

Rudolf Haebl.

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THE HOMŒOPATHIC RECORDER.

VOL. I.

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No. 1.

INTRODUCTORY.

IN the final issue of the *Bulletin*, November, 1885, announcement was made of its discontinuance and of the proposed publication of THE HOMŒOPATHIC RECORDER. The purpose of the RECORDER is stated succinctly on the title-page, and a few words in connection therewith will not be out of place.

The art of medicine, not to speak of it as a science, has made vast strides in certain directions within the past decade or two, notably in hygiene and prevention of disease. The marvellous results in surgery under strict antisepsis—or strict cleanliness, as you choose—as done nowadays by the more advanced surgeons, challenges attention, while the logical method of diagnosing disease-processes in internal organs is of enormous value in assisting the faulty though well-intentioned therapy of the old school.

The latest craze in old-school therapeutics looks simply and solely towards removing one symptom, for hyperpyrexia is but a symptom, that is to say, it is merely one evidence of a disorder within the body.

To attack the high body-temperature is not the way to cure diseases accompanied by pyrexia, and this is acknowledged by some allopathic clinicians, for they now limit the internal administration of the salicylates in great part to disorders of rheumatic origin, and are endeavoring to differentiate the conditions of fever in which the new remedy, Antipyrin, will reduce temperature by undoing or counteracting the conditions which give rise to it.

It behooves us homœopaths, then, as scientific and progressive physicians, to march abreast of our old-school brethren in all professional advancement, and in the one and only department in which we differ from them, therapeutics, to be *au courant* of all their experimentation

with drugs. For these experiments not only point out the probable desirableness of proving their new drug according to our methods, but also may afford us real therapeutic indications for the use of the potentized remedy. The writer has more than once used, with good results, remedies chosen in a potency and prescribed for the very condition caused by the drugs upon the respiratory and other centres in the medulla or, in one instance, Chloral hydrate in the 30th for a condition of lowered tone in the heart and vessels with lowered blood-pressure.*

Even of greater importance is it to become more intimately acquainted with the characteristic symptomatology of our own older and well-tried remedies, for these are of positive and permanent value. Pathological theories may and do change, explanations now offered by physiologists and pharmacologists for the action of drugs may soon be ruthlessly swept away, the bacillus may yet be shown to be a scavenger rather than a destroyer, the consequence rather than the cause of disease, and indeed this has been already more than hinted, but a positive characteristic symptom produced in a proving of a drug made according to the method of Hahnemann will remain of the same value as long as men are fashioned as they are at present, and as long as words hold the meaning we now attach to them.

The introduction of new remedies and the dissemination of a better knowledge of our older ones is the chief mission of the RECORDER. In addition to this, it is our purpose to make this journal of living interest in all departments of medicine, so that it shall be a welcome, valued visitor to every physician.

HOMŒOPATHIC THERAPEUTICS.

Pleurisy, Peritonitis, and Pericarditis Produced by Cantharides.—*By Dr. Marc Jousset.*—French homœopaths use Cantharides in the treatment of pleurisy when effusion is established, having been led to this practice by the success of blisters in this malady; the success being due apparently to the absorption by the skin of a certain quantity of the remedy.

The pathogenesis of this remedy furnishes in favor of their practice only the following symptoms caused by it in the healthy:

“Frequent attacks of slight cough, dry and tickling.” “Dyspnœa with labored and rapid respiration; sensation of burning with lancinating pains frequently recurring in the chest, at times on the right, at others on the left side.” (P. Jousset.)

Hughes cites the experience of Dr. Juman, who, by the application of blisters on the thorax and abdomen of dogs and rabbits, has produced “redness and inflammation of the pleuræ and peritoneum, distinctly

* *Pharmacology and Therapeutics.* By T. Lauder Brunton, M.D. Macmillan, 1880.

visible on those portions corresponding to the cutaneous surfaces acted on by the vesicant."

We have found a case of poisoning by *Meloe proscarabens*, a species allied to the cantharis, and having the same active principle (cantharidine), which goes to show that this poison produces pleurisy, peritonitis, and pericarditis, and consequently when pleurisy is cured by cantharis given internally it does so according to the law of similars, and that when it is cured by blisters homœopathy is really employed, although unconsciously. The case is as follows:

A farmer, aged thirty-six, suffering from chronic suppurative osteitis of the humerus, received from a charlatan for the supposed gouty pains a powder, which he took at one dose, in beer, May 25th, 1875. During the day he was seized with nausea, vomiting, lumbar pains, and afterwards with colic; towards evening there was considerable looseness of the bowels, and during the night profuse sweats, with exacerbation of the pains and vesical and rectal tenesmus. Weakness became rapidly extreme, and death occurred early on the morning of the 26th. At the autopsy was found greenish coloration of the abdomen, with post-mortem ecchymoses on the back; upon the cheek and ear of the left side were dusky spots as large as a pea, with the consistence of leather to touch and on section. The genital organs were without morbid appearances. The stomach was found dilated by gas, and contained 150 grams of a grayish-brown, fetid liquid, in which were present small, hard, yellow masses; in the pyloric cavity was bright inflammatory redness; elsewhere the mucous membrane was unaffected, but the vessels were greatly injected. There were redness and tumefaction of the duodenum and of the neighboring portion of the jejunum, but no ulceration; vivid injection of the mesenteric vessels.

Within the peritoneum was an effusion of a sero-sanguinolent fluid amounting to about 150 grams.

The great venous trunks were found filled with dark but liquid blood; the arteries were empty; kidneys congested; bladder empty and normal; the vessels of its neck were engorged with blood. In the pleural cavities there were almost 100 grams of sanguinolent serosity, with some cretaceous deposits at the apices. Within the pericardium was a brownish serosity to the amount of 90 grams. The vessels of the brain were filled with a dark-colored fluid blood; a slight amount of serosity within the two ventricles. The small bodies found in the stomach and on the coats of the intestines were made up in great part of brilliant scales of a blue color from the elytra of a coleopterous insect of the genus *meloe*, the species being very probably *M. proscarabens*.

Death having occurred very soon after taking the drug, we regard as of the highest importance the lesions found in the pleuræ and peritoneum, which would be probably more complete in case the toxic action was less rapid.—*L'Art Médicale*.

Some Indications for Treatment of Locomotor Ataxia.—*By Dr. V. Léon Simon.*—The predominant symptoms of this disease are the lightning-like pains, chiefly in the earlier stages, genital excitement followed by impotence, the characteristic gait and partial paralyses frequently involving the bladder and the eyes. We admit that we have rarely had any marked effects from treatment and never permanent ones, and believe that our fellow-practitioners have not been more fortunate. There are, however, many remedies in whose pathogeneses some of the characteristic traits of this malady are reproduced, and we will be pleased if those attacked by the disorder can be benefited by the indications given in the present paper.

I. The lightning-like pains, which are very frequently the initial symptom of the malady, are caused by many remedies, especially *Angustura*, *Baryta carbonica*, *Æsculus hippocastanum*.

Baryta appears to be indicated solely in the beginning, when as yet there exists no paralysis. In its pathogenesis are two symptoms which recall the fulgurant pains of medullary sclerosis. "In the right knee, a rapid momentary pain, like cutting with a knife, which makes the leg lame;" "when standing he felt a blow in the thigh above the right knee, so violent that he believed he would fall forward;" and if we add the twitchings in the right calf, the genital excitation so common in the beginning of affections of the cord, and the disorders of vision, there will be an *ensemble* of symptoms which will turn our thoughts to this remedy while the malady is as yet not positively evident.

Angustura may be chosen when the muscular twitchings and the partial paralyses are associated with the fulgurant pains. It is the remedy indicated in the spasmodic form of locomotor ataxia.

Æsculus is indicated when the malady is well advanced. Our American *confrères* use it frequently in this disease, and indeed it causes most of the symptoms, mental, ocular, vesical, and lumbar, which are commonly observed in tabetics. It produces also the fulgurant pains and paralysis of the lower limbs.

Belladonna is likewise advised by Jousset as a remedy in the initial period. Besides the characteristic pains it covers the disordered gait and the paralysis of the motor oculi.

II. There is hardly a remedy which corresponds in all particulars to the gait of ataxics. However, we have found under *Ignatia* one symptom which represents it sufficiently well: "he was unable to walk, but was obliged to remain sitting, because when walking the knee was involuntarily drawn upward."

The loss of the muscular sense, which is the cause of the ataxia of movement and of the impossibility to remain standing with the eyes closed, are found in the symptoms of *Helleborus niger*, warmly recommended by Jousset. The chief indications for this remedy are ataxia of movement, twitchings, tearing pains in the limbs, sudden relaxation of

certain muscles, movements cannot be properly made unless the attention is fixed on them, staggering gait, want of firmness in the legs, bending of the knees, he lets fall an object held in the hand, vesical tenesmus, impotence with flaccidity of the penis, hypochondriasis.

Alumina may be used, as it answers to the impossibility to walk with the eyes closed (Hering), as well as to a large number of painful and paralytic symptoms of the lower extremities.

Tarentula, which produces spasmodic contractions and incoördinated action of muscles, corresponds in a vague manner to ataxy, and may be indicated in certain cases. However, we believe it to be more appropriate to chorea than to tabes.

III. The partial paralyses which occur as accidents or complications of posterior spinal sclerosis do not form an essential part of the malady; they are frequently absent and often vary in different individuals. Since the posterior columns are most affected, paralysis is observed more in the sensory than in the motor nerves. Besides it is the perversion or abolition of sensations which determines the difficulty in movement and the loss of the reflexes. The remedies which correspond to these diverse manifestations are many; to the paralytic complications in the limbs the following, in addition to those already given, are indicated:

Acidum phosphoricum.—Formication, heaviness of the lower limbs, numbness of the extremities. Spasms of the chest and of the diaphragm.

Elaps corallinus.—Spasmodic twitchings, muscular contractions, numbness of the extremities.

To the eye complications correspond: Argentum nitricum, Phosphorus and Tabacum.

To paralysis of the bladder: Zincum metallicum and Zincum sulphuricum.

To the symptoms of the genital organs: Kali bromatum and Phosphorus. With these latter we can class Gelsemium, recommended by Burt and McClatchey, and they extol it especially in hysterical women and the subjects of onanism.

Arsenic does not answer precisely to paralysis of the limbs but to this sensation frequently experienced by persons in whom the cord is diseased; "sensation as if ants were running along the spinal column."

IV. These are the remedies which seem to us to best correspond to lesions of sensation and of function most commonly observed in locomotor ataxia, but there are some which are of special importance because they have a marked action on the spinal cord. We have already spoken of *Æsculus* and will now make special mention of Phosphorus. Phosphorus presents in its pathogenesis all the functional symptoms of the cord, and it is the remedy which has always best responded to our expectations in their treatment. It answers to the lancinating pains, to the sensations of tension and torsion of the limbs, to the jerkings, to spasms, to the partial paralyses, to the genital excitement followed by impotence, to

amanosis, to affections of the senses, to atrophies, to fatty degeneration. It is least suitable in the last stage when the cerebral hemispheres are attacked.

After Phosphorus comes *Argentum nitricum* which we have already named. Its pathogenesis presents the following symptoms: "vertigo as if he turned in a circle, forcing him to squat lest he should fall; momentary blindness; choreiform movements of the extremities; limbs retracted towards the abdomen; instability of the limbs; vacillating gait." It is a remedy strongly recommended by our American *confrères* and which the allopathic school frequently employs. The homœopaths who have used it hitherto seem to have prescribed generally the lowest dilutions.

Finally there are two remedies, as yet too little studied, which, however, have already produced some results.

Acidum picricum is greatly vaunted by R. Valentine, who cites a case of cure obtained by this remedy (*vide Bibliothèque Homœopathique*, 1881-82). We, however, have not found in its pathogenesis any symptoms characteristic of sclerosis, and it needs then to be studied anew.

Lathyrus cicera, concerning which Dr. Leboucher and M. Blanc have recently published an interesting work, merits careful experimentation. Richard Hughes has said much of good in regard to it, and Dr. Althaus in a lecture on spinal sclerosis spoke of it at some length. This plant produces many symptoms referable to the medulla; weakness and trembling of the limbs, followed by a sort of stupefaction; later, almost total loss of power in the extremities. Pigs, as a result of eating it, drag their feet after them. This description, indeed, bears a relation to myelitis and to what has been formerly described as paraplegia, but it must not be forgotten that the *Lathyrus* acts also on the pneumogastric nerve since it produces wheezing respiration and suffocation. It is probable that when it shall have been more fully studied it will be found to act energetically upon other important nerves. In any event what we now know will suffice to demonstrate that we ought to think of this remedy when we have to treat tabes.

There remains another remedy, *Plumbum*, which corresponds in a high degree to a special form, disseminated sclerosis. It produces the anatomical lesions of this malady, the tremor, the paralysis and the muscular atrophies, and thus it is a very important medicine.

Mercurius solubilis ought also to be tried in disseminated sclerosis as well as in paralysis agitans, since it has among its effects: "impossibility to let the arm lie for any length of time in the same position, tremor and involuntary movements of the muscles." It ought to be thought of especially when there is any suspicion of a syphilitic origin to the malady.

