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FAMILY HOMŒOPATHY.

BY

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PREFACE.

On presenting a treatise on domestic medicine to the homœopathic portion of the community, while there are so many works already in existence, it is proper that the author should state some of the motives which have induced him to write it.

First: He has done it in compliance with the often expressed wish of many of his patrons, for a work of the character of the one he here presents, and at the request of some of the leading pharmaceutists of our country. His aim has been to present in a compact form, as good a description of the symptoms of the various diseases, as possible in a small compass, and to give the prominent indications for the use of a limited number of our most important remedies, with specific and somewhat positive directions as to the stage of the disease in which they should be used, and the length of time during which they should generally be continued; thus simplifying the practice, and leaving as little as possible to the discretion of the prescriber. He is satisfied that the success of even a physician does not always depend upon the number of remedies with which he is acquainted, but upon his understanding how to make the best possible use of such as he does administer, and this is more manifestly true in the case of lay practitioners. If a large number of remedies, and numerous indications for their use are given, the domestic prescriber is often confused, and finds it impossible to decide between the merits of the different remedies; and if no directions are given as to the period of time a remedy should be continued, a frequent change often prevents any good effects being derived from the treatment. The author has purposely avoided the alphabetical arrangement in noticing the remedies indicated for the various diseases. The first one on the list has been placed there, either because it is generally required at the commencement of the disease, or is more frequently required than those which follow. The reader will

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please bear in mind that this is a domestic work, and has not been written to instruct physicians in regard to the proper treatment of diseases, but to guide those comparatively unacquainted with medical lore; therefore the aim has been to make it as simple and useful as possible. If the author had written this work for the profession he certainly would have recommended earnestly the high dilutions; and that a frequent repetition of doses and the alternation of remedies should be avoided as far as practicable.

Second: One of the leading motives which has induced the author to write this volume has been to have an opportunity to call the attention of the homœopathic portion of the community to another work, which he has written, denominated, "The Avoidable Causes of Disease, Insanity, and Deformity," published by Messrs. Mason Brothers, 5 and 7 Mercer street, New York; a work which, in the opinion of the author, is of far more importance, and of much greater value to every man, woman, and child, than any work on domestic medicine can possibly be. That is a work to be read while well, so as to be able to shun the causes of disease; and if sick it should be read so as to understand the conditions required for a restoration to health. The most skilful application of remedies often fails to relieve, for the want of the very information contained in that volume; and, although the work was written for general circulation, yet the author has no hesitation in expressing the opinion that even physicians can obtain as much practical information from its pages, which will enable them to treat successfully, especially chronic diseases, as they can find in any other single volume which has ever been written. Knowing, then, the value which the author sets upon that work, the reader of this will pardon the frequent reference to the "Avoidable Causes of Disease," in the following pages.

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INTRODUCTION.

LAW OF CURE.

HOMŒOPATHY differs from all other systems of medical practice, in being based upon a law of nature; and it is, therefore, strictly a scientific system. "Like is cured by like," is the fundamental law—that is, a remedy will cure symptoms when they arise from some other cause, similar to those which it will itself cause if it is taken during health. The allopathic materia medica, or knowledge of the action of remedies, is derived from the empirical administration of poisons to the sick, their use in domestic practice, their being taken through accident or design, and the giving of them to brutes; and allopathists are guided simply by past experience in administering them to the sick, with no fixed rule or law to guide them. The homœopathic materia medica is the result of carefully proving remedies on the healthy, or the giving of them during health, and accurately noting down the symptoms which they cause; and when given to the sick, they are administered in accordance with the law of cure named above. Homœopathic remedies, then, act in the direction of the disease, and simply excite a reaction which overcomes the diseased action. It follows, as a necessary consequence, that if remedies are given which will excite symptoms similar to those which already exist, they must be given in small doses, or they will most certainly aggravate the symptoms seriously, and experience has shown that this is unnecessary, hence the small doses of homœopathy.

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SIZE OF THE DOSE.

The size of the doses which are administered by homœopathists is simply the result of experience; every physician aims to give such doses as he finds most efficacious. The selection of the right remedy is of far more importance, as a general rule, than the size of the dose, provided the latter is not so great as to cause any serious aggravation of the symptoms. Yet, in some cases, the right dose is very important. According to the author's experience, many of the happiest cures ever effected are the result of using the high dilutions, but it requires accurate knowledge and great skill to select the right remedy, and to decide on the frequency of the repetition of the dose, when the high dilutions are used. The low dilutions are generally used in domestic practice, and the author is by no means satisfied that they should not be, for they can be repeated, with a prospect of success, and without injury, more frequently than the high dilutions, and there is less objection to alternating two remedies, when the low dilutions are used, which is generally satisfactory to the patient and friends. The action of the low dilutions is more transient than that of the high, and when they are used, a second remedy will often be required long before the first can safely be dispensed with, therefore, if the low dilutions are used, it is difficult for the physician even to avoid alternating remedies to a greater or less extent.

The directions in this volume in regard to the repetition of doses and alternating remedies, in the treatment of the various diseases, have been given upon the supposition that the low dilutions are to be used. If the thirtieth, or higher dilutions are used, they should not, generally, be repeated in acute diseases more frequently than once in from six to twelve, or twenty-four hours; in chronic cases, once or twice a week—never more frequently than once a day at most; generally it is better not to repeat so long as the patient continues to improve.

MEDICINAL AGGRAVATIONS.

If the symptoms are worse after taking one or more doses of the remedy, especially if they grow suddenly worse within half an

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hour of taking the medicine, omit the remedy; and if the aggravation has been caused by the remedy, it will generally soon cease, but if it should not cease, select another remedy, and give one dose, and repeat it at long intervals. A remedy which has caused an aggravation may be repeated when the relief which follows the aggravation has ceased, but it should be given at longer intervals, or be made much weaker by being diluted with a large quantity of water.

If relief to the symptoms follows the use of a remedy, continue it, but lengthen the intervals between the doses. If the patient ceases to improve, select another remedy, but do not change the remedies while there is any manifest improvement.

DOSE AND ADMINISTRATION OF REMEDIES.

In acute diseases, and in other cases where a prompt action of the remedy is desired, it is generally best to give the medicine dissolved in water. If the remedy is in the form of globules, dissolve twelve of them in half a glass of cold water; if it is in the form of a tincture, drop one drop into a glassful of water; if it is in the form of powder, put half as much as will lie on a three-cent piece into half a glass of water—in either case stir the solution well, and give to an adult two teaspoonfuls or one tablespoonful for a dose; to a child, one teaspoonful for a dose. Powders may also be given dry on the tongue, giving for a dose as much as will lie on the point of a penknife blade. In chronic cases, or in acute cases which are not very urgent, the remedy may be given either dry on the tongue or dissolved in cold water. If it is in globules, give four to an adult or two to a child; if in powder, give as much as will lie on the end of a penknife blade to an adult, or half as much to a child; if it is in the form of a tincture, drop one drop on a lump of sugar, or into a spoonful of water, and give the whole of it to an adult, or one fourth of it to a child, if only a single dose is to be given, but if several doses will probably be required, dissolve the same quantity of the tincture in ten spoonfuls of water, and give as directed in acute cases, to an adult two spoonfuls, or to a child one teaspoonful. Never use

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the same glass or spoon for two remedies without carefully washing it.

DIET.

Patients under homœopathic treatment should avoid high-seasoned dishes and all condiments, with the exception of salt and sugar, which should be used only sparingly. Smoked meats and fish, all strong-scented and pungent vegetables, pastry of all kinds, and confectionery, should be shunned. He should avoid all alcoholic and fermented drinks, tobacco, and opium, except when he has been long addicted to their use, in which case he should use them very sparingly, or, what is better, gradually discontinue their use. It is generally better that he should drink neither tea nor coffee, or certainly nothing more than black tea.

More specific directions in regard to diet will be found in connection with the treatment of the various diseases.

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LIST OF REMEDIES RECOMMENDED IN THIS WORK.

ABBREVIATIONS, FULL NAMES, AND COMMON NAMES.

1. Aconite—Aconitum napellus—Monk's Hood.
2. Aconite—tincture, or globules saturated with the tincture.
3. Apis mel.—Apis mellifica—poison of the Honey Bee.
4. Arnica—Arnica montana—Leopard's Bane.
5. Arsenicum—Arsenicum album—Arsenic.
6. Belladonna—Deadly Nightshade.
7. Bryonia—Bryonia alba—White Bry
8. Calcarea carb. or Calcarea carbonica—Carbonate of lime.
9. Cannabis or Cannabis sativa—Hemp.
10. Cantharis—Cantharides—Spanish Fly.
11. Carbo veg. or Carbo vegetabilis—Charcoal.
12. Chamomilla—Chamomile.
13. China—China officinalis—Cinchona—Peruvian Bark.
14. Cina—Wormseed.
15. Coffea—Coffea cruda—Coffee.
16. Colocynth—Colocynthis—Bitter Cucumber.
17. Cuprum—Cuprum met. or metalicum—Copper.
18. Drosera—Round-leaved Sun-dew.
19. Dulcamara—Bitter Sweet.
20. Gelsemium semp.—Gelsemium sempervirens—Yellow Jessamine.
21. Helleborus—Helleborus niger—Black Hellebore.
22. Hepar sulph. or Hepar sulphuris—Sulphuret of Lime.
23. Hyoscyamus or Hyoscyamus niger—Henbane.
24. Ignatia or Ignatia amara—St. Ignatius' Bean.
25. Ipecac or Ipecacuanha.
26. Lachesis—Poison of the Lance-headed Serpent.
27. Lycopodium—Wolf's Claw.
28. Mercurius prot.—Mercurius protiod.—Protiodide of Mercury.
29. Mercurius viv.—Mercurius vivus (Mercurius sol. may be used in its place)—Mercury.
30. Mercurius cor.—Mercurius corrosivus—Corrosive Sublimate.
31. Natrum mur.—Natrum muriaticum—Muriate of Soda.

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32. Nitric acid—Nitri acidum.
33. Nux vom.—Nux vomica.
34. Opium.
35. Phosphorus.
36. Pulsatilla—Pasque Flower.
37. Platina.
38. Rhus tox.—Rhus toxicodendron—Poison Oak.
39. Rheum—Rhubarb.
40. Sabina—Savine.
41. Secale cor.—Secale cornutum—Ergot of Rye.
42. Silicea—Silex.
43. Spongia—Burnt Sponge.
44. Stannum—Tin.
45. Stramonium—Thorn Apple.
46. Sulphur.
47. Tartar emetic—Tartarus emeticus—Stibium.
48. Veratrum—Veratrum album—White Hellebore.

TINCTURES FOR EXTERNAL AND INTERNAL USE.

1. Arnica—Arnica montana—Leopard's Bane.
2. Calendula—Calendula officinalis—Marigold.
3. Urtica urens.
4. Camphor or Camphora in tincture or globules.

The reader will please bear in mind that the above list of abbreviations and variations of the names of the remedies, contains simply those which are in this book, and not all that are sometimes used in putting up domestic cases. For instance, *Aconite*, *Acon.*, *Aconitum nap.*, *Aconitum napellus*, all denote the same remedy, and so in other cases. If the first three or four letters are right on your label, and there is no second name on the label, you have the right remedy. If there is a second name, the first two or three letters should correspond with those of the remedy named in the book, if in the book there is any second name; but if there is no second name to the remedy in the book, you have the right remedy, for when there are two remedies with the same first name, the first three letters of the second name are always given.

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DOMESTIC HOMŒOPATHIC PRACTICE.

CHAPTER I.

FEVERS.

No class of diseases has attracted more attention, or has been the subject of more speculation, than febrile diseases. As this is a practical work, I do not intend to spend either much time or space in considering such speculations; but a few remarks on some of the theories which have prevailed seem necessary, to counteract certain pernicious methods of treatment which are prevalent, having such theories for their foundation. Among the most pernicious of the various theories which have prevailed will be found the one which ascribes fevers to the fluids of the body, especially to the bile, the phlegm, and blood—to a superabundance of these fluids, or to their depraved state.

The "black bile" was a bug-bear with Hippocrates, the father of allopathy, and his descendants have been bilious ever since; and if we can judge from the common expression so frequently sounding in our ears, "I am bilious," they have not labored in vain in their efforts to convince the community that an excess of bile is the cause of a large share of their ills, especially fevers. "You are bilious," says the doctor, by which the patient understands that his stomach is filled with bile; and what is more simple, or apparently natural, than to cure this state of things by an emetic or cathartic. If an emetic is given, the first effort of vomiting may

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not reach the bile, simply because the stomach contains none; but by the efforts of vomiting, and the irritation caused by the emetic, the inverted action which has been established in the stomach extends to the upper portion of the intestines, below the entrance of the gall duct, and the bile, which should flow down through the bowels to aid in the process of digestion, passes up into the stomach, and is thrown up; and the more the patient vomits the more bile he discharges, until he is astonished to think he was not sick before, from being so bilious. So the poor patient is humbugged into the belief that he is bilious, through his own senses; the doctor makes a convert to his sagacity and method of practice, but he fails to show his poor deluded victim how the throwing off of the small quantity of bile which is secreted for an hour or two during the operation of the emetic, is to furnish any permanent relief, or prevent its continued secretion; but as, after the action of the emetic is over, the bile pursues its usual course, and does not trouble the patient more than heretofore, he is satisfied with the wonderful skill of his doctor. Even if there is an excess of bile secreted, the fault is with the liver, and remedies should be given to correct its deranged action; simply evacuating the stomach and bowels by emetics and cathartics amounts to little, except to do injury. Although priding themselves in a "combined experience of three thousand years," only a few of the most intelligent physicians of the dominant school are beginning to make the discovery that blood-letting exercises little or no control over febrile or inflammatory diseases, except for injury—often exhausting the vital energies, and destroying the power of resistance which is so much needed at the critical stage of the disease.

Hoffman and Cullen introduced the nervous theories of fever. Hoffman taught that the chill is caused by a spasm of the capillary, or most minute blood-vessels, and that the heat and excitement which follow are but the reaction of the system to overcome this spasm. But there would seem to be much greater evidence of a collapse of the minute blood-vessels than of spasm. The nervous theories, in a great measure, overthrew the theories founded upon the blood and secretions, but, as we have seen, did

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not destroy the methods of practice founded upon them, for the latter continue to this day. Having said this much in regard to the theories of the past, I shall allow all theories to rest in the grave-with their authors, for they are of no practical value. The homœopathist has a practical law to guide him in the selection of his remedies, and so strong is my confidence in the superiority of the system for the treatment of all febrile diseases, that I would rather trust an intelligent layman, with simply a good domestic work and case of medicines to treat me, than to risk the treatment of the best allopathic physician in the world, in any febrile disease.

We have what physicians call idiopathic fevers; by which are meant diseases which are essentially and primarily febrile diseases, and do not depend upon local disease. Among the fevers of this class we have ephemeral fevers, typhus and typhoid fevers, intermittent, remittent, and yellow fevers. During the course of such diseases, local congestions, and even inflammation, may supervene; but these local affections are secondary—rather the consequence of the fever than the cause of it. We have also symptomatic fevers, or fevers which are caused by local inflammation or local disease. Such fevers sometimes assume a typhoid or an intermittent form during their course, or become complicated with the latter affections, especially when they occur in localities where, or during seasons when, typhoid or intermittent fevers are prevailing. Then we have eruptive fevers.

EPHEMERAL FEVER.

This consists of a single paroxysm of fever, commencing generally with chills, pains in the head, back, and limbs, followed by fever, attended by the latter symptoms, and terminating, in the course of twenty-four or forty-eight hours, in a profuse perspiration, or some other critical discharge, such as a profuse flow of urine, or a diarrhœa. This is a very common disease, especially during the prevalence of other febrile and eruptive diseases. It is not improbable but that the causes which produce such fevers, acting on constitutions partially protected against them,

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or which are not very susceptible, may produce simply this ephemeral fever; as it is more common, as has just been noticed, during the prevalence of other febrile affections. It is not always easy to distinguish this disease from the commencement of other febrile diseases, except by its duration, and this is of no great moment, as we always select our remedy by the symptoms which exist, and not by the name of the disease. It may also be caused by exposure, sudden changes of temperature, errors of diet, mental emotions, &c.

Treatment.—*Aconite*, if the skin is hot and dry, the pulse full and hard, and the face flushed, is the proper remedy. It may be given in solution every hour until perspiration ensues.

Dose, see page 7.

Bryonia: If typhoid or typhus fever is prevailing, or if the pains in the head are dull, and the hands and feet disposed to be cool, *Bryonia* may be given instead of *Aconite*, or it may follow the latter remedy at the end of twelve hours, and be repeated once in four hours.

Belladonna may be selected instead of *Bryonia*, and given once in two hours, if the pains in the head are sharp and cutting, the eyes red, with sensitiveness to light and noise; and if there is delirium.

A warm bath, when it is convenient, or simply bathing the feet in warm water, if great care is used against exposure afterward, will be useful. A glass of cold water, or even of hot water, milk, and sugar, and covering up warm in bed, will often afford considerable relief, by aiding the *Aconite* in promoting perspiration.

TYPHUS FEVER.

Very little is known in regard to the cause of this disease. It occurs most frequently in situations where persons are crowded together, especially when there is added to this, unwholesome food and vitiated and confined air, as aboard ships, in crowded hospitals, prisons, camps, and large cities. But this disease not unfrequently occurs in country places, and even in mountainous regions, and also among those who are well housed and fed, and

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who pay the utmost regard to cleanliness. It is supposed to be, to a limited extent, contagious, and it often depends upon an epidemic influence. This disease prevails more frequently during the autumn and winter, but it may occur during any season of the year.

Symptoms.—Often loss of appetite, weariness, sleepiness, and dull headache. precede the attack. Sometimes the disease begins abruptly by a chill, followed by symptoms of fever. There is dull pain in the head, and perhaps in the back and limbs—the mental faculties soon become torpid and dull—the pulse, if at first full, soon becomes feeble and frequent, often beating from 100 to 110, 120, or even, in the course of the disease, as frequently as 140 or 150 in a minute. The extremities soon become cool, and even cold, but the body and head hot, the face flushed, and of a purple tint. The tongue at first may be coated white, but it soon becomes brown and dry. The urine is small in quantity and reddish The bowels are generally costive. These symptoms continue, with a gradual increase, until about the end of six or seven days from the commencement of the chills and fever, when other symptoms are superadded. The tongue becomes encrusted with a brown or black coating, and is generally dry. There oozes from the gums and mucous membrane of the mouth dark bloody mucus, which dries and accumulates on the teeth, lips, gums, and even on the soft palate, in some cases. Such crusts are called sordes. The pulse becomes frequent and feeble, the body hot and dry, the extremities cold, a peculiar offensive odor often exhales from the body, and there is twitching of the tendons, or cords, in the extremities. The patient slides down in bed involuntarily, becomes very feeble, lies on his back, picks at the bedclothes, or at imaginary objects; muttering delirium ensues, or even stupor or coma, more or less profound. Occasionally the lungs become congested, and there is oppression in breathing and cough. Sometimes there are involuntary evacuations from the bowels, retention of urine, hemorrhage from the bowels, or from the nostrils, effusion of blood beneath the skin, causing dark spots like bruises. There is frequently an eruption on the neck and body, and sometimes on the limbs, varying in size from a pin's head to the

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fourth of an inch in diameter, varying in color from red to purple, violet, or even black. A fine rash, of transparent vesicles, from the size of a mustard-seed to that of a pin's head, frequently makes its appearance at this stage of the disease. There is almost always more or less deafness. There is often a very great tendency to excoriation, ulceration, and mortification of the parts of the back and hips, on which the patient lies, caused by pressure, when the utmost care is not used to prevent it. The average duration of this fever is about fourteen days, but it may abate by the seventh or ninth, or continue until the twenty-first day.

Favorable Symptoms.—The tongue gradually begins to clean at the tip and edges, the pulse becomes less frequent and fuller, the skin over the body becomes cooler and less dry, the extremities warmer, a gentle uniform perspiration may ensue, the delirium, stupor, and deafness, subside, the patient takes more interest in the things around him, and begins to feel some appetite, and steadily recovers.

Unfavorable Symptoms.—A very frequent or an irregular pulse, or slow and scarcely perceptible pulse. The extremities become cold and clammy, or the whole surface becomes covered with a cold clammy sweat. The countenance assumes a death-like aspect, and the patient gradually sinks and dies. Sometimes death is preceded by convulsions, and often by profound coma or insensibility.

Treatment.—To prevent this disease, pure air and cleanliness are very essential; all decaying vegetables should be carefully removed from the cellar; stagnant water should be drained from the cellar, and from beneath the house; the sink should be kept clean, dish washings and vegetable substances should not be thrown about the doors, and in gutters, to decompose and vitiate the air. If the disease is prevailing, and individuals have been exposed to patients sick with it, or to the same causes which have produced it in those already suffering, *Rhus tox.* and *Bryonia* may be taken alternately, forty-eight hours apart, as preventives.

Dose, see page 7.

Bryonia: During the first stage of the disease, before the stage of prostration or collapse arrives, *Bryonia* is generally the

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most important remedy, especially when there is dull pain in the head, with mental and physical torpor, great heat over the body and temples, with cold extremities, coated tongue, light colored or brown, and dry, and when there is great soreness over the body.

If the disease commences with a full pulse, and warm extremities, great benefit will result from giving *Aconite* once in two hours, for twelve or twenty-four hours, or until the extremities are cool, before giving *Bryonia*.

It should be remembered that we can rarely if ever "break up" either this disease or typhoid fever. It is the opinion of many writers that this can never be done; it is quite certain that it generally runs its course, and all we can expect is to lessen its severity, and bring it to a favorable termination. If we would derive the full benefit which remedies are capable of exerting in this and other diseases which have a somewhat specific duration, we must avoid changing our remedies often. *Bryonia*, when indicated in this disease, should generally be continued once in two or three hours, until the sixth or seventh day, or even longer if the patient seems to be doing well. The patient may be regarded as doing well, so long as he is not getting materially worse. If there are sharp pains in the head, with sensitiveness to noise and light, with or without delirium, early in the disease, *Belladonna* may be given instead of *Bryonia* once in two hours, until such symptoms are relieved.

