-sulphur may be required. Suppuration is usually established in forty to fifty hours, and, previous to that time, the patient usually suffers more or less from febrile excitement, and cooling drinks, with very light diet are necessary. But, as soon as suppuration or the separation of the sloughs commences, the patient must be supported by easily digestible broths or animal food, and ale, porter, wine-whey, wine, or spirits may be required; still care must be taken that the patient is not stimulated too much. In ordinary practice, it not unfrequently happens that a quickened pulse, heat of the skin, restlessness, and flushing of the face is thus caused; the suppuration is checked or

suspended, and effusion of water on the brain, indicated by drowsiness or stupor, or irritation of the bowels and watery purging set in, all of which effects are very dangerous, and frequently destroy the patient. On the other hand, if sufficient support be not given, typhoid symptoms may come on, and the patient will sink rapidly.

When there is much gangrene and spachelus, *Secale* is the most homœopathic remedy, although Arsenicum and China are often useful; yeast and charcoal poultices are frequently used, and a weak solution of Chloride of Soda.—PETERS.

C.

Cough.—Acacia, 5. Acid-benzoic, 14. Acid-muriat., 43. Acid-tannic, 90. Actea-rac., 142. Allium-sat., 208. Ambra., 249. Ammon.-carb., 276. Ammon.-carb., 305. Gum-ammon., 322. Amyg.-amar., 335. Amyg.-dulc., 336. Angust.-vera, 375. Ant.-crud., 389. Apis., 461.

Cough is a forcible expiration of the air from the respiratory ways, and may be dependant upon any source of irritation within their limits: be it an offending substance, as a foreign body or tubercle, or simple irritation of the lining membrane of the bronchial tubes. It is produced by closing the glottis, and then making a sudden and strong expiration.

Watson says that, to be effectual, it requires the admission of a certain quantity of air, and a certain amount of muscular strength; thus, a patient may be on the brink of suffocation, from a collection of mucus in the windpipe, and be unable to expel it, not from defect of muscular power, but because the lungs cannot be sufficiently inflated beyond the mucus; an ample opening in the trachea has enabled the patient, by drawing a long breath, to expel the mucus through the rima-glottidis. Again, old and feeble people, suffering from chronic bronchitis, doubtless, often die suffocated, from a deficiency of muscular strength to cough the phlegm up.

But the sensation which excites coughing may arise from many sources of irritation: slight irritation about the glottis, a long and tickling uvula, the inspiration of dust or irritating vapors, pressure of any kind upon the respiratory organs, may all produce cough. It may be produced, also, by sympathy with another part, as in a stomach cough.

N. B.—As proper attention to my work on the "Principles and Practice of Medicine," the fourth number of which is now ready for delivery, will not allow me sufficient time to carry out the "Index Raisonné," as I would like to, I append here a simple Index to the "Materia Medica," as far as published. I most sincerely wish that some one else would take up the "Index Raisonné," and continue it, either in the same spirit as the commencement, or in some other more usefnl manner, if possible. Such a work is much wanted, and some of the drones

and grumblers in our school may here find useful employment. In our ranks, as in all others, perhaps, a few have to do all the work, while the majority amiably play the part of the dog in the manger: they will not work themselves, and will not let others work in a truthful and free manner. PETERS.

Calculus, Urinary.—Acacia, 5. Acid-gallic, 25. Acid-muriat., 42. Acid-nit., 53. Acid-phos., 72. Acid-sulph., 84. Actea-spic., 146. Ammon.-carb., 273. Ammon.-phos., 312.

Colitis.—Acacia, 5.

Cancer.—Acid-acet., 10. Acid-nit., 52. Acid-tannic, 89. Arg.-nit., 500.

Cancer of Stomach.—Acid-nit., 52. Actea-spic., 146.

Consumption.—(See phthisis.)

Cataract.—Prus.-acid, 29.

Cephalalgia.—(See also headache). Acid-acet., 6. Acid-fluoric, 19. Acid-muriat., 38. Acid-nit., 49. Acid-oxalic, 60. Acid-sulph., 80. Actea-rac., 140. Agar., 164, 169. Agnus-cast., 172. Alcohol-sulph., 200. Ammon-carb., 267, 268. Arom.-spts.-ammon., 315. Angust-vera, 370. Anis, 376. Ant.-tart., 420. Apis, 447.

Conjunctivitis.—Acid-acet., 7. Acid-tannic, 88. Alum, 223. Apis, 449.

Carcinoma.—Acid-acet., 10. Acid-nit., 52. Acid-tannic, 89. Arg-nit., 500.

Constipation.—Acid-acet., 7. Acid-benzoic, 13. Acid-gallic, 25. Acid-nit., 52. Acid-tannic, 88, 89. Actea-spic., 146. Ammon.-carb., 272. Angust.-spur., 366. Ant.-tart., 427. Arg.-nit., 507.

Cholera.—Acid-acet., 8. Prus.-acid, 29, 30, 31. Acid-nit., 52. Acid-phos., 72. Acid-sulph., 83. Aethusa, 154. Alum, 225. Ammon.-caust., 286. Angust.-vera, 273. Ant.-tart., 395, 426.

Cholera Infantum.—Angust.-vera, 372. Ant-tart., 425.

Colic.—Allium-cepa., 205. Aloes, 215. Alum, 225. Anis, 376. Anth.-nob., 379.

Colic, Renal.—Acid-benzoic, 13. Aloes, 217.

" **Painter's.**—Acid-sulph., 82. Alum, 225.

" **Bilious.**—Aethusa, 155.

Catarrh.—Acid-benzoic, 14. Acid-nit., 54. Acid-tannic, 88, 90. Acon., 122. Actea., 140. Allium-sat., 206. Alum, 222. Alumina, 230. Ammon.-carb., 274. Ammon.-caust., 285. Acid-nit., 285. Gum-ammon., 322. Anis, 376. Ant.-tart., 421, 423. Apis, 450. Apoc.-cann., 490.

Catarrh of Stomach.—Ammon.-mur., 300.

D.

E.

F.

G.

H.

I.

J.

L.

M.

N.

Your "Index Raisonné" I like very much. It is a *multum in parvo*.
Very truly yours, C. NEIDHARD.

I am sorry you give up the "Index Raisonné;" although I thought its commencement premature, I soon found it very interesting and valuable. Do set Dr. Snelling or some one else to work on its continuance. Very sincerely yours, W. H. HOLCOMBE.

Many of our readers will doubtless be glad to learn that arrangements have been made with Dr. W. Faulkner Brown, of this city—long an associate of Dr. John F. Gray—to continue the "Index Raisonné." Sufficient copy is already in hand to make it certain that it will appear in the next number of the JOURNAL. Every capable physician is entreated to furnish him such assistance as they can. The publication of the above simple Index will enable all to take part who wish to. Dr. Snelling and myself will also render all the aid in our power. PETERS.

Calculus, Urinary.—Acacia, 5. Acid.-gallic., 25. Acid.-muriat., 42. Acid.-nit., 53. Acid.-phos., 72. Acid.-sulph., 84. Actea-spic. 146. Ammon.-carb., 273. Ammon.-phos., 312.

CALCULUS is a solid or organized concretion, found in various parts of the body—in the biliary ducts, gall-bladder, liver, articulations, &c.

Urinary calculi have their origin in the kidneys, from whence they are carried by the ureters to the bladder, where, if they remain, they become the nuclei for other deposits. The diatheses most favorable to the formation of calculi are the lithic and phosphatic.

The deposits of the lithic diathesis are yellow, red, or lateritious, or perhaps pink deposits of lithate of ammonia, or there may be formations of red gravel, or crystals of lithic or uric acid. Dr. Bird says: "Uric acid is of more serious importance than most other elements of calculous formations, not only from its constituting a large proportion of all urinary calculi, but, even when they are chiefly composed of other ingredients, the deposits are, in the great majority of cases, composed of uric acid."* We have also the deposits of uric or xanthic oxide, which closely resemble and are often mistaken for those of uric acid. They are distinguished by the following tests:†

URIC OXIDE.	URIC ACID.
1. Dissolves slowly in nitric acid, without evolutions of bubbles of gas.	1. Dissolves readily in nitric acid, with effervescence.
2. A nitric solution leaves by evaporation a yellow residue.	2. Nitric solution leaves by evaporation a pink residue.
3. Soluble in strong sulphuric acid, and not precipitated on the addition of water.	3. Is precipitated by water from its solution in concentrated sulphuric acid.
4. Its solution in liq. potass. is not disturbed by hydrochlorate of ammonia.	4. Hydrochlorate of ammonia precipitates it, combined with ammonia, from its solution in liquor potass.
5. Precipitated uncombined when a current of carbonic acid gas traverses its solution in potass.	5. A current of carbonic acid gas throws down from the alkaline solution an acid urate of potass.
6. Insoluble in a solution of carbonate of potass.	6. Readily soluble in a dilute solution of carbonate of potass.
7. Ignited in a tube does not yield urea.	7. When ignited yields urea as one of its products.

In the phosphatic diathesis we have white gravel, or crystals of the phosphate of magnesia and ammonia, or the phosphate of lime.

The triple phosphate, or fusible calculus, so called from its easy fusibility before the blow-pipe, is, next to uric acid, one of the most often met with. It is very irregular in shape, sometimes being a complete cast of the pelvis and calyces of the kidney, at other times regularly oval, and sometimes almost circular. Its shape probably depends upon its position in the kidney, or whether it has passed down the ureter before becoming of any considerable size.

We have also calculi of the oxalate of lime, or the mulberry calculus,

* "Bird on Urinary Deposits," p. 139. † *Ibid.*

usually found in young persons ; and also the fibrinous calculus of Dr. Marcet, which, Dr. Bird says, " Differs from other concretions, and must be regarded as a portion of dried inspissated albuminous matter exuded from an irritated kidney, rather than as a calculus produced under circumstances at all analogous to those of other concretions." The kidneys, uterus, bladder, prostate gland, or urethra may contain calculi, but they are most commonly found in the bladder, sometimes loose, and very frequently encysted ; sometimes only one may be found, but upwards of one hundred have been discovered existing at the same time in one subject.

As the calculus passes down the ureter the patient experiences great pain, frequently desires to pass his water, but is generally unable to do so, except a few drops at a time, which are very high-colored and often mixed with blood. We find also febrile symptoms, nausea, vomiting, eructation, and frequent spasmodic retraction of the testicle.

The most reliable means we have for diagnosticating *stone in the bladder* is the introduction of the " sound," which is moved about until it touches the stone, when a metallic sound is conveyed by the instrument. If the " sound " does not readily come in contact with the stone, the finger may be introduced into the rectum, and, pressing the lower part of the bladder upwards, the " sound " may thus be brought in contact with the stone.

We have also, as diagnostic signs, irritability of the bladder, frequent desire to urinate ; sometimes the stone falls upon the orifice of the urethra, causing sudden stoppage of the stream. The patient will always experience great pain in the neck of the bladder, and in the glans-penis.