Some physicians advise Alcohol, by reason undoubtedly of the tremor of alcoholism. It is a dangerous remedy, and it will not do to trust to its efficacy.

Gelsemium in Professional Neuroses.—In the *Monthly Homœopathic Review*, August, 1885, Dr. J. Galley Blackley contributes an article on this subject. He mentions a case previously reported by Dr. Hertzka, in *Centralblatt*, 1875, in which the patient, a pianist, had suffered from lassitude, wandering pains and weakness of both arms, more especially the right, the symptoms being so severe as to prevent his following his occupation for the last two years. Cold water and galvanism to the spine had afforded him only very slight relief. The patient was put upon Gelsemium, eight drops three times a day, and the symptoms rapidly vanished.

Dr. Blackley, after quoting the symptoms of the drug, as given in Allen's *Encyclopedia*, states the results obtained by Berger in experiments upon animals, and summarizes the views of Ringer and Murrel as to the action of the drug, and concludes this portion of his paper by showing the resemblance between the presumed *modus operandi* of Gelsemium and the modern views on the pathology of writers' cramp, which last, he says, may be formulated as follows:

1. Overwork of certain groups of muscles, usually acting quasi-automatically.
2. Hyperæmia, with excitement of nerve-centres, exalted function, spasm, neuralgic pains, tremors.
3. Passive congestion of nerve-centres, impaired function, motor paralysis.

He gives at length two cases, of which the following is a condensation:

CASE 1.—Dr. H——, organist and composer, æt. 60, of bilio-sanguine temperament, slight build, and highly-strung nervous organization, consulted Dr. B. in the spring of 1879 for a troublesome cramp of both hands and one foot, coming on while practicing the organ or piano. The first attack had come on six years previously, when he was run down from mental anxiety and overwork, at which time, there was chronic catarrhal dyspepsia and inability to sleep. As his general health improved, the attacks of cramp, which occurred four or five times a week when practicing, and in the right hand when writing, gradually ceased, and he was well for more than three years.

In 1879, a favorite daughter being seriously ill, and he himself being as before overworked, he was again subject to the cramps, the special symptoms being as follows: "Within ten or fifteen minutes after sitting down to the instrument some feeling of pain and stiffness manifests itself in the flexor muscles of the forearms, and gradually spreads to the fingers, and whilst evident at first only in florid passages, increases so much as to impair the execution of even the simplest compositions. The right hand suffers most, then the left, and frequently during pedalling, where the left foot should be crossed over the right, this movement becomes almost impracticable." The attacks recurred four or five times a

week. Merc. sol. was given for a week or ten days for the gastric trouble, and then he received Gels. 3x, one drop three times a day. The frequency and duration of the cramps gradually diminished, and in ten weeks had ceased altogether. One or two slight relapses occurring since were relieved by a renewal of the old prescription.

CASE 2.—Mr. X——, æt. 35, professional flute-player, of small physique and bilious temperament; complained October, 1884, of stiffness and cramp in the middle fingers of both hands when fingering. The symptom had been noticeable for four years past, and had increased somewhat of late. He had had a chancre ten years before, followed by secondary manifestations, but had no trouble from it since.

The stiffness and cramp of the middle fingers were accompanied by the sensation of swelling, and by a deep-seated dull pain down the centre of each forearm over the median nerve, which was somewhat sensitive to pressure. Cutaneous sensibility was unimpaired, the superficial muscles of the forearm and hand responded freely to electric stimuli; reflex irritability was apparently unaltered, and no tremors were apparent in any of the muscles even after continued effort. Patellar reflex and ankle-clonus were normal; gait normal.

The cramps were constantly present, with varying degrees of severity, but were always worse during the winter, and after long practicing of florid passages.

Gels. 1x, one drop three times a day, was ordered, with liberal diet and rest. Within a week, slight improvement was observed; it was very marked in three weeks, and in eight weeks he declared himself well. After six months he still continued well, with one very slight relapse relieved by the medicine.

Naphthalin in Gonorrhœa.—Dr. W. Albert Haupt, of Chemnitz, reports in *Allgem. Homöop. Zeit.*, Oct. 20th and 27th, 1885, an interesting account of a case of chronic gonorrhœa cured accidentally by Naphthalin.

The homœopathicity of the drug to the disease in question is shadowed forth, if not made evident, by the occurrence of symptoms of urethritis of a high grade, as given in an extract which we present in another column.

Dr. Haupt's communication is much too long for our pages, and we give a condensation: "In the beginning of January, 1880, a relative of mine asked me to cure him of gonorrhœa as quickly as I had done in the case of his brother, whom I had relieved of this trouble in three days with Nitric acid 2, after he had been treated unsuccessfully for five months by allopathic measures."

The patient, then 27 years old, is of light complexion, powerfully built, but of decidedly scrofulous habit. As a child he had had measles, whooping-cough, and scarlet fever, and after the latter he suffered for a long time with otorrhœa, and besides, he had an eruption on the face and

head, as well as swellings of the glands of the neck. In his 19th year he acquired for the first time a gonorrhœa, and in the next six years two other attacks, all three disappearing under allopathic treatment. In the spring of 1879 he got a soft chancre, which disappeared in 14 days under the local applications of silver nitrate. Evidently venereal manifestations remained. In July of the same year, while in Paris, he was again infected by gonorrhœa, which from the beginning must have been of a torpid nature, for the pain when urinating and during erection was but slight, while the discharge was profuse.

He was recommended by a friend to use matico capsules and matico injections. After he had done so for some days, there appeared an eczema, itching and burning so violently as to deprive him of his rest at night, first on the face and hands, and then over the whole body, as it had been once before from taking copaiva (the capsules contained probably a mixture of matico and copaiva). He ceased the treatment. On his return to Germany he went under the care of an old experienced allopath, and during three months received various remedies besides five different injections. Getting no better, he consulted a homœopathist, and he received Merc. sol. 3, Hepar sulph. 3, Thuja 6, and Sulphur 6 at varying intervals, with injections towards the last of the treatment. He now came to Dr. H. Examination of the penis showed a slight swelling and redness of the orifice of the urethra, with some sensitiveness on pressure in the region of the *fossa navicularis*. Upon gently pressing the member from its root forward, at the meatus a drop, yellowish-white in color, appeared, which, upon microscopical examination, showed a large amount of epithelial cells, pus-corpuscles, and gonococci. Enlargement of the inguinal glands was not observable. With considerable confidence Dr. H. prescribed Nitric acid 2, but without avail; in eight days he changed to Phos. 5, and subsequently Natr. mur. 6, Caps. 3, Nux vom. 3, Petrol., Hydrast. 3, Cannab. 6, and even Jenichen's high potencies of Sulph. and Thuja were given. Thereafter, at the patient's request, Dr. H. used an injection of Hungarian red wine, diluted with half and later with one-fourth of warm water, and finally he employed Schüssler's remedies, Ferr. phos., Kali. sulph., and Kali. phos., internally and as an injection,—all without result.

After four months' treatment under homœopathy, the patient went to Berlin to consult a celebrated specialist, who employed daily for a month medicated bougies, but without effect; he then ceased all treatment for two months, when he consulted a specialist in Vienna, whose efforts were no more successful than were his predecessors'.

The patient was attacked later with rheumatism in the back and left shoulder, and after the pains were relieved by the allopathic attendant, the old treatment was revived (cubebæ, etc., with astringent solutions as injection). In May, 1881, the patient, being in Paris, consulted Ricord, who prescribed tannic acid, internally and as an injection. Four weeks

of this treatment produced no result. In the spring of 1882 he had consulted a celebrated professor in Vienna, who, in spite of the patient's protestations, prescribed copaiva and injections of silver nitrate; the copaiva produced the same tormenting eruption as it did before. The patient now made up his mind to do nothing more.

Some time after, the patient's mother was cured by Dr. Haupt of a troublesome cough, which had resisted the efforts of the allopathic family physician, and very soon the patient himself applied for relief of a cough. Percussion gave no deciding indication, and on auscultation only coarse mucous rales were heard. While the doctor was hesitating between Tart. emet. and Ipecac., the patient was seized with a fit of coughing so like whooping-cough in character, that the doctor gave at once Naphthalin in the 3d decimal trituration, three times a day, the dose being a portion as large as a pea. The doctor naturally inquired about the old gonorrhœa, and was informed that the patient was not troubled very much, but that after any slight excess in drinking beer or white wine, and after coitus, frequent urging to urinate, with increase of the discharge, with some burning on urinating, would occur, together with increased redness of the lips of the meatus; these exacerbation-symptoms would pass away in from eight to fourteen days. The ordinary condition is that the lips of the urethra are glued together in the morning, and on pressure a drop of whitish fluid appears at the orifice.

Eight days after this consultation the patient returned to Dr. Haupt, stating that his gonorrhœa was cured, and he reported that after the 9th dose of Naphthalin 3, that is, on the fourth morning of treatment, the orifice of the urethra was not glued up, and that only after careful pressure could any discharge be brought out, and that was watery and colorless. The remedy was continued twice a day, and in a week the patient was well, no trace of the trouble remaining, and, up to the date of Dr. Haupt's communication, this case of gonorrhœa, cured purely by accident, has remained cured.

Stibium (Antimonium) Arsenicosum.—*By Dr. Mattes.*—Among the remedies which as yet await especial appreciation, Stibium arsenicosum is to be considered. It appears to be too little used hitherto by homœopathic physicians. The only homœopaths who have recognized its value are Fischer and Haarer, and to the latter I am indebted for a knowledge of the remedy.

Haarer says: "Stibium arsenicosum acts only upon the left side of the chest, upon the heart and left lung, in pericarditis, in left-sided pleurisy; in recent and old exudations; in desperate cases of left-sided pneumonia. Even in the stage of asphyxia it acts quickly and surely, but upon the right side of the chest it is without efficacy."

I have been using Stibium arsenicosum for a year, and have confirmed the indications given in general by Haarer, and also in one brilliant

cure, I saw that the remedy had a remarkable action on the right side, as under its use an old pleuritic exudation of the right side quickly disappeared.

Besides, I have seen, in catarrhal pneumonias of children where remedies were unavailing, rapid improvement and cure result from its use although in two cases the pneumonia was right-sided and of the most severe type.

CASE 1.—A sexton, aged 68. He had been already sick for three weeks with a catarrhal fever and was under the care of the village physician. I found the patient with a pale, drawn face, wasted away, lying in the dorsal position and suffering from great dyspnœa. He complained of considerable headache, stitching pains in the splenic region, dry tormenting cough and sleeplessness.

His fever was tolerably high, with sweating; pulse, 120–130, left-sided pleuritic exudation; percussion dullness reached in front up to the third rib, behind to two fingers' breadth above the lower angle of the scapula. On auscultation the inspiratory sounds were hardly audible. There was no friction sound, while in the upper portion of the lungs there was dry catarrh. The heart was displaced. The exudation-process had ceased. I gave Aconite and Bryonia for eight days. The headache abated, as did the fever and the cough in some degree; the exudation, however, remained unchanged.

I now gave Stibium arsenicosum, 1x trituration, 5 centigrams [$\frac{1}{3}$ grain] *pro die*, and in eight days the exudation had diminished one-half. The patient breathed much easier. The fever appeared only in the evening, and in eight more days under Stibium arsenicosum not a trace of the exudation remained. His general state improved visibly, and there was left only some weakness which his age would explain.

CASE 2 was a woman, aged 40, who had been seized eight weeks before by an acute pleurisy and had been under allopathic treatment. In addition to high fever, violent cough, and dyspnœa, there was great emaciation.

Physical examination gave absolute flatness on percussion, extending up to the spine of the scapula behind and to the second rib in front, with absence of respiratory sounds below those limits. In the upper part of the right lung was a bronchial catarrh. Under treatment the patient was considerably improved within ten days, and under Sulphur the exudation materially lessened, but a sudden increase of dyspnœa and fever, with violent stitching pains in the splenic region, alarmed Dr. M., and Stibium arsenicosum was prescribed, .05 gram [$\frac{1}{3}$ grain] *pro die*. In seven days the exudation had disappeared, the temperature was normal, and complete recovery soon followed.

CASE 3 was one of pericarditis with effusion, which disappeared in eight days under the use of Stib. arsenicos. 1x.

CASE 4.—A severe catarrhal pneumonia following measles, which had

been treated some time allopathically. The child, aged 4, lay in a soporose state with half-closed eyes, suffering extreme dyspnœa; the face and mucous membranes cyanotic; respiration and pulse hard to count; the skin hot and sweating, especially on the head; temperature 104°. There was great thirst; little appetite.

On physical examination were found in both lungs, but more in the right, numerous coarse mucous râles, with bronchial breathing in the lower portions laterally and behind. The lower right lung in the axillary line gave flatness on percussion for a space three fingers in breadth. In both lungs, below and behind, were small condensations and some serous infiltration. After treatment for three days with Phos. 3, Tart. emet. 3, and Carbo. veg. 30, without effect, Stibium arsenicosum 1x, 3 milligrams ($\frac{1}{2}$ grain) in twelve hours, was prescribed. In three hours marked improvement was noticeable, and in eight days the child was well. Dr. Mattes continues: "After this case I had many opportunities of curing the most severe catarrhal pneumonias. . . . Since I have begun the use of this remedy I have not lost a case of this disease. . . . I may observe that the preparation is not always to be had pure."—*Allg. Hom. Zeit.*, condensed from Nos. 2, 5, and 8, 1885.