Nux vomica: This remedy may be given in the first stage of the disease, when there is pain in the top and back of the head, when the skin and eyes are yellow, and the tongue yellow or dry, when there is pain, soreness, or fullness and weight in the right side beneath the short ribs, in the region of the liver, and constipation. This remedy will rarely be required for more than two or three days, when it should be followed by *Bryonia*. *Nux vomica* may be given during any stage of the disease, if the above symptoms occur.

Rhus tox.: As the disease approaches the stage of collapse, or great prostration, and the extremities become colder, the pulse weaker, and sordes begin to appear on the teeth and gums, and

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the tongue becomes dry and dark, *Rhus tox.* should take the place of *Bryonia*, and be given once in two hours. *Rhus tox.* may be given early in the disease, if the prostration is very great, but in the stage of prostration it is our main remedy, especially when there are muttering delirium, sliding down in bed, cold perspiration, or the dark spots on the skin, and the eruptions named in the description of the symptoms; also, if the bowels should become loose with dark offensive passages, and the breath very offensive.

Arsenicum: If, notwithstanding the use of *Bryonia* and *Rhus tox.*, the tendency to decomposition and dissolution increases until the pulse becomes very small, or irregular, and the surface cold and clammy, *Arsenicum* should be given either alone or alternately with *Rhus*, one hour apart. This remedy is especially indicated, if there are profuse, watery, or offensive discharges from the bowels, with or without burning thirst.

Carbo veg.: If *Arsenicum* fails to check the tendency to dissolution, and the pulse becomes scarcely perceptible, or irregular, the skin even over the body cool and clammy, this remedy may be given instead of *Arsenicum* every hour.

Camphor: If, during the course of the disease, especially about the seventh or fourteenth day, very great prostration of strength suddenly ensues, the pulse becomes small and irregular, the surface cold and clammy, give one drop of the common tincture or spirits of *Camphor*, in a little sugar and water, every fifteen minutes, until the symptoms of excessive prostration are relieved, provided they are relieved within two hours. If at the end of that time reaction does not ensue, give *Arsenicum* and *Carbo veg.* alternately, one hour apart.

Gelsemium semp.: This is a new remedy, which has been used to a greater or less extent by many physicians, in this and typhoid fever. At the commencement of the fever it sometimes does very well, but at present the particular indications for its use are not sufficiently understood. It may be given at the commencement of the attack, when the veins of the head are congested or full, with dull headache, delirium, or wavering of sight, and be repeated every hour until free perspiration ensues. If no

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change in the symptoms results within from twenty-four to forty-eight hours, select another remedy. Some physicians give drop doses of the tincture, others prefer the dilutions or globules. Either will answer.

There are other remedies which may be required for the successful treatment of certain cases of typhus fever, especially for the various complications which may arise, such as congestion of the lungs, diarrhœa, vomiting, hemorrhage from the bowels or nose, and bed sores, but as these complications quite as frequently occur in the course of typhoid fever, and as the indications are similar, the reader is referred to the treatment of that disease in such cases; also for suggestions as to diet, &c.

TYPHOID FEVER.

It is the opinion of many physicians and writers, that this is but a milder and modified form of typhus fever, and that it arises from the same cause. There is the same tendency to decomposition of the blood and solids of the body as witnessed in genuine typhus; and in cases which tend to a fatal termination, in the last stage, the symptoms are generally the same as in the latter disease. Typhoid fever generally commences more gradually, is slower in its progress, and longer in its duration than typhus fever. In typhus fever the bowels are generally constipated, whereas in typhoid fever there is predisposition to diarrhœa and soreness in the bowels on the right side of the lower half of the abdomen. Diarrhœa and soreness of the bowels are not always present, especially under homœopathic treatment, for I have seen well-marked cases of typhoid fever run their course without the occurrence of such symptoms. In fact, under our treatment, when they do occur, they are rarely very troublesome, when they have neither been developed nor aggravated by cathartic remedies. Diarrhœa may precede the febrile symptoms, it may commence with them, or it may commence during the middle or later stages of the disease. The average duration of typhoid fever is twenty-one days, but it may terminate in fourteen days, or linger for

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four or five weeks, but rarely for so long a period under homœopathic treatment.

Symptoms.—The disease sometimes commences abruptly by a chill, followed by symptoms of fever; but it often comes on insidiously, and increases gradually, so that it is difficult to fix the exact point of the commencement of the disease. The patient complains of weariness, uneasiness, soreness of the limbs, slight headache, torpor of the mental faculties, and indisposition to muscular action; there is heat of the body and temples, with a tendency to cool extremities. The disease may be so slight as scarcely to require the patient to take to his bed during its course, or it may be very severe, with severe headache, great mental and physical torpor, deafness, delirium, cold extremities, burning heat of body, frequent and small pulse, and, during the latter stages of the disease, dry tongue, sordes on the teeth, offensive breath, and twitching of the tendons. Between the mild and severe cases described above, we may have every degree of severity in different cases. We have the same tendency to hemorrhage from the nose and bowels, effusions of blood in and beneath the skin, and bed sores, as in typhus fever. There is frequently a troublesome cough, caused by a slow inflammation of the air-passages, or bronchia, and also obstinate vomiting caused by irritation or inflammation of the stomach. The tendency to diarrhœa and abdominal tenderness has already been noticed. For the symptoms which denote a fatal tendency, consult the section on typhus fever.

Treatment.—To prevent the disease in the case of individuals exposed, *Rhus tox.* and *Bryonia* may be given two days apart, as suggested for the prevention of typhus fever, and the same care in regard to cleanliness and ventilation is essential.

Bryonia: This remedy is about as important for the treatment of this disease as in the treatment of typhus fever, especially during the first ten or twelve days of the disease, and when the bowels are constipated. The reader may consult the indications for this remedy, *Rhus tox.*, *Arsenicum*, *Carbo veg.*, and *Gelsemium semp.*, under the head of typhus fever. In slight cases where

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there are no local complications, no other remedy may be required during the first stage of the disease but *Bryonia*.

Dose of this and other remedies, see page 7.

Rhus tox. may take the place of *Bryonia* during the latter stages of the disease, provided there is great prostration, with sordes or crusts on the teeth, and twitching of the tendons. If *Rhus tox.* does not check the tendency to a typhus state and dissolution, *Arsenicum* must be given every hour, and finally *Carbo veg.*—if *Arsenicum* fails—in desperate cases.

Gelsemium semp. will often do well at the commencement of the disease when there is great fullness about the head, severe headache or delirium, with or without derangements of sight. Also, if in the course of the disease head symptoms occur, which are not relieved by other remedies, give *Gelsemium* every hour. The above are all the remedies generally required in uncomplicated cases, where there is neither local congestion nor inflammation, but in a majority of cases there are symptoms which require other remedies.

Pulsatilla : This remedy, either alone or alternately with *Bryonia*, will often be useful when typhoid fever commences with a diarrhœa, or when this symptom occurs early in the disease, if there is a bitter taste, whitish tongue, or watery, bilious, or even mucous evacuations from the bowels. Later in the disease, if the stomach is acid, if there are nausea and vomiting, with diarrhœa, it may still be of service.

China is often of service during the forming stage of the disease, when there is a painless, watery diarrhœa, with rumbling in the bowels, paleness of the face, and ringing in the ears.

Arsenicum : This remedy should be given at any stage of the disease when there are watery, slimy, whitish, greenish, or more particularly brownish evacuations from the bowels. If the passages from the bowels become bloody or slimy, or if there is straining with the discharges, *Mercurius viv.* may be given instead of *Arsenicum*. For dark mahogany-colored passages, *Nitric acid* is the remedy.

If nausea and vomiting occur, with tenderness of the stomach on pressure over it, *Ipecac* may be given ; and if at the end of

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twelve hours these symptoms are not relieved, give *Veratrum*. *Arsenicum* should follow *Veratrum* at the end of twenty-four hours, if the symptoms are not relieved. If the nausea and vomiting are very obstinate, and not relieved by remedies, and everything the patient takes is immediately thrown up, let him take nothing into the mouth, except the proper medicine, dissolved in a few drops only of water, and give an injection of thin rice water, arrow root, or corn starch, night and morning—about a teacupful. This will relieve the thirst, sustain the strength, and not aggravate the stomach symptoms. This course can be continued until the stomach will tolerate nourishment, when the above liquids may be cautiously administered by the mouth, at first only a teaspoonful at a time.

When there is a troublesome cough and bronchial irritation, which are not relieved by *Bryonia* or *Rhus tox*, *Belladonna* is generally the most important remedy, and may be given alternately with one of these remedies. If *Belladonna* fails to relieve, *Sulphur* should take its place at the end of twenty-four hours. *Phosphorus* will be useful when there is great oppression of the chest, with cough with or without expectoration.

For great oppression of the brain, when the patient lies in an unconscious state, or with muttering delirium, if *Bryonia* and *Rhus tox.* do not relieve, give *Arnica* once in two hours. If *Arnica* fails to relieve the above symptoms within twelve hours, give *Belladonna*. If there are great stupor and drowsiness, which other remedies fail to relieve, give *Opium*.

If the above remedies fail to relieve severe pain in the head, delirium, or oppression of the brain, wet a large towel in cold water, and wrap it around the entire head and face above the eyes, and cover the wet towel entirely with four or five thicknesses of dry flannel; pin the flannel snugly around the head, so that it will keep its place and exclude the cold air. Wet the towel once in two or three hours, until there is some improvement, then only once in six hours.

For bleeding from the nose, if it occurs in typhus or typhoid fever at the commencement of the fever, give *Aconite* alternately with *Bryonia*. If it occurs during the fever before the stage of

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prostration, give *Pulsatilla* every hour, and if it fails to relieve, give *Calcarea carb.* If during the latter stage of the disease, give *Arnica* every hour, and follow it with *Carbo veg.*, if necessary. If the remedies do not soon stop the bleeding, consult the article on hemorrhage from the nose, especially the mechanical measures there described.

For hemorrhage or bleeding from the bowels, give *Pulsatilla*, followed by *China*, if the patient becomes very weak and faint. Apply cloths wrung from cold water over the bowels, and change them often until the bleeding stops.

Cathartic remedies should never be given during the treatment of either typhoid or typhus fevers, for I have in several instances, especially in typhoid fever, seen an irritation of the stomach and bowels caused by their use, which no subsequent treatment could cure. Many die from this cause. If the bowels are costive, give nothing more, in addition to the remedies named, than a free injection of tepid water once in two or three days. I have often had patients go one, two, or even three weeks, without a passage, and do well. Still injections, as directed above, will do no harm.

To prevent bed sores, carefully watch the back and hips, and if there are any red, dark, or excoriated spots on the skin, wash them in a solution containing a teaspoonful of *Arnica tincture* to a teacupful of water, once a day, and apply over the parts strips of the common adhesive plaster of the shops. Remove them every day, and wash in the *Arnica* wash. If this does not relieve the parts, all pressure should be taken off the red or excoriated points by the means of cushions and pillows.

General Directions.—The sick-room should be well ventilated by the admission of fresh air, instead of being fumigated by burning substances. The light of the sun should be freely admitted, all day, into the sick-room, to purify the atmosphere, and cheer the patient. The patient should be freely sponged over the entire surface of the body with tepid water at least once a day, and the bed and the patient's linen should be often changed.

Diet.—In cases of typhus fever, and even of typhoid fever, where there is no irritation of the mucous membrane of the

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stomach and bowels, manifested by nausea, vomiting, diarrhœa, pain and tenderness on pressure over the stomach and bowels, the patient, from the commencement of the disease, may be encouraged to eat regularly, but moderately, of boiled rice, tapioca, sago, and roasted potato, or of dry toast or cracker, with a small quantity of baked apple. The moderate use of such articles will sustain the patient's strength, and keep up the secretion of gastric juice, so that the patient will be able to take other nourishment much earlier than he could otherwise do with safety. If he has continued to take the above articles from the commencement, when the stage of collapse or great prostration ensues, if the prostration is very great, as it generally is in malignant typhus, the patient, if able, may be allowed to chew a little beefsteak and swallow the juice. Or the juice of the beef may be obtained by cutting or slicing the beef thin, putting it into a bottle, and setting it into boiling water for an hour or two. When the prostration is not very great, as is generally the case in typhoid fever where there is no irritation of the stomach and bowels, it is better, perhaps, not to resort to animal nourishment until the fever has entirely abated. But in all cases where there are nausea and vomiting or diarrhœa, with tenderness on pressure over the right side of the lower part of the abdomen, no nourishment should be taken but liquids, such as rice water, arrow root, toast water, the thin part of oat meal or corn meal gruel, and weak black tea. Nor should food in substance or animal food be given in such cases until after the fever has entirely passed off, and been gone for three or four days, and the patient has a good appetite. And even then it is necessary to use the utmost care in changing to a more substantial and stimulating diet. At first, for a day or two, the rice water, arrow root, or gruel, should be made thicker simply; then, after a day or two more, be made into a thin pudding; and then, after a few days more, dry toast may be given three times a day—never more frequently; after a day or two more, the patient may be allowed to chew beefsteak, and swallow the juice, and after having done this for two days he may swallow the meat. Be thus careful and relapses will rarely follow; but if the patient is allowed to take

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food in substance, or animal food, especially broth, as soon as he begins to desire it, a relapse will often follow, and death not unfrequently. Nothing is lost by being thus careful, for the patient will gain strength steadily, in fact, rapidly, on rice water, gruel, &c. I have often known relapses follow, and in several instances death, when animal broths, toast or rice, and other solid articles of food, have been given too soon. In all febrile diseases, if the patient has been several days or weeks without solid food, or without animal food, it is necessary to return to its use with great care, as directed above; for little or no gastric juice is secreted in such cases, and the food, if taken, will not be digested, but will decompose and irritate the stomach and bowels. The patient may be allowed, in addition to the above liquids, to drink cold water, molasses and water, or warm water, milk, and sugar, freely during the course of these fevers when there is no irritation of the stomach and bowels, which is aggravated by their use. A roasted apple put into a bowl of water makes a pleasant drink; also steep a few dried apples in water and drink the liquid. As far as possible have around the patient only those who are needed to take care of him.

INTERMITTENT FEVER,

(FEVER AND AGUE.)

This disease is supposed to be caused by poisonous exhalations arising from decomposing vegetable substances. It rarely occurs north of fifty-six degrees of north latitude; for although there may be sufficient heat, the seasons are too short. The nearer we approach the equator the more violent do these fevers become, and the more constantly do they prevail; whereas, in temperate climates they do not usually prevail until the latter part of summer and autumn. If individuals are attacked with intermittent fever in the winter or spring, it is generally from the disease, or rather its cause, being latent in the system, and then developed by some exciting cause, such as over-exertion, over-eating, or exposure. Persons do not take this fever from residing in sections of country where it prevails during the winter, spring, and latter

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part of the fall, after severe frosts have come. Heat and moisture are essential for the development of its cause, but too much wet weather may prevent the generation of the poison in certain localities by covering up decomposing vegetable matter; therefore, in very wet seasons, the lower grounds are usually most healthy, and higher grounds which are ordinarily exempt from disease become sickly. It is inferred that decomposing vegetable substances are necessary for the production of the poison which causes this fever, from the fact that in no situations are intermittent fevers so prevalent as along the banks of rivers, and in the deltas of tropical streams, which, in their periods of flood, deposit large quantities of vegetable substances, which, upon the subsidence of the waters, are exposed to the heat of the sun; also, when grounds are overflowed and then allowed to dry up, as in the case of mill-ponds, where the water is drawn off, exposing moist, dead vegetation. These fevers are very prevalent in new countries, but it often happens that they do not prevail to any considerable extent among new settlers, until they have cleared up the forests so as to expose a large extent of soil to the sun.

VARIETIES OF INTERMITTENT FEVER.—By an intermittent fever, we understand a febrile disease in which there are paroxysms of fever, with an intermission between them, during which the patient is free from fever. When the paroxysms occur once in twenty-four hours the fever is called a quotidian. When they occur once in forty-eight hours it is called a tertian. When they occur once in seventy-two hours it is called a quartan. We sometimes have what are called double types. In the double quartan the patient has a fever two days and skips one day. In the double tertian the patient has a fever every day, as in a quotidian; but it is known from the latter by the fact that the paroxysm either occurs at a different hour every other day, or is more severe, or not as regular in all its stages, on alternate days. We may have intermittent fever without or with very slight chills or sweat; we may have a severe paroxysm of fever followed by profuse perspiration without being preceded by chills. A very slight fever may be followed by a profuse sweat. A paroxysm of intermittent fever may consist principally of chills without being

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followed by much fever or perspiration; or we may have a chill followed by heat and perspiration—regular ague and fever.

Symptoms.—Each paroxysm of an intermittent fever, when regular and fully developed, consists of three stages, namely: a cold, hot, and sweating stage, which usually succeed each other in the order named. Sometimes the chill comes on suddenly, without premonitory symptoms; but it is often preceded by a feeling of languor, weariness, stretching and yawning, impaired appetite, with slight fever and pain in the back and limbs. There are sometimes slight paroxysms of such symptoms for two or three days before regular paroxysms commence.

The cold stage is usually ushered in by yawning, stretching, pains in the head, back, and limbs, and by feelings of chilliness in the limbs, which soon extend over the whole body, sometimes seeming to run in streaks, especially up and down the back. Shivering or trembling soon ensues, and even shaking; the teeth chatter, the surface is pale and contracted, the hands are shrunken, and the ends of the fingers often purplish. The breathing is irregular and hurried, and there is oppression of the chest, with a disposition to sigh. Nausea and vomiting frequently occur during this stage. The pulse is small, sometimes very frequent, sometimes slow and irregular. There may be very great thirst or very little, also severe pains in the head, back, and limbs, irritability of temper, delirium, and in children, convulsions. The cold stage generally lasts about one hour, but it sometimes continues but for a few minutes, whereas in other instances it lasts for three or four hours, or even for a longer period.

The hot stage generally follows the cold gradually, chills alternating for a time with flashes of heat. Gradually the whole surface becomes warm, but for a time the least exposure of the surface of the body causes chilly sensations. At length the heat prevails, the skin is distended with blood, the eyes sparkle, the mouth is hot and dry, the tongue furred, and there is often, but not always, great thirst. Nausea and vomiting are occasionally present, the breathing is rapid, the pulse is generally frequent, full, and strong, the skin dry, the urine scanty and high colored. There is almost always violent pain in the forehead and temples,

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with throbbing and feeling of distension, and severe pain in the back. There is sometimes delirium, and, in cases of children, frequently convulsions. Sometimes a rash, like nettle resh, makes its appearance and vanishes with the fever. The duration of the hot stage varies from one to twelve, or even twenty-four hours, before it begins to abate.

The sweating stage follows gradually, the perspiration commencing on the face, neck, and breast, and extending over the whole body. It may be scanty, profuse, or very copious. When the perspiration commences, the febrile symptoms begin to abate, and gradually pass off, and the pains in the back and head cease, the skin becomes cool, and the pulse less frequent, the mouth moist, and the urine, which had been scanty during the fever, becomes free, and often deposits a sediment on cooling.

The whole duration of the paroxysm varies greatly. The average duration of the paroxysms in the quotidian variety is perhaps eight or ten hours; in the tertian, six or eight hours; in the quartan, five or six hours. Sometimes they are much longer, instead of shorter, in the tertian and quartan than in the quotidian. The paroxysms may last in some cases but two or three hours, in other cases for eighteen hours, and in tertian and quartan fevers from thirty to fifty hours. The paroxysms generally shorten as the disease becomes of longer continuance. Young children rarely shake, but the hands, feet, nose, and ears, become cold, and perhaps blue; even such symptoms may be absent.

During the intermission the patient is free from fever, but feels languid, with slight uneasiness in the head, back, and stomach. The appetite is poor, the countenance is pale and sallow; but the above symptoms generally abate, as the disease continues, if the patient improves.

The first attack of intermittent fever is usually the worst the patient ever has, and subsequent attacks are milder, and more easily controlled by homœopathic treatment.

In sections of the country where intermittent fevers prevail, various affections, such as neuralgia, rheumatism, hysterics, hiccough, diarrhœa, and even epilepsy, occasionally occur in a

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regular intermittent form, but without chills and fever, evidently caused by the poison which gives rise to intermittent fever. These diseases, when they become thus paroxysmal, are regarded as masked cases of ague, or intermittent fever, and require the same class of remedies as regular intermittents; at least such remedies should be given alternately with the remedy appropriate for the disease which has assumed a paroxysmal character.

Preventive Treatment of Intermittent Fever.—Persons residing in sections where these fevers prevail, from the beginning of summer to late in the fall, should avoid the early morning air; also the late evening and night air, as far as practicable; admit the solar rays freely all day into their sleeping rooms, for sunlight is the great purifier of the atmosphere; and avoid building their houses in the neighborhood of marshes, mill-dams, &c., especially on the side, where they will be compelled to breathe the atmosphere from such localities, as the wind ordinarily blows. Higher grounds in such a direction will generally be more unhealthy than lower grounds on the opposite side of the marsh, pond, or stream. During the months of July, August, September, and October, take *China* and *Arsenicum* alternately, one week apart.