Calculi are of the greatest possible variety in form, but generally are more or less ovoid ; sometimes they appear to have been divided into segments, which is probably caused by the attrition of one calculus against another. The relief of calculus, in the more advanced stages, comes properly within the sphere of the surgeon, rather than the physician. If the stone cannot be extracted or dissolved, it will generally be found necessary to have recourse to lithotomy.

Much may be done before the stone is fully formed, if we discover a tendency to such formations, and here it becomes the duty of the physician to treat the *diathesis ;* if a strumous diathesis be subjected to prompt and energetic treatment, the formation of tubercles may be prevented. So, if we are able to treat *in time* a patient with calculous diathesis, we may possibly prevent the formation of stone.

Bird recommends acids, to hold the phosphatic salts in solution, and thinks highly of nitric acid, because it does not deteriorate digestion, but is rather beneficial on account of its tonic properties. Particular attention should be had to the skin ; warm clothing, flannel, leather waistcoats, silk shirts, and friction are highly necessary wherever a gouty or calculous taint exists. The vapor bath is very beneficial, such as the Oriental bath, which is used throughout Rus-

sia, Turkey, Egypt, and Persia, and which has been introduced here by Mr. Culbertson; it removes a large quantity of albuminous and other excrementitous matters from the skin. Dr. Bird thinks that the exemption from urinary calculi which the sailors in the English navy enjoy (the number of cases being about one in thirty-four thousand) to be entirely attributed to their sleeping in a sort of vapor bath.

Great care should be used to preserve the healthy functions of the digestive apparatus. Moderate and judicious exercise should be enjoined; for lazy luxurious habits tend very much to develop calculus and its attendant maladies.

It is also beneficial to wash out the bladder by injections of warm water, when phosphatic alkaline urine exists; and it will be found that the secretion of mucus and the phosphates will be diminished by this treatment.

The remedies most useful are Acon., Canth., Scill., Nux-vom., Opium, Puls., Kali-carb.; these remedies will allay the irritation of the bladder and the accompanying pain. Lycopodium is indicated by pain in the kidney, the ureter, painful emission of urine, frequent heartburn, mucus in the throat, and hæmorrhoids. Cannabis-sat. is also of great use, as are also Sulphur, Uva-ursi, and Graphites. Cal.-carb. and Cal.-phos. have also been recommended, but these remedies appear to be isopathic rather than homœopathic, and would, perhaps, only add stone to stone in an already morbid structure. Colchicum is, perhaps, a very good remedy where we have a lithic-acid diathesis to deal with, and, as we have before said, we should, in the treatment of this disease, always bear in mind the diathesis.—Browne.

Cancer.—Acid.-acet., 10. Acid.-nitric., 52. Acid.-tannic., 89. Arg.-nit., 500.

Cancer is a disease often arising from hereditary predisposition, generally occurring in the middle or more advanced stages of life; beginning with a local hardness, which afterwards softens in the centre, infects the adjoining parts, and finally contaminates the whole system.

Cancer, which means, in the Latin language, a crab, receives its name from the claw-like spreading of the veins. It is also called carcinoma (*καρκῖνος*, a crab), which term is by some restricted to the primary or initiatory stage, usually denominated schirrhus (*σκιῤῥος*, a piece of marble; a hard tumor), but by others the word carcinoma is applied to the ulcerating or opening stage.

The textures of cancer, as given by Boyle, are:

1. The chondroid or cartilagiform.
2. The hyaloid, or vitriform.
3. The lorinoid, or laediform.
4. The bunioid, or napiform.
5. The encephaloid, or cerebriform.
6. The colloid, or gelatiniform.

7. The compound cancerous, the mixed cancerous, and the superficial cancerous.

Dr. Watson makes three species of cancer:

1. Schirrhus, which is remarkable for its hardness; it is as firm as cartilage. The exposed surface has a glistening watery appearance, the color is white or gray, or bluish-white. Though this semi-transparent mass runs opaque, intersecting bands of a fibrous appearance.

2. The encepholoid, so named from its brain-like appearance, which is a cerebriform mass, transversed and circumscribed by fibrous septa. "In both these species of cancer there is a contained and a containing element."

3. Colloid cancer, which presents the appearance of small portions of greenish yellow transparent gum or jelly, arranged in regular cells; and is sometimes called *alveolar* cancer.

Cancerous tumors, occurring in any part of the human body, may multiply in other parts; even after their extirpation in one part they may occur again in another, with more alarming symptoms than before. Sometimes the ulceration lays open large blood-vessels, and the malady is brought to an end by fatal hæmorrhage. Sometimes vital parts are slowly disorganized, and again the patient sinks under the wearing influence of the malady. It may attack almost any organ of the body, the eye, the lips, the face, the stomach, intestines, liver, kidneys, lungs, mammæ, uterus, testicles, and even the bones. The mamma, the uterus, the stomach, the liver, and the testicle seem most obnoxious to its ravages.

There have been numerous opinions concerning the origin of this disease. Some have thought it to be a peculiar depravation of the nervous fluid, others have supposed the existence of a hydatiform body (*hydates carcinomatosa*), but its origin is a matter of great obscurity. This much we know, that it is in consequence of a diathesis either hereditary or acquired. We cannot better discuss this subject of its proximate cause than in the words of Dr. Watson:

"The mode in which cancer *originates* is uncertain; the modes in which it *spreads* and *multiplies* itself are better understood. An individual tumor may enlarge by the progressive insinuation of the cancerous matter into the intestices of the neighboring tissues, which thus fostering upon it, it consolidates. The disease may be communicated by inhibition, from one organ to another which is near or in contact with it. But how does it occupy at the same time, or in quick succession, several separate and distinct organs? This is a question of the greatest interest and importance, and it admits of a distinct reply."

Cancer often makes its appearance in a single spot on the surface of the body; in the female breast, for instance. We see and feel it while it is yet small, and while the general health of the patient seems to be otherwise perfect. By degrees the tumor increases, and at length softens in some places; the glands of the axilla become swollen, hard, painful, and filled sometimes with cancerous matter; the tumor breaks perhaps through the skin, and presents the shocking

appearance of "open cancer;" the general health gives way, and the skin assumes a straw-colored tint. During this process, unless the patient dies prematurely, or the original disease is removed by a surgical operation, cancerous tumors form in one or in several of the internal organs, and give notice of their presence by appropriate symptoms. There is an original morbid growth, and there are subsequent morbid growths; a primary tumor and secondary tumors, and the latter are caused by the former. This is a most important fact, if indeed it be true.

Now Muller has discovered, by means of the microscope, and his discovery has been confirmed by other observers, that the contained matter in the several species or varieties of cancer consists of minute cells, with nuclei attached to their walls, and of granules still more minute, which are supposed to be the rudiments of new cells. It is (apparently) by the amplification of these granules into cells, and by the development of nuclei into other cells, and by the growth and evolution of young cells, which, in some instances, are included, generation after generation, on the parent cells, that the original tumors enlarge and extend themselves; and it is by the transference of certain of these cells and granules from the original tumor that a crop of secondary tumors is sown in remote parts of the body. The cells, and probably the granules also, are endowed with a power of self-increase and propagation whenever they find a fitting soil. Possessing, like plants, an inherent vitality of their own, they merely require, in order to germinate, to be placed in contact with some living tissue, wherewith they may form vascular connections, and wherefrom they may draw the materials for their nourishment. Cohering together, for the most part, with but little force, they are easily detached from the parent mass. It is a matter of fact that the secondary tumors form most rarely and most rapidly when the primary tumor is of a soft kind; and that, when they succeed to scirrhus, it is after the process of softening has commenced on the original hard structure. These germs—which present in their form and mode of generation striking analogies with those of some of the lower animals, as well as with those of plants—these germs are carried through the lymphatic vessels to absorbent glands in the vicinity of the primary growth: from a cancerous breast, for example, to the glands of the axilla; but there can be scarcely any doubt that the *blood* is the main channel by which the seeds of this dreadful malady are conveyed from its first to its subsequent sites, and thence, perhaps, if life continue long enough, to tertiary creations. The gross matter of cancer is often to be found in the veins that proceed from the primary tumor, nay, in large venous trunks at a distance; so that some distinguished pathologists have too hastily conjectured that it may originate in the veins. We are all aware that foreign substances, circulating in the blood, stop or are entangled more often in some organs than in others. Minute globules of mercury, when the metal has been introduced into the veins, are found strewed through the substance of

the lungs and of the liver. Pus, received into the blood in phlebitis, is arrested, and forms scattered points of inflammation and abscess in the same organs, and it is in the liver and lungs that separate tumors of secondary cancer are most commonly met with. If this be the true theory of secondary cancerous formations, it is scarcely to point out the urgent importance of the rule which prescribes to the surgeon the most *complete* extirpation of the primary tumor, *at the earliest possible period* of its existence.

The disseminated cancer-germs are not scattered to this organ or to that, to the lungs or to the liver, indiscriminately or by chance. Their distribution bears a certain relation, as you may readily conceive, to the situation of the primary disease. Since the blood, in its return from the stomach, the intestines, the rectum, passes through the portal system of veins before it reaches the lungs, you would expect that the cancer-cells conveyed from these parts would be stopped in their journey through the capillary vessels of the liver—and it is so. A few, in very rare instances, pass on, to lodge and grow in the lungs. Again, the blood from the breast goes direct to the vena-cava, and the lungs are the first to receive and entangle whatever seeds of disease it may carry; for what is true of the cancer-germs is true of pus also, and of other morbid materials. The pulmonary capillaries, however, are more easily permeated by such matters than the hepatic. Some of the germs pass through them and enter the general circulation; and the liver as well as the lungs become contaminated; and germs may thus settle in other parts. In these facts we see one reason why cancerous growths are more often met with in the liver than in any other organ of the body. Primary cancer of the kidney is, in like manner, apt to be disseminated through the medium of the vena-cava, and we might expect the cancer-germs from the uterus would take the same course, and affect the lungs earlier and more often than the liver. But this is not always the case. The liver is liable to be secondarily affected from malignant disease of the womb, and Dr. Budd gives the explanation of this apparent anomaly. The rectum and the hæmorrhoidal veins, which return the blood to the *venæ-portæ*, very frequently become implicated in the uterine disorganization. Fortunately, cancer of the uterus, which is a fearfully common disease, is not so often disseminated as cancer of the stomach or of the mamma.