Baryta Muriatica in Aneurism.—Under this title, Dr. W. H. Howitt, of Ontario, in a paper read before the Toronto Homœopathic Medical Society, reports a case of aneurism in a patient aged 45, who had been under allopathic treatment for two years. The diagnosis had been concurred in by three allopathic physicians, and the treatment had been Iodide of potassium, with restricted diet, and perfect rest in the recumbent posture, for two continuous periods of six months each.

Growing worse, the patient, in desperation, tried homœopathy.

Dr. Howitt gives the symptoms in detail. He prescribed Baryta mur. 9th trituration, and enjoined the recumbent posture, with some care in diet. This treatment was continued for six months, except that at intervals of about five weeks, the remedy was dropped for several days, and a few doses of Sulphur, 6th, given as an intercurrent.

Improvement was noticed from the first. The tumor gradually decreased in size. The *bruit* became less and less distinct. The thoracic pain was, in a few days, relieved, and eventually disappeared altogether, and the area of pulsation, by degrees, grew smaller, and at length became indistinguishable. About the third month, an attack of bronchitis ensued, but without permanent disadvantage to the patient. At the end of six months, the patient was allowed to get up, as the symptoms were all gone except a slight murmur. Five months later, there had been no return of the symptoms.—From *Monthly Homœopathic Review*, November, 1885.

NEW REMEDIES.

Sizygium Jambolanum—A New Remedy for Diabetes.—This is a new remedy that has lately come into use for the cure of that *opprobrium medicorum*, DIABETES MELLITUS. Annexed, we give what we could learn of interest concerning this remedy.

“The fruit of *Sizygium jambolanum*, an East Indian plant, belonging to the natural order of Myrtaceæ, has recently been somewhat in demand on the Continent for use in treatment of diabetes. M. Banatvala has found, in three cases in which he has tried it, that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. The results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part.” From *Homœopathic World*, February, 1885.

A similar notice of the drug appeared in the *British Journal of Homœopathy*, xli., p. 275, taken from the *Medical Record* of February, 1883.

“Soon after the appearance of the original notice a case of diabetes which I had under treatment, and which had hitherto been doing pretty well under the ordinary homœopathic treatment and a moderately strict diet, seemed no longer to make any improvement. The patient, becoming anxious, left me for a medical man who has a special reputation for diabetes. This practitioner put the patient under a very strict diabetic diet, and gave for medicine codeine in considerable doses. This did very well for some time, but gradually the codeine seemed to lose its power, and the strict diet became very irksome. The patient, a gentleman aged 64, returned under my care. I examined the urine and found a reduced quantity of sugar in it, but still some. On leaving off the codeine and stringent diet, the sugar immediately reappeared in considerable quantity. I had in the meantime procured from India a quantity of the *Sizygium* seeds or fruit, and as he was very anxious to try it, I gave him two or three doses daily of the 1x dilution, which I prepared myself. Under this treatment the quantity of the sugar diminished considerably, and, even though I allowed considerable liberties in diet, the sugar still continued to diminish, until scarcely a trace could be discovered by boiling with potash, and its specific gravity fell down to 1017. The daily and nightly quantity of the urine passed also fell very considerably. The case has other features which make it a very interesting one, but I need not dwell on these at present, as it is still under treatment. I only wished to show that *Sizygium jambolanum* has an undoubted power on the glycogenic function, and to recommend it to others for trial in obstinate cases of diabetes.

“The fruit is brownish-black in color, of a French bean shape, but

rounder, about half an inch in length and one-sixth of an inch in breadth. It is extremely hard, almost as hard as *Nux vom.*, but can be pounded in a mortar to a fine yellow-colored powder, in which state it may be used either for tincture or trituration. . . . I did not observe that it caused any disagreeable or pathogenetic effects on my patients when given in the doses I have indicated."—Dr. Dudgeon, in the *Homœopathic World*, May, 1885.

In this country, Dr. Burt, of Chicago, tried it in a case of two and a half years' standing, with remarkable success, the sugar disappearing within less than a week after taking the remedy.—Reported in the *Clinique*, June, 1885.

Antipyrin.—The frequency of the reports in allopathic journals of clinical experiences with this remedy as an antipyretic is remarkable, and the following extracts are made with a view of giving to our readers a fair *résumé* of the results obtained, whether they were favorable or otherwise to the assumed reputation of the remedy as a controller of high temperature in disease.

Antipyrin is a synthetically prepared alkaloid, a derivative of Chinolin, prepared by Dr. Knorr, of Erlangen. It is a white or slightly yellowish crystalline powder, soluble in five parts of cold or three parts of warm water; it has a bitter taste, which can, however, be easily disguised with a little sherry or milk.

Dr. J. Holland, of St. Moritz, Switzerland, sends to the *Practitioner* a report of a series of cases, in which he used Antipyrin. In some prefatory remarks, he states that he has been forcibly struck by repeatedly observing the readiness with which the temperature of consumptives will rise from trivial causes. "A little exertion, a political discussion, an attack of indigestion, a slight fall on the ice which has caused neither pain nor apparent injury, an attack of toothache—any of these things, which to a person in health might mean nothing, often tend in the sensitive phthisical patient to start a degree of fever, which it is frequently difficult to suppress. Should the pyrexia continue for two or three days, we are almost certain to discover signs in the lungs of some fresh mischief; perhaps a little softening is detected over an area that had begun to dry up, or crepitation manifests itself in a part of the affected lung, where, after careful examination, it had not been noticed before."

"This fever, then, is the first and earliest symptom of lung change, and must, in my opinion, be immediately attacked. Besides rest, even to the extent of confining one's patient to bed, and careful dieting, one must have recourse to medicinal remedies. I have generally found the following useful, although sometimes one and all have been extremely disappointing: quinine, the various preparations of salicin, digitalis, aconite, kairin, and Warburg's tincture are the principal drugs I have employed, and I find they are more efficient when given in some effervescing form.

For the last eight months, I have been using 'antipyrin,' and certainly in my hands it has been more successful than all the other drugs put together. As my experience of the action of the remedy has been mostly in the pyrexia of phthisis, I wish to speak of it particularly with reference to its effect in this disease."

CASE 1.—A lady had been spitting blood, had a cavity in the left apex, with extensive softening around it, with a limited area of softening in right apex, with particularly troublesome cough and a remarkably persistent fever for which she had taken, during the previous two months, quinine without effect. Morphia and digitalis were now prescribed, but no change was effected, the night temperature being nearly 103° . On the next day, salicylate of sodium was given three times in 15-grain doses, but the temperature on the night following was higher, $103\frac{3}{4}^{\circ}$. The doctor then prescribed Antipyrin, 20 grains every three hours. The first dose was taken at 6 P.M., and in less than an hour the patient was more comfortable and less feverish; temperature, $101\frac{3}{4}^{\circ}$. At 9 P.M., just before taking the second powder, it was exactly 101° , and at 11.15, $100\frac{3}{4}^{\circ}$. Next morning, at 10 o'clock, temperature barely 99° ; at 3 P.M., it had risen to $100\frac{2}{3}^{\circ}$; the patient described herself as being very comfortable. No alteration of the physical signs could be observed, no increased expectoration nor anything else to account for the fall in temperature, except the action of the drug. Antipyrin was continued. On the seventh day, she had a normal temperature, as it also was on the eighth and ninth days. The remedy was continued twice a day for four days longer, and once daily for about a week afterward. During this period she had only an occasional elevation of temperature, the highest registered being 100° . Her cough improved, the expectoration became less, and she was able to take carriage exercise. In a month from the time when first seen, she had gained three pounds in weight, the expectoration had become markedly less, and she only coughed in the mornings. The physical signs had improved in proportion, for the softening at the right apex had cleared up, and had conspicuously diminished around the cavity at the left side; the cavity itself showed signs of healing, and freer breathing was heard all over the left lung.

CASE 2.—"A gentleman, æt. 34, was caught in a mist when coming down a mountain, lost his way for some time, got chilled, and was laid up with an acute attack of rheumatism. He had had rheumatic fever when 19, and been subject to subacute attacks ever since; so much so that he never travelled now without some powders of salicin (20 grains in each). I saw him the day after his misadventure; he had taken four of the powders, but they had done him no good. Temperature was 103° , and the pain in the joints was so great that I at once administered a hypodermic injection of morphia; moreover, I ordered 20 grains of Antipyrin every two hours, and a brisk saline purgative. Saw him five hours afterwards; his temperature was $101\frac{3}{4}^{\circ}$, the pain had considerably

diminished, the bowels had acted, and he felt better. I told him to take one of the Antipyrin powders every five hours only, unless the temperature showed a disposition to rise, when he might take a dose every three or four hours. I also advised a small dose of morphia, in case of much pain or sleeplessness. The next day his report was:

“ ‘Became restless after you left, owing to pain; temperature increased to $102\frac{2}{3}^{\circ}$, so I took another powder and a dose of morphia mixture, and slept for four hours. On awaking, temperature was 101° , the pain was diminished, and so was the thirst; took another powder, and had some more sleep at intervals. At 10 A.M., temperature was barely 100° ; made a fair breakfast, and took another powder.’ When I saw the patient at 11.30 A.M., temperature was $99\frac{2}{3}^{\circ}$, pulse 82, and he suffered no pain to speak of. I advised him to continue the Antipyrin, every four or five hours, and remain in bed. Next day, temperature was normal, the pain had disappeared, and from that time out the patient continued to have no bad symptoms, this favorable result being due, no doubt, to his taking one or two doses of the Antipyrin daily for some little time.”

CASE 4.—Acute tonsillitis; when first seen temp. was $102\frac{2}{3}^{\circ}$, and the patient was taking a mixture of quinine with guaiac. On the next day, temp. $103\frac{1}{8}^{\circ}$, and then Antipyrin was prescribed, 20 grains every three hours. In the evening, after two doses of the drug had been taken, temp. was only $100\frac{1}{2}^{\circ}$, but as the patient complained of sickness and vomiting, it was thought best to discontinue Antipyrin and substitute salicylate of sodium in 15-grain doses. On the next day the suppurating tonsil was opened, and a speedy cure followed.

CASE 11.—A lady who had spent fifteen years in India; her whole system was saturated with malaria; she was extremely anæmic; the paroxysms of fever were worse at St. Moritz than elsewhere, and Antipyrin utterly failed.

CASE 12.—A case of chronic phthisis, with a tendency to some degree of pyrexia, on some occasions the temperature being 102° . The patient had been accustomed to watch his temperature, and to take quinine and various other drugs when it was high. Antipyrin was prescribed, in fifteen-grain doses, and his report of the effect of the drug was as follows: “If certain sensations arise, which I know from experience to denote an approaching attack of fever, I immediately take one of the Antipyrin powders. Generally, within an hour or so, I feel much more comfortable, and if I use the thermometer my temperature is almost invariably normal, or at most one-fifth or two-fifths above. Neither quinine, nor any other drug that I have taken, has had such a soothing or beneficial effect upon me.” Since this remedy has been freely employed, the patient has been steadily improving, and for the last two months he has had scarcely any rise of temperature, and has not been using the drug. Dr. Holland adds: “I have administered

Antipyrin in other cases with great benefit. In conclusion, I can only say of Antipyrin that, in cases of chronic fever such as we have to deal with in consumption, it has no rival. Lately, in one of the medical journals, there was an account given of a case of poisoning by this drug after thirty grains had been given, and, if my memory serves me right, fifteen grains more after a short interval. Beyond the few symptoms of disturbance which I have related in my cases, and which were in no way serious, I believe fifteen or twenty grains may be given every four hours to adults without any fear of bad results."

Dr. K. Bettelheim, Vienna (*Med. Jahrb. d. K. K. Gesellsch. d. Ärzte in Wien*, 1885), has observed the rapid and constant effect of Antipyrin in causing a lowering of temperature in curable and incurable cases. He observed this action of the drug in puerperal fever, pneumonia, typhus, erysipelas, otitis, peritonitis, catarrhal fevers, mastitis, diphtheritis, multiple lymphomata developing with fever, and rheumatism. Disagreeable effects were seldom observed; they were usually transient, and produced only after long-continued medication. Vomiting, paræsthesia in hands and feet, itching in the nose, and decline of appetite, were noted more particularly. . . .

From experiments on the lower animals, he concludes that the lowering of temperature caused by Antipyrin is due to the dilatation of the skin bloodvessels. . . .

Maraglino's experiments (*Gazz. degli Osp.*, 1884, 72) lead to a similar conclusion. . . .—*Therap. Gazette*, November 15th, 1885.

Untoward Effects Produced by Antipyrin.—Strauss, of Barmen, published in the *Berlin. Klin. Wochenschrift* of August 31st, a case of serious results following upon the administration of Antipyrin.

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Before describing the case, Strauss mentions that in a Jena hospital the drug was used four times only, and that in two cases no antipyretic effect at all could be obtained, while in two others serious collapse ensued.