Treatment of Intermittent Fever.—Little difficulty will generally be found in curing old cases of ague promptly, by the use of homœopathic remedies, in ordinary doses, even though they may have been treated allopathically and empirically, for months and years. Sometimes, under such circumstances, a single dose of the proper remedy will accomplish a permanent cure. But it will be found far more difficult to cure promptly recent cases, where the patient has never had the disease before. In such cases, if we use the ordinary dilutions, it will generally require from two to four weeks to get entirely rid of the fever, but after such a treatment the disease is *cured*, and relapses are rare; whereas, if the paroxysms are suppressed, by quinine and other remedies, relapses generally occur again and again for about two seasons, and sometimes for a longer period. I expect this work to fall into the hands of many individuals in the Western country, especially in the section where the author has long re-

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sided, who have not access to a homœopathic physician, and I shall endeavor to give them such information as will prevent them, under any circumstances, from being tempted to resort to the empirical treatment of allopathy and nostrum venders. Calomel, blue pills, and cathartics, are of no use in any form of miasmatic disease, and, where used, they often endanger the future health, and even lives of patients. I well know that patients who have the ague for the first time are not always satisfied to wait for a permanent cure by the homœopathic dilutions; they are generally a little better satisfied to wait the treatment after having suppressed the disease repeatedly by large doses, without curing it. I well know that patients may be travelling, or away from home, or have important business to attend to, when it may be desirable to stop the paroxysms at once. This disease may occur for the first time during the latter months of pregnancy, or soon after childbirth, when, in my opinion, the paroxysms should be stopped. Or it may assume a dangerous character, when it must be checked at once to save life with any certainty. This last class of cases is so important, that I have thought best to consider it separately, under the head of congestive or pernicious fever. The article on this form of the disease will be found after the section on remittent or bilious fever. For the above reasons I shall tell the reader how to cure the disease with the ordinary dilutions by a persevering treatment; how, in case the patient becomes impatient, to hurry up the cure with very small doses of quinine; and finally, how to stop it at once by the use of large doses of quinine, with the greatest certainty and safety practicable.

In all cases where dangerous symptoms occur during the course of intermittent or remittent fevers, the reader should consult carefully the section on congestive or pernicious fevers. Among dangerous symptoms which may occur will be found the following: Great drowsiness, stupor, difficulty of speaking, loss of consciousness, much delirium, or convulsions. Again: A long-continued chill, with great paleness or blueness, followed by slight fever, excessive and long-continued perspiration, great faintness and oppression, with weak and irregular pulse, sinking at the pit of

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the stomach, or profuse vomiting and diarrhœa. If one or more of the above symptoms occur, do not fail to consult the section on congestive fevers.

Aconite: If the paroxysms of an intermittent fever are very severe, the skin hot and dry, the pulse full, with violent pain in the head, *Aconite* may be given every hour until perspiration ensues, commencing about one hour before the chill is expected.

Dose of this, or any of the following remedies, except *Quinine*, see page 7.

Ipecac: In recent cases, especially if there is any nausea or vomiting during the paroxysm, or feeling of fullness and oppression in the chest, with great thirst during the fever, *Ipecac* should be given once in three or four hours, when the patient is awake, during the intermission, and *Aconite* as directed during the fever. This remedy (*Ipecac*), in such cases, should be continued for five or six days at least. It will also be useful, at the commencement of the treatment, when symptoms like the above occur, in old cases of ague.

Nux vom.: This remedy is perhaps more frequently required at the commencement of the treatment of recent cases of ague than any other, excepting *Ipecac.* It is indicated if there are bilious symptoms, yellow skin and eyes, bitter taste, fullness or pain in the region of the liver or stomach, nausea and vomiting, or constipation, thirst during the chill, but moderate thirst during the fever and sweat, and thirst after the sweat. It may be given alone once in two or three hours; or, if nausea is a prominent symptom, it may be given alternately with *Ipecac*, two hours apart. *Nux vom.* is also very frequently required in old cases of intermittent fever, and in such cases it is especially indicated when the above symptoms pertaining to thirst are present, also when there are derangements of the stomach or liver.

Pulsatilla: This remedy will be found useful, either in recent attacks or long-continued cases, when there is watery or bilious diarrhœa, with or without sick stomach and acid vomiting; and if the paroxysms occur in the afternoon or evening, and if the patient be of a mild disposition, or a woman, these will be still further indications for this remedy.

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In recent cases of ague the above are generally the most important remedies for the first eight or ten days of the treatment, after which either *Arsenicum* or *China* will often be required, either to take their place, or, if derangements of the stomach and liver still linger, to be given alternately with the *Nux vom.*, two hours apart. In such cases *Arsenicum* will generally be required, and, if necessary, to be followed by *China*, at the end of a week or ten days more.

Arsenicum : After the bilious and stomach symptoms have been relieved by the above remedies, and the disease somewhat modified by their use, as it will be, no remedy is as frequently required as this, and no one will more frequently cure old cases of ague than the one we are considering. The following are the chief indications for *Arsenicum :* Very little thirst during the fever ; chill and heat set in about the same time, or alternate with each other ; burning heat, as if boiling water were flowing through the veins ; watery diarrhœa, distress in the region of the heart, great debility ; and when all the stages are not well marked, as, for instance, if there is little or no chill, or chill and fever but little or no sweat. This remedy is useful when there is with this disease a tendency to dropsy. *Arsenicum* may be given once in two hours during the intermission.

China : This remedy will be of service where *Quinine* has not been administered recently, when there is a sallowness of the skin, a well-marked chill or shake, fever and sweat, with thirst before and during the chill, and during the sweat, but not much thirst during the fever ; and especially if the patient is hungry during the fever and intermission ; soreness, tenderness, and enlargement in the region of the spleen, or beneath the left short ribs, is a particular indication for the use of this remedy. *China* may be given once in three hours during the intermission.

In all new cases of regular ague ; or of attacks occurring in individuals who have not had the disease for several years, which practically amounts to nearly the same thing, too much should not be expected of the remedies in a short time. Select the proper remedy or remedies, and persevere in their administration,

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and do not change oftener than has been directed above, nor as often, if the patient is doing well.

In addition to the above, there are several other remedies which may be required in obstinate cases of recent ague, and also in old cases which have been dosed with *Quinine*, *Fowler's solution*, *Cholagogue*, patent pills, &c., &c.; or which have continued a long time without treatment.

Ignatia: This remedy will be found useful when the chills are moderated by external heat, pale face, or alternately pale and red—thirst during the chill only; and in the case of children, if either the cold or hot stage is attended with convulsions. *Ignatia* may be given once in two hours during the chill, fever, sweat, and intermission.

Natrum mur.: This is one of our best remedies for the treatment of old cases of ague where the disease has been frequently suppressed, especially if there is thirst during the chill and fever, with dry tongue, pains in the bones, yellowish complexion, and great debility. Success with this remedy will be more certain if, in addition to the above symptoms, the paroxysms occur in the morning, or fore part of the day, and the fever has but a single type. I have rarely found *Natrum mur.* of any service in recent cases; but late in the fall, after patients have had the disease during the summer, it often acts like a charm. Six globules may be taken dry on the tongue, or dissolved in water, night and morning only.

Corbo veg.: This is a valuable remedy in old cases of the disease, especially where patients have had the ague frequently for years, and when there are rheumatic pains in the teeth and limbs before or during the fever, and when paroxysms occur in the evening or at night, and terminate with a profuse perspiration. A dose may be given night and morning.

Arnica: In old cases of ague, where the following symptoms exist, a drop of the tincture of this remedy, dropped on the tongue at the commencement of the chills will sometimes stop the chills, and cure the disease at once. Pains in the bones before the paroxysm, constant disposition to change position, each one being found uncomfortable during the fever, loathing of meat

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during the intermission, loss of appetite, and yellowish complexion.

Bryonia: When the paroxysms have been composed almost entirely of chills, followed by little or no fever or sweat, this remedy has rarely failed to afford prompt relief from all the symptoms.

Quinine: It is better, as a general rule, to avoid *Quinine* entirely, excepting when dangerous symptoms occur; but it sometimes happens, in recent cases of ague, that after three or four weeks' treatment the paroxysms, although lighter, still persist; the countenance becomes very pale, and the spleen swollen and tender, with perhaps bleeding from the nose; and the patient and friends become alarmed and impatient, and it seems desirable to hurry up the cure. In such cases give to an adult one grain, or to a child one half a grain of *Quinine* four hours before the paroxysm is expected, and the same quantity at the termination of the paroxysm; continue this treatment until they cease; then give one dose only a day, for a few days.

The first decimal trituration of *Quinine* will do even better than the above if you have it, or can readily get it; commencing five hours before you expect the paroxysms, give one grain of this trituration every hour until the patient has taken four or five doses, and continue this treatment until the patient is cured. It will be well to continue other remedies once a day for two or three weeks, especially *Nux vom.* or *Arsenicum.*

By pursuing the course here directed, you will generally get a permanent cure, if you do not commence with the *Quinine* sooner than I have named. Such small doses of *Quinine* will have little or no influence over recent cases of ague at their commencement, except to aggravate the symptoms and do harm.

If the patient is not willing to wait to be cured by the homœopathic dilutions, or, if for any reason it is thought advisable to stop the paroxysms at once, this can be done by the proper use of *Quinine* with far more safety than by the use of any other remedy known. It will require, for an adult, about eighteen or twenty grains of *Quinine* to stop the paroxysms. One half should be given about ten hours before the chill is expected, and

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the other half at the end of six hours from the time of taking the first dose. In a majority of cases, no chill or fever will follow, but sometimes a short paroxysm will follow, which may either be delayed or commence earlier than usual. It is well to give six or eight grains of *Quinine* six hours before the next paroxysm would occur if the disease had continued. But to stop the paroxysms is not to cure the disease; but after the paroxysms have been thus suppressed, the disease can often be permanently cured, without any return, if the following directions are carefully followed. The disposition of the paroxysms to return is much stronger every seventh day, for several weeks, than on other days; therefore, let the patient take eight grains of *Quinine* once a week, about thirty-six hours before the same day and hour of the week when the last chill occurred, and continue to do this punctually for at least four weeks. Also take a dose of *Arsenicum* morning and noon, and *Nux vom.* before tea and at bedtime, and continue them for at least four or five weeks. Carefully avoid over-exertion, over-eating, and exposure, and the disease will not generally return again the same season, but the next May, June, or July, there will be danger of a return. To prevent this, the patient may take five grains of *Quinine* once a week for a few weeks; and the *Arsenicum* and *Nux vom.* should again be taken for several weeks. In the first attack a cure can often be effected in this way, but if the disease has been broken up with *Quinine*, even once or twice only, and allowed to return, it will rarely succeed, and in such cases to give *Quinine*, except it may be in minute doses after at least two or three weeks of previous treatment with the ordinary dilutions of other remedies, will be but to prolong the duration of the disease indefinitely.

If *Quinine* is to be used to stop the paroxysms, I much prefer the full doses I have named, and few of them, to giving it in small doses often repeated. About so much is required to break up the disease, and if it is given in full doses in the intermission, as I have directed, its administration is almost always followed by a profuse perspiration, and relief to all local congestions and general symptoms; whereas, if it is given in one, two, or three grain doses, often repeated, it excites the circulation and nervous sys-

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tem, and increases local congestions, and is very apt to increase the following paroxysm.

If *Quinine* is to be given to children to break up the paroxysms, it will require about as many grains as the child is years old, to accomplish this object. The dose should be divided and given as directed for adults. It may be given to children by the mouth, or by injection in a little starch. Adults generally prefer *Quinine* in the form of pills. The pills can be made by moistening the *Quinine* with a thick solution of *Gum Arabic.*

In conclusion, I desire to say, distinctly, that the use of *Quinine* is rarely necessary, or for the best, in the treatment of intermittent fever, as it generally prevails in our country. Under the use of the ordinary dilutions of our medicines, the disease will gradually abate, the paroxysms become less severe and delayed, and the patient will feel better during the intermissions, and he will be radically cured. In old cases, or where the patient has frequently had the disease before, he will generally be cured promptly by our remedies, often without the return of another paroxysm; and generally the patient will be relieved in a few days.

TYPHOID INTERMITTENTS.

It not unfrequently happens, during the fall of the year, that persons residing in sections of country where both intermittent and typhoid fevers are prevailing, are attacked by a fever partaking the character of both, and furnishing corresponding symptoms. In this form of the disease patients rarely have a regular shake, and the sweating stage is generally somewhat deficient. The patient has a regular paroxysm of fever every day, or every other day, at about the same hour, with perhaps at first very few symptoms of fever between the paroxysms, excepting a frequent pulse; but as the disease continues, and the paroxysms grow less severe, the tongue becomes dry, the body constantly hot, the extremities cool, and sordes, or dried mucus crusts, collect on the teeth in severe cases, and the disease continues the usual course of

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typhoid fever, but generally rather tedious, lasting three or four weeks.

Treatment.—*Bryonia*, *Ipecac*, and *Arsenicum*, are the chief remedies for the early stage of the disease; *Bryonia* and *Ipecac*, if there are nausea and vomiting, or fullness and uneasiness in the chest and stomach. *Arsenicum* should take the place of *Ipecac* in a few days, and be given alternately with *Bryonia*, especially if there is any disposition to diarrhœa; and even if there is not, this is generally the most important remedy for the successful treatment of this disease, and may be continued alternately with *Bryonia* until the stage of prostration, when, if the teeth become covered with sordes, or dark crusts, the breath offensive, and the extremities cold, it may be given alternately with *Rhus tox.* For suggestions as to diet, in this and intermittent fevers, consult the paragraph on that subject at the end of the section on remittent fevers.

REMITTENT OR BILIOUS FEVER.

The disease denominated, in the Western country, chill fever, is usually but a light form of this disease; in other instances it is only an intermittent fever. Remittent fever prevails in all parts of the United States where intermittent fevers originate, and it is but a severer form of the same disease, arising from the same cause. It usually prevails during August, September, and October: but it may occur at any season of the year. As remittent fever is but a modification of the same disease as intermittent fever, we find every shade of the disease, from the slightest intermittent to the severest remittent, and likewise one running or passing into the other. Remittent fever is subject to the same types as intermittent, but the quotidian is the most frequent, the paroxysms occurring at about the same hour every day. The paroxysms may consist of chills, fever, and sweat, or the chills may be slight or absent, and the sweat may be trifling.

Symptoms.—The premonitory symptoms are similar to those of intermittent fever—languor, drowsiness, aching pains in the head, back, and limbs, followed, sooner or later, by slight chills, alter-

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nating with flashes of heat. The chills may be quite severe, or entirely absent. The flashes of heat increase until the fever is fully developed, when the pains in the head, back, and limbs, become very severe. The pains in the back and limbs are often so severe as to resemble those of inflammatory rheumatism, but they may be distinguished from the latter by the absence of pain on motion. The pains in the head, back, and limbs, are generally much more severe in this disease than in typhoid or typhus fever, and the patient suffers intensely, and is alive to his sufferings. Sometimes during the fever the patient becomes chilly on the slightest exposure of the body, as when raising the bedclothes. The skin is hot and dry, the surface reddened and expanded, the respiration hurried, and the pulse frequent and full. The eyes soon become yellow, the tongue coated with a white or brownish fur. Sometimes there are nausea and bilious vomiting, and a sense of weight and fullness is often felt at the pit of the stomach, and to the right of it, or in the region of the liver. The urine is scanty and high colored, and there is generally a loss of appetite. Sometimes there is great thirst, in other instances very little. The patient is restless and wakeful, but seldom delirious. The above symptoms continue without abatement for from twelve to twenty hours, and in some instances for thirty-six hours, after which they begin to abate, with the appearance of moisture about the neck and face. This gradually increases, until the body is covered with a gentle perspiration, and the patient is much relieved, and perhaps able to sleep. The headache, thirst, and nausea are much relieved, but not gone, and the pulse is nearly natural. This is the remission; it is not always as complete as described above; there may be less perspiration, and more heat and headache. The remission generally occurs in the morning. The remission is exceedingly variable in duration, sometimes lasting not more than two or three hours, and in other cases twelve or even twenty-four hours, when the paroxysms occur only every other day. When the remission is over, another paroxysm of fever commences, which may, or may not, commence with a chill and end with a perspiration, but frequently without either. Another remission follows

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the paroxysm, and thus the paroxysms and remissions alternate. Sometimes the paroxysms grow less severe and shorter, and the remissions longer and more distinct until the disease becomes an intermittent whereas in other cases the paroxysms become longer and more severe, and the remissions less distinct and shorter, until the disease reaches its height, when the skin generally becomes yellow, and there is often more or less pain and tenderness in the region of the stomach. The bowels are usually constipated, but occasionally there is diarrhœa. Sometimes the disease assumes a typhoid character, with dry and dark tongue, sordes, or crusts on the teeth, and cool extremities.

The usual duration of this fever, under the ordinary homœopathic treatment, is from one to two weeks; if complicated with typhoid fever, about three weeks The disease terminates, usually, either at the end of one of the paroxysms, which ends in a free perspiration, a bilious diarrhœa, a profuse flow of urine, or it becomes intermittent. In some instances it abates gradually, without any marked crisis. The first signs of a favorable change are a return of moisture to the tongue, with a disposition to clear off about the tip and edges, a less frequent pulse, a cooler and moister skin, especially when uniform over the whole body. Copious dark passages from the bowels sometimes occur, and are regarded as favorable. Unfavorable symptoms: Very small or irregular pulse; cold extremities, with a cold, clammy sweat extending over the limbs and body, with increasing frequency of pulse; eructations of dark or bilious matters from the stomach; reddish watery evacuations from the bowels, discharged involuntarily; sunken features, or muttering delirium or stupor.

In all severe attacks where dangerous symptoms occur, especially during the first two or three paroxysms, the reader should consult carefully the next section on congestive or pernicious fevers.

Treatment of Remittent Fevers.—Emetics and cathartics should be carefully avoided, for by their use a simple remittent fever is often changed into a dangerous gastric or pernicious fever. A simple copious injection of tepid water may be used once in three or four days; but even this is generally unnecessary, unless the bowels feel full and uncomfortable. During febrile diseases the

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patient eats but little, and takes no exercise, and we cannot expect him to have passages from the bowels regularly as in health; nor is it desirable that he should have.

Aconite: This is one of the most important remedies at the commencement of this disease, especially when the skin is hot and dry, the pulse full, and there is violent pain in the head, back, and limbs, red eyes, faintness on rising up, shooting pains in the chest, with oppression, and short and anxious respiration, palpitation of the heart, and red and scanty urine. Give this remedy every hour.

Dose of this. or any other remedy named, see page 7.

Belladonna: It is generally best to give either *Belladonna* or *Bryonia* after giving three or four doses of *Aconite*, during severe paroxysms of this disease. *Belladonna* should be selected when there are sharp cutting or throbbing pains in the head, especially over the eyes, with intolerance of light, restlessness, sleeplessness, or delirium; and in children when there are starting and jerking, or convulsions; repeat the dose every hour.

Bryonia: This remedy should be selected in preference to *Belladonna*, and be given after *Aconite* during the paroxysms, when the pains in the head are dull, or throbbing, with intense pains in the back and limbs, sensation of load or weight at the stomach, pain and soreness in the region of the liver, or beneath the right short ribs, yellow skin, cough and oppression of the chest, and offensive breath and bitter taste, with a dry tongue. If *Belladonna* is indicated at the commencement, it should generally give way to *Bryonia* at the end of three or four days.

If the above remedies are faithfully given during the paroxysms, they will rarely fail to render the latter lighter, and the remissions more distinct in the course of a few days. They need not be continued during the remission when the remissions become distinct, but one of the following remedies may be given once in two hours.

Ipecac when there are nausea and vomiting, painful pressure and fullness at the pit of the stomach. with aversion to all food, and a yellow complexion. *Ipecac* need not be continued longer than during two or three remissions.

Nux vomica may be given instead of *Ipecac*, or follow that remedy during the remissions, when there are marked bilious symp-

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toms, such as yellow skin and eyes, swelling and tenderness, with pain in the region of the liver; cramp-like pains in the stomach, with sensitiveness on pressure and bitter taste, with or without bilious vomiting; also where there is a sensation as if the brain were bruised, and humming in the ears, or pain in the back portion or top of the head.

Arsenicum: If *Nux vomica* does not relieve the stomach symptoms in the course of a few days, especially if nausea and vomiting continue, with great thirst, and soreness of the stomach on the slightest pressure, *Arsenicum* should take the place of *Nux vomica*. This remedy will be still further indicated if in connection with such symptoms the extremities begin to become cool, and the pulse more frequent and less full, and the remissions less distinct. When such symptoms exist *Aconite* will not be needed, but *Arsenicum* may be given alternately with *Bryonia* one hour apart, during both the remission and the fever. If at the end of twenty-four or forty-eight hours the nausea, vomiting, thirst, burning and tenderness of the stomach, are not relieved, *Veratrum* should be given instead of *Bryonia*, alternately with *Arsenicum*, one hour apart, and be continued until such symptoms are relieved. In a case like the above the reader will do well to read what is said in regard to the treatment of similar symptoms, when they occur in the course of typhus and typhoid fevers.

But it rarely happens that such aggravated symptoms arise when the patient has been treated from the commencement with Homœopathic remedies. Generally when *Aconite*, *Belladonna*, *Bryonia*, *Ipecac*, and *Nux vomica*, or such of these remedies as are indicated have been given as directed, after a week or ten days, the paroxysms become lighter, and the stomach symptoms and bilious derangement are somewhat relieved. The disease may even approach an intermittent form by the remissions becoming more distinct. When the severity of the disease has been thus relieved, *Nux vomica* may be given once in two hours during the fever, and *Arsenicum* may be given during the intermission once in two hours, and be continued until the febrile paroxysms cease.

China: This remedy may be required in lingering cases, and when given two or three times a day, it will generally aid in restoring the appetite and strength after the fever has abated.

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Quinine: This remedy exercises the same control over remittent fever that it does over intermittent. It will rarely fail to break up the paroxysms at once in any case where there is a distinct remission, if given in a sufficient quantity during the remission. It for any of the reasons named for breaking up the ague, it is thought best to stop this disease, *Aconite*, *Belladonna*, or *Bryonia*, should be given as directed above, until the close of the second paroxysm, in order to be certain as to the character of the disease; then as soon as the skin becomes moist, and the pain in the back and head is relieved in a measure, give ten grains of *Quinine*, if the patient is an adult, and after waiting six hours, give ten grains more; at the end of twenty-four hours give eight or ten grains more, especially if any fever follows the first two doses; after which treat the case precisely as directed in the treatment of intermittent fever when full doses of *Quinine* are used. If the disease returns, it will generally be as an intermittent, and rarely as a remittent; but it should not be permitted to return.