The origin of primary cancer is involved in much obscurity. It seems, however (and this, after what has just be stated, one might expect), that the germs of the disease are capable of being transferred from one human being to another, and even to an animal of a different species. Langenbeck injected cancerous matter, just taken from a living body, into the veins of a dog. After some weeks the dog began to pine away, and was then killed, and cancerous growths were found in its lungs. Several instances have occurred—I myself know of two—of cancer of the penis in men whose wives labored

under cancer of the uterus. Here it is presumable that cancerous germs, received upon a delicate and vascular surface, and suffered, perhaps, to lodge there through neglect of cleanliness, might fasten on the part, take root as it were, and grow. One very curious circumstance connected with this subject is, that the frequent contact of common soot seems to have the power of producing cancer. There is a form of carcinoma, affecting chiefly the scrotum, and familiar to surgeons as the chimney-sweeps' cancer. A case is recorded of a cancer of the same variety occurring in the right hand of a gardener, who for years had been in the habit of sprinkling soot over his flower-beds with his hands. There are not wanting, then, plausible grounds for the hypothesis that cancer may be introduced, in some way which eludes observation, from without; that cancerous growths are strictly parasitic, and independent of the body, excepting so far as they derive their pabulum from its juices. The difficulties involved in this supposition are not greater (as we shall hereafter see) than those that hang over the source and origin of certain entoza with which the body is liable to be infested. But whether this hypothesis be true, or whether cancer-cells and germs are merely morbid elements of the native tissues of the body, developed by some perverted energy of the formative process, remains yet to be determined.*

As we have before said, cancer, like tuberculosis, is undoubtedly an hereditary malady, but it seldom shows itself before the age of thirty. Women are more liable to become victims of this malady than men, particularly if they have never been pregnant. The lymphatic seems to be the temperament most obnoxious to this disease. Mental anxiety, sorrow, bad air, unwholesome diet, exhausting and laborious occupations, and an unhealthy locality are predisposing causes of this malady. The exciting causes are various: a blow, improper diet, abuse of spirituous liquors, pressure, or any external injury.

The diagnosis of this disease is important, for scirrhus may be mistaken for simple induration resulting from chronic inflammation, and *vice versa*. The best means of diagnosis, where the disease is not unmistakably defined, is undoubtedly the microscope.

When we come to consider the treatment of this truly malignant disease we are indeed appalled; perhaps there has been no other disease the treatment of which has been such a source of gain to the quack, and so unsatisfactory to the conscientious practitioner; indeed we may almost positively say that the more extensively a disease is advertized as curable the more certainly will it be found to be incurable.

With even the evangel of modern medicine—"*Similia Similibus Curantur*"—sounding in our ears we stand aghast, for where have we a remedy for the disease which has been fully proved? and we are,

* Watson's "Practice." London, 1857. pp. 213–16.

alas, reluctantly forced to turn to the glittering knives of the surgeon for relief. But the disease may be palliated, and, after the extirpation of the tumor, its recurrence may possibly be prevented. The remedies which seem to be indicated according to their pathogeneses are: Ars., Aser., Bellad., Conium, Carb.-veg., Caust., Phos., Petrol., Arsenic, Iod., Nux-vom., Calendula, and Cicuta. Remarkable success has been obtained from the use of Vibernum; and we should think that, if soot will cause cancer, Kreasote ought to be homœopathic to it, or even soot itself. Viburnum has been found of very great service in the treatment of cancer, and of the cancerous diathesis. The particular treatment of cancer of the various organs we shall consider hereafter, and more at length.

Cancer of the Lip.—We seldom find cancer of the upper lip; the disease usually attacks the lower lip, and may commence by infiltration of scirrhus, presenting the characteristics of this formation throughout a limited extent of the lip, and apparently underneath the skin at its junction with the mucus surface. After a time the integuments give way, a thin viscid fluid is discharged, and a scab is formed, which is reproduced as soon as it falls off, or is torn away. After the ulcerative process begins, the formation of regular scabs ceases, and we have fungous formations arising from a scirrhus basis. These are seldom of the encephaloid species, but are usually indurated.

We frequently find a small rounded tumor, resembling a shot in size and color, immediately beneath the integuments covering the vermillion of the lip, rolling under the finger when pressed upon. In the beginning this species is generally painless; frequent handling irritates the tumor, and growing rapidly it soon adheres to the surrounding parts. Frequently we find a firm immovable lump of considerable size imbedded in the lip; gradually it approaches the surface, ulcerates, and throws out a fungus of dark-red color. We also find a chocolate-colored warty excrescence, which is continually casting off scabs. The ulceration may extend over the entire cheek, or even to the sternum. The disease is more frequent among males than females. Venereal ulcers of the lower lip, with an indurated base, are often mistaken for true scirrhus, and an operation determined upon, after which the patient recovers, and is then told by the operating surgeon that he has been cured of cancer; great care should therefore be taken to distinguish between cancer and syphilitic ulceration, for the syphilization of our day is progressing rapidly. Lupus may also be mistaken for cancer. Superficial ulceration may sometimes be controlled by cauterization with acid solution of the Nitrate of Mercury or the Chloride of Zinc; but, where the ulceration is deep, cauterization is of little use. The use of the knife sometimes hastens the fatal termination of the disease, but sometimes cases of true scirrhus have recovered after excision of the tumor.

Cancer of the Gums. "*Epulis*."—This form of cancer is usually of the scirrhus species, sometimes, but very rarely, encepha-

loid. We find it more frequently in the lower than in the upper jaws; it usually begins as an infiltration of the gums, progresses slowly, and the tuberculated nodule is soon the result. This scirrhus formation is dense, imperfectly vascular, and abounds in fibriform substance. The tumors vary in size; we often find them as large as a walnut and frequently not as large as a pea. Ulceration takes place, and is followed by a profuse discharge, which has usually a fœtid, disgusting odor. The sore progresses and frequently we find profuse hæmorrhage. The patient complains of lancinating pain; mastication is interfered with, and very often the disease attacks the bone. We distinguish between this malady and productions which are often found near carious teeth by its density, tuberculated shape, pale color, local suffering, and general history of the case.

Cancer of the Tongue.—Cancer of the tongue is a very common disease; it is almost always of the scirrhus species. It may commence as a small circumscribed, somewhat knotted and irregular tumor, situated in the anterior part of the tongue, midway between the raphe and the edge, but rarely extending beyond the mesial line; or we may have a small excrescence, which in some instances becomes pedunculated; or in some few cases cancerous deposition complicates simple ulceration, produced, for example, by the contact of a carious tooth, and in very rare cases we find an erectile tumor the seat of such deposition. The mass ulcerates—the fungous formations sometimes attaining very large dimensions—assuming the cauliflower shape. The progress of the disease is fearfully rapid. Generally the patient complains of an aching sensation, with sharp pangs in the direction of the ear.

The discharge is very troublesome, not only because the patient is constantly obliged to expectorate, but it also, at night, accumulates in the throat, thereby causing coughing and other disagreeable symptoms. Articulation, mastication, and deglutition are very much interfered with, and often become impossible, so that the patient may eventually be reduced to starvation. We distinguish cancer of the tongue from simple induration by its situation, by the general health of the patient, and by absence of pain in the latter case. Syphilitic ulceration with induration is very likely to be mistaken for this disease, but the syphilitic ulcer furnishes but comparatively little discharge, and has not the firm everted edge and sprouting fungi of the cancerous species. The history of the case must be carefully examined. The ulceration produced by dyspepsia has not the hard basis of cancer.

The treatment of these forms of cancer is not generally very satisfactory. Arsenic is an important remedy, and is indicated where we have tumors with a fatty base, and hard roll-like margins, surrounded by a dark-red areola, with a hectic flush on the cheek. It is indicated in very malignant ulcers, which spread rapidly, bleed easily, and which show that they are the outward sign of a deeply-seated cachexia, rather than the result of some external injury. If we have

"Burning swelling in the nose, with pain on contact; tumor in the nose; ulceration of the nostrils, high up, with discharge of fœtid ichor; wart-shaped ulcer on the cheek; dry cracked lips, brown streak on the lips, as if burned; bleeding of the lower lip; ulcerated eruption around the lips; cancer-like eruption on the lower lip, with thick crusts, hard pod-shaped edges, with burning pain, particularly when the parts become cold, and with a cadaverous bottom; spreading ulcer on the lip, painful in the evening, when in bed, with tearing and smarting in the daytime during motion, which is worse when touching the ulcer in the open air; disturbing the night's rest; corrosion of the edge of the tongue, in front, with smarting; the tongue is blackish and cracked,"—Arsenic, Helmuth says, is indicated. Practitioners of the dominant school have noticed that Mercury frequently aggravates the disease; if this be so it may be a proof of its homœopathicity, and it may be of service, especially if there be any syphilitic combination; but, if the carcinoma arises from syphilitico-mercurial disease, it would be well to employ Nitric-acid or the Chlorate of Potass. Conium is an important remedy, particularly where we have a scrofulous diathesis. Silicea is indicated by erysipelatous blotches, suppurating glandular swellings, scirrhus indurations, scurfs and ulcers of the nose, cracked skin, and indurations of the face and upper lip; sponge-like ulcer on the inner side of the lower lip; burning itching around the mouth; eruption; swelling of the upper lip and gums, very painful to the touch. Gold is also recommended where there is dryness of the fauces; painful blister on the tongue, accompanied with burning pain; deep ulcer within the buccal cavity, with inverted edges and blackish base. Also when the disease is complicated with syphilitic or mercurial symptoms, Sulphur revives the activity of the organism, and in some cases acts as a very good adjuvant. But the remedy which has proved most effective is the Viburnum-prunifolium, or Black Haw. Cases pronounced to be a true cancer, by the first surgeons and physicians in the country, have been entirely cured by this remedy; and it may be that we have at last found an agent which, if taken in time, shall effectually break up the cancerous diathesis, and give back health to many who now suppose themselves doomed to a cruel death. Tobacco has been known to cause, or rather to excite cancer of the lip and mouth, and might be a remedy for the disease when it has been the exciting cause in the first instance.—W. Faulkner Browne.

Cancer of the Stomach and Œsophagus.—Acid.-nit., 52. Actea-spic., 146.

Cancer of the œsophagus occurs generally at the upper end of the canal, behind the larynx, most rarely at its middle part, but sometimes it occupies the entire length and circumference. The formation of cancerous matter is usually preceded by pyrosis, hiccough, and occasional pain in the fauces. Sometimes the tumor is perceptible externally, and is mistaken for an enlarged thyroid gland. After the

disease has somewhat advanced, deglutition becomes almost impossible, and the greater portion of each mouthful of food regurgitates. The malady is accompanied with pain, which in some instances indicates the seat of the morbid formation, but generally the pain is referred to the entire length of the canal, or is felt in the back, in the shoulders, or in the arms. When the patient swallows, he frequently experiences severe shooting pains along the fauces to the base of the skull, and along the eustachian tube to the ear. Constant hiccough usually accompanies the other symptoms. As the fatal termination approaches there is often an apparent improvement in the patient, marked remissions of the attacks of dysphagia, and it is difficult even for the physician to credit the approach of death, which generally ensues from inanition. Patients suffering with cancer of the œsophagus are liable to severe hæmorrhage. Life may also be shortened by perforation of the diseased tube with effusion of the ingesta into the mediastinum, causing an abscess in that region, or a communication may be established between the œsophagus and the larynx, trachea, bronchi, pleura, or lungs. In our diagnosis we must distinguish this disease from *spasmodic stricture*—a rare affection, but one which may simulate the symptoms of carcinomatous contraction. *Spasmodic contraction of the diaphragm*, by producing tight embrace of the lower end of the œsophagus, may also simulate this disease. The easy passage of the probang and the health of the patient will readily distinguish dilatation and sacculation of the œsophagus. Phthisical dysphagia, depending on disease of the larynx, and causing spasmodic stricture, is easily distinguished by signs of pulmonary tuberculization.