His own case was that of a typhoid fever patient, in the second week of hyperpyrexia. He gave Antipyrin in doses of 1 + 1 + 0.5 gram ($15 + 15 + 7\frac{1}{2}$ grs.), but as the temperature rose suddenly very high, he gave, following Filehne's instructions (the discoverer of Antipyrin), 2 + 2 + 1 gram ($30 + 30 + 15$ grs.). The consequences were of a most alarming nature, viz., collapse, subnormal temperature, small and intermitting pulse, irregular cardiac action, weak voice, and coldness of extremities. Besides these symptoms, Strauss noted a purpura-like eruption on the back and lower extremities of the patient, which, however, on the application of vinegar and water disappeared again.—*Therap. Gazette*, November 15th, 1885.

Naphthalin in Intestinal Affections.—Professor Rossbach has shown that Naphthalin possesses great advantages over other disinfectants in disinfecting the intestinal canal, since, by its slight absorbability, it remains mixed with the feces even to the termination of the intestinal tube. It is used in the purest form, as perfectly white crystals, and is administered in powder composed of five grams each of Naphthalin and white sugar, flavored with three centigrams of ess. bergamot—the mixture to be divided into twenty powders (containing each nearly four grains of Naphthalin). It may be administered as an enema, in a mucilaginous vehicle. The doses as above may be given, five in the day or even up to twenty, in cracker or unleavened bread.

The indications for its use are the presence of infectious organisms, or putrefying matters in the intestinal canal.

Rossbach has employed it with remarkable success in chronic intestinal catarrh of adults (.5 gram to 5 grams in twenty-four hours), and in infantile diarrhœa (.1 gram every two hours).

In typhoid fever, administered in sufficiently large doses from the beginning of the disease, it exercises a remarkable influence on the progress of the disease, by eliminating the morbid agent from the intestines, and by opposing the continuation of infection.

In tuberculous ulceration of the intestines, .5 gram to 3 grams of Naphthalin may be given every day.—*Revue Méd. de Louvain*.

An Objectionable After-effect of Naphthalin.—The peculiar effect of Naphthalin, even of the purest specimen, upon the urinary secretion has been noted repeatedly by various physicians.

Dr. Pick, of Coblenz, calls special attention to this objectionable feature in the *Deutsche Med. Woch.*, No. 10, 1885, as expressed by a frequent and inordinate desire to urinate, and violent burning sensations in the urethra after micturition. In a 2½ years' child, suffering from chronic intestinal catarrh, five daily doses of 0.25 gram of Naphthalin were administered. After the twelfth dose the catarrh itself was improved, but the following untoward symptoms appeared all at once: violent desire to urinate, reddening and tumefaction of the external urethral orifice and œdema of the prepuce. As soon as the Naphthalin was discontinued these unpleasant after-effects of the drug ceased instantly.

Dr. Pauli, of Lübeck, reports in the *Berl. Kl. Wochenschrift*, No. 10, 1885, similar evidences of untoward symptoms caused by this drug. He treated five children, all affected with chronic intestinal catarrh, with Naphthalin (0.1 to 0.3 gram every 3 hours), and found the drug, though very effective, if persisted in, against the disease, still to produce what he regarded as a constitutional intoxication. The face assumes a pale-yellowish hue; the children either grow restless or lie quietly as if stupefied by a narcotic.—*Therap. Gazette*, October 15th, 1885.

SELECTIONS OF GENERAL INTEREST.

Lactic Acid in Tuberculous Affections of the Larynx.—Prof. Mosetig-Moorhof, of Vienna, having employed Lactic acid in fungous caries, was encouraged, by the results obtained, to use the remedy as an application in other pathological states, particularly lupus and epithelioma. The effect produced in this class of affections was encouraging; the acid showed itself to possess the valuable property of destroying pathological tissues while not affecting the sound tissues surrounding or interposed, their epidermis being softened and readily detachable but the true skin remaining intact. This property gives the acid a great advantage over the caustics ordinarily employed which invade the sound skin at the same time with the diseased part.

The success of Mosetig induced Dr. H. Krause to use the same agent in tuberculosis of the larynx in a number of cases of diverse forms from infiltration or slight ulceration to deep ulceration in perichondritis with extreme œdema. Among these cases many treatments had been made unsuccessfully with ordinary applications, as iodized glycerine, boric acid, cocaine, etc. Dr. K. employed a 10 per cent. solution in the beginning, and as this was well borne he increased the strength of the solution to 25, 40, 50 and 80 per cent. and even used the pure acid. The strong solutions produced reactive symptoms lasting some hours, the application being made by a cotton or sponge holder. When examined afterward by the laryngoscope the redness and swelling were seen to be sensibly diminished, and where the stronger solutions had been employed a circular eschar was in most cases seen limiting the affected spot from the healthy tissues. After separation of the eschar a healthy sore remained; papillary excrescences diminished; the ulceration grew less and finally cicatrized; at the same time the dysphagia disappeared and the voice improved together with the subjective signs.—Condensed from *Bull. Gén. de Thérap.*, July 30th and October 30th, 1885.

A NEW method of treating lupus has recently been suggested by Professor C. Gerhardt, of Berlin, which may be said to be the direct outcome of the discovery of the bacillus of tubercle. Hitherto it has always been thought essential to use destructive measures in dealing with the disease, and whether by cauterization or by direct scraping out of the affected tissue the main object has always been the same. But of late years the presence of the tubercle bacillus in the lupoid patches has been constantly recognized, although in very small numbers. As many as twenty and thirty specimens have been examined by Professor Koch, before the bacilli have been seen. Taking this fact into consideration with the extremely slow progress of some cases of lupus, Professor Gerhardt is led to the belief that while the bacillus is at work as a principal factor in the disease, some other element must be present which prevents

the bacillus from spreading and multiplying with the rapidity which characterizes it elsewhere. He finds in the superficial situation of lupus and its consequent exposure to cold, the deterrent influence which hinders the spread of the micro-organism. Acting upon this view he has adopted a form of treatment whereby the influence of cold, by means of small ice-bags, can be constantly exercised upon the diseased surface, and he records some cases (*Deutsche Med. Wochens.*, No. 41) which would seem by their results to justify the line of treatment if not to prove the theory upon which it is founded. . . . —*Med. Times* (London), Nov. 7th, 1885.

The Bacillus Tuberculosis.—The *Brit. Med. Journal*, Nov. 21st, 1885, in answer to a request gives the following as the best method of detecting the bacillus tuberculosis in caseous nodules in the lung: "Harden in alcohol. Use Weigert-Ehrlich's solution: 100 parts saturated watery solution of Aniline, 11 parts saturated alcoholic solution of Fuchsin. Stain for 24 hours, wash for a few seconds in dilute Nitric acid (1 to 4). Wash in water; place in a strong solution of Methylene-blue for one hour; wash in water, alcohol, oil of cloves; and mount in Canada Balsam."

A New Hæmostatic.—Dr. Spaak, of Brussels, employs two parts of Chloroform to 200 parts of water as a hæmostatic in operations on the mouth and throat, and claims that the patients thus treated suffer but slight hæmorrhage. He also uses the chloroform water as a spray after excision of the tonsils. This chloroform water seems to close the open mouths of all small bloodvessels instantly.—*Med. Press*, Nov. 4th, 1885.

G. BIDIE, M.B., C.I.E., Deputy Surgeon-General, East Nook, Madras, sends to the *British Medical Journal* of November 28th, 1885, an account of a plant, *Pelargonium grossularioides*, the emanations from which, while agreeable in odor to most people, produce in others marked dyspnoea. This observation bears some relation to the effect observed by us in some cases of the powerful odor from many of the cultivated Geraniums, properly Pelargoniums, in causing a sense of dyspnoea. In such cases the sufferer found the odor extremely disagreeable as well.

Treatment of Hyperæmia of the Liver.—In this condition Dr. P. Jousset believes the remedies beyond all others to be Lachesis and Vipera torva. Those poisons are indicated by reason of the icterus and the hepatic pains which are produced as the result of the bite of these serpents, and clinical experience has shown the legitimacy of their employment. If Lachesis when given in a case seems to be without good result, Vipera is exhibited and amelioration is rapid under the influence of this treatment.—*L'Art Médicale*.

ECHOES FROM THE NEW YORK CLINICS.

At a clinic held recently in Bellevue Hospital the lecturer stated that typhoid fever has been treated for the past two years in his wards without any antipyretic remedies, small doses of Aconite being given in some simple mixture, and at times small doses of Opium which he regarded as a stimulant in such conditions. The patients are fed simply and solely on milk, and are sponged every few hours. Under such treatment he said the results were admirable and better than he had seen in private practice. He strongly condemned the use of quinine after the disease is evident, as he as well as other clinical professors found that the exhibition of this drug in typhoid is attended by danger, the readiness with which complications appeared under its action being admitted. The milk used at present is a dilution of good condensed milk with water until the sp. gr. is 1030, a sp. gr. of 1020 being found by experience to be too dilute. The slightest variation from the regimen laid down is followed by relapse. Quinine has often to be used in the beginning before the disease has plainly asserted its individuality, since the difficulty in diagnosing typhoid in the early stage from a malarial fever is well known, and the curative effect of quinine in the latter condition is accepted.

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At a gynæcological clinic recently the lecturer exhibited cases in which operative interference had been undertaken for the relief of ill health by removal of diseased tubes and ovaries, and he had shown in previous clinics cases in which the operation for lacerated cervix had been done. In all the cases mentioned the results had been, surgically considered, successful, for the patients made a good recovery from the operations, but—and this is the important point—the various conditions of ill health supposed to be dependent upon the local troubles and for which operation was advised were not relieved.

The lecturer further mentioned cases in which diseased tubes and ovaries had been present, and in which cures had resulted without operative interference, the patients in more than one instance having become pregnant and making a good recovery.

The lecturer stated further that while accuracy of diagnosis was of the highest importance, he felt that not enough use was made of therapeutic measures in attempting to cure gynæcological cases.

* * *

A PROFESSOR of gynæcology, well known as an advocate of hot water vaginal douches, after exhibiting a case of cystic degeneration of the ovary, warned his hearers against the use of hot water injections in such cases, for he considered that the development of a cystic ovary is hastened and favored by it.

A DISTINGUISHED surgical lecturer, when expatiating lately on the value of the endoscope, not only in diagnosing diseased conditions, but also in treating the urethra, referred somewhat scornfully to the practice of flooding the urethra in its whole length with injections in order to reach with a remedy a relatively small diseased portion of the canal. After showing his method of applying remedies through the endoscope to the exact spot requiring treatment, he turned to his audience and begged them not to view a diseased urethra as if it were the only thing to be attended to, as if the patient were simply an appendage to a urethra. He urged them in treating any organ, whether urethra, eye, ear, or throat, etc., to consider the patient as a whole and not to fail to elicit by examination and questioning every condition and symptom, no matter how trivial, which might have even a remote bearing on the more prominent affection.

* * *

It was publicly stated by a widely known neurologist at his clinic that during the present season there has been what may be called an epidemic of chorea, and that he had lately had a fatal case of this disease, an experience hitherto unrecorded. In the case alluded to, remedies were unavailing. Arsenic, bromides, chloral, belladonna, and hyoscyamia ($\frac{1}{100}$ grain doses) had been administered. The patient, a girl, died from asphyxia dependent on spasm of the muscles of respiration. As the lecturer is an allopath, his diagnosis—may not be questioned.

NEW PUBLICATIONS.

The Prescriber: A Dictionary of the New Therapeutics.

By John H. Clark, M.D. Edin., Ext. Mem. Roy. Soc. Edin.; Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the L. H. H. Medical School. London: Keene & Ashwell. New York: Boericke & Tafel. 1885. Pp. 187. 18mo. Cloth. Price, free by mail, \$1.25.

The author of this pocket book states that after seeing the power of remedies to cure according to the law of similia, he found difficulty in practicing the new system at once, since the works of Hahnemann and Hughes were not to be mastered in a week or a year. Other books there were in which, under the names of the various diseases, the names of the most appropriate medicines, with hints for their selection, were given; the hints were insufficient and often a list of remedies was given without any indications. In the absence of the last portion of the preface, by a binder's error in the copy before us, we are unable to give the further experience of the author, in his earlier efforts, and we suppose the present book to be the outcome of his own application and study of

the *Materia Medica*. Examination shows that it is not a mere rearranged copy of previous clinical manuals of homœopathic practice, and it bears evidence of careful study by the author in even remote corners of the domain of *Materia Medica*. We presume that the book is intended chiefly for those who are looking from the old school ranks for something better than their own scantily furnished armamentarium, and in this view the readiness with which the author recommends external applications may be condoned. As to the therapeutic portions a better idea may be given to our readers by some selections: In *acne simplex*, recent, in young persons, *Carbo veg.* 6 every six hours; if *plethoric*, *Belladonna* 3x every four hours; if *pale*, *Pulsatilla* 3x every four hours. More chronic, *Kali Brom.* 3x every four hours, and, further, *Sulphur* as an intercurrent. For *acne rosacea*, *Carbo an.* 3 or 6 every six hours. When connected with uterine derangement, *Hydrocotyle* 3x every six hours. With much redness and active irritation, *Rhus rad.* 3x or 6 every six hours. With blueness and tendency to chilblains, *Agaricus* 1 or 3 every four hours. Severe or inveterate cases, *Ars. iod.* 3x gr. ii, night and morning after food.