General Measures.—Frequent sponging the body with warm water, or a warm bath, often affords great relief. When it is not convenient to give a bath, the patient may be set on a stool in a tub, a sheet wrung from warm water may be wrapped around him, and then warm water may be poured over the sheet for ten or fifteen minutes, or even longer if the patient is not faint. This measure will not generally answer during the latter stages of the disease, as the patient will not bear the erect position without feeling faint or exhausted. I generally prefer hot water to cold, and think it has a better influence over the febrile excitement; and also, its use is more likely to relieve the severe pains in the back and limbs than the application of cold water. For local congestions, or pain and soreness of the liver, spleen, stomach, or even of the head, a towel may be wrung from cold water and applied over the part, and four or five thicknesses of dry flannel placed over the wet cloth so as to cover it entirely; then bind a dry cloth around the body or head and over the flannel, so as to confine the whole and exclude the cold air. The wet cloth when first applied is cold, but it soon becomes warm, and even hot from the reaction which it excites. The towel requires to be wet only once in six or eight

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hours, and on that account this cold compress is far less troublesome than warm applications, and as a general rule it is much more efficacious. The patient should occupy a light room into which the sun shines during the day, and an abundant supply of fresh air should be admitted.

Diet, &c.—Both in this disease and in intermittent fever, if there is no irritation of the stomach or bowels manifested by vomiting, diarrhœa, pain or soreness on pressure, the patient may be allowed to eat moderately of rice, toast, cracker or other light food three times a day, and to drink corn or oat-meal gruel, toast-water, milk-and-water, and cold water. But if there are symptoms of irritation or inflammation of the stomach or bowels the same care is required in regard to diet as in typhoid fever when it is attended by a similar irritation. For directions in such cases consult the paragraph on diet in the section on typhoid fever. When either this disease or intermittent fever has been broken up by the use of *Quinine* within a few days after the attack, the patient can return to a nourishing and substantial diet much sooner than when the disease has continued for a longer time, as the digestive organs do not become so debilitated in such cases.

CONGESTIVE, SINKING, OR PERNICIOUS FEVER.

Thus far I have been treating of intermittent and remittent fevers as they usually occur, but in this section the attention of the reader will be called to much more dangerous forms of these fevers, which are occasionally met with, and which require to be promptly and properly treated to rescue the patient from death in a majority of cases. Although I would not recommend any layman to treat such formidable cases, or in fact any severe attack of disease when a *homœopathic* physician can be obtained, yet it is very important that all who nurse or attend the sick should understand what symptoms denote a dangerous attack of intermittent or remittent fever. I feel constrained to notice this disease and its proper homœopathic treatment distinctly, in a domestic work, from the fact that a large and increasing number of the citizens and

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travellers in the Western country, who have no convenient access to a physician of our school, rely upon a domestic book and case in preference to sending for an allopathic physician, except in surgical or obstetrical cases. It is very important that all such have a work upon which they can rely with safety in our febrile diseases. I have known within the circle of my acquaintance not less than three patients lose their lives, as I have every reason to think, for the want of the very information contained in this section.

This disease may be intermittent or remittent, but its most common type is *tertian*, in which the paroxysms occur once in two days; they may return every day. There are two varieties of the disease, one in which the poison seems to spend its force on, or at least seems chiefly to affect, the brain; in the other the organs of circulation, respiration, secretion, and digestion.

Symptoms and Treatment where the Brain is involved.—Symptoms of this form of the disease may manifest themselves during the first, or any subsequent paroxysm of an intermittent or remittent fever. The paroxysms of chills and fever, one or both, are attended with a greater or less degree of stupor; generally the first symptom noticed is simply drowsiness, coming on with or during the paroxysm, and disappearing with it. The patient is forgetful, does not remember what he has done, desired, or said; he often stammers, and uses one word for another, and even stops when speaking in the middle of a sentence. This dullness may gradually increase until it is with difficulty that the patient can be made to attempt to answer questions, and he fails to complete his sentences if he attempts. At length he passes into a state of profound stupor, from which he cannot be aroused. There are sometimes snoring and blowing out of the lips during respiration, as in apoplexy. Sometimes there is rigidity of the muscles about the jaws, and swallowing is difficult or impossible; occasionally convulsions ensue. The pulse is often full, not very frequent, and sometimes even slower than natural; but as the disease progresses, if it is towards a fatal termination, it becomes small, irregular, and perhaps frequent. In some cases severe symptoms occur during the first paroxysm, but more frequently simple drowsiness occurs in

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the first, with a degree of slowness and hesitation of speech, and the state of stupor is not fully developed until the second paroxysm. If the paroxysm does not end fatally after continuing from two or three to twenty-four hours, some perspiration takes place; sensation gradually returns, and the patient becomes conscious, or at least partially so, for there generally remains during the intermission or remission, some dullness of hearing and of the mental faculties, with more or less drowsiness. The length of the remission will depend on the type of the fever, and will vary from a few hours to thirty-six hours, when another paroxysm will follow if the disease is not arrested by remedies, and the second or third paroxysm generally proves fatal, when uninfluenced by treatment.

Treatment when the Brain is the chief Organ affected.—Nux vom. is the most important remedy for the paroxysm, when there is drowsiness, forgetfulness, confusion of ideas, or stupor, and when the bowels are constipated. Repeat the dose every hour.

Dose of this or any of the following remedies, see page 7.

Opium: If the stupor is very profound, the pulse small and irregular, with snoring respiration, this remedy may be given instead of *Nux vom.* during the paroxysm, if the latter remedy fails to relieve the stupor.

Bryonia: Next to *Nux vom.* this remedy is more frequently required than any other, especially if there are in addition to the head symptoms, dryness of the tongue and lips, yellowness of the eyes and skin, and if there is fullness in the region of the liver and stomach. When it is indicated it should be given every hour during the paroxysm, but *Nux vom.* may be given every hour during the remission. But it will not do to rely upon these or any of our other remedies in the dilutions, for if we do, more than one half of those suffering from a severe attack of this disease will be very sure to die.

During the paroxysm warm applications should be made to the feet, such as warm dry flannel, hot bricks or stones wrapped in flannel, or bottles of hot water, taking care not to burn the patient's feet if he is unconscious. The head should be slightly elevated, and the temples, forehead, and top of the head, frequently

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sponged with a cloth wet in warm water; or what is generally more efficacious, a large towel may be wrung from cold water and spread over the entire head, and four or five thicknesses of dry flannel over the wet cloth, and pinned so as to keep it in place, and exclude the cold air. The cloth may be wet every hour until consciousness returns, or the symptoms of drowsiness are relieved.

Quinine: The prompt use of this remedy is our main dependance; and it will rarely disappoint our expectations. In *all* cases of this fever, as soon as the paroxysm begins to abate, or the skin becomes moist, and the drowsiness and forgetfulness are in a measure relieved, ten grains of *Quinine*, if the patient is an adult, *must* be given, and repeated once at the end of six hours. Twenty-four hours from the last dose ten grains more must be given; after this the patient should be treated exactly as directed for the prevention of a return of intermittent fever when it has been broken up with *Quinine*. *Nux vom.* if there is a sensation of weight or load at the pit of the stomach, may be continued while the patient is taking *Quinine*. If it fails to relieve give *Bryonia*.

It is not necessary that the patient should become unconscious during the paroxysm, in order to require that *Quinine* should be given to insure his safety, for if there is simply unusual drowsiness, forgetfulness, confusion of ideas, and hesitation in speaking, or symptoms of convulsions, especially when the patient is an adult, we shall have good reason to fear that he will die during the next paroxysm, if we do not give *Quinine* and prevent it.

Symptoms when the Organs of Circulation and Respiration, or the Heart, Lungs, and Digestive Organs, are chiefly involved.—The first paroxysm of chills and fever which the patient has may manifest the dangerous character of the disease, or dangerous symptoms may not occur until the patient has had one or two, or even several paroxysms. The appearance of the patient is peculiar, the features are shrunken, and the face and extremities of a livid paleness; the skin contracted and the fingers shrivelled; the eyes sunk in their sockets, though clear and bright; the extremities, and sometimes the whole body, are chillingly cold, and perhaps moistened with a cold clammy perspiration, or the body may be hot while the extremities and face are in a cold or clammy state. There is

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often sighing respiration, and sometimes inspiration requires a double effort for its accomplishment. There is generally hurried or irregular breathing, want of breath, and a desire to be fanned and to have the windows open The pulse is small, very frequent, often from 120 to 160 in a minute ; it may be fluttering, irregular, intermittent or even absent at the wrist ; the heart may beat hard or very feebly ; the tongue may be natural, pale and cold, or dry ; there may be a feeling of weight at the pit of the stomach, tenderness on pressure, and intense internal heat, with unquenchable thirst, even when the extremities and surface of the body are cold. Vomiting is a very frequent symptom ; sometimes there are excessive nausea and retching ; the bowels may be costive, but frequently the reverse, with copious watery or bloody evacuations. Instead of vomiting or diarrhœa there may be great faintness on the least exertion. Frequently there is great restlessness or uneasiness ; occasionally there are cramps in the calves of the legs, and in the upper extremities ; sometimes the patient is able to walk about when the pulse is absent at the wrist. Some of the symptoms resemble those of Asiatic Cholera. All of the above symptoms are rarely present in any one case. Sometimes a paroxysm of intermittent or remittent fever runs its usual course, but ends in an exhausting perspiration.

The febrile reaction is generally slight ; sometimes very little fever follows the coldness and prostration, but generally in the first paroxysm, after the symptoms described have continued for three or four hours, the skin becomes gradually warmer and the pulse fuller, and some fever follows ; or the skin may lose its clammy feel, and the ghastly expression disappear, the vomiting and purging cease without perceptible fever. In some cases there are only slight attempts at reaction, the paroxysm continuing on for from one to three days, when, if not relieved, the patient dies. In such cases the coldness increases, the respiration becomes slower, with increased sighing, with a gradual failure of the pulse, and at last of the mental faculties ; the patient usually dies tranquilly in such cases.

During the intermission or remission, the patient may feel very comfortable and be able to be up and around, with a natural pulse

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and surface, and some return of appetite. If the disease is a remittent, there are more or less symptoms of the paroxysm remaining during the remission, such as a frequent pulse, uneasiness at the stomach, general languor, or distress. Generally if the disease is not arrested by treatment, the same train of symptoms set in at the end of twenty-four or forty-eight hours from the commencement of the first attack, and with increased severity. The second paroxysm often proves fatal, and the third generally does, but not always, even without treatment, for sometimes the paroxysms grow lighter instead of harder, and the disease ends in an ordinary remittent or intermittent.

Not a few cases of simple intermittent or remittent fever are converted into a pernicious sinking fever by the use of emetics and cathartics, and so frequently have such results followed, that many of the most successful allopathic physicians at the West shun their use entirely in the treatment of patients suffering from these fevers. The free use of stimulants and stimulating doses of *Quinine*, by increasing the paroxysms of fever, or by over-exciting the organism during the remission, may cause fatal prostration, and I am satisfied from my observation that many patients die from this cause. Unnatural stimulation, if continued steadily for days, must be followed by corresponding or unnatural depression. Stimulants should never be used in the treatment of ordinary intermittent or remittent fevers, and if they are ever useful in sinking fevers, as they may be sometimes, it is only when they are given simply during the great prostration of the paroxysm, and carefully avoided during the fever and intermission or remission.

Treatment when the Organs of Circulation, Respiration, and Digestion, are chiefly involved.—Give one drop of the tincture of *Camphor* every five minutes, in a little sugar-and-water, and if, at the end of an hour, the alarming symptoms are not relieved, select another remedy.

Veratrum: This is one of the most important remedies for the treatment of the form of the disease we are now considering, during the paroxysm, especially when there are great nausea and vomiting, or profuse, watery, or bloody evacuations from the bowels; also when there are great coldness and lividness of the sur-

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face, thirst, cramps in the extremities, and cold clammy perspiration. This remedy, when the above symptoms exist, should generally be given every half hour, and if relief does not soon follow, *Arsenicum* may be alternated with it, at intervals of half an hour.

Dose of this or either of the following remedies, see p. 7.

If the patient vomits up the medicine immediately on taking it, dissolve it in less water, and give but a part of a teaspoonful at a time.

Arsenicum: This is a very important remedy, not only during the paroxysm, but also during the intermission, and should generally be continued until the severity of the disease is overcome, especially when the stomach and bowels are the chief organs affected—when there are vomiting, great thirst, profuse watery or bloody evacuations from the bowels, and a cold surface, or a cold clammy perspiration; also when there is very feeble or irregular pulse with great oppression of the chest. *Arsenicum* may be repeated every half-hour or hour; if there is much vomiting, it should be given alternately with *Veratrum* or *Ipecac.*

Ipecac: This remedy should be given when there are nausea and vomiting, which *Veratrum* does not relieve. It may take the place of the latter remedy at the commencement of the treatment, when with the nausea and vomiting, there is great oppression of the chest with sighing respiration. It may be given every half-hour or hour.

Bryonia: This remedy will be found useful in cases where there is little or no vomiting or diarrhœa, but great chilliness and coldness, oppression of the chest, with a frequent disposition to draw in a long breath, or sigh; it should be given alternately with either *Arsenicum* or *China*, in such cases; generally with the former. *Bryonia* is also one of the most important remedies during the reaction or fever; also in all cases where the fever does not terminate fatally, or in recovery, within the first few days, but tends, as it frequently does, to assume a typhoid character, with a dry tongue, crusts on the teeth, and offensive breath. It may be given once in one or two hours.

China: If we were to risk the treatment of this disease with-

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out the use of *Quinine*—which I think we should never do—*China* would become the most important remedy when there is great faintness on the slightest movement, small and fluttering pulse, or intermittent pulse, without nausea, vomiting, or diarrhœa, but with great oppression of the chest, with a desire to be fanned, and for fresh air.

Quinine : This is the chief remedy upon which we must depend, to prevent a return of the paroxysm or lessen its severity, nor need we be very particular about waiting for a remission before giving *Quinine* in this form of the disease, for we have not to fear excessive reaction or febrile excitement, for the danger is that we shall not be able to get up any reaction and that the patient will die during the stage of prostration. I am satisfied that we have no remedy equal to this to sustain the vital energies during desperate paroxysms of this disease. Then in all cases where there are great faintness and prostration of strength, small fluttering or irregular pulse, death-like coldness of the surface, the skin perhaps bathed in a cold perspiration, oppression of the chest and want of breath, if the remedies named above do not soon cause an improvement, ten grains of *Quinine* should be given at once, and after waiting six hours, ten grains more should be given ; and at the end of twenty-four hours ten grains more should be given. If there are great nausea and vomiting but no diarrhœa the *Quinine* may be given by injection, stirred up in two tablespoonfuls of thin starch. If there are both vomiting and diarrhœa, the stomach will often tolerate and be settled by ten grains of *Quinine*, if it is made into pills and taken at once ; but if it should be thrown up, *Arsenicum* and *Veratrum* should be given alternately until the paroxysm is over and the stomach in a measure settled, when the *Quinine* must be given, as directed above. If it has not been thought necessary to give *Quinine* during the prostration of the paroxysm, it should always be given, as directed above, as soon as the paroxysm is fairly over and the patient feels relieved, so as to prevent a return of the dangerous symptoms. We should never risk, in an adult, less than two ten-grain doses the first twenty-four hours, and in severe cases in robust individuals, give two doses of twelve grains each.

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It is not necessary that all of the symptoms named should be present in any case to justify, and absolutely require, the use of *Quinine* in order to insure the safety of the patient. If one or more of the following symptoms are present it will not be safe to risk another paroxysm: An unusual paleness or lividness of the face during the paroxysm, absence of chills when the extremities are very cold; a want of uniform heat during the fever; excessive vomiting and purging with great prostration during the paroxysm; a gone and sinking sensation at the pit of the stomach, and disposition to faintness; a very frequent, feeble, or irregular pulse; also if there is a prolongation of the cold stage, and this is very severe and followed by less fever than might have been anticipated. If any of the above symptoms are prominent *Quinine* should be given.

After the paroxysms have been broken up by *Quinine*, the patient should be treated as directed under the head of intermittent fever when *Quinine* has been used, If the disease returns it will generally be as a simple intermittent or remittent, without dangerous symptoms. In all cases where *Quinine* is used the other homœopathic remedies should be selected as directed above, and given regularly during the interval between the doses of *Quinine*, when the patient is awake. Neither in this nor in any other febrile affection, where there is no unusual disposition to sleepiness or stupor, should the patient be awakened for the purpose of giving him medicine; for undisturbed rest is very important.

It sometimes happens, in the western country, that this disease is complicated with typhus or typhoid fever; in such a case *Quinine* should be given when there are distinct and well-marked paroxysms, but it will only break up the paroxysms, after which the typhus or typhoid fever will run its course, and should be treated as directed under the head of that discase; excepting that eight or ten grains of *Quinine* should be given every seventh day, counting the day on which the last paroxysm occurred, for at least three weeks.

When in the case of children, the paroxysms of intermittent fever cause convulsions, it perhaps is generally best to stop the paroxysms by the use of *Quinine*, as their frequent return may establish a tendency to convulsions, which it is desirable to avoid.

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Quinine is most readily given to young children by injection, suspended in a tablespoonful of thin starch. To a child from six months to one year old, one grain may be thus given and repeated at the end of six or eight hours, and again at the end of twenty-four hours, and after that every seventh day, giving at the same time, as directed under the head of intermittent fever, such remedies as are indicated, for several weeks. One half grain of *Quinine* may be added to the doses directed above for every year of the child's age over one year, whether it is given by injection or by the mouth.

General Measures.—When there are great coldness of the extremities and prostration of strength, warm applications may be made to the cold parts and the patient should be kept quiet in bed. If there is a cold clammy perspiration on the limbs it will be better simply to rub them with a warm dry flannel or the dry hand beneath the bedclothes. Fresh air should be freely admitted, and the patient's diet should be as liberal as the stomach will bear. If the patient has been but a few days sick and there is very great prostration of the vital energies, beef-tea, chicken or mutton broth may be given, if the stomach does not reject it.

YELLOW FEVER.

The yellow fever is a disease of hot weather and warm climates, beginning the latter part of summer or fore part of autumn, and disappearing with the occurrence of frost. It seldom appears north of the fortieth degree of latitude, owing, as it is supposed, to the summer being too short, and it is confined, to a great extent, to the inhabitants of cities, towns, forts, and to the crews of ships; although it occasionally occurs in rural districts. It occurs more frequently in towns upon the seacoast, or upon streams emptying into the ocean, and it is confined almost exclusively to the intertropical regions, and the southern portion of the northern temperate zone of the American continent, and southwestern Europe, and western Africa, while it is almost unknown in southeastern Europe, eastern Africa, or southern Asia.

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Symptoms.—Premonitory symptoms, such as loss of appetite, debility, aching in the back and limbs, may or may not precede the attack, which frequently commences in the night, sometimes with, in other instances without, chills or chilliness. Severe pains in the back and limbs are among the first and most prominent symptoms of the early stage of the disease. The skin soon becomes hot and dry, the pulse frequent, respiration hurried, the face flushed, and the eyes red and watery, a white fur appears upon the tongue, which is usually moist at the commencement; the throat is sometimes sore, and nausea and vomiting may attend the disease from the commencement, but generally these stomach symptoms are not fully developed until after from twelve to twenty-four hours, when they become very prominent. There is tenderness in the region of the stomach, on pressure, and a constant feeling of weight and oppression with burning pain; the stomach becomes very irritable, rejecting everything that is swallowed, and throwing up its own secretions, when undisturbed, accompanied by great distress, owing to the tenderness of that organ. The patient craves cold drinks, the bowels are costive, and the head and eyes ache; the mind is often disturbed, and delirium is not uncommon, sometimes violent; in some instances there is stupor. These febrile symptoms continue with little or no remission, for a period varying from a few hours to three days, or even longer in some cases; the more severe the attack the shorter the duration of the fever, as a general rule. When the fever abates the skin becomes cooler and softer, the pulse and respiration nearly natural, the headache and pain in the back and limbs disappear, the stomach becomes comparatively quiet, and the patient feels relieved.

In mild cases the patient may steadily recover when the fever abates, but we may know that the great struggle is yet to come, when during this apparent calm, there is increased tenderness, on pressure, over the stomach, and the eyes and skin begin to become yellow or of an orange color, which gradually extends over the body, and the urine has a yellowish tinge. In such cases the pulse may even be slower than natural, and in bad cases there may be heaviness or stupor.

This period of apparent abatement may last but for a few hours,

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or it may continue for twenty-four hours, when the stage of prostration ensues. The pulse becomes quick, and, in severe cases, irregular and feeble, the circulation returning slowly in a portion of skin where pressure has been made; the fingers and toes become of a dark purplish hue; the skin becomes yellow, and presents a bronzed aspect; the tongue becomes brown and dryish in the centre, or smooth, red, and chapped; and the teeth sometimes become covered with sordes, or crusts of dried, offensive mucus. The stomach again becomes irritable, everything swallowed is thrown up, and sooner or later a new matter is vomited, consisting at first of brown or blackish flakes, or particles, in a colorless fluid, which at length becomes black and opaque. In very malignant cases the above symptoms may occur as early as the first day. The urine is usually more natural than during the febrile stage, but it is sometimes retained or even not secreted. There is often oozing of blood from the nose, gums, tongue, and throat, and it is sometimes discharged from the stomach, or bowels, or by urine, and dark spots appear on the surface of the body, caused by its extravasation into and beneath the skin. There is often discharged from the bowels large quantities of black matter, similar to that thrown from the stomach. The patient may become indifferent to his fate; the pulse grows more feeble, the respirations slow and sighing, with occanional hiccough: the skin becomes cold and clammy; an offensive odor arises from the body; muttering delirium sets in; the eyes become sunken, the pulse extinct, and the countenance collapsed. Death may ensue quietly or in convulsions.

Instead of pursuing the dangerous and even fatal course described above, the system often reacts after the period of abatement, and a secondary fever sets in, which may be of various degrees of violence, but may always be regarded as a sign that the vital energies are not yet exhausted. This fever may terminate more or less speedily in health, it may soon end in fatal exhaustion, or it may assume a typhoid form, and continue two, or three, or even four weeks. If the patient dies, it is generally on the fourth, fifth, or sixth days, but death may ensue as early as the the third, or not until the ninth or tenth day, and in typhoid cases

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even much later. Such are the usual course and symptoms of this fever; but this disease is subject to great variations, often, no doubt, from being complicated with typhus and remittent fevers. Very little is known in regard to the cause of yellow fever. It is evidently an epidemic disease, and perhaps to a limited extent contagious; in this respect about on a par with typhus fever.