Cancer of the Stomach.—This very common disease is associated with cancer in other parts of the body, or, as is sometimes the case, is the solitary evidence of the diathesis. The contents of the abdomen, rather than of the thorax, pelvis, or cranium, are more likely to be affected coincidently with cancer of the stomach. When the disease is of the colloid species, the omenta are most likely to become affected.

The most common form of gastric cancer is the colloid. We also quite frequently meet the milt-like variety of the encephaloid, and sometimes the scirrhus. The pylorus is the part of the stomach most obnoxious to the disease; next in order is the cardiac orifice, then the greater, and lastly the lesser curvature. The special seat of the cancerous formation is the sub-mucous cellular membrane. The intramuscular coat and peritoneal tissues, may also undergo infiltration; but the mucous membrane offers great resistance to the encroachments of the disease. It is very usual to find thick viscid mucus, stained with a brownish-red color, in some abundance, in the interior of the organ; it may be present either before or after the ulcerative process has begun, the discoloration in the former case being caused by simple transudation of blood; the mucus may also be stained of an almost black hue; the acidity of the gastric juice will explain this fact. In some cases the size of the stomach is unaltered, while at other times

it is so much enlarged that the greater curvature almost reaches the os-pubis; while in a third class of cases it is contracted and reduced in bulk and capacity. This disease is more common among males than among females; its duration is shortest when the morbid production occupies the cardiac orifice; longest when it is seated in the body of the organ. Dr. Walshe, from whom we have taken the greater part of this paper, says, "Authors have commonly recognized three periods in the progress of the malady, and, although the arrangement is somewhat artificial, it is not without foundation in clinical observation. *a.* During the first of these periods various dyspeptic symptoms exist: the tongue is pale; the mouth clammy and disagreeable in the morning; the appetite variable and impaired; digestion laborious and slow, and sometimes, it is said so curiously perverted, that food, which in the healthy state would inevitably cause indigestion, passes through the stomach without causing particular annoyance; a sensation of weight and fullness is felt at the epigastrium, or even actual pain, but very rarely any severity; this region is slightly tender under pressure; gaseous eructations, either fœtid and acrid, or free from smell, occur during digestion; vomiting is rare, but the ejection of a small quantity of glairy fluid from the stomach in the morning is among the most constant signs of the affection in this stage; flatulence and constipation torture the patient; the constitution may begin to sympathize, and the peculiar tint of skin exhibit itself to a slight degree. *b.* By-and-by the severity of the epigastric pain increases, the appetite fails completely, fœtid eructations occur more frequently; constipation and flatulence become constant and obstinate; vomiting occurs with frequency, and the matters vomited may be discolored in various ways; succussion of the epigastrium causes a gurgling noise; by careful manual examination and percussion a tumor may be discovered in connection with the stomach; the general symptoms more and more distinctly assume the cancerous type, yet the pulse may remain tranquil. *c.* Finally, the intensity of all these symptoms increases; obstinate constipation alternates with attacks of colliquative diarrhœa; the pain becomes unendurable; hiccough adds to the sufferings of the patient, and almost everything swallowed is productive of vomiting; all physical strength is annihilated; the pulse becomes feeble and almost filiform—attacks of syncope are not uncommon; the skin dry and of marked cancerous tint; the face pinched and worn, and expressive of anguish and moroseness. Eventually the patient perishes in a state of perfect marasmus. Some of these symptoms require close analysis." Here he goes on to give the numerous variations from these symptoms, for which we must refer the reader to his work.*

He then proceeds: "Cancer of the stomach does not give rise to ascites; but, should the omentum become implicated in the disease (as is most common in cases of colloid), that symptom is commonly induced; general dropsy sometimes eventually follows. * * * "

"It follows clearly, from what has been said, that the nature of the

* "Walshe on Nature and Treatment of Cancer."

symptoms and the cause of gastric cancer vary with the parts of the organ affected. The distinction maintains itself even to the close of life. Thus, when the cardia is affected, death occurs by inanition, precisely as in cases of œsophageal cancer; the advance of the cachexia cuts off individuals in whom the orifices are free; or it is not uncommon, as has been remarked by M. Ferrus, when a state of contraction of the pylorus has been removed by ulcerative destruction, for life to be abruptly terminated by wasting and incontrollable diarrhœa. The course of cancer, instead of being uniformly progressive, may be intermittent. Although, in some instances, cessation of suffering and functional disturbance may be ascribed to the influence of some happy system of treatment, yet it is in the great majority of cases the result of a spontaneous process, the nature of which is unknown. It is conceivable that, in certain instances, the detachment and conveyance from the stomach of fungous vegetations, blocking up the pyloric orifice, may, by liberating that orifice, cause the removal of all symptoms dependent upon its obstruction; but this explanation will by no means hold invariably good. Be this as it may, the physician should never lose sight of the fact that, in many recorded cases of gastric cancer, the suspension of symptoms (especially in the early periods of the malady) has for a time been so complete that the disease was suspected to have been misunderstood, and to have been really nothing more than nervous or irritative dyspepsia. * * * The malady occasionally runs a latent course. * * * A number of very different affections have occasionally been mistaken for cancer of the stomach, and *vice versa*. The most practically important of these affections are *gastrodynia* and *chronic gastritis*."

The chief points of distinction may be enumerated as follows:

GASTRODYNIA.	CHRONIC GASTRITIS.	GASTRIC CANCER. (*Early period.*)
Tongue variable, but often pale and pitted at the edges.	Tongue dry, red, contracted, smooth, shining, or saburral.	Tongue pale or natural.
Eructations frequently of air, without disagreeable smell.	Eructation not a prominent symptom.	Eructation of air, more or less fœtid, sometimes horribly so, a prominent symptom.
Appetite depraved, irregular, capricious.		Appetite diminished, or even totally suppressed.
Sensations sometimes of heat, sometimes of cold, in the stomach; thirst not common.	Sensation of heat in the stomach; thirst.	These symptoms not observed.
Solids more easily digested than liquids.		Liquids more easily digested than solids.
Though the labor and suffering of the process be great, digestion in completed in the end.	Digestion imperfectly completed.	Digestion not properly effected.
Pain variable; occurs in irregular paroxysms; is often relieved by ingestion of food or pressure.	Epigastric pain not very severe, and scarcely ever felt when the stomach is empty; is increased by pressure.	Epigastric pain may be agonizing, the lancinating character sometimes marked, often increased by pressure.
Epigastric pulsation not uncommon.	Is not observed.	Is not observed.
Never runs a completely latent course.	Never completely latent.	May for a variable time be completely without local symptoms.
Simple chronic vomiting (with or without gastrodynia) is	Vomiting of sudden and severe character, sometimes the	Vomiting of sudden and severe character is never the first

especially frequent in females, and is almost confined to persons affected with hysteria.	very first symptom; occurs irregularly before or after eating.	symptom; it occurs generally early in the morning, subsequently at variable periods after eating, or at periodical intervals.
Vomiting of coffee-ground looking matter does not occur, unless from accidental and rare hæmatemesis.	Coffee-ground looking matter sometimes vomited; but this is rare and exceptional.	The matters vomited are at first glairy, then half-digested food, then coffee-ground or soot-like.
Bowels continually constipated, but not obstinately so.	Irritation, colic, and diarrhœa frequent from extension of inflammation to intestine.	Bowels habitually and obstinately constipated; occasional severe diarrhœa.
Febrile action accidental and rare.	Evening fever not uncommon.	Fever absent.
In females the chlorotic tint is often present.	Violent discoloration of the lips, conjunctiva, and face, &c., often present.	Straw-colored tinge may be obvious.
Often accompanied with various nervous or hysterical symptoms.	Not so attended.	Not so attended.
Hypochondria occasionally present.	Hypochondria is not caused by chronic gastritis.	Hypochondria is not among the effects of gastric cancer. (?)
Is more frequent than the other two affections.	Is rarer even than cancer.	Is much more rare than gastrodynia.
Is more common in women than men.	Is of equal frequency in both sexes, probably.	Occurs more frequently in men than women.
May exist in very young persons (*e. g.*, aged 15).	Occurs at all ages.	Is excessively rare before age of 30.
Is often heriditary.	Is not heriditary.	Often runs in families.
Is rarely referrible to any distinct local exciting cause.	Is often referrible to some distinct local exciting cause.	Is rarely, if ever, referrible to local agencies.
Is relieved or cured by stimulant, tonic, and anodyne treatment.	Is relieved or cured by antiphlogistic treatment.	Is not cured, but is relieved by special treatment.

But, although this array of distinctive character looks most satisfactory on paper, it must be confessed that, even after due consideration of them all at the bedside, doubts will sometimes still remain in the observer's mind. As cancerous disease advances, as the epigastric region becomes the seat of tension, and of gurgling noise under pressure, as the patient vomits periodically profuse quantities of coffee-ground matters, the diagnosis becomes more and more certain.

The diet of the patient should be carefully watched, his food should be taken at regular hours in small quantities, it should be well masticated, and only those articles of diet should be allowed which are known to agree with the patient. On this subject we can give no rule; for what will be readily digested by one will cause great pain to another. The principal remedies which seem to be indicated for this disease are Viburnum-prunifolium, Arsenicum, Conium, Kreasote, Secale-cornutum, Artemisia-vulgaris, Baryta-carbonica. Acid.-hydrocyanicum or Laurocerasus will sometimes relieve the vomiting and nausea. Nux-vomica is frequently indicated when we find flatus, constipation, and vomiting. Belladonna is frequently of service, and Walshe says that "a Belladonna plaster to the epigastrium affords much comfort to many patients. Rough ice, allowed to melt in the mouth, and the application of ice in bladders to the epigastrium, will also," he says, "relieve the nausea and vomiting." The medicines at the head of this article, Acid.-nitric. and Actea-spic. are frequently indicated. But, with all our medicines, and all our skill, we can do little more than alleviate this distressing malady.

W. Faulkner Browne, M. D.

CANCER OF THE UTERUS.—We have hitherto traced the ravages of this almost hopeless malady with sad hearts, but now we are forced almost to utter despair; for we find a disease, not only painful to the patient, but also rendering her an object of loathsome pity to those around her suffering couch, from which she is only to be removed by the kind hand of death. The study of this malady is, indeed, interesting to the pathologist, but the therapeutist must (if he be an honest man) acknowledge his inability to contend with it. Still, it is necessary, in our preparation of the "Index Raisonné," to glance at the subject, for cancer of the uterus is a disease very frequently met with, and one from which scarcely any age can claim exemption.