In *asthma* he prescribes during the paroxysm *Acid. hydrocy.* 3x, *Cupr. met.*, *Nux vom.*, *Acon.*, *Verat. vir.*, *Lobel.*, *Ipec.*, *Ant. tart.*—all low but with good indications. During the intervals he gives *Cupr. met.*, *Nux v.*, *Ars.*, *Sulph.*, according to the indications—all in the 3d. *Epilepsy*, recent, *Kali cyan.* 3, *Bell.* 1, *Cic. v.* 3, *Ænanth. croc.* 3, *Ign.* 1 or 3, *Stram.* 3, *Op.* 3, *Arg. nit.* 5. In chronic epilepsy, *Calc. c.* 6, and *Bell.* 3, *Sil.* 6, *Op.* 3, *Plumb.* 3 or 30, *Act. rac.* 1. We are greatly pleased at the absence of *Kali brom.*, which many homœopathic writers recommend, as we have long considered it to be only antipathic to the disease.

In *nymphomania* the author recommends *Hyos.* 1, *Origanum* 3, *Plat.* 6, *Stram.* 1, *Tarent.* 3; and in *satyriasis*, *Ac. pier.* 3; with local irritation, *Canth.* 3x, and in purely nervous cases, *Phos.* 4x; if in alcohol drinkers, *Nux vom.* 1.

In *hay asthma* he prescribes first of all *Sabad.* 3x, with local application of the same to the nasal mucous membrane. In chronic *myelitis*, *Ac. oxal.* 3x. In chronic spinal paralysis, *Plumb.* 6. In chronic *Bright's disease*, *Ars.* 3x and *Ferr. mur.* 1x, to be given every four hours during alternate weeks immediately after food. In granular degeneration of the kidney, *Plumb. met.* 6.

We regret to see that *Quinine* is advised as a prophylactic against intermittent fever, and that in simple acute agues the author does not individualize his cases until after the failure of *Quin. sulph.* 1x in three-grain doses every four hours; then, he gives indications for *Ars.*, *Cedron.*, *Caps.*, *Eupator.*, *Ipec.*, *Natr. mur.*, *Puls.*, *Verat. alb.*, and *Apis*, while in the malarial cachexia, if the spleen be painful and enlarged, *Ceanothus* 1 is recommended.

An occasional error in proof-reading is observable. *Camocladia* appears twice in one line (under ulcers) instead of *Comocladia*, and, under whooping cough, *Dios.* evidently ought to be *Dros.* Under necrosis of bone, it is stated that *Silic. 3* is to be *attenuated* with *Phos.*—of course the word should be *alternated*.

The faults of the book are in the main those resulting from the purpose for which it was compiled, but we think that even old prescribers in our school may find it of service, and we believe it deserving of a wide circulation.

A Cyclopædia of Drug Pathogenesis. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part I. *Abies-Agaricus.* Part II. *Agaricus-Arnica.* London: E. Gould and Son; New York: Boericke and Tafel. Price, \$1.50 per part, free by mail.

In attempting a criticism of a work of the magnitude and importance of this cyclopædia we must first consider the reason for its projection and acquaint ourselves with the rules by which its editors have been governed in discharging the duties they have undertaken.

The scattered pages of homœopathic provings of drugs, through journals, monographs, proceedings of medical societies, etc., had been for many years a bar to any deep knowledge of our *Materia Medica*.

The best single collection of drug symptoms which we had was Jahr's *Symptomen Codex*, and this having been long out of print was not attainable by physicians. The call was repeatedly made for a new *materia medica*, and when in answer to this call a homœopathic publishing house announced its intention to reprint Jahr they were met by a protest from many of the best men of our school. To one of these the house in question made answer, "Well, give us a new *materia medica* and we will publish it." This challenge was accepted, and thus arose the ten volumes of the *Encyclopædia of Pure Materia Medica*. In that great work have been included all published provings that were attainable. Neither the magnitude of the work nor the conditions under which it was done saved it from sharp criticism, and the objectors could be almost classified in groups; some saw no value in it because it admitted provings made with potencies, others found fault because it omitted provings of the *lacs*, etc., others still, believed it untrustworthy because it rejected purely clinical symptoms, and so on. That it did contain errors no one admitted more readily than its accomplished editor, and he has in more than one published study endeavored to correct them.

Some of the opponents were persistent and earnest, and those who demanded a revision of the *Materia Medica*, a sifting out from its pages of unworthy or incorrect symptoms, were tireless in their efforts to prove that the *Encyclopædia* is a mass of ill-digested observations concerning

the action of drugs, in which the true cannot be separated from the false. After some years the two National Homœopathic Societies, of this country and Great Britain, agreed to a joint scheme for the revision of our *Materia Medica*; and the outcome of this arrangement is the appearance of *The Cyclopædia of Drug Pathogenesis*.

This work, then, was begun after the ground was well broken by Dr. Allen, and the rules which guided the editors and their collaborators in their labors are as follows:

1. Give the scientific name and synonyms of each article and its natural order.

2. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as their completeness allows.

3. Give, in describing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.

4. Give the results of experiments on the lower animals, where of value, generally in abstract.

5. Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom.

6. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.

7. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.

8. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.

9. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below.

Let us take these rules under examination, *seriatim*. Of course, no fault can be found with the first. In the second, giving the symptoms in the order of their occurrence is of value in presenting a picture of the action of the drug, but certainly is inferior to the schema of Hahnemann for the practical application of therapeutics. By rule three only selected cases of poisoning are given "when they properly illustrate," etc. Now, we are of opinion that the function of a cyclopædia of drug action would require not merely a proper illustration but every symptom produced by a drug, omitting duplications only. The results of experiments on animals are certainly of value and should be put in small type. The tracing of all versions to their originals is a rule which cannot be too highly commended. Rule six is, we think, entirely improper, since it would omit a drug if proved only by one person, or most valuable symptoms produced by a single individual. As to rule

seven we are inclined to support its advisability yet we are aware that symptoms produced in the sick have proved of great service in practice. The first half of rule eight will not, we think, be objected to by any one, but its second half, if we read it aright, may throw out valuable observations, since the absence of a clear reflection of the pathogenetic influence of a drug may itself be a symptom worth noting. Finally the rejection by rule nine of all symptoms reported as coming from attenuations above the 12th decimal unless when in accord with symptoms from lower attenuations will be judged by practitioners of our school according to their prejudices or the reverse concerning attenuations above the 12th.

If the work under discussion be performed strictly according to the rules laid down, criticism of the latter will for the most part include criticism of the result itself, since it is difficult to suppose that the editors aided by Drs. Drysdale, Dudgeon and Pope, in England, and C. Wesselhoft, Farrington and Arndt in this country, would fail in earnest effort to produce something worthy of homœopathy and of themselves.

The editors invite criticism with a view to making subsequent issues more acceptable, and we reserve for a future occasion examination of some of the remedies in detail.

American Medicinal Plants. An Illustrated and Descriptive Guide. By C. F. Millspaugh, M.D.—We have received the third fascicle of this important work, and after a patient examination of its numbers find them, with few exceptions, deserving of the highest praise. These few exceptions we will endeavor to point out, not by way of fault-finding but rather with the idea of stimulating the author and artist to continue in the same line of almost perfection. Taking for criticism some of those plants which have been repeatedly under our own observation during the past four summers, we find *Æsculus hippocastanum* to be well done both as to coloring and drawing, but we think that the value of the plate would have been greater had one of the leaflets given in outline been shown in its natural color. *Cornus florida* with its flower-like involucre shows well, as does the much disliked *Lappa officinalis*. We are unable to see any fault with the plate of *Phytolacca decandra*, nor with that of *Populus tremuloides*, but here again at least one of the leaves given in the background should, we think, have been colored. *Lobelia inflata* is well done, its dingy green being as near nature as it is possible to depict it, but *Plantago* is in our opinion too pale in color, and to a less degree the same remark will apply to the plate of *Fragaria vesca*. *Eupatorium perfoliatum* is admirable in its execution, and we cannot find fault with the absence of the white effect of the cymose flower-heads since this can hardly be shown when printed on white paper; *Eupatorium purpureum* although well done could be improved by showing a whorl of leaves of the natural size.

We have spent some time in comparing Lochman's photographs with Dr. Millspaugh's colored plates. Lochman's *Drosera rotundifolia* is certainly a beautiful specimen of botanical photography, and, although Dr. Millspaugh's coloring of the leaves in his *Drosera* seems to us somewhat incorrect, still we think the palm of excellence must be given to him. Lochman's example of *Datura stramonium* is one of the best in his series; it contains a leafy branch bearing two perfect flowers and one spinous pod. The posing was well done and the flowers and leaves stand out with almost stereoscopic effect. In Dr. Millspaugh's, the flower does not look as fresh, so to say, for its delicacy of texture which appears so well in the photograph is here marred by the shading of the folds, and the absence of the echinate pod from the plate is a serious omission, as this is so characteristic of the plant; in other respects, especially in the coloring and texture of the leaves, Millspaugh still is ahead. In *Verbascum thapsus* Dr. Millspaugh does not do well, not through any fault of his but rather owing to the limitations of his art. For the one thing which even the most casual wayfarer will recognize in *Verbascum* is its woolliness both to the eye and to the touch, and it seems to us that this effect cannot be rendered on white flat paper; photography might help here, for in *Salvia officinalis* the downy leaves and stems are given by Lochman with a good result.

Of the letter-press accompanying the plates we can only repeat the commendations elicited by the previous fascicles, and we are glad that a work showing such labor and scientific research has been produced by one of our own school. The accents as given on the plates are incorrect in three instances; as, *Hippocastánum* should be *Hippocástanum*, *Cimícifuga* should be *Cimicífuga*, and *Plántago* should be *Plantágo*.

We have thus at some length gone over this fascicle of Dr. Millspaugh's work and have set down all that we could find deserving of even slight blame, and with the small showing of defects thus made we can cordially recommend the work not only to physicians but to every lover of botany as well.

An Abbreviated Therapy. The Biochemical Treatment of Disease. By *Dr. med. Schüssler*, of Oldenburg. Twelfth Edition. Partly Rewritten, with an Appendix containing Clinical Histories. Translated, with the addition of a Repertory, by *J.T. O'Connor, M.D.*, late Professor of Toxicology and Materia Medica in the New York Homœopathic Medical College. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1885. 12mo., cloth, pp. 94. Price, \$0.90.

The twelfth edition of Schüssler's *Biochemical Treatment of Disease* has been considerably altered in many important particulars. When the publisher acquainted the author with his intention of issuing a new translation, he was advised to await the forthcoming of the new edi-

tion on account of the important changes made. This new translation contains everything exactly as given by Dr. Schüssler, and in addition thereto a succinct repertory. We are particular in emphasizing this fact as another translation published in England had taken some liberties with the work, especially in suppressing the word Homœopathy whenever it occurred. In Schüssler's own appendix cases are given as having appeared in various journals of our school. The selections from Herschel's "*Zeitschrift für homœopathische Klinik*" are credited in the English translation to the "*Clinical Times*;" *Versammlung Homœopathischer Aertzte*, as Schüssler wrote it, is made to read, a Meeting of Medical Men; *Verhandlung des Vereins homœopathischer Aertzte des Rheinlands, etc.*, is given on one page as, reports of a Medical Congress,—on another as, archives of Medical Men—and so on.

The translator did his work carefully and conscientiously, the only drawback being the absence of a table of contents or index, an omission which can readily be added on a page or two. The biochemic remedies are steadily gaining ground, and they have stood in the breach in many an apparently hopeless case.

A. J. T.

OBITUARY.

THE death of Prof. E. A. Farrington, which took place on December 15th, 1885, is a loss to Homœopathy. His long connection with the *Hahnemannian Monthly* as contributor and editor, and his services as professor in the Hahnemann Medical College of Philadelphia, made him widely known among homœopaths, and the respect gained for him by his earnest work in the lecture-room and at the desk, expanded into affectionate regard of his brother physicians whose good fortune it was to meet him at the gatherings of the American Institute and of the State and County Societies.

Dr. Farrington was born at Williamsburg, Long Island, January 1st, 1847. He received his education in Philadelphia, graduating from its High School in 1866, when he immediately began the study of medicine, taking his diploma in due course from the Hahnemann Medical College. His abilities were at once recognized, and soon afterward he became an instructor in the same institution, and was later made Lecturer on Forensic Medicine. For one year he was Professor of Special Pathology and Diagnosis, and in 1874 he became the Professor of Materia Medica, on which subject his contributions to the pages of the *Hahnemannian* showed a deep knowledge of his subject as well as a masterly power of analysis.

Prof. Farrington, after a twelve months' illness, succumbed to Malignant Lymphoma.

His colleagues in Philadelphia will, we are sure, feel keenly and for a long time the loss of his manly and genial presence.

PUBLISHERS' DEPARTMENT.