Treatment —Dr. Holcombe, of Louisiana, to whose writings I am largely indebted for the following directions for the treatment of this disease, in an article on yellow fever, in the North American Journal of Homœopathy, speaking of the epidemic of 1853, says: "The friends of homœopathy, the rational, specific system of medicine, the new dispensation of science, awaited with anxious hope its trial in this frightful malady. Nor was the confidence engendered by its success in cholera, inflammation of the lungs, and other dangerous diseases, misplaced in this. Before passing to the treatment of yellow fever, I cannot forbear making a few strictures on the methods by which allopathic physicians flatter themselves they can encounter this formidable disease. No outsider could be more severe on the whole school than the adherents of different practices in it have always been, and still are on each other. They harmonized in little but in blistering the epigastrium and abusing homœopathy. There were several theories in vogue during the present epidemic, but they were the old ones revamped, with little revision and no amendment. The wonderful advances in chemistry, physiology, and pathology, gave no new light to the medical management of yellow fever. The dominant molochs of allopathy, the lancet, calomel, quinine, and 'expectant medicine' each had his altar, and each received a satisfactory quota of victims."

Camphor: If the chill at the commencement of the disease is very severe and long continued, drop doses of the tincture or spirits of *Camphor*, in a little sugar and water, may be given every ten minutes until it is relieved.

Aconite: This remedy is required during the febrile stage, when the skin becomes hot and dry, the pulse full, and the eyes are red, with severe pain in the head and back. It should generally be

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continued until the febrile stage is relieved; and, if perseveringly used, it will often materially lessen the prostration which follows the fever. It should generally be given alternately with *Belladonna* at intervals of one half hour.

Dose of this or either of the following remedies, see page 7.

Belladonna: This remedy should be given during the febrile stage, alternately with *Aconite*, a dose every hour, and a dose of the latter remedy between, when the patient is awake. *Belladonna* may be continued when the fever abates, especially when the pain in the eyes, head, and back, lingers; in such cases it should be given alternately with *Arsenicum* during the remission. It will also be required later in the disease if much fever follows the remission, with delirium or pain in the head and back.

Ipecac: If there is nausea and vomiting during the first febrile stage, a dose of *Ipecac* may be given after every effort at vomiting, but the regular administration of *Aconite* and *Belladonna* should not be omitted when this remedy is given, until the fever abates.

Arsenicum: As soon as the remission in the fever occurs, give *Arsenicum* every hour, when the patient is awake, and continue it until the disease is cured. This is the chief remedy after the first febrile stage is over, and should not be omitted. If other remedies are indicated, give them alternately with this. For the burning in the stomach, for the black discharges, and for the great prostration of desperate cases, *Arsenicum* is our main dependence, aided by other remedies.

Lachesis: If, notwithstanding the use of *Belladonna* and *Arsenicum* during the remission, yellowness of the skin is steadily increasing, with increased tenderness of the stomach on pressure, and the pulse becomes frequent and small, and the stomach irritable, *Lachesis* may be given alternately with *Arsenicum*, at intervals of one hour.

Veratrum: If, notwithstanding the use of the above remedies, after the remission of the symptoms is over, nausea and vomiting become excessive, a dose of *Veratrum* may be given after every effort at vomiting; and if there is much pain in the bowels, it will be another indication for this remedy.

Chamomilla: If *Veratrum* fails to believe the pain in the bow-

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els, and even vomiting, especially in the case of women and children, this remedy may be given instead of it.

Cantharides: If the urine is retained or suppressed, or if its passage is painful, an occasional dose of *Cantharides* may be given.

Bryonia may take the place of *Lachesis*, and be given alternately with *Arsenicum*, if the disease lingers, and typhus or typhoid symptoms occur; and if, after two or three days, such symptoms seem to be increasing in severity *Rhus tox.* may take the place of *Bryonia.* For further instructions in such cases, consult the sections on typhus and typhoid fevers.

If the patient has been intemperate, an occasional dose of *Nux vom* will be useful; also when there is great oppression at the stomach without vomiting. For sleeplessness, a dose of *Belladonna* or *Coffee* may be given at bedtime. It will not be best to disturb the patient while asleep, for the purpose of giving him medicine, excepting when there is an unusual tendency to sleep. If there are severe pains in the bowels, cloths wrung from hot water may be applied. If diarrhœa occurs, give *Colocynth*, and if it does not relieve, give *Phosphorus.* If the passages are slimy or bloody, with straining, give *Mercurius viv.*, and consult the section on dysentery.

Diet.—In all cases, if there is not already irritation of the stomach, there is a great tendency to it, therefore the utmost care is required in regard to diet. During the first or febrile stage, nothing should be allowed but rice water, barley water, arrow-root, thin gruel, or weak black tea, with a little milk and sugar in it. During the second stage, nothing more should be allowed, unless the patient has a great craving for food; in that case a teaspoonful of thin fresh cream may be given once in three or four hours, in addition to these drinks. Even after the fever and irritation of the stomach have abated, it is necessary to use the utmost care in returning to a more substantial diet. The above drinks may then be made thicker and more nourishing, and after a few days the patient may be allowed to chew a piece of beef-steak and swallow the juice. For further suggestions, consult the paragraph on diet, in the section on typhoid fever, for the same care is required here as in such cases of that disease as are attended with irritation of the stomach and bowels.

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The room should be well ventilated, sun-light should be freely admitted, if the patient has no intolerance of light, and the utmost attention should be paid to cleanliness. The surface of the patient's body may be freely sponged with tepid water, but during the stage of prostration it must be done beneath the bed-clothes, without exposure to the air.

The statistics thus far collected, show that the mortality, when this disease is treated homœopathically, rarely if ever exceeds ten per cent., and often does not exceed five or six per cent.; whereas, under allopathic treatment, it often exceeds twenty five per cent., and is rarely less than fifteen. This disease is a formidable one, and a homœopathic physician should always be called when practicable; but it is safe to say that it is always better to trust to the judgment of a friend, or layman, and a homœopathic book and case of remedies, than to send for an allopathic physician.

INFLAMMATORY FEVER.

Symptoms.—"Rigors, sometimes severe chills followed by burning heat; pulse strong, hard, and greatly accelerated; dryness of the skin, mouth, lips, and tongue; the latter generally of a bright red, in some cases lightly coated with white, thirst, urine red and scanty, constipation, respiration hurried, in accordance with the pulse, amelioration of symptoms as the pulse assumes a more natural state. It runs its course with rapidity, rarely exceeding fourteen days, and progresses with regularity to a crisis, which shows itself in profuse perspiration," or flow of urine, a diarrhœa, or hemorrhage from the nose (Laurie's Practice) Such a fever as is described above, uncomplicated with local inflammation, is a very rare disease in this country. Typhus or typhoid fever sometimes commences with symptoms similar to the above, but the true character of the disease is manifested in a few days, when the characteristic symptoms of the fever manifest themselves.

Treatment.—*Aconite* is the chief remedy and may be given every hour. If there is pain over the eyes, with shooting pains in the head, and in different parts of the body, *Belladonna* may be given

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after the patient has taken six or eight doses of *Aconite*. If the headache is dull, with pains in the back and limbs, if there is constipation and hurried respiration, give *Bryonia* once in four hours, and *Aconite* every hour between.

HECTIC FEVER.

This fever is caused by some form of internal or external local chronic disease. It commences slowly, with lassitude, impaired appetite and gradual emaciation; the skin looks pale, with the exception of the hectic flush upon the cheeks; chilliness, followed by heat of skin, flushing of the cheeks, and a burning sensation in the palms of the hands and soles of the feet—not always followed by perspiration—occurs at irregular intervals. These slight paroxysms of fever may occur once or twice in twenty-four hours, usually at about the same period of the day; and one of them often occurs towards evening, reaches its height about midnight, and goes off in a free perspiration the latter part of the night. The pulse varies from ninety to one hundred and twenty. The paroxysm, when there is but one a day, sometimes occurs in the forenoon, and when there are two a day, one of them generally does. As the disease progresses the pulse becomes excited continually; after the disease is fully developed the appetite is sometimes better for a temporary period, but as it progresses the stomach often becomes irritable, and vomiting of food is not uncommon. The tongue and throat, in the latter stages of the disease, often become tender, and covered with a thrush-like exudation, and there is often in this stage a watery diarrhœa; earlier in the disease the bowels may be regular or costive. There is generally great thirst, and the urine is high colored. Swelling of the feet, ankles, and legs is common toward the termination of the disease. The mind is often clear, and the patient hopeful until near the close of the disease, when mild delirium is not uncommon.

Hectic fever may be distinguished from intermittent fever by the irregularity in the return of the paroxysms; the excessive sweats the latter part of the night, the continued frequency of the pulse,

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the clearer complexion and brighter eye, and the comparative absence of headache; also by the presence of chronic organic disease.

Treatment.—This will depend almost entirely upon the character of the organic disease of which this fever is but a symptom, and it would be impossible to treat it with a reasonable prospect of success, without a knowledge of the disease which has caused a given case of it. When the disease has been caused by a profuse secretion or formation of matter or pus, *Phosphorus* may be given at night, and *China* in the morning; and if these remedies do not relieve the symptoms, *Silicea* may take the place of the *Phosphorus* in a few days. A dose of *Mercurius* at bedtime will often relieve, temporarily at least, the night sweats; a dose of *Aconite* given in the morning by lessening the fever will often have the same effect on the night sweats. Corn-coffee is often useful as a drink. An abundance of sun-light and fresh air is all important. The diet should be as nourishing as the digestive organs will bear. Corn-bread should be used, or what is better, bread made from canel and shorts, or coarse wheat or rye flour, including everything between the superfine flour and the very bran, as in such flour will be found an excess of *Phosphoric acid* and other mineral substances, as well as oil and gluten, which hectic patients need.

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CHAPTER II.

DISEASES OF THE SKIN.

ERUPTIVE FEVERS—ACUTE AND CHRONIC ERUPTIONS.

SMALL-POX.

This is one of the most contagious diseases to which the human family is subject. It appears to have prevailed in India and China from time immemorial; but was unknown in Europe until after the commencement of the Christian era.

About twelve days usually intervene between the exposure and the commencement of the disease. Sometimes the attack may be two or three days earlier or later. There are two forms of small-pox: the confluent, where the pocks are so thick as to run together, and the distinct, where they are separate; then we have varioloid, or small-pox modified by vaccination or constitutional predisposition. Exposure to varioloid may give rise to either varioloid or small-pox, and exposure to small-pox may cause either confluent or distinct small pox, or varioloid; all depending on the susceptibility of the individual exposed. There are three stages to the disease, the febrile, the eruptive, and the declining stage.

Symptoms.—Chills followed by fever, with frequent pulse, hot skin, headache, uneasiness at the pit of the stomach, sometimes vomiting, and intense pain in the small of the back, with great muscular weakness, are among the first symptoms. The pain in the back resembles rheumatism, but differs from the latter by not being seriously aggravated by moving the body. Sometimes there is wakefulness, in other cases delirium, or even stupor, and with children sometimes convulsions. Occasionally there is great irritation of the stomach, excessive vomiting, and even inflammation; sometimes there is diarrhœa. At the end of forty-eight hours

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from the commencement of the chills, sometimes a little later, minute pimples, sensibly elevated above the surface of the skin, make their appearance, first on the face, then on the neck and arms, and by degrees extend over the body, and on the lower extremities last. It usually requires from one to two days from the commencement of the eruption on the face until it appears on the feet. When the eruption has made its appearance over the entire surface, if the case is a mild or distinct one, that is, if the pimples over the face and chest are not so thick as to run together when they become pustules or pocks, the fever generally abates; but if the case is to be a confluent one, the fever keeps on with very little mitigation on the appearance of the eruption. The second stage commences when the eruption has made its appearance over the entire body. The minute pimples gradnally enlarge, and at the end of twenty-four or thirty-six hours from their first appearance, a little clear fluid may be seen at the apex or top of each pimple, which has therefore been converted into a vesicle; on the third or fourth day the pocks are distinctly formed, being round and flattened on the top, in the centre of which is often a little depression. They are hard to the touch and are generally surrounded by a red circle From this period they gradually become larger, and their fluid contents become opaque, and at length purulent, when they are called pustules. When this takes place, they lose their depressed appearance and become convex. Those on the face become fully developed, and begin to turn on the eighth day of the eruption, but it is two or three days later before the same change takes place on the lower extremities. If the fever abated when the eruption made its appearance, it returns about the eighth or ninth day in all cases where the eruption is at all extensive. The declining stage generally commences about the eleventh or twelfth day, when the pustules begin to become brown and dryish, and the inflammation of the skin abates. On the fourteenth or fifteenth day, the scales begin to fall from the face, but from the extremities three or four days later. The eruption often makes its appearance on the mucous membrane of the mouth, nose, and eyes. As the eruption declines, the fever abates, the appetite returns and the patient steadily improves.

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VARIOLOID OR MODIFIED SMALL-POX.—This disease usually commences with more or less fever, with pain in the small of the back, and nausea, which symptoms generally terminate on the third day, when the eruption makes its appearance. It generally commences on the face but not always; there may be a good many pimples or but a few; and the pimples sometimes disappear without becoming vesicles, but much more frequently they change to vesicles, and even imperfect pustules; and begin to decline on the fourth or fifth day of the eruption, forming hard tubercles which soon disappear. Sometimes the vesicles are scarcely at all depressed in the centre, or at least only occasionally one presents this appearance. In other cases the eruption becomes distinctly pustular and convex at the top like small-pox, but stops one or two days sooner, say on the sixth or seventh day of the eruption instead of on the eighth or ninth day. It is of no particular moment that varioloid be distinguished from small-pox, for the same care is required to prevent the exposure of the unprotected in the one case as in the other, for both will communicate genuine small-pox. There is every variety between the most malignant case of confluent small-pox and the lightest case of varioloid. It is very important that this disease is not mistaken for chicken-pox, and I shall give the distinctive symptoms in the section on that disease, to which the reader is referred.

Treatment.—First: The preventive treatment. Homœopathic remedies will not prevent this disease when given internally with any degree of certainty, nor will hydropathic measures prevent it. I make this statement in order to guard the reader against making, to his sorrow, a mistake which has cost more than one life, to my certain knowledge.

Vaccination is the only safe and reliable preventive, and this will rarely fail if the individual has been recently vaccinated with good fresh matter from a healthy person. It is generally better to take vaccine matter from the arm of a child, and it is all important that the child should be healthy, free from all eruptive and glandular diseases, and free from any hereditary tendency to scrofula, consumption, cancer, or chronic eruptions; therefore the most careful inquiry should be made in regard to the health of the

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parents of the child, for scrofulous parents frequently have healthy *looking* children. With such precautions there is no danger of injury from vaccination, and it is strictly a homœopathic remedy for the prevention of small-pox, as it causes a similar disease and thus destroys the susceptibility to that fearful and loathsome malady. If there is no danger of exposure to the disease it is not best to vaccinate a child until it is six months or a year old. Children which are vaccinated within the first year will require to have the operation repeated within one or two years, for a single vaccination does not always destroy the susceptibility to the disease, and they will be liable to have varioloid, at least, if exposed, if not vaccinated; and all who are vaccinated during childhood should be vaccinated after they arrive at puberty, or man or womanhood; and again by the time they are thirty or forty years of age. If an individual has been exposed to small-pox, if he is not well protected by having been recently *vaccinated*, the operation should be immediately performed, without regard to age, state of health, or condition; for no consequences which will result will be so much to be dreaded as the small-pox, and if the vaccine matter will work, the patient would be very sure to have either small-pox or varioloid. If the patient is vaccinated within seven or eight days after exposure, it will generally prevent the disease, but he may have the operation performed later and be benefited.

It is always very desirable to prevent pitting over the face and neck; for this purpose rub three parts of *Carbonate of zinc* and one part of *Oxide of zinc* in a mortar, with *Olive oil*, to the consistency of a thin paste, and apply it over the face and neck once or twice a day, so as to form a somewhat firm coherent crust, which, if it is applied as soon as the eruption makes its appearance, will prevent its development and lessen the fever and general irritation.

During an attack of small-pox or varioloid the patient should be kept comfortable, neither too hot nor cold; and his diet should be light, and his drinks cold, during the first stage at least.

Aconite: This is perhaps the most important remedy during the febrile stage, and may be repeated every hour. If there is great

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nervous excitability, especially with children, an occasional dose of *Coffea* may be given instead of *Aconite*.

Dose of this or other remedies, see page 7.

Belladonna: If there is severe headache, delirium, or symptoms of convulsions, this remedy should be given alternately with *Aconite* one hour apart.

Tartar Emetic: If during the febrile stage there are excessive nausea and vomiting this remedy may be given after a few doses of *Aconite*, or alternately with *Aconite*, if the fever remains high with hot skin. *Tartar emetic* is one of the best remedies which can be given during the eruptive stage, and may be continued until the pocks are fully developed.

Bryonia: If during the febrile stage there is violent pain in the back, which is not relieved by *Aconite* or *Belladonna*, *Bryonia* may be given once in two hours during the forepart of the day and *Aconite* every hour during the evening and night, until the fever and back-ache are somewhat relieved, when *Tartar emetic* may be given in their stead.

Mercurius viv.: When the pocks are fully developed, or when they begin to become opaque, this remedy may take the place of *Tartar emetic*, and be given once in two hours until the pustules begin to dry and become brown over the face and body.

Sulphur may follow *Mercurius* once in two or three hours until the scabs are all separated.

The above are all the remedies usually required, but if during any stage of the disease the symptoms assume a malignant character, which may be known to be the case if the pulse becomes small, the extremities cold, and dark spots appear on the skin, or the teeth are covered with crusts or sordes, *Rhus tox.* may be given once in one or two hours, and if it does not relieve the tendency to dissolution *Arsenicum* may be given alternately with it one hour apart. If the breathing becomes difficult and hoarse, with a hoarse cough, *Hepar sulph.* should be given alternately with *Aconite* at intervals of one hour, and if these remedies do not relieve the difficulty of breathing and cough *Lachesis* may take their place. Cloths wrung from water as warm as the patient can bear may be applied over the neck and chest until

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these symptoms are relieved. If diarrhœa occurs *Phosphorus* may be given, and if it does not afford relief in a few hours give *China*. When the scabs begin to separate, wash the body once or twice a day with tepid water, or with tepid water and bran.

The patient should not be allowed to go out or into the company of the unprotected who may be exposed, until all the scabs are separated and removed from every part, and he has been thoroughly and repeatedly washed. It matters not how light the case of small-pox or varioloid may have been, nothing can justify the patient in exposing others.

Varioloid requires the same remedies as small-pox.

CHICKEN-POX (VARICELLA)

This is a contagious disease, and perhaps sometimes epidemic, and confined in a great measure to children. The eruption is often the first symptom noticed, in other cases a fever of greater or less severity with some headache precedes the eruption for from a few hours to one or at most two days, and goes off when the eruption appears. The eruption usually shows itself first upon the shoulders, back, and breast, and extends over the face, head, and extremities. The pocks may be numerou or but few. Small, irregular-shaped, transparent vesicles make their appearance on a slightly red surface, and rapidly enlarge to a sixteenth or an eighth of an inch in diameter, sometimes even larger. There is more or less itching, causing the child to scratch, and as the vesicles are very delicate many of them are ruptured in this manner, and also by the garments. At the end of three or four days those which are not ruptured become opaque and present a pearly aspect when they begin to dry up, forming small brown crusts which separate, and fall off at the end of eight or nine days. Scratching and rubbing the vesicles sometimes cause ulceration of the skin, and the formation of large scabs which may leave pits when they separate.

It is very important to distinguish varioloid from this disease, although sometimes difficult, and almost impossible even for a

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physician to say with absolute certainty to which form of disease a given case belongs, so near do the symptoms of the two diseases sometimes approach each other. In all doubtful cases the same care should be exercised in regard to exposing others, and in vaccinating those unavoidably exposed as in small-pox. But generally there is no difficulty in deciding as to the character of the disease.

In varioloid the fever is more severe and long continued, generally lasting forty-eight hours before the eruption makes its appearance; whereas, in chicken-pox the eruption is often the first symptom which attracts attention, and the fever rarely continues more than twenty-four hours before the eruption makes its appearance. The eruption in chicken-pox is more rapidly formed and developed, appears more superficial, and the vesicle is more readily broken by scratching, less regular in form, and none of the vesicles are depressed in the centre, although some of them may present this appearance from having their tops scratched off while forming, but a slight scab will make this manifest; whereas in *Varioloid* the vesicle is much firmer, and its base is more hardened and elevated, and we can generally find occasionally a vesicle with a depressed centre, but not always. Then the fact that one or the other disease is prevailing, and that the patient may have been exposed, should always be taken into consideration.

Treatment.—This disease is attended with little or no danger to life. If there is much fever, a few doses of *Aconite* may be given; if there is head-ache, *Belladonna* or *Pulsatilla*. The above remedies may be followed by *Sulphur* night and morning, during the declining stage of the disease.

SCARLET FEVER.

This is a contagious, febrile eruptive disease, which may occur at any season of the year, and not unfrequently prevails as an epidemic. Children are far more liable to contract this complaint than adults, as very few of the latter will have the disease when exposed. It is not as contagious as small-pox or measles, and many

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children when exposed escape entirely. The interval between the exposure and the attack varies from two or three days to three weeks. Patients may have the disease without exposure to those who are sick with it, especially when it is prevailing in the neighborhood.