Schirrus of the uterus is an exceedingly rare disease. "Fungoid or medullary cancer is by far the most common; next in frequency may be classed the epithelial varieties of the disease, if, indeed, it may not be more correct, as some men of high authority believe, to refer them to a separate category, distinct from genuine cancer."* Next in order, and probably almost as rare as schirrus, is the colloid or alveolar variety of this disease. Rokitansky thus describes schirrus of the uterus: "On a careful examination, one may discover in the midst of the tissue of the portio-vaginalis another structure, recognizable by the different shade of white of the fibres composing it, and which, though closely tracked, intersect each other in every imaginable direction, while the small interstices between them are filled by a transparent matter, of a pale yellowish-red or greenish color. This new structure is infiltrated into the uterine substance without any distinct limits, extending further in one part than in another, and here and there heaped up in a greater quantity, thus producing the enlargement of the portio-vaginalis, the uneven undulated character, and the well-known induration of its substance."†

"Uterine cancer is more commonly solitary than associated. There can be no question that the womb ranks among those organs less prone than certain others (for instance, the mammæ and testes) to contaminate distant viscera * * * * Propagation of the disease to the adjacent structures, by simple infiltration, and also lymphatic contamination, is, on the other hand, common in uterine cancer. Hence, it follows that uterine cancer is commonly primary, and possessed of comparatively slight tendency to contaminate the system generally. Of affection of this organ, the stomach being the primary seat of disease, I have observed, and in a previous chapter mentioned an example; some few others, too, are on record. The disease originates by far the most frequently in the cervix. * * * * The diseased formation generally continues limited to the cervix or its immediate neighborhood, before ulceration commences. When this change occurs, infiltration spreads upwards in proportion as the erosive destruction of the neck advances. While the disease advances in the uterus the ordinary changes pursue their

* West's "Diseases of Females," p. 336. † *Ibid*, p. 338.

course in the surrounding textures. The organ becomes more or less fixed, from infiltration of those textures with simple exudative matter, or from the extension of the cancerous deposition amid them. The propagation of the disease to the vagina commonly commences with the anterior wall (a fact supporting the opinion of those who maintain the priority of invasion of the anterior lip of the os); it thence proceeds to the septum, the bladder, and urethra; or, attacking first the posterior paries of the vagina, exercises its ravages in the neighborhood of the rectum. In other cases, the cellular tissue around is especially affected; the broad ligaments, Fallopian tubes, and even the ovaries becoming implicated along with their investing cellular structure."

"Local peritonitis, following a slow and insidious course, is a common morbid state in uterine cancer. Adhesions in various directions are met with; the omentum has been found, by different observers, adherent to the uterus, a condition to which Dr. Montgomery invites attention. Cruveilhier, who has particularly studied the condition of the lymphatic system in this disease, states that the pelvic glands are most always implicated; two of these, situated at the upper part of the sciatic notch, being most frequently, and often solely affected.

"The lumbar glands are much more rarely diseased (a fact already noticed by Boyle), and are often enlarged and red, without containing a particle of carcinoma; the inguinal glands do not suffer, unless when the disease extends to the external genitals or orifice of the vagina. Andral has found the diseased matter in the parietes of the thoracic duct; Hahnemann traced it along the lymphatics from the uterus to that tube.

"The matter contained in the intervening lymphatics was precisely similar to that appearing in the uterus; their walls were thickened, but their lining membrane perfectly transparent and smooth, the matter easily removable, and the valves perfect. Such implication of the thoracic duct must, however, be rare. I have found it perfectly healthy in seven or eight cases, expressly examined with reference to this point, and M. Cruveilhier, who habitually opens the tube in cases of uterine cancer, has never known it so affected but once."

MOTT HAVEN, Westchester Co., N. Y., *December* 21, 1859.

DR. PETERS, Dear Sir:—In the last number of the JOURNAL you say that I was at one time an associate of Dr. Gray. Now, as this may be misunderstood by many of your readers, who may infer that I intend to give a *resumé* of Dr. Gray's clinical experience, I hope you will permit me a few words of explanation.

I was at one time a student of Dr. Gray's, and to him I owe all the knowledge of homœopathy that I have; but I never was his associate, and cannot give either his views or experience.

In my preparation of the "Index Raisonné" I shall aim rather at a careful compilation from the best authorities than the production of an original paper.

Very truly, yours, W. FAULKNER BROWNE, M. D.

"In the ordinary progress of events uterine cancer is early attended with very clear and obvious functional disturbances, and the symptoms thus caused have commonly been described in connection with two stages of the disease—that preceding, and that following ulceration. I will follow this plan, sanctioned as it has been by general approbation, guarding the practioner against too unlimited confidence in the invariable justness of the division into these stages, by referring especially to some of the more striking deviations from the common character and sequence of symptoms.

"*First Stage.*—Occasional uneasiness or dull pain in the uterine and sacral regions, especially in the erect posture, during menstruation, or for a period varying from a few hours to some days after sexual intercourse; a dragging sensation in the inguinal and lumbar regions, accompanied with a feeling of weight and distention of the hypogastrium, or at the perinæum and anus; irregularity in the quantity, quality, and frequency of the catamenial discharge in women still menstruating, or hæmorrhage (commonly attributed by patients to a return of that function) in women of more advanced age; leucorrheal discharge, of whitish or yellowish color and moderate consistence, without fœtor, and becoming red under excitement, or giving place to a slight effusion of pure blood after sexual congress; trifling irritability of the bladder, or more rarely of the rectum; states sometimes accompanied with slight difficulty in voiding the contents of those viscera, and pruritus more or less distressing of the labia and adjoining parts,—form the usual train of local symptoms in the early period of the disease. The urine may, at this juncture, have already become alkaline from nephritic irritation, and its impregnation with some ropy catarrhal matter (pus or muco-pus altered by an alkali) is not excessively uncommon. The proneness of the female for the generative act varies.

"By manual examination of the hypogastrium nothing unusual is discovered, in the greater number of cases. If extensive hypertrophy of the body coexist with the cancerous infiltration of the neck of the organ, a tumor corresponding in size to the degree of this change may (in thin persons especially) be detected after the bladder has been emptied; and, by a careful percussion (which is rarely in this stage too painful a process to be satisfactorily employed), dullness of sound commensurate with the size of the tumor may be recognized. Examined *per vaginam*, the lips of the cervix are found hardened and thickened more or less extensively, and sometimes tender to the touch.

"The orifice is unnaturally open, sometimes sufficiently so to permit the point of the finger to be pushed on to the cavity of the body; and the cervix not uncommonly lower down than is usual. The enlargement of the lips is rarely equable; it is much more common to find one or two, rarely more, irregular elevations, separated by fissures. * * * If the cervix be pressed between two fingers a slight flow of blood often follows, and this may be accompanied with a crepitating feeling. Observed through the speculum, the cervix appears tense, tumid, ir-

regularly tuberiform, and fissured, and of a dull white color; in the latter particular the contrast with the surrounding tissues is sometimes strikingly marked. In less common cases the color of the cervix is dirty brownish-red.

"*Second Stage.*—At a variable period the second stage commences, and is usually marked by a change in the constancy, intensity, and character of the pain. It becomes more or less habitual, acquires the lancinating character and extreme severity. Generally situated in the uterine region, and shooting along the broad and round ligaments, this pain is sometimes replaced by sharp pangs in the course of the sciatic, crural, or obturator nerves, recurring, it may be, at fixed periods of the day—pangs that have, according to the testimony of Boyle, been in certain instances so violent as to induce 'cerebral fever.' Such extreme results as these are, however, rare, though the intensity of pain sometimes, beyond a question, shortens life by exhaustion. These neuralgiæ may be attended with the debility and inability to move of ordinary sciatica. The excretion of urine and fæces grows more and more painful and difficult; alternate diarrhœa and constipation sometimes distress the sufferer; in rare instances insuperable obstruction is induced by pressure of enlarged glands on the bowels. Perforation of either, or more rarely of both the adjacent hollow viscera at length takes place, announced first, in the case of the rectum, by the passage of flatus through the vagina; the latter canal is now converted into a cloaca for the reception of the uterine discharges, and the vesical and intestinal excretions. Hæmorrhage may or may not meanwhile have become of more and more frequent recurrence; the quantity of blood lost on each occasion does not uniformily increase; on the contrary, as the frequency of hæmorrhoids augments, its amount often lessens (precisely as is observed in the hæmoptysis of phthisis and of pulmonary cancer), while, in other cases, females merely fancy the early attacks the most severe, because they attract more attention than subsequent ones. The vaginal discharge now commonly acquires the cancerous fœtor, and a dirty white or greenish color, is thin and serous (in some cases perfectly watery), sometimes mixed with blood, or, especially where encephaloid fungi have sprung up, with shreds or lumps of cancerous matter. Its acrid properties are usually so marked that its contact with the vulva, perinæum, and folds of the thighs causes excoriation of those parts, and furnishes additional cause for the pruritus felt in the former situation. The discharge, however, sometimes continues trifling for a time after ulceration has set in. * * * * * * * * * * * * * Viewed through the speculum, the diseased surface exhibits the different characters of cancerous destruction." At advanced periods of the malady the use of the speculum is very dangerous, and may cause a rupture of the vagina.

"The general symptoms are usually well marked in uterine cancer—the cancerous facies and straw-colored tint of the skin particularly so. Loss of sleep, failure of strength, and emaciation make

rapid progress. The digestive and gastric disturbance is extreme; almost constant nausea and inability to retain even the lightest food increase, in some cases, the general distress, and end occasionally in obstinate and uncontrollable vomiting. * * * * * * * * The mental condition of these sufferers, though great, is not habitually so extreme as their helplessness of condition and the agony endured might lead us to anticipate. The influence of the uterus on the encephalon becomes particularly obvious in the insane; the ravings of such doubly afflicted persons frequently turn on sexual intercourse.

"At no age can females be said to be exempt from the chances of uterine cancer. Five hundred and twenty-nine cases, collected by Boivin and Duges, and Dr. Lever, may be arranged as follows, in respect of age:

AGES.	NUMBER OF CASES PER CENT. OCCURRING AT EACH AGE.	
	Total Cases Observed, 120. (Lever.)	Total Cases Observed, 409. Boivin, Duges.
Under 20	....	2.93
20—25	....	20.29
25—30	3.30	
30—35	15.00	24.93
35—40	10.83	
40—45	20.00	25.91
45—50	20.00	23.22
50—55	13.30	1.71
55—60	14.16	
60—65	.83	.97
65—70	1.00	
70—75	.83	

"Of the causes of uterine cancer nothing special is known. M. Cruveilhier, whose opportunities of observing the disease among the aged inmates of the Salpêtrière have been considerable, emphatically avows that neither dissoluteness nor chastity, sterility nor fecundity, healthy pregnancies or the contrary, the habit of suckling or of consigning the duty to others, regular or irregular menstruation, the occurrence or not of abortion, an active and laborious or an inactive and listless life, hereditary influence, temperament, scrofula, syphilis, leucorrhœa, the excess of polypi or of fibrous tumors, appear to exercise the smallest influence on the development of uterine cancer. And this statement is (with the single exception of influence of hereditary taint) but the echo of general experience."*

Dr. West gives the following tables, which may not be uninteresting in connection with the mooted question as to the relative frequency of uterine cancer in single and married women.