IN THE HOMŒOPATHIC RECORDER we propose to continue to give from time to time such items of information in homœopathic pharmacology as we think will be of interest to our readers.

On our announcing that the sixtieth would be the last number of the *Bulletin* published, we received so many requests for missing numbers of the *Bulletin* from those desirous of having them bound for future reference, that we take this opportunity to state that our whole stock of back numbers,—lacking only three or four, out of print—is at the service of our readers, and any numbers desired will be forwarded to applicants by return of mail, as long as our stock holds out. All we expect is that the writers will enclose return postage. Address us at 1011 Arch Street, Philadelphia.

Crotalus Horridus.—Rattlesnakes are quite frequently met with in the Blue Ridge and the Alleghenies, and hunters boasting of their achievements in dispatching these venomous reptiles are not rare. But let anyone endeavor to obtain living specimens and he will meet with considerable difficulty.

Our stock of the triturated poison running low, we set about to replenish our supply. We made repeated applications to ye boastful hunters of the northwestern parts of the State, but without success; while full of promises none of them kept his word, although we offered a tempting price. They seemed to make quite a distinction between killing the "critters" and catching them alive. We finally succeeded in obtaining some fine specimens through the intervention of the superintendent of a zoölogical garden.

Just twenty-one years ago the writer had assisted the late lamented Dr. Constantine Hering in depleting several rattlesnakes of their poison and so we set about it in a similar manner. The snakes were in wooden boxes the tops of which were covered with wire-netting. Chloroform was applied, the boxes covered up, and after a short time the snakes lay motionless, whereupon their heads were severed from their bodies with a sharp chisel. After the convulsive movements had ceased the fangs were tied in such a manner as to protrude outwardly from the upper jaw, and then by pressing on the poison-bags, situated between the eye and ear, the virus, passing through ducts within the teeth, slowly dropped from the points of the fangs. It was of the consistency of thin honey, and of an amber color. Sixty-three drops were obtained. It was dropped on purified milk sugar and immediately triturated *lege artis*. A. J. T.

Verbascum, or Mullein Oil.—Early in 1885 we received an order for "mullein oil," such as was recommended by Dr. A. M. Cushing, in

an article published in a western journal. Never having heard of it before, we wrote to the doctor, and, with characteristic promptness, his reply came by return of mail as follows:

MESSRS. BOERICKE & TAFEL, NEW YORK: The article to which you refer was in the *U. S. Medical Investigator* some three months since, I think, and there is no oil used about it. It is made by picking the *mullein blossoms* and putting them in a junk bottle dry, with nothing with them, corked tight and hung in the sun for four or five weeks. By that time there will be an oily liquid distilled,—two or three ounces from one quart of blossoms. It is not really an oil, but a dark liquid, smelling very much like black snuff scented with rose.

The history of it is this: My father's house was the home for all poor tramps, as well as ministers, etc. He fell into the river, got water in his ears and was quite deaf for months. A blind man called, heard loud conversation, asked the cause, etc., then said for kindness received he would tell us how to make something that would surely cure him, and it was worth a thousand dollars in New York city. We made the oil, put it in his ears at night, and he was well in the morning. For years we kept a bottle of it, and it travelled all around the towns and did wonders. That was when I was a youngster. When I studied medicine, or when I was practicing, I wanted to know if it was homœopathic, and made a proving, and developed the symptoms of almost constant but slight involuntary urination, keeping my pants wet.

I did not make any this past season, and have divided till I have but a little, half-and-half alcohol, left. I could spare a little of that, and next season, if I live, will try and make a quantity.

Respectfully yours,

A. M. CUSHING.

In the article in the *Investigator* of July 19th, 1884, the doctor reported the following case: "A young man, aged about seventeen, had never slept away from home, as he always wet the bed. The best of old-school doctors had failed to cure him. One prescription of Mullein oil 3d cured him in three weeks, and he remained cured."

The letter was received in January, 1885; hence, was not immediately available. But as soon as the *Verbascum* was in bloom we made some of the "oil" *lege artis*, and then mixed it in equal proportions with alcohol. We did not get much more than an ounce from a quart of flowers. We had occasion to verify its effectiveness quite recently. Little Walther T., æt. 6½, was subject to periodical attacks of otitis, lasting, generally, from four to five days and nights, accompanied with slight flux from the ear. Pulsatilla, followed by Tellurium 30, generally quieted him, but these attacks were followed by an annoying deafness, which would last from three to four weeks. Walther was taken with another attack early in November, about 1 A.M., and in the morning was still suffering. We procured some of the "Verbascum oil," poured four or five drops into his ear, and within a few hours the boy was as lively as a cricket and without a trace of the usual deafness. A. J. T.

Lachesis.—In Number 57 of the *Bulletin* we gave an account of how the first Lachesis poison was obtained by Dr. C. Hering in 1832, while in Surinam, and that the two drops then secured constituted the whole supply till 1868, when a fresh supply was obtained by Paul Liebe, successor to Carl Gruener, in Dresden. The two snakes then obtained were sent over to Philadelphia in the same year, together with part of the poison obtained from them, and Dr. Hering identified them at the time as being the true species. The original snake obtained in 1832 was subsequently presented by Dr. Hering to the Museum of Natural Sciences in Philadelphia. Of the two other snakes, one was presented to the Museum of the Homœopathic College, in Philadelphia, and the other is still in our possession.

The third centesimal trituration has been furnished by our firm ever since 1868 at \$1 per ounce, and we have an ample supply for many years to come.

Our reason for repeating all this is to be found in the following letter from our friend and patron Dr. A. C. Clifton:

NORTHAMPTON, December 12, 1885.

MESSRS. BOERICKE & TAFEL.

GENTLEMEN: I think there is a very general impression in this country amongst the profession that the original supply of Lachesis is exhausted, and that there has not been a fresh and genuine supply obtained.

Several instances have occurred to me of medical men who have complained that they have not been able to obtain any under the 6th centesimal. I have in these cases given them some of what I obtained from you nine years ago—and I have always had a good report from them of its action. I have used the attenuation I had from you, and higher attenuations made from that one—many hundreds of times—and I may say with eminently satisfactory results.

I do not know how you obtained the fresh supply, but as you testified to its genuineness, and Dr. Hering assured me it was genuine, I used it on such testimony, and with the results that I have named. I cannot well call attention to it in our Journals lest the chemists might think I am interfering with their business, but if you can make known in your circulars, or by other means, that you can supply the article, I think it would be well to do so.

Yours respectfully,

(Signed) A. C. CLIFTON.

WE LEARN that the third volume of *Arndt's System of Medicine* may be looked for in February next.

F. E. BOERICKE will also shortly issue a treatise on Vaccination, by Dr. Winterburn.

THE same author has, we hear, completed a new Repertory, which is promised early in spring.

Millspaugh's American Medicinal Plants.—The third fascicle has been issued and is received with great favor, as the following letter will testify:

PEABODY ACADEMY OF SCIENCE, Salem, Mass., January 5, 1886.

MY DEAR SIR:

I received this morning from Messrs. Boericke & Tafel the third fascicle of your *Medicinal Plants*, for which I am very grateful. I consider it, as a work of art, excellent; and as a work adapted to the wants of the medical faculty, of great value. To the botanist it is a very able contribution as a scientific treatise, and well adapted for use as a botany in the public schools, as I am of opinion that the chemical properties of plants should be taught to the beginner as well as to the advanced student.

The plates are a great improvement over those in the first fascicle.

I am, very respectfully, yours,

J. H. SEARS.

TO C. T. MILLSPAUGH, M.D.

The Homœopathic Physicians' Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. Boericke & Tafel, New York and Philadelphia.—This favorite visiting list has been arranged by a physician for physicians, and contains, besides the usual portion allotted to daily engagements and prescriptions, sections for recording vaccinations, obstetric engagements, addresses of nurses, and general memoranda. In the spaces given to prescription records there is ample room for writing out the names of remedies, a feature absent from all visiting lists published under allopathic auspices. The list is arranged so that its use may be commenced on any day of the year. The repertory included in the present edition is a valuable addition to its merits, as is the list of poisons and their antidotes. The book is well bound with a flap, and insets can be had at almost nominal cost for insertion in the back when needed.

Price including Repertory \$2.00 net; without Repertory \$1.65 net.

Materia Medica: Physiological and Applied. Vol. I. London: Triibner & Co. 1884. Pp. 725. Large 8vo. Cloth, \$6.00; half morocco, \$7.00. For sale at Boericke & Tafel's Pharmacies.

The first volume of this magnificent work contains monographs of the following remedies: *Aconitum*. By R. E. Dudgeon, M.D. *Crotalus*. By J. W. Hayward, M.D. *Digitalis*. By F. Black, M.D. *Kali bichromicum*. By J. J. Drysdale, M.D. *Nux vomica*. By F. Black, M.D. *Plumbum*. By F. Black, M.D.

This is the first of a series of volumes which it is the intention to publish as fast as, with due care, they can be prepared for the press.

THE HOMŒOPATHIC RECORDER.

VOL. I.

PHILADELPHIA, MARCH, 1886.

No. 2.

DISEASES OF REFLEX ORIGIN.

WITHIN the past few years clinical investigation has brought to light many unsuspected causes existing in one portion of the body, of disorders in other parts. It has long been known that some headaches, generally in the occipital region, may be dependent on uterine troubles; while there are few physicians in active practice who have not seen some connection, clinically, between the uterus and the mammary glands. A similar connection between the testicles and the parotid has been explained on the hypothesis of metastasis, or, when that idea was not acceptable, as sympathetic simply.

It is not very long ago since the journals contained accounts of abscission of the prepuce, and the statements of cured neuroses, by such means, caused many a prepuce to be sacrificed. Lately, however, there seems to be a regression in this special practice, for the number of times in which the operation of circumcision has been performed in vain, with the intention of relieving nervous ailments, has so increased, that the operation is falling into disuse, and, besides, when done in infancy, it is stated by one prominent surgeon, at least, to be the cause of a narrow meatus, and, consequently, of the subsequent evil effects of the latter.

The number of disorders of one part which cause or are caused by diseased conditions in others is rapidly increasing, and it is difficult to say whether, in course of time, any disease may not be the result of reflex influence from a distant portion of the body. The dependence of spasmodic asthma, recurrent bronchitis, laryngeal cough, etc., upon nasal polypi, turbinated hypertrophies and other nasal affections seems to be, in many cases, well established, and very lately, in a society meeting, a list of cases was read in which deteriorated vision, with asthenopic symptoms, was only relieved by the cure of existing uterine derangement. In November of last year a prominent eye surgeon read a paper

on "Reflex Ocular Symptoms in Nasal Affections," in which he states that during the past two years, he has treated more than two hundred cases in which he referred the symptoms to nasal disease; in these there were increased vascularity of the conjunctiva, ready lachrymation upon slight provocation, burning and smarting sensation of the lids or of the eyes, inability to fix an object in ordinary daylight. Three-fourths of his cases remained under observation long enough to establish the inefficacy of local and general treatment, and to determine the positive efficiency of nasal treatment in spite of the absence of nasal symptoms. He says, why the nasal condition should give rise to ocular symptoms in some persons and not in others it is difficult to explain. "It may be due to a special irritability of the terminal nerves of the nasal mucous membrane; it may be due to a special neurotic tendency on the part of the individual."

In January of the present year a paper was read upon "The Respiratory Neuroses," in which the author remarks: "Irrespective, however, of any nasal disease, there must be, at last, a special *personal susceptibility* on the part of the individual, in order that the reflex phenomena be produced. Of course the intra-nasal morbid condition may develop or accentuate this susceptibility, but the fact remains true, since we are frequent observers that numerous individuals suffer from nasal disease of different kinds, and yet are never affected by any reflex trouble which we can properly attribute to them. The only way in which we can avoid error is to search carefully for other cause or causes of these reflex neuroses, and when none are discovered, then and then only we should admit the nasal origin of the neuroses, and institute treatment in accordance with it."

The remarks thus given by two writers are in the true vein, and we, as believers in the law of similia, cannot give them too great heed, by prescribing for our patient as a whole, as an individual. Remedies chosen strictly according to the method of Hahnemann will—we have seen them do so—relieve and cure the reflex disorder as they also will relieve and cure the determining affection and change the special personal susceptibility. From these recently learned facts we can also gain help in prescribing, for while examining every case of asthma, laryngeal affection, etc., for a possible reflex cause, we will be admonished of the positive necessity of meeting all the symptoms by one remedy, rather than resort to the doubtful expedient of alternating.

IN Echoes from the New York Clinics it is our intention to place prominently before our readers, observations from the most advanced men of the old school, which have a bearing upon our views as to the causation of disease and the best method of cure. In our last issue the reports showed views strongly supporting the position taken by homœo-

paths, from Hahnemann down to the present time, as to the inutility of attempting to cure a diseased individual by removing some of the results of his disease, and also the confession that not too much reliance is to be placed on surgery. In the present number our report shows a greater care in administering drugs in nervous disorders, admissions as to the reaction left after the use of remedies (from which a philosophical mind ought to see the logical impregnability of the homœopathic position in therapeutics), and a frank avowal of the evil results of the excessive and indiscriminate use of bromides in epilepsy, against which homœopaths have been writing and teaching for years.