Symptoms.—A fever, attended with pain in the head, back and limbs, frequent pulse and hot skin, generally precedes the eruption, for from a few hours to twenty-four, or even for a longer period in some instances, whereas in other cases the rash commences with the fever. The throat soon becomes sore and red, the tongue coated white, with little red points projecting through the coating. The edges of the tongue are red, and when the coating peels off the whole upper surface becomes red. The rash first makes its appearance on the neck, face, and breast, and gradually extends over the body and extremities in the course of twenty-four hours. It commences in very minute red points, which coalesce in broad patches in a short time, of a continuous scarlet blush, around the edges of which can usually be seen the separate red points, like those left by the prick of a needle. The rash is sometimes very abundant, covering almost the entire surface; in other cases there are only here and there scattering patches. The redness disappears under pressure, but returns when it is removed. In some instances the skin is smooth, in other cases slightly rough, like that of "goose-flesh." There is more or less burning and itching of the skin, and sometimes fine transparent vesicles make their appearance, especially on the neck, chest, and on the bends of the elbows. The fever does not abate with the appearance of the rash, the pulse becomes frequent, the skin dry and burning. The fever is worse towards night, often attended with restlessness and delirium. Vomiting is a frequent symptom at the commencement of severe attacks, and diarrhœa occasionally occurs during the course of the disease. The throat may simply present a red appearance, with slight soreness, or it may become very much inflamed, swollen within and without, with great difficulty in swallowing, and even impeded respiration. The disease attains its height, usually from the fourth to the ninth day, when, in favorable cases, the symptoms begin to decline, the fever abates, the rash fades, the

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throat improves, and sometimes there is a profuse perspiration, or diarrhœa, but not always. The scarf-skin soon begins to separate in scales and often peels off in large flakes where it is thick, as on the palms of the hands and soles of the feet. Troublesome itching often attends this process.

In some instances during the febrile stage in severe cases, the brain becomes seriously affected, and great restlessness, delirium, convulsions and stupor, result; or the disease may commence with stupor, and death may ensue speedily from this oppression of the brain. In some cases the inflammation of the throat is very severe, extending to the nostrils, causing obstruction to the passage of air through them, or to the larynx and windpipe, causing croupy symptoms. Patches of false membrane frequently appear on the throat, presenting a dirty white, yellowish or ash-colored appearance. There is a profuse secretion of tenacious mucus in the throat, which the patient finds it difficult to either swallow or discharge from the mouth. The glands of the neck beneath the jaw and ear become swollen, and it is not uncommon for the swelling to linger, and abscesses to form after the fever has abated, retarding recovery.

This disease sometimes assumes a malignant form, when it becomes a very dangerous malady. In some cases of this kind the disease may commence with great anxiety, faintness, and oppression, with feeble and irregular pulse, and labored respiration, pale or livid face, and cold extremities and surface, or cold in one part and hot in another. Feeble attempts at reaction may be made, and slight and irregular febrile action ensue; or, if the above symptoms are not so severe, a low form of fever may ensue, with a tendency to delirium and stupor, and a feeble circulation, with a livid or dark-red eruption, dark spots in and beneath the skin from effused blood, and hemorrhage from the nose, bowels, or urinary organs. In the worst cases, the eruption may never make its appearance, and the patient dies within twenty-four or forty-eight hours, if not rescued by treatment. In other cases the symptoms of the attack may be less violent, and the malignant symptoms may not be so manifest at first, but are more gradually developed. In such cases, instead of high fever, hot skin, and early appearance of the rash,

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as in the simple form of the disease, typhoid symptoms early manifest themselves; the pulse is small, the extremities incline to be cool, and the rash is postponed, sometimes to the third or fourth day, and then it is dark and scanty. As the disease progresses, there is a tendency to delirium and stupor, offensive breath, dark offensive secretions from the throat, and early disappearance of the rash. The tongue becomes brown, crusts, or sordes appear on the teeth, gums, and palate; blood oozes from the lips, throat or other mucous surfaces. Ulcers and gaugrenous spots often appear in the throat, and an exhausting diarrhœa not unfrequently occurs. If the tendency is to a fatal termination, the pulse becomes thready and irregular, the countenance sunken, and the surface bathed in a cold, clammy perspiration, and death ensues generally within one or two weeks from the commencement of the attack. But, instead of dying, the patient may slowly improve, but recovery is often retarded by abscesses, diarrhœa, ulcerations, etc.

Few diseases leave so many unpleasant symptoms behind them as scarlet fever. Among these may be named: abscesses in the ear, often impairing hearing; ulcerations in the nostrils, causing chronic catarrh, and pain and swelling of the joints. Dropsy not unfrequently follows scarlet fever, and is quite as likely to follow mild cases as severe ones, and is liable to occur at any period for at least three weeks after the abatement of the fever. There may be dropsical swellings of the face, body, hands and feet, or dropsy of the abdomen, chest, heart, or head. When there is difficulty of breathing on lying down, with or without cough, there is reason to fear there is dropsy of the chest, which will require prompt relief. If there is heaviness and stupor, we have to fear dropsy of the brain. Rheumatism sometimes follows this affection. This disease may be confounded with measles, but the rash is much finer in scarlet fever, and generally appears within twenty-four hours after the commencement of the fever, whereas in measles it is coarser, and appears on the fourth day of the fever.

Prevention of Scarlet Fever.—It is always desirable to prevent this disease during childhood if possible, for if an individual escapes during this period of life he is not very liable to have it at a later period. When practicable, children sick with this dis-

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ease should be separated from the healthy children of the same family, and children out of the family should never be allowed to visit those sick with it, or even to enter the house, or attend the funeral of a child which has died from scarlet fever. *Belladonna* first recommended by Hahnemann as a homœopathic preventive of this disease, has now been used for many years for this purpose by both homœopathic and allopathic physicians, and many writers and physicians have borne favorable testimony as to its efficacy. During the prevalence of the disease in the family or neighborhood, a dose of *Belladonna* may be given to the healthy child at bedtime for two nights, and a dose of *Sulphur* one night, and so continued until the epidemic is over.

Treatment.—Homœopathy has gained much credit from the success which has attended the treatment of this disease in accordance with its law of cure. Not that patients can always be cured by this or any other treatment, for occasionally the disease is of so malignant a character that there is very little chance of curing the patient; whereas, in a majority of cases it is so light that patients would recover without any treatment, yet there are many cases where much will depend on the treatment. There is, perhaps, no disease which varies so much in severity and fatality in different localities, and during different seasons as this. Even in the same family at the same time, we not unfrequently witness the most malignant case by the side of the mildest.

Belladonna: In mild cases of the disease this is often the only remedy required; and in all cases it will be found useful when the following symptoms exist: soreness and inflammation of the throat, with difficulty of swallowing, especially if there is spasmodic contraction of the throat; redness of the eyes, violent headache, with sleeplessness and nervous excitement or delirium; a bright scarlet color of the eruption and of the throat, are further indications for this remedy. A dose may be given once in two hours when the patient is awake, and continued during the course of the disease, unless a change of symptoms should suggest some other remedy. Also give a dose of *Sulphur* two or three times a day, but let one hour elapse between the taking of this remedy and the *Belladonna*.

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Dose of this or any of the following remedies, see page 7.

Unless there is an unusual tendency to sleep, approaching stupor, it is not well to awaken the patient to give medicine, as it will increase the nervous excitability.

Aconite: This remedy is often required at the commencement of this disease, either alone or alternately with some other remedy, generally either *Belladonna* or *Sulphur*. If the symptoms are similar to those described under the head of *Belladonna*, with a very violent fever, and bright eruption, a few doses of *Aconite* should either precede the use of that remedy, or they may be given alternately with it at intervals of one or even one half hour. But if with burning heat, there is great itching, burning and roughness of the skin, with or without minute vesicles, *Sulphur* may take the place of *Belladonna*, and be given after *Aconite*, or alternately with this remedy, until such symptoms are in a great measure relieved, when *Belladonna* may be given instead of *Aconite*, and the *Sulphur* continued.

Mercurius viv.: If the above remedies fail to relieve the inflammation of the throat, and there is a profuse flow of saliva, great difficulty of swallowing, bright redness of the mucous membrane, with or without the appearance of light-colored patches in the throat, and especially if the glands beneath the jaw begin to swell, *Mercurius* is the remedy. In such cases it should generally be given alternately with *Belladonna* one hour apart.

Coffea: If *Belladonna* or *Aconite* fails to relieve sleeplessness, and great restlessness, this remedy will often succeed. Give a dose every hour until three or four doses have been taken, omitting other remedies during the time. *Tartar emetic* may be given when there is nausea, vomiting, and diarrhœa.

Apis mel.: If there is great excitement of the brain, violent headache, startings, delirium, stupor, or convulsions, which other remedies do not relieve, give a dose of *Apis* every hour.

When this disease assumes a malignant form, other remedies will often be required from the very commencement of the attack.

Camphor: Two or three drops of the ordinary tincture or spirits of *Camphor*, dropped on sugar and dissolved in half a glass of water and given by the spoonful, will answer. This remedy should

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be given when the disease commences with great anxiety, faintness, irregular pulse, pale or livid face, and cold extremities and surface. A dose may be given every five or ten minutes until the above symptoms are relieved, when either *Bryonia*, *Rhus tox.*, or *Arsenicum*, will generally be required.

Bryonia: If the eruption does not make its appearance, or if having appeared, it is indistinct and dark colored, *Bryonia* will be indicated, especially if the extremities are cold, with dull pain in the head and mental torpor, with or without delirium. If *Bryonia* fails to relieve the above symptoms, *Rhus tox.* may take its place, especially if the breath becomes offensive, with crusts of dark matter collecting on the teeth, and the throat is covered with dark-colored patches of false membrane.

Arsenicum: If *Rhus tox.* does not soon relieve the malignant tendency of the disease, *Arsenicum* should be given alternately with it, especially if the disease of the throat becomes dark and offensive, the extremities cold, and the pulse small and irregular with great prostration of strength. Repeat the dose every hour. If improvement does not soon follow *Lachesis* may take the place of *Rhus*.

Carbo veg.: This is our last resort if other remedies fail to check the tendency to dissolution, and the extremities become very cold, and the pulse and respiration irregular. This remedy may be given every hour.

General Measures.—Fresh air and sunlight are very important in this as in all other diseases, yet it is important to avoid exposure to currents of cold and damp air. We should study the comfort of the patient, neither keep him too cold nor too hot. Few measures will relieve the fever, restlessness, nervous excitability, and even delirium, more promptly than frequently sponging the body with water; generally tepid or warm water should be used, but if the skin is very hot and dry, and the patient craves it, and it seems grateful to him, cold water may be used. Sponge the entire body over with a wet towel several times a day, and if the patient is very restless and sleepless at night, repeat the sponging every half hour or hour until quiet sleep results. Keep the feet warm and wipe them dry after sponging. For the thick tenacious

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and offensive mucus which accumulates in the mouth and throat, make a tea of dried apples and let the patient gargle his throat with it and drink of it. The diet should be light if the fever is high; nothing more than gruel, rice, toast, &c.; but if the disease is of a malignant character, the patient may require beef tea, mutton broth, and even a little meat if he desires it, and can swallow it in addition to the lighter articles named above. There is no objection to the use of cold water as a drink if the patient desires it. For at least three weeks after the fever has abated keep the patient in doors, except it may be during the middle of the day when the weather is very pleasant.

Treatment of the Diseases consequent on Scarlet Fever.—For swelling of the glands beneath the ears give *Calcarea carb.* once in four hours. For ear-ache give *Pulsatilla* every hour, and if it fails to relieve, alternate it with *Chamomilla*, and as soon as the pain is somewhat relieved give *Silicea* and *Pulsatilla* four hours apart. For running from the ears give *Pulsatilla* at night and *Sulphur* in the morning, and continue them as long as the patient improves, then give *Calcarea carb.*; follow these remedies if necessary with *Lycopodium*, and afterwards give *Silicea* every night.

For the dropsical symptoms which frequently follow scarlet fever, if the extremities and abdomen seem chiefly affected, give *Helleborus* once in two hours, and if it fails to afford any relief within twenty-four hours, give *Apis mel.* once in two hours; afterwards give *Arsenicum*, if necessary. *Bryonia* and *Helleborus* are the remedies when the brain seems to be oppressed by a dropsical effusion, if *Belladonna* and *Apis mel.* do not relieve the symptoms; give them alternately one or two hours apart. For bloody urine give *Pulsatilla* once in two hours.

While it is undoubtedly generally safer to trust to a homœopathic domestic book and case of medicines than it is to employ an allopathic physician for the treatment of this disease, yet no layman should undertake to treat a severe case if the services of a homœopathic physician can be obtained.

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SCARLET RASH (ROSEOLA).

This is a non-contagious eruptive disease, often mistaken for scarlet fever or measles. It is sometimes preceded for a day or two, and accompanied, by considerable febrile excitement, whereas in other cases there is very little fever. This disease has not the catarrhal symptoms, such as watery and red eyes, sneezing, stuffing and discharges from the nose, of measles, nor has it the sore throat of scarlatina. The eruption is generally of short duration, lasting but a day or two, only occasionally running on for three or four days. The eruption is darker than that of measles, and although it occurs in patches as in the latter disease, yet none of the patches assume the semilunar shape which is frequently noticed in measles. The rash is not as fine and uniform as that of scarlet fever; it usually commences on the face, neck, and chest, with small specks or patches, which sometimes run together forming larger patches one half or one inch in diameter, in other cases they remain distinct. This eruption may be caused by dentition, improper diet, sudden changes of temperature, &c. The same individual may have this disease repeatedly.

Treatment.—A few doses of *Aconite* is generally all that is required, give a dose once in two or three hours. If there is headache, or the disease occurs with teething children, *Belladonna* may either follow *Aconite* or be given alternately with it. If the disease has been caused by errors of diet give *Pulsatilla* once in two or three hours after *Aconite*.

MEASLES (RUBEOLA).

This disease is contagious; and is characterized by catarrhal symptoms, fever, and a rash. It occurs more frequently during the winter, but may occur at any season of the year. The disease rarely attacks the same individual more than once; but few escape having it sooner or later, for it pays little or no respect to

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age; and adults generally suffer more than children from an attack of measles. From one to two weeks generally intervene between the exposure and the attack. This disease frequently prevails as an epidemic, although at the same time contagious.

Symptoms.—Languor, aching in the back and limbs, chills followed by fever, hot and dry skin, headache, furred tongue, and loss of appetite, are among the first manifestations of the disease; but catarrhal symptoms, such as red and watery eyes, sneezing, watery discharges from the nose, slight soreness of the throat, husky voice, and a dry hoarse cough, sometimes precede the above symptoms, almost always accompany them, or are manifested soon after their commencement. The symptoms are very similar to those of an attack of catarrh or cold in the head. With children, especially while teething, convulsions frequently occur. The eruption generally makes its appearance on the fourth day, or at the end of three full days from the commencement of the fever; sometimes it appears a day earlier, and occasionally a day or even several days later. The rash appears first on the face, then on the neck and trunk, and last on the extremities. Distinct minute red spots, slightly elevated, which momentarily disappear under pressure, first make their appearance. These spots soon enlarge, coalesce, and occasionally form semilunar-shaped patches, with healthy skin between them. The amount of the eruption varies greatly in different cases, sometimes it is very extensive, in other cases but a few patches. The color is not generally as bright as the rash in scarlet fever, and is generally brighter or darker, according to the violence of the fever. The fever and catarrhal symptoms do not abate when the rash appears, but are often aggravated. When the eruption is fully developed, which occurs on the second or third day of the eruption, there are usually more or less heat and itching of the skin. The disease generally begins to decline on the eighth day of the fever, or the fourth of the eruption, when the rash begins to fade, first on the face, then on the neck and trunk, and last on the extremities; the catarrhal symptoms and the fever abate, and the patient is soon restored to health. Sometimes the whole duration of the eruption is not more than two days, whereas in other rare instances it is pro-

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longed to a week or more. As the disease abates, thin scales separate from the surface which has been occupied by the eruption, with more or less itching.

Complications —Sometimes the fever assumes a malignant character, and typhoid symptoms early manifest themselves. In such cases the eruption is dark colored, irregular and partial, and there is great prostration of strength, and also a tendency to faintness, congestion of the lungs, and exhausting diarrhœa. Fortunately this form of the disease is very rare in this country. Inflammation of the air passages is by far the most frequent and dangerous complication. A croupy inflammation of the larynx and windpipe or trachea, or inflammation of the bronchia, or of the lungs, not unfrequently occurs during the height of the disease, or follows as the eruption abates; and if such acute attacks are not carefully treated, they are very liable to become chronic. Diarrhœa is an occasional symptom; also inflammation and abscess of the ear, chronic inflammation of the eyelids, and chronic catarrh, not unfrequently follow an attack of measles. This disease and scarlet fever, occasionally occur at the same time, when there is a mixture of the symptoms of the two diseases.

The measles in the first stage may be very readily mistaken for catarrhal fever or influenza. When the eruption makes its appearance it is liable to be mistaken for either scarlet fever or small-pox. In scarlet fever the rash generally appears on the first or second day of the fever, in measles on the fourth; in scarlet fever it is very fine and punctuated at first, and more uniform at last, and brighter colored than in measles. Then if we bear in mind that red, watery eyes, sneezing, and a hoarse cough, are characteristic of measles, we cannot well mistake the disease. But it is not always so easy to distinguish this disease from the small-pox when the rash first begins to make its appearance; but the pimples in small-pox are harder to the feel under the finger, more prominent, and soon become vesicular and depressed in the centre, when all doubt is removed. Then in cases of small-pox, which are not so severe as to be confluent, the fever generally disappears temporarily on the appearance of the eruption, which is not the case in measles, and the severe pains in the small of the back,

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which are almost universally present in the former disease, are absent in the latter.

Treatment.—As almost every individnal who lives to adult age is quite sure to have this disease, sooner or later, it is hardly advisable to strive to prevent children being exposed to it, unless the prevailing epidemic is of unusual severity, as it is better to have it at home beneath the paternal roof during childhood than to risk contracting the disease during adult age, often among strangers. If a child or an adult, who has never had the disease, is exposed, it is well to give a dose of *Aconite* one night and *Pulsatilla* the next, and continue them until the commencement of the attack, as the previous administration of these remedies will generally lessen the severity of the disease. For the treatment of the attack select as follows :

Aconite: This is perhaps the most important remedy for the treatment of this disease, not only to relieve the severity of the febrile affection, but also to prevent inflammation of the air passages. A dose may be given every hour or two, when the patient is awake, and continued until after the eruption is fully developed and the fever begins to abate.

Dose of this or other remedies, see page 7.

Pulsatilla, next to *Aconite*, is more frequently required than any other remedy. The following are the chief indications which should lead to its selection: A tardy appearance of the eruption, nausea, diarrhœa, hoarseness, ear-ache, inflammation of or discharge from the ears, and discharge from the nose. *Pulsatilla* should generally be preceded by a few doses of *Aconite*, or, if a high fever continues it may be given alternately with *Aconite*, one or two hours apart. In a majority of cases the above are all the remedies required, until the declining stage of the disease, when a dose of *Sulphur* should be given every night for a few days.

When the above remedies are perseveringly used it is rare that there is any serious local inflammation developed during the course of the disease. We do not expect to cut short the fever and eruption, but simply to lessen their severity and prevent local affections; and in this the homœopathic treatment is eminently successful. But if croupy symptoms occur, notwithstanding the use of *Aconite* or *Aconite* and *Pulsatilla*, *Hepar sulph.* must be given

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alternately with *Aconite*, one half an hour apart, and continued until the hoarseness and difficulty of breathing are entirely relieved. Large cloths must be wrung from warm water, as hot as the patient can bear, and be applied over the neck and chest, and over them dry flannel; and the wet cloths should be changed every fifteen minutes or half hour, until the patient is relieved.

If symptoms of bronchitis occur, or of inflammation of the lungs, give *Bryonia* once in six hours, and if there is much fever give *Aconite* every hour between. If at the end of four or five days from the commencement of the eruption, when it begins to decline, the cough and oppression of breathing do not abate, and the expectoration becomes opaque and less tenacious, give *Phosphorus* before tea and at bedtime, and *Bryonia* morning and noon. If, after three or four days more, the above remedies do not entirely relieve the cough, uneasiness in and oppression of the chest, give *Sulphur*, and *Pulsatilla* in the same manner, until such symptoms and all expectoration are relieved.

If, during the course of the febrile or eruptive stage, there is violent headache, startings, or convulsions, give *Belladonna* and *Aconite* alternately, one half hour or hour apart, and wring a large towel from cold water, wrap it around and over the entire head and forehead, and place several thicknesses of dry flannel over the wet cloth, so as to entirely cover it, pin it snugly so as to exclude the cold air. Wet the towel every hour until the head symptoms are relieved. For earache, or inflammation in the ears, give *Pulsatilla*, and if it does not relieve give *Chamomilla*, or *Nux vomica*. If a discharge from the ears follows the measles, give *Pulsatilla* at night and *Sulphur* in the morning, and follow them at the end of three or four weeks, if necessary, by *Calcarea carb.* every night for a week. Then omit it for a week; afterwards give, if it is required, *Lycopodium*. If a discharge from or chronic inflammation of the mucous membrane of the nose or eyes follows the measles, give the same remedies in the same manner as directed for discharge from the ear.

If the eruption suddenly disappears after having made its appearance, or if it does not make its appearance on the fourth day, give a few doses of *Bryonia*, especially if the patient complains of

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a feeling of a load, weight, or pressure at the pit of the stomach, or of oppression at the chest. If diarrhœa occurs during or soon after the disease, if *Pulsatilla* does not relieve it, give *Mercurius viv.*, followed, if necessary, by *China*, at the end of twenty-four hours.

If the disease assumes a typhoid character, *Pulsatilla* and *Bryonia* are the chief remedies during the first stage, and *Pulsatilla* and *Arsenicum* during the stage of prostration; give them alternately, one hour apart.

General Directions.—Keep the temperature of the sick-room comfortable, neither too hot nor cold; and be very careful about exposure to currents of cold or damp air, for a week or ten days after the disease has abated. Allow the patient to drink cold water only in small quantities at a time, but freely of warm water, milk, and sugar. Allow no stimulating drinks, or hot herb teas. Let the diet be light during the fever, nothing more than gruel, milk-and-water, rice or toasted bread, or cracker; and only gradually more nourishing as the patient improves.

ERYSIPELAS (ST. ANTHONY'S FIRE).