* *Vide* "Walshe on Cancer," pp. 443—456.

Number of Women.	Pregnancies to Each.	Number of Women.	Children to Each.	Number of Women.	Abortions to Each.
12	1	13	1	26	1
12	2	11	2	16	2
8	3	14	3	7	3
2	4	6	4	4	4
9	5	12	5	3	5
12	6	11	6	1	7
11	7	10	7	1	11
7	8	6	8	..	..
6	9	7	9	..	..
4	10	1	11	..	..
9	11	3	12	..	..
6	12	2	13	..	..
4	13	2	14	..	..
2	14	1	17	..	..
1	16	1	18	..	..
1	18	..	..	..	..
1	20	..	..	..	..
1	24	..	..	..	..
109		107		58	

Number of Pregnancies.	Number of Children.	Number of Abortions.	Issue of Last Pregnancy.	Date of Symptoms of Cancer.
3	3	..	Live child.	10 Months.
7	6	1	"	6 "
12	12	..	"	6 "
4	3	1	"	Immediately.
10	7	3	"	"
9	9	..	"	"
2	1	1	"	"
6	2	4	"	"
7	5	2	"	"
11	10	1	Abortion at 5th month.	"
7	6	1	Abortion at 2½ months.	"

The treatment of this malady must partake of a palliative character; curative treatment is almost, if not absolutely impossible. When ulceration sets in, perfect cleanliness must be preserved; the parts should be frequently sponged, and vaginal injections employed; that of Lugol's solution may be found useful. Warm or tepid water injections, medicated with astringent or anodyne preparations, may also give relief. Hæmorrhage should be treated with Secale-cornutum, ice-water injections, Plumb.-acet., Gallic-acid, Tincture Fer.-chlor., &c.

The following homœopathic remedies have been recommended, and

may sometimes be useful: Arsenicum-alb., Conium.-mac., Carbo-animal., Viburnum-prunifol., Platinum, Kreosote.

Cancer of the Mamma.—We find cancerous affections of the mamma in both sexes, but it is of comparatively rare occurrence in the male, while in the female it is the most common of the organic diseases of the breasts. It is either solitary or associated. When associated with other cancers it is usually primary.

Scirrhus is most common. Encephaloid is sometimes found, but rarely; and we seldom find the colloid variety of the disease.

Generally it is the left breast which is affected. "In cases where both organs are affected, the disease attacks one consecutively to the other. Sometimes the two breasts are connected by indurated absorbents, or a chain of small cutaneous scirrhi.

"Proper scirrhous tumors do not exceed an orange in size, but infiltrated masses of the disease acquire greater dimensions."

The local morbid changes are enlargement of the glands, obstruction and distention of the veins, induration of the adjacent cellular membrane, and cancerous infiltration of the skin.

The atrophous and hypertrophous forms of the breast are both found. In subjects of advanced age the breast is usually atrophied.

The lymphatic system suffers at an early stage of the disease, and the axillary, supra-clavicular, and post-sternal glands are those usually affected.

The pain is of the average severity, and is likely to be more severe at the menstrual period. Occasionally there is a discharge of a quantity of blood or sero-sanguineous fluid by the nipple. This flow of blood is said, in some cases, to be sufficiently abundant to replace the menstrual discharge at the critical period; but the catamenia may continue almost till the close of life. The disease is frequently acpanied with distressing thoracic symptoms—cough, oppression of the chest, and dyspnœa.

Sir Astley Cooper believed that scirrhus of the breast would generally take from two to three years in growing, and from six months to two years afterwards in destroying life. As a general fact, scirrhus of the breast makes the slowest progress when developed in old age.

"Encephaloid of the breast runs an average course of from six to twelve months, according to the estimate of Velpeau. It is distinguished from scirrhus not only by its instrinsic character, but by being less disposed to become adherent to the deep-seated parts, less prone to cause enlargement of the axillary glands, and by the less amount of pain it causes previous to ulceration.

"In the majority of fatal cases death occurs before the total destruction of the mamma; in others the ulcer extends from the axilla to the lower border of the pectoralis muscle, or even downwards towards the flank, while its base is formed by the thickened pleura and ribs.

"The discharge of hæmorrhages occurring from time to time reduce

the patient's vital powers to the lowest ebb, and she sinks at last under the influence of cachexia alone. Death is, however, not uncommonly accelerated by inflammatory effusion into the pleura. Aged women who die from causes independent of their cancer frequently perish from pneumonia.

" Although no single character suffices to distinguish a scirrhous tumor from certain other diseases to which the mamma is liable; yet a combination of the signs described will usually ensure tolerable certainty of diagnosis. If a hard moveable tumor, free from pain, of a small size, insensible under pressure, but becoming painful a short while after manipulations, and, having originated without apparent cause, has existed in the breast of a female, aged thirty, or upwards, for a certain period—say from six months to a year—the probability is strongly in favor of its being cancerous. This probability will amount to a positive certainty if either previously to or at the end of this period lancinating periodic pains, alternating with perfect freedom from suffering, supervene, and hæmorrhage occur from the nipple, while the disease resists local antiphlogistic and discutient measures. * * * * * * * * * The signs of encephaloid growth in the breast, if combined in any number, can rarely mislead."*

This disease is to be carefully distinguished from: neuralgia of the breast, atrophy of the breast, with induration, accumulation of calculi in the lactiferous ducts, which is an excessively rare condition, simple chronic induration, chronic abscess, fibrous tumors, encysted accumulations of fluid blood, tuberculous accumulations, which, however, are extremely rare, cysts, cysto-sarcomatous tumors. Syphilitic ulceration in this region has sometimes passed for cancerous.

For particulars on the diagnosis of cancer of the breast we must refer the reader to Walshe's admirable work, from which we have compiled this article.

Treatment.—The medicines supposed to be homœopathic to this disease are, Cham., Arnica, Arsen., Bryonia, Clematis, Conium, Kreasotum, Carbo-animalis, Carbo-veg., Phosph., Bell. That these medicines may and will prove beneficial in alleviating the symptoms which they indicate we have no doubt; but, as to their curing a confirmed case of cancer of the breast, we must say we have very little faith in their efficacy. Viburnum-prunifolium may also prove beneficial.

The surgical treatment of this disease does not come within the scope of this paper; and as to the propriety of removing these tumors by pressure, cauterization, or amputation, we must refer the reader to the numerous surgical works which treat of this subject. But this much may be said, the treatment, medical or surgical, must not be delayed. The safety of the patient depends upon early and energetic treatment.

Too much care cannot be observed in the regulation of the particular habits and diet.

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* *Vide* " Walshe on Cancer," pp. 467–485.

Catarrh.—Acid.-benzoic., 14. Acid.-nitric., 54. Acid.-tannic., 88, 90. Aconite, 122. Actea, 140. Allium-sat., 206. Alum., 222. Alumina, 230. Ammon.-carb., 274. Ammon.-caust., 285. Acid.-nitr., 285. Gum-ammon., 322. Anis, 376. Ant.-tart., 421, 423. Apis, 450. Apoc.-cann., 490.

CATARRH is an inflammation of the mucous membrane. The term, in common parlance, is restricted to the mucous membrane of the nostrils, trachea, and bronchial tubes. It may be caused by exposure to damp or wet weather, sudden changes in the atmosphere, the want of proper clothing, insufficient protection of the feet, exposure to drafts of cold air; or it may exist as an epidemic, when it is usually known as influenza, so called from the supposed influence of the heavenly bodies in causing this disease. This idea is, however, now generally discarded—men being now too wise to believe that the heavenly bodies were made either to "*rule*" the days, or "to be for signs and for seasons;" but this much may be said, if terrestrial influences may cause such variations in the tides as are attributed to them, there is no reason why they may not also bring about variations in the atmosphere and the forces which are about our earth, or as to cause devastating epidemics, and, perhaps, after all, we may not be so much wiser in this matter than our superstitious forefathers.

This disease, appearing in its epidemic form, has been more fatal in its results than is generally supposed—devastating Italy to such a degree that it was called "the plague." In other countries of Europe, and in our country, it has often numbered its victims by thousands. In 1840, during the Harrison and Tyler campaign, it commenced in Maine, and followed the course of the Atlantic border, and, from the fact that it seemed to follow Mr. Tyler in his journeyings, was called the "Tyler grippe."

There are but few persons who have not been more or less inconvenienced by catarrh, but some seem peculiarly obnoxious to it, and more particularly those of a scrofulous diathesis.

The symptoms vary with the intensity of the disease; some persons experiencing but slight inconvenience, such as, sneezing, slight headache, and obstruction of the nose, which symptoms are often relieved by a glass of hot whiskey punch before retiring. Others are made quite sick; the inflammation extends to the throat, trachea, bronchial tubes, and even the lungs; the patient gets better, goes about his ordinary business, and, perhaps, in a short time, his physician informs him that tubercles have begun to form in his lungs.

Diagnosis.—We have more or less fever, obstruction of the air-passages; sneezing; unusual languor; pains in the head, back, limbs, bones; a bruised feeling all over the body; chilliness, frequently alternating with flushes of heat; burning heat in one part and chilliness in another; severe dry cough; hoarseness and scraping in the throat; throbbing, bursting headache; headache in the frontal region, very severe over the eyes, so that sometimes it would

seem as though the eyes would burst from their sockets; frequently we have neuralgia of the second branch of the fifth pair of nerves. In the more aggravated form of influenza we also have complete prostration of strength, drowsiness, general chilliness, rheumatic pains, vertigo, photophobia, plentiful coryza, dry shaking cough, nausea, sore throat, swelling of the parotid glands, and fœtid sweats. The patient suffers with great thirst, anorexia, is ill-humored, fretful, nervous, and feels generally disagreeable to himself and those around him.

Therapeutics.—As we have before said, catarrh frequently terminates favorably in a day or two without the administration of any medicine; but it usually has its course of about nine days. At about the third day we have a white mucous discharge of more or less tenacity; about the fifth or sixth a yellow, purulent, or muco-purulent discharge; and about the ninth day, if the disease has been properly treated, it is terminated by resolution. The homœopathic remedies, in addition to those mentioned above, are Arsenicum, Arnica, Bellad., Bryonia, Coffea, Camphora, China, Dulcamara, Ipecac., Iodine, Euphrasia, Sulphur, Phosphorus, Mercurius, Pulsatilla, Rhus, Stibium, Spongia, Kali-hydriod., &c.