HOMŒOPATHIC THERAPEUTICS.

Involuntary Proving of Iodine by External Application.—*By Dr. O. Buchmann.*—Physiological provings of remedies on man appear so seldom in the later German medical literature, that it is really a pleasure to meet one, even under another name, in the pages of journals of university medicine. Poor dogs and other animals have, indeed, been poisoned enough, but have, as yet, given results of little use in practice.

When we review the work of Hahnemann and his pupils, when we consider the diligence with which our homœopathic colleagues in the United States have continued their provings through which so many gaps in our therapy have been filled, it is evident that we, in Germany, have not kept pace with them. . . .

Dr. Lorentz, Assistant Physician at Militsch, publishes in the *Deutsche Med. Wochenschrift*, No. 45, 1884, as a peculiar case of Iodine poisoning the following proving, and I consider it proper to record, as a part of our *Materia Medica*, the symptoms which he observed after its external application on himself.

On May 16th, 1884, at 6.30 A.M., he painted three times in succession the back of the right hand and arm with Tinct. Iodinii, in a space as large as the palm of the hand, for an insignificant sprain. From 6.45 till 7.30 he kept in the open air; afterwards, while sitting in his room, he observed the sudden appearance of a violent coryza, with lachrymation and pressing pains in the eyes, soon followed by violent cough and tendency to vomit, together with difficult, almost wheezing, respiration, feeling as if the larynx was constricted externally, and great lachrymation. His feet now began rapidly to swell, so that he could no longer bear the pressure of well-fitting boots, and upon their removal he saw that the soles of the feet were considerably swollen, and walking was, in consequence, extremely painful. Slight feeling that his head was not right. After half an hour the coryza, lachrymation, and cough had completely ceased. Temperature 37.3° C. Pulse and cardiac impulse now decreased in force.

At 9 A.M. a slight fainting fit, which soon passed away. Heart sounds very weak, but without any accompanying friction sound or murmur. The apex beat and pulse could not be felt. He had no longer complete control of the tongue, as was shown by stuttering and the production of sounds other than those intended. He also heard slowly, so to say, as he required some time to get a clear understanding of what was said to him, in order to answer, as well as to give expression to the answer.*

He lay upon his bed, and when, feeling better, he left it to walk about the room, there was momentary vertigo, followed by complete loss of consciousness; on coming to, there were convulsive movements of the arms and legs, and the head was drawn backwards. After the motions had ceased he returned to bed, as on standing up once more he experienced the feeling of an approaching attack of vertigo.

Coryza, cough, and lachrymation had disappeared completely, and there was a slight frontal headache and a violently itching iodine-exanthem. Temperature 37.2° C. Pulse could not be felt.

Soon after, profuse sweating came on, lasting for about a quarter of an hour, whereupon the itching and headache passed off and extreme weakness followed.

Another fainting fit occurred lasting an hour (the former one continued forty-five minutes), leaving a dull pain in the occiput. After taking some Hungarian wine the heart could be faintly heard and felt. At 4 P.M. the pulse was quite weak, and with long intermissions; at 6 P.M. it was 124 to the minute, and at 8 P.M. 100.

On the second day there was only weakness after a restless sleep. Slight attacks of vertigo on rising. Temperature normal. Pulse 76 to 80.

The third day was passed out of bed. The exanthem had disappeared. On the two following days during the morning, on any quick change of place, and especially on quickly standing up from sitting, there occurred a momentary slight vertigo.

On the afternoon of the fifth day he was in his usual good health.

The foregoing proving of Iodine is a valuable one for our *Materia Medica*, because the heart symptoms obtained by this prover have not been hitherto produced in this way. . . . When we consider that in the foregoing case only an imponderable quantity of Iodine could have gotten into the body, it is evident that in susceptible individuals different agents acting through the skin have a more energetic effect than if given in larger amount by the stomach.

The rapidly resulting swelling of the soles of the feet in this proving is very surprising; I explain it by a regional irritation of the vaso-

* Evidently the centres for auditory memories of words, and for the motor mechanism of speech, were affected so that the condition was a beginning motor and sensory aphasia.—ED. H. R.

motor nerves, which has been observed in earlier provings to go along with irritation of the sensory and motor nerves.*

When the foregoing symptoms, obtained by the use of Iodine, are combined with those hitherto known, we get a picture of disease entirely similar to that of endocarditis, in which we perceive symptoms by physical examination, that at times are wanting in this affection. Kafka's recommendation of Iodine in this disease is thus completely vindicated, more than that of Spigelia, whose symptoms have reference more to pericarditis. In the meeting of the Saxon-Anhalt Society in Magdeburg, I have already reported that I had the good fortune, in some cases, to remove completely by the continued use of Iodine for a long time, valvular affections following endocarditis.—*Allg. Hom. Zeit.*, Bd. 111, No. 4.

Tobacco and Tetanus.—By Dr. Marc Jousset.—In the article on Tobacco, in *Le Dictionnaire Encyclopédique des Sciences Médicales*, Dr. Pecholier reports, à propos the acute severe form of poisoning by Tobacco, the following symptoms: At first agitation, heat in the epigastrium and abdomen; pulse hard and slow; respiration greatly accelerated. Afterwards vomiting and diarrhœa, vertigo, fainting, great weakness, face pale, icy-cold sweat, disordered ideas. Still later, profound stupor, from which the sufferer comes out only to scream and to have terrible attacks of tetanic convulsions, or, at least, marked tremors. Finally, these troubles are replaced by collapse and paralysis, pupils dilated, impeded respiration, and death almost always by asphyxia.

Dr. Pecholier recommends elsewhere this remedy against tetanus; it is true that he explains that this terrible tetanizer acts in such cases by its paralyzing influence, which is consecutive to its tetanizing power, and he advises its use in the beginning in doses large enough to suppress the period of excitation.

He cites in support of the favorable action of this remedy, several physicians who have employed it with success; Edmund Gardner, who published at the beginning of the seventeenth century, a small treatise entitled *The Trial of Tobacco*.

"In 1827, on the Island of Trinity, where tetanus is very frequent, Anderson has cured many who were attacked by this malady, by means of tobacco enemata and tobacco baths."

Thomas in the *Journal of Medicine* (Edinburgh), vii., 198, describes cures with enemata of tobacco smoke.

Many other physicians, O'Beirne, Norcom, Jackson, Bauer, Earle, Cavenne (Martinique), Haughton (*Dublin Quarterly*, 1862), and Tyrrel

* Our opponents have invented the word "idiosyncrasy," which expresses simply the special sensibility for a certain material, and they do not consider it worth while to investigate further effects not produced in all individuals, as such effects are only to be considered as homœopathic, and, besides, they do not know how to employ them.—B.

(Surgical Society, Dublin), have also employed tobacco with success in tetanus.

As the remedy produces, by its toxic effects, a condition similar to tetanus, it seems to us quite natural that its action can be explained by the law of similars.—*L'Art Médicale*, March, 1885.

A Naja Case.—Dr. John Hayward writes: It is only in our school of medicine that mental distinctions influence therapeutics, and the regard paid to the mental and moral characteristics of our patients is the subject of much wonder, and often amusement, to the early student of homœopathy. Cases cured with a single remedy are always interesting and instructive. Dr. Craig reports the following:

March 15th, 1884.—C. T., aged seventy-five, a gentleman in good circumstances, who has enjoyed good health all his life, having never been laid aside except from an accident in the hunting field. There are a few Heberden's nodules on the finger-joints, otherwise he does not present any indications of gouty diathesis. There is no *arcus senilis*, nor any signs of arthritic deposit in the bloodvessels. The pulse is dicrotic, and the heart's impulse is increased and tumultuous, but there are no morbid sounds. Appetite and digestion are good, and the bowels act pretty regularly, but he has acquired the habit of taking a pill every fourth night, with Hunyadi water in the morning. He sleeps well during the early part of the night, but on awaking and dozing in the morning hours he has hallucinations of hearing voices. These take the form of quarreling between his wife and the domestics; they are purely imaginary, but they distress him greatly, as both his wife and himself are people of refinement. He will confide to his son what he hears, and can, in some measure, be calmed down with the assurance that the "voices" do not state the truth. He has been under treatment for the "voices" for many years without relief. The breathing at night is often distressed, and the laboring of the heart is sometimes alarming. *Coluba naja* 3, one powder twice a day.

April 16th.—Reported free from the voices from April 3d to 13th, on which day he heard an imaginary quarrel, with the delusion that he heard his wife using "bad language." The heart has given him less trouble. Continue medicine.

April 29th.—He has been quite cheerful and happy for a fortnight. No voices or unpleasant dreams. Is so thankful to be relieved. He has not complained of his heart or shortness of breath since last report. Continue medicine.

May 24th.—Has continued free from dreams and hallucinations. Is cheerful by day, and has good nights. The remedy was continued for some time longer, and up to November, 1885, there had been no return of the hallucinations, and the patient was mentally sound.—Condensed from *Hom. World*, December, 1885.

Ratanhia in Pruritus Ani.—Dr. A. M. Cushing some 12 or 13 years ago was afflicted with a chronic diarrhœa which resisted all homœopathic remedies; the doctor finally made use of powerful astringents with but transitory relief. Among other remedies he took Ratanhia (or Krameria) for about a week, with but slight amelioration of his symptoms, but while taking it he experienced a most intolerable pruritus ani, only to be likened to the itching of ascarides; it soon ceased after stopping the remedy.

Shortly after, a lady consulted him about her daughter who was troubled with ascarides, and the doctor, with a lively remembrance of his distress, gave a few pellets moistened with Ratanhia 3, which afforded prompt relief, and in several cases occurring within a few weeks after it was similarly effective. The above was related by Dr. Cushing at Lynn, Mass., shortly after it occurred, but to make sure this notice was sent to him, requesting information as to its correctness. The following reply was received:

177 STATE STREET, SPRINGFIELD, MASS.

A. J. TAFEL:

DEAR SIR: Yours received, and I presume your memory is right, for the thing actually occurred. And many times since I have cured ascarides by the administration of Ratanhia 3d.

Respectfully yours,

A. M. CUSHING.

Topical Applications of Potentized Remedies.—Topical applications, such as fomentations, plasters, vesicatories, etc., are discountenanced by many homœopathic physicians; but surely outward application of a solution in water of a potentized remedy does not come properly under this ban. The writer has had frequently occasion to observe, in a small way, the efficacy of medicated pellets of a given remedy dissolved in water and applied externally at the same time that it was taken internally, and to note its assistance in expediting a cure.

In the Fall of 1863 Miss A. B. came to Philadelphia and was subject to frequent attacks of panaritium, in its milder form of whitlow. The usual course would take from a week to ten days, until the pains ceased. After a fresh attack had set in he gave her Silicea 200, one dose morning and evening, and applied a flax-seed poultice; it came to a head speedily, and was practically over in four days. This was the case in two successive attacks. When the third attack came, was informed that the usual pain had commenced the afternoon before and lasted all night; gave Silicea 200 and put about 12 pellets of the same potency in some water, asking her to keep around the finger a linen rag moistened with the solution. After a few hours the pain had ceased, and in the evening a spot as large as a split pea was observed at the under edge of the nail, filled with yellowish matter; it was pricked with a pin and emptied, and that ended the whole process, and she has not been troubled in a like manner since.

In 1861, while in the recruiting camp in New York, a heavy stone, weighing over 30 pounds, dropped on the writer's foot, severely injuring the right big toe. No Arnica tincture being at hand, the writer did the next best thing; he took a few pellets of the 200th of Arnica inwardly and dissolved about a dozen in a little water and repeatedly moistened the toe, through the sock. The pain ceased after an hour, next day he was able to take part again in the "drill," and in about two weeks the nail came off without inconvenience.

In 1881, the writer essayed to climb a very large fir tree on top of a wooded mountain ridge in Pennsylvania to enjoy the extended view, and descending he swung off from a lower limb, taking hold for the purpose of what seemed to be a stout branch; the branch broke off and both fell to the ground, a distance of about 12 feet, the writer landing on his left knee. 190 pounds avoirdupois don't come down lightly, and the knee felt very sore; limping to the hotel he lay down and a few hours later had to roll himself off the bed, as he could not bend his knee. No Arnica tincture being near, he, mindful of his army experience, took, on the tongue, a few pellets of the 200th from his pocket case, and, dissolving a few more in the soft water, bathed his knee several times during the night. In the morning the limb could be partially bent, and in the afternoon he was upon the mountain again near his yesterday's exploit. The knee was, of course, still painful, but not enough so to hinder locomotion. After five days, as the swelling did not recede further, Silicea 200 was taken, and within about two weeks every vestige of the accident had vanished.