This disease is characterized by a spreading inflammation of the skin, sometimes involving the deeper tissues, with fever which may precede, commence with, or soon follow the local attack. Some individuals are very liable to this disease, and it occasionally prevails as an epidemic, or depends upon an atmospheric influence; and in some instances it is of a very malignant character; in such cases the fever is of a low typhus form, and there is a great tendency to gangrene or mortification. Under such circumstances the disease is, to a limited extent, contagious, which, doubtless, depends on the typhus form of fever, rather than upon the eruption, for, ordinarily, erysipelas is not contagious. Where there is a constitutional predisposition to the disease, or when it is prevailing as an epidemic, it may be excited or caused by cold, excessive heat, improper or stimulating articles of food or drink, excessive fatigue, mental emotions, etc. It frequently originates from wounds, sometimes even from slight scratches or bruises; also from ulcers

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burns, blisters, the sting of insects, and stimulating applications to the skin. I have known two instances arise from piercing the ears for rings. It not unfrequently results from surgical operations, and in hospital and army practice, it is one of the chief sources of danger after operations.

Symptoms.—If the fever precedes the eruption, the patient complains of the usual premonitory symptoms of fever, such as languor, uneasiness, impaired appetite, aching in the limbs, followed by chilliness and fever, headache, sometimes nausea and vomiting, and perhaps swelling of the glands in the neighborhood of the part about to be attacked; sooner or later, sometimes not until the second or third day of the fever, a small red spot, somewhat elevated, painful and tender to the touch, makes its appearance upon some part of the surface. Sometimes the appearance of such a spot is the first symptom, and the fever is only developed as the local disease progresses. The face is the most frequent seat of the disease when it does not arise from a wound or local point of irritation; although it may attack any part of the surface of the body. On the face it generally commences upon the side of the nose, the cheek, or the rim of the ear, and spreads more or less rapidly over the face, sometimes in every direction, but more generally in one. In some instances it only extends over one side of the face, but frequently it spreads over both sides and into the hairy scalp, over the head and down on the neck. As the inflammation travels from point to point, it frequently happens that as new portions of the skin are involved, the disease abates in the parts first affected. The skin is red in the part diseased, more or less elevated, and harder than the sound skin; if the cellular tissue, and other structures beneath the skin, become involved, the swelling may be very great, so as to close the eyes and almost obscure the features. The pain is of a burning, smarting, pricking character. If the inflammation of the surface of the skin is very violent about the third or fourth day, vesicles or blisters frequently appear on the diseased parts. If the scalp is involved, there is frequently violent headache, delirium, or a tendency to coma or stupor. When the erysipelatous inflammation extends to the cellular and other structures beneath the skin, as it not unfrequently does when the face

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and especially when the extremities are the seat of the disease, it is not uncommon when the inflammation is not checked by treatment, for it to cause death of the cellular tissue which connects the skin to the muscles, and which surrounds the latter, and for large collections of matter to form beneath the skin, which when evacuated, either by ulceration or the lancet, escape with shreds of the cellular structures. In such cases, when recovery takes place, it is often with more or less deformity and inability to use the parts, owing to adhesions between the muscles, or between the muscles and skin. As the inflammation of the skin abates, the scarf-skin separates in scales. Erysipelas sometimes shifts from one part of the skin to another, and sometimes from the skin to internal organs. When the disease arises from wounds, it may terminate in gangrene, inflammation of the veins, or deposits of matter in different parts.

Treatment.—He alone who has treated, and seen this disease treated by both methods, can realize the wonderful superiority of the homœopathic over the empirical treatment of allopathy.

Aconite is one of the most important remedies in all cases where the fever is high, with great heat and redness of the diseased part. If given alone, a dose may be given every hour or two when the patient is awake.

Dose of this, or other remedies, see page 7.

Belladonna: Next to *Aconite*, this is the most important remedy, whether the disease involves simply the skin, or extends to the deeper structures. In all acute attacks, it should either be preceded by several doses of *Aconite*, or be given alternately with it, one hour apart. If the skin is hot, the pulse full, and the diseased part very red, with but little or with much swelling, they should be continued for at least two or three days. At the end of this period, if vesicles or blisters appear, or even if they do not, and the patient does not seem to be improving, *Rhus tox.* may take the place of *Aconite*, and be given either alone or alternately with *Belladonna*, two or three hours apart. If, at the end of twenty-four hours more the patient is not improving, omit the *Belladonna* for a time, and give a few doses of *Hepar sulphuris* instead of it. If, in any case, matter or pus forms, give *Silicea* once in four hours.

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If the disease has been caused by a wound, or by an ulcer or sore, if the pulse is full and the surface hot, give *Aconite* every hour for twelve hours; after which, if the symptoms are not better alternate it with *Rhus tox.*, one or two hours apart, and continue these remedies until the fever and swelling are relieved, or if, at the end of twenty-four hours, there is no improvement, omit the *Rhus tox.*, and give *Belladonna* in its stead. If, at the end of three or four days from the commencement of the attack, the symptoms are not in a great measure relieved, give *Hepar sulph.* and *Rhus tox.*, alternately, two hours apart.

If at the commencement of the disease, or at any time during its course, it assumes a malignant character, which may be known by the fever assuming a typhoid form, and the eruption changing to a purple or livid hue, with a slow return of blood to the part after it has been pressed, or the appearance of small blisters filled with a darkish or reddish fluid, other remedies will be required. In fact, in such cases, *Aconite* will be of very little use, and *Belladonna* will not generally be required, unless it may be a dose or two to quiet active delirium early in the disease.

Give *Lachesis* and *Rhus tox.* alternately one or two hours apart, as soon as any of the above symptoms occur, even if it be at the commencement of the attack. If the extremities are cool, the pulse small, and there is great prostration of strength, with offensive breath, early in the disease, with an intense burning pain in the part diseased, you have a malignant attack which will require the above remedies from the very commencement. If at the end of two or three days the symptoms are not improved, omit the *Rhus* and give *Arsenicum* alternately with *Lachesis* one or two hours apart, and continue them until the disease is relieved, unless symptoms of mortification ensue, or sinking of the vital powers, denoted by a small and perhaps irregular pulse, and cold extremities. If such symptoms appear, omit the above remedies, and give *Carbo veg.* every hour.

In all cases, in the declining stage of the disease, after all the acute symptoms have been relieved, a dose of *Sulphur* may be given every night. Erysipelas cannot always be cured in a day, it may require several days, and the remedies must not be changed too often, for if they are, the patient may fail to get any relief.

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General Directions.—As a general rule very little benefit will be derived from local applications. Internal remedies are far more efficacious than external, and the latter often interfere with the action of the former. One of the very best which can be applied, is simply dry wheat starch, finely pulverized, and there is no objection to its use. The diet should be light, nothing more than gruel, rice, toasted bread, and cracker, until the fever has abated, and there is a return of appetite, when it may be gradually made more nourishing. In a malignant attack, if the vital forces seem to be giving way, it may be necessary to resort to beef tea or mutton broth.

ERYSIPELAS, CAUSED BY POISONOUS VEGETABLES.—Poison ivy, oak, or sumach, when brought in contact with the skin, will cause an erysipelatous inflammation on many individuals. Some are so susceptible that an eruption will be caused even by the odor or exhalation from these vegetables. The skin becomes red, burns and itches, and vesicles soon form. The fluid contained in these vesicles seems to be poisonous, and by scratching and rubbing, and afterwards handling other parts, the disease is often communicated from the hands, ankles, or feet, to the face, genital organs, and other parts. The disease, without treatment, is tedious in its duration, and often causes obstinate ulcerations. It is a singular fact that while some individuals are very susceptible to the action of these poisons, others are not at all so, and can handle these vegetables with impunity.

Treatment.—*Bryonia* is perhaps the most important homœopathic remedy we have. A dose may be given once in from two to four hours, and the remedy may be continued for several days. If there is much swelling and inflammation of the skin *Belladonna* may be given alternately with *Bryonia*, two hours apart, until the acute symptoms are relieved. Give *Hepar sulph.* night and morning, as soon as the vesicles begin to dry, and continue it until the skin is healthy.

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SHINGLES (HERPES ZOSTER).

This is a vesicular eruption, occurring on one side of the body, in a majority of cases the right side. The band of vesicles rarely extends more than half way around the body, although they sometimes extend up to the arm or down on the thigh. Sometimes the eruption is preceded for two or three days by febrile symptoms, and pains through the side and chest. Minute vesicles or blisters make their appearance, which enlarge to the size of half a pea, and often run together, attended with burning, smarting pain. The contents of the vesicles at first are transparent, but in the course of three or four days they become opaque, when they gradually dry up. Successive crops of vesicles may appear and prolong the disease for two or three weeks, although it generally subsides within one or two weeks.

Treatment.—*Rhus tox.* may be given once in two or three hours, and a dose of *Hepar sulph.* night and morning. If at the end of twenty-four hours the fever, pain in the chest, and soreness, are not relieved, in a great measure, omit the *Rhus.* for one day, and give *Belladonna* once in two hours, after which give *Rhus.* again. Continue the *Hepar sulph.* night and morning, until the scales fall off.

Cold Sores.—This is another herpetic eruption. For this affection give *Bryonia* once in two hours, and dissolve some in a teaspoonful of water, and wash the eruption with the solution.

NETTLE RASH (URTICARIA—HIVES).

This is a non-contagious eruptive disease, characterized by elevations of the skin resembling those caused by the nettle, or by a blow from a small stick, or the lash of a whip. These elevations are generally reddish about the borders, and white on their summits, although occasionally red. The eruption is attended by intolerable itching, tingling and burning, and appears most frequently upon the inside of the arms, thighs and legs; it also frequently appears over the body, and sometimes on the face. It is frequently caused by irregularities of diet, derangements of the stomach,

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and certain articles of food, such as shell-fish, mushrooms, honey, green cucumbers, etc. It occurs at all ages, but more frequently with children, especially with teething children. It is very uncertain in its duration, lasting sometimes but a few hours, or less than a single hour; in other instances two or three days, especially when attended with much fever. Its appearance is sometimes preceded, for two or three days, by febrile symptoms, headache, and deranged stomach, faintness, and chills, which usually disappear in a great measure, when the eruption makes its appearance. Sometimes this disease assumes an intermittent form, and in some cases it becomes chronic.

Treatment.—If the eruption is attended by fever, give *Aconite* once in two hours until the fever abates, then discontinue the *Aconite*, and give *Bryonia*, once in two hours during the day, and a dose of *Lycopodium* at night. If the disease has resulted from exposure to wet, damp weather, give *Dulcamara* once in two hours. If caused by errors in diet or by the use of particular article of food, give two or three doses of *Pulsatilla*, and afterward give *Bryonia*, once in two hours. If teething children suffer from this disease, give a dose of *Calcarea carb.* at night, and if they are feverish, give a dose of *Aconite*, once in two hours during the day, If not attended with fever, give *Bryonia* every morning, instead of *Aconite.* If the disease has become chronic, give a dose of *Calcarea carb.* every night for one month, then give *Lycopodium* for a month, and afterwards, if necessary, *Arsenicum.*

Dose of the remedy selected, see page 7.

ERYTHEMA (RED SPOTS ON THE SKIN).

This disease resembles erysipelas, but it differs from it in being less severe, less disposed to spread, generally more superficial, and attended with little or no fever. It may be accompanied by a sensation of heat and tingling, but rarely with much burning or pain. It may occur on the face, limbs, or body. It occasionally occurs during febrile diseases, also during teething. The surface of the skin is generally not much elevated, although sometimes slightly so.

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There is a form of the disease which frequently attacks the front of the legs, between the knee and ankle, consisting of large oval patches, which become somewhat elevated, hard, and painful, but gradually soften, assume a bluish color, and go off in eight or ten days, without the formation of matter. This form of the disease is generally attended with some fever and various nervous symptoms.

Treatment.—*Pulsatilla* is the remedy for the last variety named, or when it is located on the front of the legs. Give a dose once in two hours. This remedy will often be found useful when the disease occurs in other parts, if the eruption is dark-colored, and without much heat. When it occurs in the course of febrile affections, or during recovery, *Arsenicum*, followed by *Sulphur*, will be found useful. Repeat the remedy two or three times a day. In the case of teething children, *Chamomilla* may be given morning and noon, and *Calcarea carb.* every night.

Dose of either of the above remedies, see page 7.

ITCH (SCABIES).

This is a contagious eruption, consisting of small pointed vesicles, which generally first make their appearance between the fingers, on the wrists, inside of the joints, and on other parts where the skin is thin. In its progress it may occupy any part of the surface excepting the face and scalp, which are rarely affected. It may occupy a large extent of the surface or only a small portion. The vesicles are generally separate and not clustered, and contain a little transparent fluid. They are attended with intense itching, especially at night in bed. This disease is attended by a small insect, which is found burrowed beneath the surface of the skin, a short distance from the vesicle. In some cases pustules form which fill with yellowish matter, and end in scabs and sores. The itch, without treatment, does not tend to a spontaneous cure, but may continue for years, or an indefinite length of time.

Treatment.—Sulphur is the chief remedy for this disease, and it may be used internally, and if necessary, externally. As this is

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perhaps more strictly a local disease than any other eruption, and as it is very difficult to destroy the insect by internal remedies alone, especially by the use of low dilutions, there is less objection to local applications than in almost any other disease, if they are applied early. Give a dose of *Sulphur* three times a day for three or four days. At the end of this period, after washing the body with warm water and soap, rub fresh lard freely over every part diseased, night and morning. If at the end of two weeks the disease is not nearly or quite cured, make an ointment by stirring a teaspoonful of the *Flowers of sulphur* into a teacupful of melted lard, continuing the stirring until the lard is cold. It is not necessary nor well to rub the whole surface of the body over with strong sulphur ointment. It will be sufficient to apply the weak ointment prepared as directed above, to the parts diseased every night for three nights, and afterward simply to touch the vesicles and sores, if there are any of the latter, every other night with a little of the same ointment, continuing at the same time the homœopathic preparation of *Sulphur* internally, as directed. If at the end of two weeks the disease is not entirely cured, give *Mercurius viv.* night and morning for ten days, then *Carbo veg.* for ten days, and afterward *Hepar sulphuris.*

Dose of either remedy, see page 7.

MILK-CRUST (CRUSTA LACTEA).

This is a disease of childhood, occurring most frequently between the ages of three and eighteen months. One or more red blotches appear on the cheeks, or some portion of the face; these soon become studded with small yellowish pustules, attended with great itching. At the end of a few days, the pustules burst, and their contents dry on the skin, in the form of brittle, semi-transparent, yellowish or greenish crusts, which grow thicker from the constant secretion of matter beneath them. The crusts remain attached, from two to three weeks, and when they fall off the surface of the skin is red and shining. The disease may be pro-

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longed for an indefinite period, by the appearance of fresh crop of pustules.

Treatment.—Give six globules of *Sepia* two or three times a day, and continue this remedy for three weeks, when, if the patient is not well, or nearly well, give *Rhus tox.* and *Sulphur*, alternately, forty-eight hours apart, until the disease disappears; or if they fail to cure, give *Mercurius cor.* night and morning.

SCALD-HEAD (TINEA CAPITIS—FAVUS).

This is a very offensive and obstinate disease, and is, to a certain extent, contagious. It is often compounded with eczema and lichen, and the reader will do well to consult what is said under the head of the above diseases, in any case of disease of the scalp for which he may wish to select the proper remedy.

Symptoms.—Small, elevated, dry spots or crusts, about the size of a pin's head, of a yellow color, seated on the surface of the skin, which is depressed by them, make their appearance on the scalp, or in the edge of the hair. These crusts are concave or cup-shaped, externally, and convex on the surface, which adheres to the skin. These gradually enlarge, until they are from one eighth to one fourth of an inch in diameter, still presenting upon their free surface the cup-shaped appearance, except when they unite in large masses, when the entire surface is covered with alternate elevations and depressions, around the edges of which will be found some of the concave crusts. The whole head, forehead, neck and parts of the trunk, in some cases, become covered with these crusts. The crusts of favus are of a pale yellow color, hard, dry, and break with a short fracture, presenting within a mealy appearance. When the eruption first appears, there is very little itching or irritation, but as it becomes developed, small pustules form on portions of the skin not affected, which give rise to a copious discharge, and there is a great itching, tingling, and heat, and an offensive odor, resembling that of mice. Under the microscope, the crusts of scald-head present the appearance of a vegetable growth. The disease is contagious, but may occur without exposure from neglect of cleanliness, unwholesole diet, want of pure air and sunlight. It occurs in children from two to twelve years of age.

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Treatment.—Cut the hair with a pair of scissors close to the head, and apply a large linseed meal poultice every night, washing it off in the morning with soap and water, and brush the head carefully with a soft hair-brush, and continue these measures until the crusts are all removed. Give internally at the same time one of the following remedies, commencing with *Sulphur*, every night for one month, then give *Calcarea carb.* for a month. *Hepar sulph.* : This is one of the best remedies for this disease. Give a dose every night and morning, and continue the remedy for three weeks; then give *Lycopodium* every night for two or three weeks; after which, if the patient seems to be improving, give *Hepar sulph.* again for the same length of time, and after that *Lycopodium.* To cure this disease a persevering treatment is required. *Sepia* and *Sulphur* may follow the above remedies if necessary, and may be given in the same manner. If other remedies fail, give *Arsenicum* three times a day, and continue it several weeks; only twice a week omit one dose, and give a dose of *Rhus tox.* instead.

The diet should be light but nourishing, principally bread made from unbolted flour, milk, and vegetables; no pork, and very little meat of any kind. Fresh air, out-door exercise, and sunlight, are all important.

ECZEMA (SCALL OR HUMID TETTER).

This is a very frequent disease characterized by the eruption of numerous minute transparent vesicles, closely set on an inflamed surface, generally attended with intense itching and burning pain. On the second or third day after their appearance, the vesicles become opaque, and either dry up or burst, and become converted into thin crusts, from beneath which a thin watery fluid exudes. When these crusts are removed, or fall off, the surface looks glassy and bright red, and there oozes from it a watery fluid. In acute attacks there may be very little inflammation of the portion of skin occupied by the vesicles, or it may be very red and highly inflamed; there may be no fever, or a high fever, at the commence-

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ment of the attack. Eczema may be seated on any part of the body. It may occupy a large extent of surface, or but a small space. When it appears on the scalp or face, in the case of children, it is often mistaken for scald-head, or tinea capitis; but it can be distinguished from the latter disease by the absence of the concave or cup-like appearance of the crusts, and by the presence of the profuse thin, watery discharge which sticks the hair together. Eczema frequently commences behind the ears, and in the edges of the hairy scalp, also on the forehead and cheeks. In chronic cases this watery discharge is rapidly dried into scales, which are pushed forward by the hair as it grows. In some cases pustules form here and there, so that we have in connection with the watery discharge more or less pus or matter. The chronic form of the disease is quite common, and is one of the eruptions frequently denominated salt-rheum. It appears frequently on the back of the hands, fingers, arms, back of the ears, and around the nipples. When the disease becomes chronic the skin becomes swollen and thickened, assumes a dark crimson hue, with numerous deep cracks or chaps, which discharge a bloody, watery fluid. From constitutional disturbance, or the action of any local cause, the parts are apt to become tense and painful to the touch, when there escapes from them a profuse watery discharge. If the disease is extensive, after a time the general health becomes impaired, the digestive organs deranged, and general debility ensues.

Eczema may occur at any period of life, from the earliest infancy to old age, and it affects females more frequently than males. It is not contagious. A predisposition to this disease sometimes seems to be hereditary. It may be caused by the direct rays of the sun, turpentine liniments, the alkali in soap, or by the handling of sugar. When caused by soda or potash it is termed the washerwoman's itch; when by sugar, the grocer's itch. It occurs not unfrequently on the legs of aged persons, especially when the veins are enlarged, and often degenerates into troublesome ulcers. The use of mercury, in large doses, may cause this eruption. When this disease appears on the fingers it is very liable to be mistaken for the itch, but can be readily distinguished, if we bear in mind that in the latter disease the vesicles are solitary, or stand alone,

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are large and cone-shaped, whereas in eczema they are crowded together, small, and more frequently seated on the back of the fingers than between them. Eczema is rarely dangerous to life.

Treatment.—Few diseases are more troublesome, or obstinate, than this, especially when chronic. It requires a persevering and long-continued treatment.

Aconite: This remedy will be required when an acute attack of eczema is ushered in by fever, local heat, and swelling of the affected part. A dose may be given once in two hours.

Dose of this or other remedies, see page 7.

If the disease has been caused by the rays of the sun, or by heat, it is sometimes called prickly heat. If any fever attends such cases, *Aconite* may be given three times a day for a few days, afterward give *Belladonna* night and morning. If the direct rays of the sun on an exposed surface of the skin, have caused the eruption, give *Arnica* internally, and drop five or six drops of the tincture into a tablespoonful of water, and wash the parts three or four times a day.

Dulcamara: If the eruption is attended by fever, *Dulcamara* should either follow *Aconite*, or be given alternately with it, and continued several days. *Dulcamara* will often be found useful in chronic cases, when it should be repeated night and morning, and continued as long as there is any improvement.

Mercurius cor.: This is perhaps the most important remedy we have, after the acute symptoms have been somewhat relieved by the above remedies, especially when the disease occurs during childhood, and occupies the scalp or face. A dose may be given once in six hours, and the diseased parts may be washed once or twice a day, in a spoonful taken from the same solution which is given internally. This remedy should be continued in recent cases for one or two weeks at least, and in long-standing cases, night and morning for one or two months. *Apis mel.* may follow *Mercurius cor.*, if it is needed; give a dose night and morning and continue as long as there is any improvement.

Sulphur should follow the above remedies in recent attacks, and may precede them in chronic cases, one dose every night. If there are scattering pustules discharging matter or pus, in connec-

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tion with the watery discharge of eczema, give *Sulphur* one night and *Rhus tox.* the next for three or four weeks, and follow these remedies by *Hepar sulphuris* night and morning if necessary. If irritation of the urinary passages attends this eruption, give *Apis mel.* night and morning.

Arsenicum is a very important remedy in obstinate cases; give a dose night and morning, and continue it for several months, substituting *Dulcamara* occasionally for a week.

When the disease occurs on the legs of aged persons, give *Arsenicum* night and morning and follow it with *Carbo veg.* at the end of a month.