The following treatment will generally be found of service: When the attack first comes on give Stibium, 1; if there is much fever, alternate with Aconite. It may also be necessary sometimes to alternate the Stibium with Bellad. or Nux-vomica; or, if there is much inflammation of the eyes or schneiderian membrane, with Euphrasia. Towards the close Arsenicum may be substituted for Stibium with benefit. If there still remains an irritation about the throat, Bellad. and Protiod. Merc. will usually complete the cure. Bryonia will be found useful where we find rheumatic pains about the chest or in the scapulæ; severe headache increased by motion. But, for the general treatment of this disease, Stibium or Arsenic are the main remedies, giving such other remedies in alternation as the symptoms shall indicate.

Chronic Catarrh is usually very difficult to cure; Arsenic or the Iodide of Arsenic may sometimes be used with benefit, and frequently great service may be obtained from a persevering use of Nitric-acid.

Cardialgia.—Acid.-fluoric., 21. Prus.-acid, 30. Acid.-nitric., 51. Acid.-phos., 71. Amyg.-dulc., 336. Arg.-nit., 506.

Vide "Gastralgia" and "Gastrodynia."

Carniæ-Calumnæ, Rheumatism of.—Acid.-fluoric., 23.

Vide "Rheumatism."

Cephalalgia.—Acid.-acet., 6. Acid.-fluoric., 19. Acid.-muriatic., 38. Acid.-nitric., 49. Acid.-oxalic., 60. Acid.-sulph., 80. Actearac., 140. Agar., 164, 169. Agnus-cast., 172. Alcohol-sulph., 200. Ammon.-carb., 267, 268. Arom.-spts.-Ammon., 315. Angust.-vera, 370. Anis, 376. Ant.-tart., 420. Apis, 447.

Vide "Headache."

Carcinoma.—Acid.-acet., 10. Acid.-nitric., 52. Acid.-tannic., 89. Arg.-nit., 300. *Vide* "CANCER."

Chlorosis.—Acid.-benzoic., 14. Ammon.-caust., 287.

This disease is so named from the Greek word Χλωρος, which signifies green, and it is frequently called the "green sickness." It is generally brought on by a depraved condition of the nervous system and digestive organs. At about the age of fourteen, or when the first menstruation ought to take place, we find it obstructed; the patient is pale, frequently the complexion is of a livid greenish hue; she complains of weariness and debility; she has headache, anorexia, flatulent distention of the abdomen; sometimes she is troubled with looseness of the bowels, at other times she is constipated. She is often troubled with palpitation of the heart and dyspnœa; a harsh troublesome cough, sometimes accompanied with a bloody expectoration; and her parents will often come to the physician, in great fear that their daughter is hopelessly afflicted with disease of the heart or consumption. Dyspepsia and hysteria love to keep company with chlorosis, and by no means lessen the apprehensions of the frightened friends. The young patient seeks delicate morsels of food, as chalk, slate-pencils, and the like. The legs frequently become œdematous. Sometimes we find leucorrhœa.

The remedies which seem to be indicated in this disease are: Pulsatilla, Ferrum, Bryonia, Sulphur, Calcarea-carbon., Sepia, Phosphorus, Ignatia, China, Nitric-acid, Aurum-muriat. The patient should be given nutritious food; exercised freely in the open air; bathed in cold water, or, if it be found that she cannot bear cold water, tepid water may be used. After bathing she should be well rubbed with the palm of the hand or a coarse towel. Ferrum-iod. will generally be found beneficial as a constitutional remedy, and also the Hypophosphites of Soda, Lime, Iron, and Potassa. After the general health has been restored, in a great measure, by those means, if the menses are still retained, Asclepias, Collinsonia, Secale, or some other emenagogue may be administered.

Cholera.—Acid.-acet., 8. Prussic-acid, 29, 30, 31. Acid.-nitric., 52. Acid.-phos., 72. Acid.-sulph., 83. Æthusa, 154. Alum, 225. Ammon.-caust., 286. Angust.-vera, 273. Ant.-tart., 395, 426.

CHOLERA MORBUS.—The exciting cause of this disease is usually indigestible food, unripe fruit, suppression of the perspiration from sudden exposure, the drinking of ice water when over-heated, &c.

The attack comes on with a feeling of nausea and griping; then we have purging and vomiting, often accompanied by coldness of the limbs and body; cramps. Sometimes the evacuations are of a bilious character; sometimes thin, watery, and fetid. The pulse is weak,

and sometimes scarcely perceptible. We also frequently find considerable tenesmus.

The remedies indicated are Veratrum, Ipecac., Chamomilla, Camphor, Arsenicum.

Colic, Menstrual (Dysmenorrhœa).—Alumina, 240. Ammon.-acet., 254. Anth.-nob., 380. Apis-mel., 443. Aquil.-vul., 490. Arg.-iod., 496.

Why this affection is called "menstrual *colic*" we never have been able to find out; that the colon, or indeed any part of the intestinal canal, has anything to do with it is hardly to be supposed; we therefore prefer the name now generally used, dysmenorrhœa, or painful menstruation. We may divide the disease into four varieties: the neuralgic, the congestive, the rheumatic or gouty, and the mechanical.

The word neuralgia is a favorite term with many physicians; it is a sort of *asylum ignorantiæ*, a convenient word to conceal paucity of ideas; when they find a patient suffering intense pain in some particular part of the body, and they are unable to determine the true nature and cause of the suffering, they say, "Oh, it's neuralgic;" which frequently is equivalent to saying, "It's a pain." So with dysmenorrhœa, it would be very easy to say that all forms of painful menstruation were neuralgic, as they are all painful and are accompanied with more or less of nervous symptoms. But what is neuralgic dysmenorrhœa?

The seat of the pain in this form of painful menstruation is in the nerves of the uterus—it may be, perhaps, that the nerves themselves, or some part of the nerve tissue is diseased; and we might enlarge upon this subject, but we have not the time or space in the "Index Raisonné" to discuss whether it be the neurolemna or the nerve substance which is affected, and practically it makes but little difference. Frequently the nerves may not be diseased, the dysmenorrhœa may not be idiopathic, but may be sympathetic. The uterus, being a most sensitive organ, its nerves, at the monthly crisis, readily sympathize in the general nervous debility or nervous derangement.

Neuralgic dysmenorrhœa usually occurs in females whose sexual system has been of tardy or the imperfect development. The pain comes on a day or two previous to menstrual flux, and reaches its climax during the first thirty-six hours of that period. Generally it is most severe in the pelvic and uterine regions, but it is also felt in the back and loins; frequently the patient will complain of pain in the groin, which shoots down the inside of the thighs. The pain comes on in paroxysms and sometimes is so intense as to resemble labor pains or severe colic, from which, probably, the term *menstrual colic* is derived. The abdominal surface is very tender, so as not to bear the slightest pressure; but the hand or finger-ends, gently passed over the hypogastric region, will sometimes give great relief. This we know is also the case in severe cases of neuralgia of the second branch of the fifth

pair: when the patient cannot even bear a pocket handkerchief laid lightly on the temples, he will be greatly soothed by the gentle passing of the hand or fingers over the temporal region. Whether this be animal magnetism or not we cannot say, but we know that it is so.

The patient, in neuralgic dysmenorrhœa, frequently complains of intense headache; the stomach is disordered; there is nausea, and sometimes vomiting. As might be expected, we frequently find hysterical symptoms, but this is by no means always the case. That this form of dysmenorrhœa is of nervous origin is proved by the fact that anything that produces sexual erethism will bring on neuralgia of the uterus, in these patients, at other times than the menstrual period. Sexual congress is very painful, and the pain of parturition is intense. However, women with this form of the disease seldom conceive.

Congestive Dysmenorrhœa.—Of this form of the disease Dr. West says: "It has been termed *congestive* from the peculiar circumstances that attend it. Unlike the purely neuralgic variety, it is less frequent at the commencement of sexual vigor than as an acquired condition at a later period in life. A sense of weight about the pelvis, and a tendency to hæmorrhoidal affections, generally exist in the intervals between the menstrual periods; and these symptoms increase considerably a few days before the discharge comes on. During the first twenty-four or thirty-six hours of each menstruation the discharge in general is but scanty, and the pain is very severe. At the end of this time, however, sometimes sooner, the discharge becomes abundant; and as the blood flows the pain abates, and then ceases altogether. The congested womb ached till nature bled it; just as the head aches when the brain is congested, till the cupping-glasses or leeches have relieved the over-charged cerebral vessels. Sometimes, in these cases, the menstrual flux at no time becomes abundant, and consequently the relief which nature gives is partial. * * * * * In some instances of this form of dysmenorrhœa not only is the amount of blood lost at a menstrual period insufficient to relieve the congested womb, but is absolutely as well as relatively scanty." Sometimes, as Dr. West says, the discharge will cease, and then come on again, mingled with coagula. Now this is an interesting fact, for we know that, ordinarily, the menstrual fluid will not coagulate, and formerly it was on this account denied to be blood; but this form of dysmenorrhœa furnishes a solution to the difficulty, for these coagula, according to the same distinguished author whom we have before quoted, are due "to the blood having been poured out so slowly as to allow of its coagulating in the uterine cavity; an occurrence prevented during healthy menstruation by its comparative rapid flow into the vagina, where its fibrine is at once dissolved by the acid secretion of that canal, and its coagulating property destroyed." In this form of the disease we frequently find, intermingled with the discharge, filaments or shreds of membrane, and in some cases a distinct membrane is thrown off which exactly corres-

ponds to the shape of the cavity of the uterus, so as to form a complete cast of it. Concerning this membrane and these strips of membrane there has been much discussion; many authorities, following Dr. Dewees, maintain that it was a pseudo-membrane, the product of inflammation, and that the pain was to be attributed to the effort of the uterus to throw it off. Dr. West, on the contrary, maintains that, "During menstruation, the epithelium of the uterine cavity is thrown off in greater or less abundance; while an examination of the membrane suffices to show that what had occurred in its formation and development is merely an exaggeration of the process, which, to a less degree, takes place at every menstrual period. The membrane is smooth on one surface, rough, almost villous, on the other, and presents the remains of numerous dilated uterine glands; characters that prove it to be the analogue of that decidua which, under the physiological stimulus of conception, passes through a more complete development to serve important purposes. I need scarcely say that it is not a matter of indifference, in a practical point of view, whether or not you entertain correct opinions with reference to the structure of this membrane. To regard it as a layer of plastic lymph, similar to that which is poured out in croup, at once suggests the employment of antiphlogistic measures, such as experience would by no means justify. Reasoning, however, even independent of the actual observation to which I have appealed, would suffice to show the fallacy of this opinion. It is utterly inconceivable that a mucous membrane, so inflamed as to become the seat of deposits of lymph, should in a few days return to a perfectly healthy condition, and yet periodically undergo the same intense inflammation, issuing in the same deposit, and this with no serious injury to its functions and no permanent change of its structure."