Last summer, a farm hand, on the farm on which he spent his vacation, came to him with an angry-looking sore on the knuckle of the left index finger. The man had knocked off a piece of flesh and skin, and as it was harvest time, he neglected the matter, and presented a much swollen hand, with an angry-looking cone about half an inch high at the centre, and three-quarters of an inch at the edge. The base was surrounded by a yellow ring of matter. The man was in great pain. Gave him Silicea 15th dry on the tongue, and directed him to apply a solution of a few pellets in water, on a rag moistened therewith, to the sore. Next morning the pain had almost ceased, the yellow rim around the base was less in extent and the swelling had gone down one-half. The man had slept all night. The second morning the yellow rim was *absorbed*, the swelling was gone, there was no pain, and in three days more a scab was the only remnant of that angry sore. There never was seen a more gratified and grateful man. Half a dozen similar cases could be adduced with like results. The procedure is worth trying and may often come handy in case of an accident where the physician has only his pocket case with him. We should not be surprised if, in the course of time, it would be demonstrated that potentized medicines are as much to be preferred to the concentrated tincture as an outward application as they are for internal administration.

A. J. T.

Gonorrhœa as cured by Grauvogl.—Being an army surgeon of high rank, Dr. Grauvogl had a large practice in sexual diseases among the officers in Munich. He found the following treatment highly efficacious: He prescribed for every case of uncomplicated gonorrhœa *Natr. sulph.* 3x one dose every two hours. If after 24 hours there was not a decided amelioration of the symptoms, he gave one dose of *Thuja* 30th, and after 24 hours resumed the *Natr. sulph.* 3x. With these two remedies he cured a large majority of cases of not only recent gonorrhœa, but also frequently of gleet. He even allowed his patients a glass or two of red wine during the treatment.

A. J. T.

Belladonna in bad effects from Tobacco-smoke.—A friend, of a highly nervous and sensitive organization, is affected with a furious headache whenever exposed to tobacco-smoke, and, as he is a newspaper writer, finds it often impossible to avoid it, and is thus a martyr to his sensitiveness. We advised him to carry a vial of Belladonna, and to take a few pellets whenever he feels the headache coming. He reports that he took *Bell.* 3 with great benefit, and, as it seems to lose in efficacy, is advised to try the 15th potency and to go higher from time to time, if necessary. This remedy is equally applicable in other disagreeable symptoms excited by tobacco-smoke.

A. J. T.

Indium met. in Inflammation of the Periosteum of the Vertebrae.—The late Dr. Farrington, some seven or eight years ago, was troubled with a very severe attack of lumbago. Failing, after many weeks, to obtain relief, he applied, as a *dernier ressort*, to Dr. Baruch, of New York, who promptly relieved him with a high potency of *Indium*.

A. J. T.

DR. H. GOULLON, in *Zeit. des Berlin. Ver. Hom. Ärzte* for August, 1885, has an interesting article beginning with this question: Is it allowable for a homœopath to use narcotics? This question was long ago decided for him, as the homœopath very rarely is placed in circumstances wherein the use of these gifts of the Greeks is necessary, but a too strict application of this view would resemble the obstinacy of the allopaths who turn their backs on our remedies from preconceived notions.

Dr. Goullon considers that the injury done by hydrate of chloral has been so great that, notwithstanding its benefits, he would if the matter could be put to vote choose its abolition.

He believes there are occasions in which narcotics do perform a valuable service, but this will not be obtained by following allopathic doses, etc., and that a narcotic must be used at the right time and in the right dose. He concludes, "it must be our aim to make, as far as possible, the use of narcotics superfluous."

NEW REMEDIES.

Parthenium Hysterophorus (from *παρθένος*, a virgin), known in Cuba under the vulgar name of *Escoba amarga* (bitter broom), in other West Indian islands and South America under the name of *Botonera*, and in Europe under the name of *Ajenjo cimarron de las Antillas*.

According to A. Wood, it belongs to the order *Compositæ*, and tribe *Senecionideæ*. A bitter principle pervades the whole plant, and when combined with resin and astringent mucilage, is said to become tonic and febrifugal, as in *Chamomilla*, *Eupatorium perfoliatum*, *Tussilago*, *Solidago* and others, with which it is botanically related.

"It is annual, puberulent, decumbent, lower leaves bipinnatifid, upper linear; heads numerous, very small, in a diffuse panicle." (Wood.)

The *Escoba amarga* has been used from time immemorial by Cuban country-people, in the form of a decoction, against fevers of a paludal origin, and the good results obtained were always so manifest and clear, that physicians, admitting its anti-febrifugal properties, prescribed it unhesitatingly, whenever the salts of *Cinchona* were not at hand. But it is only of late that the profession have become conscious of the curative powers of this plant and endeavored to study its effects on man and animals.

Unfortunately, it is in the opposite ranks that these experiments have been going on, and more unfortunately yet, the old-school physicians who undertook the work, following their notions, have entirely discarded the plant, and only experimented with the first of the five alkaloids, which the chemist, Ldo Carlos J. Ulrice, of Havana, was very successful in discovering, namely, *Parthenina*. (See my article "On Exotic Drugs for Provings," in the *Transactions* of the Hom. Med. Society of Pennsylvania, 1885.)

However, although incomplete and fragmentary, the late experiments of Dr. J. L. Dueñas, published in the *Cronica Médico Quirúrgica de la Habana*, April, 1885, enable us to partially appreciate the physiological action of the drug.

These experiments were aided by Drs. Esperon, Villar, Ramirez Tovar and others, who willingly lent themselves to the rigorous tests of drug-experimentation. And just here I must acknowledge my surprise, as well as my gratification, in seeing our colleagues of the other side undertake provings on the healthy human organism. The step is one of progress and deserves commendation.

In order that we may prepare ourselves for a future proving of the plant, and compare the results, I have extracted from the incomplete but meritorious work of Dr. Dueñas, everything tending to elucidate the pathogenetic action of *Parthenina*.

PHYSIOLOGICAL ACTION OF PARTHENINA.—*Absorption and Elimination*.—This alkaloid, when administered in doses of 10 centigrams, dis-

solved in 15 or 20 grams of distilled water, causes the agreeable sensation of some bitter aromatics, which disappears soon after it has been taken. Dr. Dueñas and associates do not state that it suffers any change within the stomach, but assert that it is rapidly absorbed, as was shown by the sudden appearance of such symptoms as *heaviness and dulness of head, tendency to vertigo, malaise, lassitude, and other evidences of depression*, which increased slowly with the dose.

In cold-blooded animals, as the frog, absorption takes place with the same rapidity, either when taken by the mouth, or when the animal is submerged in a solution containing 10 centigrams of the alkaloid in 10 grams of water (a dose capable of destroying the life of a small frog four or six hours after the beginning of the experiment).

Its absorption is announced by a decrease in the number of the respiratory movements. In the mammalia, as the dog, the guinea-pig, etc., by increasing the dose, through the mouth, to 1 or 1½ grams, the *phenomena of general depression* are produced at the end of ten minutes.

Either in the healthy man or animal, the rapidity of absorption is greater when the solution is very dilute; when very concentrated, it may become nearly nil.

The elimination of this drug is also very rapid. Its presence in the urine, after its entrance in the economy, is discovered in from five minutes to a half hour; always amorphous, and of a white color. In man, with a dose of 30 centigrams, it is detected after twelve minutes. In guinea-pigs, rabbits, and dogs, it has been found, in the first urine, after ten, fifteen, and thirty minutes. An intravenous injection was made in a small dog, weighing 3½ kilograms, and as soon as the increase of the intravascular pressure caused the ejection of the urine contained in the bladder, five minutes after the experiment had commenced, *parthenina* was revealed by various reagents. It is only in the frog that the elimination takes place without change in the color of the substance.

According to Dr. Dueñas the principal outlet through which this drug is eliminated is by the kidneys, but its presence has also been detected in the lacteal secretion and the stools.

Digestive Tract.—The first thing observed after the ingestion of *parthenina*, in doses of 10 to 50 centigrams, is *very fluid salivation* in man, as well as in animals; and the more concentrated the solution, the greater the amount of saliva excreted. A man who took the drug excreted 128 grams of saliva in seventeen minutes. Dr. Dueñas asserts that this effect, which is renewed every time the dose is repeated, cannot be attributed to a special and direct action upon the salivary glands, as this hypothesis is not verified when the drug is enveloped in a wafer. It is (he says) rather the result of a reflex action upon the glands, the starting-point being found in the excitation which the oral mucosa suffers when in contact with this bitter substance. The centrifugal tract for reflex action is constituted by the tympanic cord only, without the

participation of the sympathetic nerve, as the excreted saliva is characterized by its excessive fluidity.

In small doses, from 1 to 5 centigrams, it does not produce any noticeable effects upon the digestive tube of man. When the stomach is empty, and doses of 10 to 30 centigrams are taken, it produces a *sensation of heat and weight in said viscera, increases the appetite, and facilitates the digestion of the albuminoids* which are taken after it, because also by reflex action it excites the gastric secretion. So like quinine and the bitter aromatics, it is an eupeptic agent, in the real meaning of the word. In doses of 30 centigrams, repeated every one or two hours, or in doses of 80 centigrams to 1 gram, in the animals, during digestion, it provokes *strong nausea and sometimes vomiting*.

These phenomena can likewise be ascribed, in the first case, to a reflex action of the drug, which, as said before, increases the secretion of the gastric juice; in the second, to an interruption of the gastric digestion, when *parthenina* in a greater amount becomes mixed with food undergoing transformation. Perhaps it delays or hinders the action of the gastric juice upon nitrogenous food.

The experimenter fails to give us anything in reference to the action of this drug on the intestinal tube and liver. In animals dying under its action the spleen was found normal, but the kidneys were enlarged, and with evident signs of sanguineous stasis.

Blood.—When *parthenina* is brought in contact with the blood of living organisms, it shows the property of *retarding the process of coagulation*. This was verified over and over again, in animals which died under the action of this alkaloid. The red corpuscles were increased in size, and as this effect was also often confirmed, Dr. Dueñas thinks it is similar to that obtained by Manassein with quinine, which is due to the accumulation of oxygen. Nothing is known yet of its action upon fibrin.

Circulation.—In the heart of the frog this salt exerts a marked influence, *decreasing the number of its beats and lessening the amplitude of the ventricular diastole*. Administered by the mouth to guinea-pigs, rabbits, and dogs, in small doses (25 to 50 centigrams), *it excites the cardiac beats, as shown by the acceleration of the pulse, and, consequently, a greater activity in all functions*. These phenomena diminish by degrees as soon as the dose is raised, and promptly disappear with the elimination of the drug. Larger doses (.80 to 1.25 grams) produce opposite effects. *The circulation is depressed, the pulse decreases in force, the number of heart-beats lessens; the animal grows stupid, remains quiet, refuses food, and becomes indifferent*. When *parthenina* is injected into the veins, the *slowness of the heart's action and fall of blood-pressure*, by vascular dilatation of reflex origin, is much more perceptible, and is in relation to the amount of drug injected.

One gram of the salt, dissolved in 80 grams of distilled water at

37° C., was injected into the femoral vein of a dog, weighing 3½ kilograms, and the pulsations, which normally were so rapid that they could not be counted, fell to 98 per minute within twenty minutes after the injection. The slowing of the beats was greater and greater till *syncope and death by paralysis of the heart* took place, half an hour after the injection. This phenomenon, which was preceded by *paralysis of respiration* (as happens with quinine in large doses, according to Binz and Hebach), *left the heart arrested in diastole and the vessels dilated; the lungs and liver normal, the kidneys congested and the brain anæmic.*

In healthy man, in doses less than 50 centigrams in twenty-four hours, no discernible effects were noted, but from this dose on, the same *slowing of the pulse* was observed, which besides became *soft, depressible and without diastole*. The number of pulsations may fall to 15 per minute when the dose is raised to 2 grams in two and a half hours.

Dr. Dueñas thinks that the modifications which the use of this salt impresses on the circulatory apparatus, undoubtedly refer to its action upon the medullary motor centres for the heart and vaso-motor system, and that like quinine it must produce a diminution of the excitability of those centres, giving as a result cardiac slowness, vascular dilatation, greater amplitude of the vascular capacity and consequently a fall of the blood-pressure. He admits though, that this moderating influence of the drug upon the heart may perhaps be due to excitation of the pneumogastrics, but this he could not assert, because he was not able to make the section of these nerves. He was induced to propose the above explanation of the circulatory phenomena, by the fact that animals, when under the action of large, but not exaggerated doses, died from *cerebral anæmia*, and poisoned by the accumulation of carbonic acid in the blood, which poisoning also was attended by certain *singular irregularity of the respiratory rhythm*, from irritation of the bulb. As stated above, exaggerated doses brought about *cardiac paralysis, syncope, and death*, in half an hour's time.

Respiration.—In doses compatible with the life of the animal, *parthenina diminishes the number of the respiratory movements* in a given time. In frogs intraperitoneal injection of 2½ centigrams, or the administration of the same dose by the mouth, *induces a considerable tardiness of the respiratory movements*, which lasts from four to six hours. Larger doses (5 centigrams) by intraperitoneal injection make the *respiration irregular and cause death*, with identical phenomena as with the salts of quinine (bromohydrate and sulphate).

In warm-blooded animals, small doses accelerate perceptibly this function, while moderate and large doses retard it. In a rabbit which died the following day after that, in which 1 gram and 25 centigrams were given by the mouth, the *respiratory movements were very slow and irregular* for more than twenty hours. When this salt is introduced in a large dose directly into the blood-current, the *respiration is not only slow but irregular.*