The third variety of this disease is dependent on the gouty or rheumatic diathesis. Sometimes wet feet or "a cold" is referred as the cause of the trouble; at other times the disease comes on gradually and with apparently no exciting cause. We frequently find lithates in the urine; the skin is hot and the pulse frequent. The seat of the pain is in the muscular tissue. Sometimes the pain is very severe in the back, sometimes it is in the pelvis, sometimes it resembles sciatica. The menstrual period is succeeded by profuse leucorrhœa, which sometimes lasts till the return of the catamenia. This form of dysmenorrhœa is closely in its character and in its symptoms to the congestive form. We now come to the fourth variety of this disease—

Mechanical Dysmenorrhœa, by which is usually meant painful menstruation, attributable to some mechanical impediment, either in the neck of the womb or at the internal or external os-uteri. Sometimes it may be caused by ulceration or inflammation of the cervix, and very often it is attributable to imperfect uterine development—the cervix being too narrow, or the os itself being too small.

Dr. West says: "If the operture be so small as scarcely to allow

this to take place [the escape of the blood, drop by drop, from the os uteri] menstruation may be rendered very painful; and, just as when stricture of the urethra exists, the bladder and ureters, and kidneys, become irritated and disturbed in the performance of their functions. So it is quite conceivable that a similar state of the cervix-uteri may exert the same influence on the functions of that organ, and render the menstrual flux scanty in quantity and morbid in character, as the consequence of the difficulty in its discharge." It is his opinion, however, that the narrow cervix is only a part of the evil, and that it is a consequence of an undeveloped state of the organ. Whether this be so or not we do not attempt to decide. Very many respectable authorities differ from Dr. West on this subject, although his argument seems to us to be clear and to the point.

Treatment.—In the purely neuralgic form of this disease the treatment at the time of the attack must be palliative; we must pursue very much the same course that we would for neuralgia anywhere else, giving Quinine, Aconite, Belladonna, Opium, Phosphorus, Veratrum, Platina, Pulsatilla, Ignatia, Nux-vomica, Hyoscyamus, Cannab.-indica, &c. The patient may also be placed in a hot hip bath, of either very hot water or of hot mustard and water, or a local vapor bath may be given. It will also be found advantageous to inject warm water into the rectum at the time of the attack, and indeed it will be found of great service to do so a day or two before menstruation takes place. Applications of Ether or Chloroform to the hypogastrium, or injected per rectum and vagina, will often give relief. Dr. West advises the internal administration of Ether, in a draught containing half a drachm of the compound Spirits of Ether and fifteen minims of Chloric Ether. The unguentum Belladonnæ, rubbed on the hypogastrium, may also be of some service in many cases. During the interval between the catamenia the general health of the patient should be attended to, and, if the cause of the neuralgia can be discovered, the treatment should be directed towards its removal. Appropriate remedies, such as Quinine, Iron, Ignatia, Cannabis-indica, Nux-vomica, and Belladonna, should be administered. The patient should daily use the tepid sitz bath, and the back and abdomen should be well rubbed by the hand of another person. The patient should also take a proper amount of exercise in the open air, be regular in her habits of eating and sleeping, avoiding excitement, late hours, and indigestible food.

Treatment of Congestive Dysmenorrhœa.—Dr. West advises depletion and the administration of Ipecac. until its nauseating effects are produced. The remedies which are best suited to this form of the disease are Aconite, Belladonna, Pulsatilla, Secale-cornut., Sabina, and Ipecac.; but, more especially, Collinsonia-canadensis, which seems to have a specific effect in nearly all cases of dysmenorrhœa, and in all forms of it. The hot hip bath may be used with advantage, and also injections of warm water. Warm cloths applied to the abdominal region will frequently give relief. If the patient desires hot whiskey

or gin she should not be forbidden them, even though the practitioner does run the risk of breaking his fragile Hahnemannian creed. If there be much gastric derangement it may be well to alternate Ipecac. or Nux-vomica with Collinsonia.

Treatment of Rheumatic or Gouty Dysmenorrhœa.—In the interim between each menstrual period the treatment should be directed against the rheumatic or gouty diathesis. The sitz bath and friction of the back and abdomen will also be found beneficial. During the attack the treatment must be similar to that in the other forms of the disease. In this, as in other forms, Collinsonia or Asclepias are to be relied on ; Pulsatilla and Cocculus are also important remedies.

For the *mechanical form of dysmenorrhœa* the treatment must be mechanical dilatation of the os-uteri, either by bougies, ung. Bellad., or a surgical operation.

Although it is convenient in books to classify diseases in a tabular form, we do not always find that the disease corresponds to the books. So, in the case of this disease, we frequently find more than one form of the disease existing in the same person. The other organs of the body also sympathize with the uterus, and we often have palpitation of the heart, gastric derangement, headache, &c. Frequently, before the menstrual period comes on, the breasts become swollen and painful. Dr. Dewees says that where this occurs the disease is more easily cured than when it does not occur. Leucorrhœa is a common sequel to painful menstruation, and we have seen cases where there was a black muddy discharge for several days after menstruation had ceased. Dysmenorrhœa is a disease that requires careful and patient treatment, and the practitioner who is too modest (?) or too indolent to carefully examine and inquire into every particular of the case is justly to be censured.

Colic, Flatulent.—Allium-cepa, 205. Aloes, 215. Alum, 225. Anis, 376. Anth.-nob., 379.

This disease is characterized by severe griping pains in the bowels, particularly in the region of the umbilicus and along the course of the colon ; the pain is not increased by pressure and there is no fever, and so it is generally easy to distinguish it from peritonitis or enteritis. The pain is spasmodic ; between the spasms, which come on suddenly, the patient enjoys comparative ease. The flatus often causes a rumbling noise in the intestines, which troubles the patient considerably. At first there is a feeling of distention in the pit of the stomach, soon followed by pain, which increases in violence, during which the patient tosses about pressing his hands upon his abdomen. Wind is frequently passed, both from the mouth and the anus. Very often there is diarrhœa and vomiting.

The causes of this complaint are many. Sometimes it will be caused by the patient taking cold ; at other times, when over-heated, it may be caused by a copious draught of cold water ; it may also be

brought on by eating too freely of acid fruits, or by indigestible food; the pains come on an hour or two after the indigestible food has been taken. Sometimes it passes into the bowels in an imperfectly digested state, and then the pain does not come on so soon and is felt in the region of the umbilicus.

Prognosis.—Generally favorable, unless inflammation sets in. The disease sometimes produces a paralytic state of the bowels, resulting in habitual costiveness.

Treatment.—When the stomach contains irritating food it should be emptied by emetics; when it has passed out of the stomach a cathartic should be given. We are aware that many of our homœopathic friends will hold up their hands in holy horror at this suggestion, but we cannot help it: common sense teaches us that when there is a foreign substance irritating the intestinal canal that foreign substance should be got rid of. Warm fomentations will be found useful. The remedies to be relied on are: Colocynth, Nux-vomica, Pulsatilla, China, Cocculus, Carb.-veg., Belladonna, Sulphur, Chamomilla, Tobacco, Veratrum, Ferrum, Ipecac, Nitric-acid, Phos., Zinc., Opium, Plumb., and Mercurius. If the colic be caused by worms, which is frequently the case, the proper remedies are: Santonine or Cina (very strong), Spigelia, Mercurius, Ruta, Sabadilla, Terebinth, and Kreosote. Brandy is a valuable palliative in this disease.

Colic, Bilious.—Æthusa, 155.

This disease is called bilious colic from the bilious vomiting and other symptoms, showing functional derangement of the liver. The patient complains of headache, anorexia, bitter taste in the mouth, and thirst. The colic pains are very acute; at first pressure gives relief, but the abdomen grows tender to the touch as the disease advances. In this disease we have a good deal of bilious vomiting, after which the pain abates temporarily. The bowels are generally torpid and immovable. On the second or third day the eyes and skin become yellow, and we occasionally have tremor, numbness, and paralysis of the arms in this disease.

Causes.—This complaint occurs most commonly in the autumn, and is frequently brought on by marsh miasmata.

Treatment.—If there be any irritating substance in the bowels they should be evacuated. Merc.-dulc. is chiefly to be depended on; Podoph.-pelt. and Nux-vom. are valuable remedies; so also Colocynth, Chamomilla, and Bryonia. The warm bath is a useful auxiliary. Great care must be had concerning the diet during convalescence, and very cold drinks must be avoided. When acid exists in the *primæ-viæ*, give Nitric, Muriatic, or Sulphuric-acids.

Colica Pictonum (Painter's Colic). Acid.-sulph., 82. Alum, 225.

This disease comes on gradually, preceded by symptoms of gastric derangement, anorexia, constipation, foul eructations, languor, tran-

sient pains in the abdominal region, usually about the umbilicus. There are remissions of pain, but, unlike other kinds of colic, there is no decided intermission. We have occasionally paralysis of some of the voluntary muscles. The bowels are constipated, and cannot be moved without difficulty. Some authorities are of the opinion that constipation is caused by the loss of contractile power in the intestines, or else the failure of the intestinal mucous membrane to secrete mucus. The disease frequently assumes a chronic form, producing wasting and paralysis of the fore-arms, and this often remains after the disease has been cured. One attack of the disease is very apt to predispose the patient for another. M. Andral considers colica pictonum a neurosis in which the spinal marrow and abdominal plexuses of the great sympathetic seem to be the seat of lesion.

The principal cause of this disease is exposure to the poison of lead. The writer had under his treatment, a short time since, a man suffering with this disease, who had been exposed to the combined poisonous effects of lead, mercury, gold, and several other metals. He was a porcelain painter, and was necessarily exposed to the fumes of these metals in his business. Alumina, Platinum, Nux-vomica, Colocynth, Merc.-corros., and the usual remedies, seemed to give but little relief; he was rapidly sinking into a collapse state. Brandy was now given him, a tablespoonful every half-hour; the pulse rose and became stronger, and he slept quietly under the influence of Codeine, and from that time his convalescence was rapid.

Treatment.—The medicines proper for this disease are: Merc.-dulc., Merc.-corr., Nux-vom., Opium, Codeine, Morphine, Sulph., Bellad., Alumina, and Platinum. It would be well to give a warm bath, with injections of warm water while the patient is in the bath. Sulphuric-acid has been recommended as a preventive of lead poisoning, paralysis, &c. Electro-galvanism is a valuable remedy for the subsequent paralysis.

In concluding the subject of colic, we would remind our readers that the *common Bed-bug* has been recommended by respectable homœopathic authorities for "colic terminating in emissions of flatulence;" and the North American Skunk for pressure in the stomach with colic.

Cholera Morbus.

Diagnosis.—Nausea, succeeded by griping, purging, and vomiting; frequently there is coldness of the extremities, and sometimes of the whole body. There is also great thirst, cramps in the legs and arms, difficult and hurried respiration, spasms of the abdominal muscles, shrinking of the features, and a hollow expression about the eyes. Pulse is frequent, weak, and very often scarcely perceptible. There is a great deal of tenesmus, and the evacuations are thin, watery, bilious, and offensive. The vomiting is often bilious, and there is also, in many cases, bilious diarrhœa; vomiting of acid matter, colic pains in