General Directions.—Do not use soap in washing; use simply tepid water, or water containing a small quantity of carbonate of soda, and dry the surface well after washing. In eczema of the scalp, the hair should be cut close with a pair of scissors, and if the head is covered by scurfy crusts, poultice it with linseed meal and wash with tepid water, with or without a little soda, until the crusts are removed. In chronic eczema, great benefit often results from the nightly application of a poultice of slippery-elm bark, prepared with warm water. Children, after the period of nursing, should be kept on a bread-and-milk diet, not bread made from superfine flour, but from the second and third runnings, which contain the dark and nutritive portions of the wheat, phosphoric acid, &c., which children affected with this disease need. It is not always safe to dry up suddenly the secretion which attends this disease by external applications, for fatal internal disease not unfrequently results from such treatment.

PEMPHIGUS (WATER BELBS).

This eruption is characterized by the appearnce of round or oval red spots, upon which blisters from the size of a pea to that of a hickory-nut, or even larger, make their appearance, often preceded by chills and fever, and loss of appetite. It may appear on the thighs, abdomen, arms, hands, and other parts.

Treatment.—*Hepar sulph.* alternately with *Rhus tox.*, two or

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three hours apart, are generally the remedies required for the acute form of the disease. Give one at night and the other in the morning when the affection has become chronic.

LICHEN.

This disease is characterized by the development of numerous minute pimples of the color of the skin, or of a reddish hue, in clusters or scattered over the surface of the skin, attended with itching or tingling and heat, and terminating either in the separation of scales or scurf, or in superficial ulcerations. The simple form of the disease is rarely attended with much fever, but minute pimples, about the size of a pin's head, make their appearance in irregular patches on the extremities, neck, face, or breast, and may spread over a large extent of surface, or be comparatively limited. The pimples become fully developed on the third day, and by the seventh or eighth day they fade, leaving on their summits minute scales. As all the patches do not appear at the same time, the disease is generally prolonged for two weeks, and in chronic cases, by successive crops of pimples for months and even years. There is a severer form of the disease, in which the pimples are clustered in large patches, are small, very red, and the skin is inflamed. It occurs most frequently on the outer surface of the limbs, forehead, and on the cheeks, and is attended by smarting, burning pain, especially at night, and is preceded by considerable fever, which abates when the eruption appears. In a few days the points of the pimples become slightly ulcerated, and pour out a watery fluid, which dries and forms thin yellowish scales or scabs. The disease may terminate in a fortnight or three weeks, or it may be prolonged for months, or even for several years, with occasional remissions during cold weather. In chronic and severe cases the skin is apt to become thickened, of a dark, livid color, uneven on the surface, and chapped or cracked, and discharges a thin, watery fluid. When it occurs on the back of the hands, and even when it appears elsewhere it is one of the eruptive diseases usually denominated salt-rheum. This disease, when there

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is a thin, watery discharge, often resembles eczema, but the skin is more swollen, thickened, and uneven, and the watery discharge is less than in eczema, and the itching is more intense. Bear in mind that lichen commences with pimples which may, in the course of a few days, ulcerate and discharge moderately; but eczema commences with vesicles which secrete a profuse watery fluid. The disease denominated ringworm is often but circular patches of lichen; in other cases it is a vesicular or herpetic eruption

Lichen is frequently caused by heat, when it is called *prickly heat.* It may be caused by stimulating drinks and food, stimulating substances applied to the skin, chronic inflammation of the stomach, derangements of the stomach and bowels, &c.

Treatment.—If the eruption is preceded or accompanied by fever, give a dose of *Aconite* once in two hours until it abates. Even if there is not much or any fever, this remedy will often be useful, especially if the disease has been caused by heat, and there is intense itching and burning.

Dose of any of the following remedies, see page 7.

Bryonia: This is generally the most important remedy in all recent or acute attacks, after *Aconite*, or when the symptoms do not require *Aconite.* Give a dose once in two hours. If the patient is not better at the end of three days, especially if new crops of pimples are making their appearance, give *Dulcamara* once in four hours.

Sulphur may follow the above remedies as soon as the symptoms are in a great measure relieved, or if they fail to relieve; also in chronic cases, give a dose every night, and continue this remedy for a week, then omit it for a week, after which give *Lycopodium* for a week, then omit, and at the end of another week give *Sulphur* again, and so continue.

A tepid bath may be employed daily for the relief of the itching and burning, and after the skin has been well dried, the seat of the eruption may be smeared over with *Olive oil*, or *Cold cream.* In chronic cases, the surface of the eruption may be moistened with water, and then rubbed over, lightly with *Glycirine* once or twice a day. Patients affected with this disease should use very little salt.

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ITCHING OF THE SKIN (PRURIGO).

This disease is characterized by an intense itching of the skin, without any eruption, or with a very slight appearance of pimples, sometimes quite large pimples, but without redness of the skin, or fever. The disease is not contagious, and is generally chronic.

Treatment.—Give a dose of *Sulphur* every night for two weeks, and if the patient is then improving, continue it, but at longer intervals—once in three nights. When *Sulphuris* fails to benefit, give *Nux vomica* night and morning as long as improvement follows; then give *Hepar sulphuris* every night, and afterwards *Dulcamara*. If the disease is on the scrotum, give *Sulphur*, and then *Dulcamara*. If on the vulva, give *Sulphur* as directed above, then *Sepia*, and afterward, if necessary, *Calcarea carb*. Wash in all cases, frequently with warm water, and use a warm bath two or three times a week.

RINGWORM.

This disease is frequently a variety of lichen, or simply an eruption of pimples in a circular form, without any vesicles; when this is the case, consult the section on lichen, and follow the general and local treatment there recommended. In other cases, the disease is a vesicular eruption (*Herpes circennatus*) characterized by the appearance of very minute vesicles, closely set, and forming circles, often with healthy skin in the centre.

Treatment.—Give a dose of *Sulphur* night and morning for three days, and then give *Sepia* in the same manner for a week, when, if there is no improvement, you may give *Calcarea carb.* every night. *Arsenicum* may be required in obstinate cases.

CHILBLAINS.

This affection generally attacks the feet, and results from sudden changes of temperature in the part, which causes the skin to become inflammed, swollen, and painful.

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Treatment.—Give *Pulsatilla* at night and *Arsenicum* in the morning. Put one teaspoonful of *Arnica tincture* into a cup of water, and wash the parts once in three or four hours.

CORNS.

Some persons are much more liable to suffer from corns than others. The disease is generally, in fact always, caused by wearing tight shoes. The external layer of the skin becomes thickened from pressure, which, by pressing on the parts beneath, causes pain, soreness, and inflammation.

Treatment.—Wear loose shoes. Carefully dissect off the corn with a sharp knife, commencing at one side and slowly cut with the point of the knife, as you raise the edge of the corn with a finger nail of the other hand or a hook, between the almost transparent corn, and the whitish surface of the true skin; and if you have patience and are careful, you can remove the corn entirely, without drawing blood or causing pain. Then wet a soft rag in *Arnica water* prepared as directed for chilblains, and wind round the toe or foot. Give *Calcarea carb.* alternately with *Sulphur*, at intervals of three or four days, to prevent a return of the complaint.

BOIL (FURUNCULUS).

This is an inflammation of the skin, and of the areola tissue beneath it, ending, if not subdued, in the death of the latter, which separates and escapes in the form of a slough or core, with pus. The swelling is of a conical shape, and if left to itself, breaks at its apex.

Treatment.—Put twelve globules or one drop of *Arnica tincture* into a glass of water, and give a teaspoonful of the solution once in six hours, and wash the boil in the same solution. If, at the end of twenty-four hours, the inflammation is not abating, omit the *Arnica* and give a dose of *Belladonna* three times a day, and if this remedy does not check the progress of the disease within twenty-

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four hours; give *Mercurius viv.* alternately with it, at intervals of two or three hours, and apply a poultice of bread and milk, or of linseed meal. If the pain is throbbing, and you have reason to think that matter has formed, give *Hepar sulph.* night and morning, and *Belladonna* once in four hours in the intervals, until the abscess breaks.

To remove the predisposition to boils give *Sulphur* at night and *Belladonna* in the morning for a week, then give them alternately, at intervals of three or four days, for two or three months, if the patient has suffered long from the disease. Afterward give *Lycopodium* once or twice a week.

CARBUNCLE (ANTHRAX).

This disease bears some resemblance to a boil, but the swelling is generally larger, darker, and more spongy. The cellular tissue beneath the skin early becomes gangrenous, or mortifies, and as the disease progresses, several openings form through the skin, through which a thin, offensive matter issues, with portions of dead cellular tissue. Typhoid symptoms are early manifested, and the disease, especially when it attacks the aged, or those of bad habits, or of a depraved constitution, is attended with great danger to life. The usual seat of carbuncle is on the back, neck, or head, although other parts may be affected. It may be small, not larger than a prune, or it may be as large as a tea-saucer, or even larger in some cases.

Treatment.—At the commencement of the disease give *Silicea* night and morning, and give *Belladonna* once in two hours in the intervals, until either the inflammation and swelling are relieved, or you are satisfied that they are not likely to check the progress of the disease. Then omit the *Silicea* and give *Arsenicum* alternately with *Belladonna*, at intervals of two hours. If, notwithstanding the use of the above remedies, several openings make their appearance, through which a thin matter oozes, the skin should be freely divided over the dead substance beneath, so as to allow the slough and matter to escape readily; then apply a poultice of bread and

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milk, or linseed meal, until the dead tissue is separated and discharged. If symptoms of great debility ensue, omit the *Belladonna*, and give *China* once in four hours. If there is burning pains, give it alternately with *Arsenicum*, once in two hours. To heal up the sore or ulcer which remains, give *China* in the morning and *Silicea* at night.

Dose, see page 7.

The diet should generally be nourishing, especially after the first few days; milk, beef, or mutton, or beef tea, toast, mashed potatoes, &c., used with moderation.

FELON—WHITLOW (PANARI).

This disease is an inflammation, resulting in the formation of an abscess on the fingers, or in the palm of the hand. It frequently attacks the balls or ends of the fingers; also the spaces between the joints. The inflammation may commence in the skin, or the fleshy part beneath the skin, or deeper among the sheaths of the tendons or chords; or, again, in the external covering of the bone, or periosteum. One form of this disease extends around the roots of the finger-nails, and is therefore called a run-around. The disease is very painful. There is often heat and swelling of the whole hand, with violent throbbing of the arteries. It usually commences with a pricking pain, as though a splinter were in the part.

Treatment.—Give *Silicea* once in six hours, and if, notwithstanding the use of this remedy, the hand becomes hot, and the patient feverish, give a dose of *Aconite* every hour between the doses of *Silicea*. Often *Silicea* alone will cure the disease if given early.

Dose, see page 7.

At the very commencement of the inflammation wet a strip of cotton or linen cloth, half an inch wide, and six inches long, in *Arnica water*, or a spoonful of water containing a few drops of *Arnica tincture*, and commence at the end of the finger and wind it around the finger as snug as the patient can bear, without causing much pain, and allow it to remain, if it affords relief at

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the end of one or two hours. If the disease has been continuing unchecked for several days, and the pain is throbbing, the sooner it is freely lanced the better, for if this is not done when the disease is on the end of the finger, the bone is very liable to be destroyed, and come away after a long period of suffering; or if the disease is nearer the hand, between either of the joints of the finger, the matter is apt to follow down among the tendons, into the palm of the hand, and cause much suffering and deformity. As soon as it is evident that the formation of an abscess cannot be avoided the parts should be freely laid open, and a poultice of bread and milk, slippery elm, or linseed meal, applied. Any physician can perform the operation. Continue the *Silicea* afterward.

ULCERS.

These may arise from external injuries, the action of chemical agents, &c.; or they may arise from internal or constitutional causes, scurvy, a scrofulous or cancerous diathesis, the poisonous action of mercury, and of the venereal virus. They are frequently caused by the sluggish circulation, which results from enlarged or varicose veins on the lower extremities. Ulcers caused by external agents will generally disappear readily if there is no constitutional predisposition, but if they fail to heal, proper internal remedies must be given..

Treatment.—If the patient has symptoms of scurvy, such as swollen and bleeding gums, fetid breath, livid spots on the skin, and swelling of the lower extremities give *Carbo veg.* night and morning for one week, and *Arsenicum* the next week, and so continue. Follow the general directions you will find in the section on scurvy.

Dose, see page 7.

If the patient has scrofulous symptoms, such as swelling of the glands of the neck or arm-pits, chronic inflammation of the eyes and lids, chronic discharges from the ears and nose, give *Sulphur* every night for one week, and *Calcarea carb.* for the next; afterward give *Hepar sulph.* and consult the section on scrofula.

For cancerous ulcers give *Sulphur* every night for a week, then

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Arsenicum night and morning for a month, and longer if the ulcer improves; afterwards give *Silicea*. Consult a homœopathic physician.

If an abuse of mercury has been the cause of the disease, give *Sulphur* night and morning for two weeks, then *Hepar sulph* until the ulcer heals. If the disease has been caused by syphilis or the venereal disease, *Mercurius viv.* is the main remedy. Give a dose night and morning, omitting it every third week, substituting *Lachesis*.

For ulcers on the legs connected with varicose or enlarged veins, or for varicose veins without ulcers, give *Pulsatilla* night and morning, and apply every morning a bandage moistened in half a teaspoonful of *Arnica* to a cup of water, to the foot and leg, commencing at the toes and ending at the knee. Call on a physician and let him show you how to apply it properly. At the end of two weeks omit *Pulsatilla* and give *Carbo veg.* night and morning, and continue it as long as the ulcer improves. *Arsenicum* or *Lachesis* may follow *Carbo veg.* in such cases.

When there is a burning sensation in an ulcer, give *Arsenicum* night and morning, and follow it with *Carbo veg.*; if there is itching give *Sulphur*, followed by *Hepar sulphuris*.

For fistulous ulcers give *Sulphur* night and morning for a week, then *Calcarea carb.* for two weeks; and afterward, if necessary, *Silicea* until it is healed. Also, confine with a bandage, a compress of cotton or cloth, so that it shall press firmly upon the portion of the cavity, or track from which the pus comes farthest from the external opening, so as to bring the two sides of the cavity in contact and allow them to heal; leave the opening free.

If ulcers are irritable and painful apply soft rags or cotton wet in warm water. If they are indolent, or inactive, apply cloths wet in cold water, and several folds of dry flannel over them—change once in six hours. If the ulcer seems to be doing well and the matter is thick and healthy, apply a soft cloth with a little simple cerate or mutton tallow, spread upon its surface; do not remove it more frequently than once in twenty-four hours, unless the discharge is very great, and then do not wash off the matter from the surface of the sore, as it is nature's dressing

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If the ulcer is on one of the lower extremities, the cure will be expedited by keeping the limb in a horizontal position.

When an ulcer is in a healthy condition, the healing process can often be hastened by drawing the edges towards each other by the means of straps of adhesive plaster, so as to lessen the extent of surface to be healed over.

ABSCESSES.

Abscesses may form on almost any part of the body, and also in internal organs. They result from local inflammation. Such inflammation may be slow or rapid in its progress; usually several days intervene between the commencement of the inflammation and the formation of pus, sometimes weeks, and even months.

Treatment.—For local inflammation which threatens to result in the formation of an abscess, give *Belladonna* when there is heat, redness, and swelling of the parts. If there is fever and thirst, give *Arnica* alternately with *Belladonna*. If the above remedies fail to check the inflammation within two or three days, give *Mercurius viv* once in three or four hours. If the pain becomes throbbing, and slight chills occur, give *Lachesis*, and if no improvement follows at the end of twenty-four hours, give *Hepar sulph.* If an abscess is slow in coming to a head, without being very painful, give *Sulphur* at night and *Silicea* in the morning for a week, then omit the *Sulphur* and give *Hepar sulph.* at night. After the abscess breaks, give *Silicea* every night and morning.

If the swelling is very painful during the formation of an abscess, apply a bread-and-milk or linseed poultice, and change when it becomes cold; or apply cloths wrung from cold water, and put over them dry flannel, so as to exclude the air and excite perspiration; change once in four hours.

RED-GUM AND TOOTH-RASH.

(STROPHULUS.)

These are but varieties of lichen. The former consists in an eruption of pimples, and is peculiar to children during the early

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periods of life, occurring most frequently a few days after birth The pimples are generally of a reddish or crimson hue, and scattered on the surface over the face, back of the hands and arms, and sometimes on the body, intermingled with small red patches of skin The eruption begins to fade in two or three days, and has disappeared at the end of a week or ten days. This disease is generally caused by keeping the child too warm, by the irritation of flannel, or by the action of the atmosphere on the delicate skin of a new-born child.

The tooth-rash is caused by teething; the pimples may be red, white, or the color of the skin, and are numerous, in patches, and attended with itching, and sometimes with fever. The pimples gradually disappear in the course of ten days or two weeks, but fresh patches may be developed as the old disappear, and the disease be prolonged for months.

Treatment.—For the red gum, keep the surface of the body cool—not cold, and omit flannel. Wash the surface with tepid water, or milk-and-water, and give *Aconite* once in twelve hours, and at the end of two or three days, give *Sulphur*—one dose a day. For the tooth-rash, use the same external measures, and give *Aconite* at night and *Bryonia* in the morning, for a week, then give *Sulphur* every night.

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CHAPTER III.

ACUTE RHEUMATISM.

THERE are two forms of this disease; one inflammatory, attended with fever and local inflammation, one or both; the other nervous, often without the least sign of fever or even local inflammation. In inflammatory rheumatism, the fever sometimes precedes the local inflammation, but much more frequently the first symptoms are local, and in a majority of cases seated in the extremities, generally, but not always, in the lower extremities first. The first local symptom may be acute pain, or it may be simply uneasiness and stiffness in a part, soon followed by soreness and pain, especially on motion. If the pain is severe at first, it often abates somewhat when the swelling commences, but extreme soreness and pain on motion remain. The swelling is generally tense and elastic; the skin may be unchanged in color, or reddened of a light rose color. The disease may involve almost the entire exterior of the body at once, but more frequently it commences in one or more limbs, or parts of the body. It not unfrequently changes somewhat rapidly from one part to another, abating where it first commenced, in other instances it extends to other parts without abating in those previously involved. Sometimes parts are attacked several times before the disease abates. A whole limb may be involved, or only the joints; in some instances the muscles between the joints are chiefly affected. The pains are usually tearing or rending, often with shootings, and movement almost always cau-es great suffering. The febrile symptoms are generally, but not always, in proportion to the local symptoms, and soon follow the latter. The pulse is full and strong, but not very frequent, in a majority of cases ranging from

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ninety to one hundred, and the surface is not as hot as in many other febrile affections, and is sometimes bathed in a profuse perspiration, which does not relieve the sufferings. The tongue is generally white and coated with a thick fur, the stomach quiet, and the bowels constipated, the urine scanty, high-colored, and depositing a sediment on cooling. The fever is usually remittent, and worse in the evening or at night, when the pain is also worse. The disease sometimes changes from external parts to internal organs, especially to the membranes upon the external and internal surfaces of the heart, causing pain, oppression, palpitation, and faintness.

It is not uncommon to have a local inflammatory rheumatic affection either so limited, or so slow in its progress, as not to cause fever. It may involve one or more joints, but this variety of the disease often attacks the muscles, sometimes but a single muscle, causing pain, soreness on pressure, and pain on motion. The muscles of the scalp, the eye, face, neck, chest, back, sides, abdomen, and hips, are frequently thus affected. The stomach, bowels, liver, kidneys, uterus, and testicles, are not exempt from a liability to this disease. The previous or present existence of rheumatic inflammation in other organs or parts, will aid us in distinguishing this from other diseases.

NERVOUS RHEUMATISM.—This form of the disease is evinced by pain, or other disordered sensations, in organs or parts, and derangements of function or of motive power. It may affect almost any part of the body, and often resembles neuralgia. It may cause colic, spasms in the stomach, palpitation of the heart, headaches, dizziness, buzzing in the ears, earache, toothache, and a great variety of other symptoms of a nervous character, which may be known to be of a rheumatic nature, or at least complicated with rheumatism, in all cases where such symptoms alternate with rheumatic disease of the joints or muscles, appearing when such rheumatic affections are relieved, and disappearing when the joints or muscles become again affected.

In regard to the cause of rheumatism we know little; we simply know that there is a certain predisposition existing with many individuals, which renders them liable to attacks of this disease on

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exposure to cold when the body is hot, or to wet and damp weather, or currents of air, changes of weather, or any of the causes which develop colds or inflammatory diseases in others. Rheumatism is not a hereditary disease; it occurs frequently during childhood, and among those exposed to hardships, privations, and accustomed to excessive labor; in all these respects it differs essentially from its next door neighbor, the gout.

Treatment.—In few diseases is the superiority of the homœopathic treatment over the allopathic more manifest than in many cases of acute rheumatism; not that this disease is always easily cured by our treatment, but allopathy has a knowledge of but few remedies which hold a specific relation to this affection, and does not possess the science requisite to guide, with any considerable degree of accuracy, in the administration of those she uses; therefore she can do little or no good in a large proportion of cases, and very many linger on for months, and in not a few instances the disease becomes chronic; whereas homœopathy has a knowledge of many remedies, and a law to guide in the selection of the right one, therefore she is able to cure promptly most cases, and it is rare that the disease becomes chronic under this treatment.

Aconite.—This is a very important remedy in most cases which are attended with fever and swelling, and should be continued once in one or two hours until the severity of the symptoms is somewhat relieved. It will be found useful when the skin is moist as well as dry, provided it is hot and the pulse full. It should generally be followed by one of the remedies named below.

Dose of this, or other remedies, see page 7

Belladonna is next in importance to *Aconite*, when the fever is of an active Inflammatory grade, and may be given once in two hours after the latter remedy, especially when the pains are shooting and burning, and the surface over the part diseased is red and shining, and there is much swelling, and the patient is worse at night. If a high fever persists after you commence giving *Belladonna*, omit the latter remedy during the evening and night, and give *Aconite*, returning to *Belladonna* in the morning. *Aconite* and *Belladonna* should be continued until the severity of the febrile and general inflammatory action is in a measure relieved, when, if

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the local symptoms do not steadily abate, you can select one of the following remedies, and give instead of *Belladonna*. *Belladonna* is also useful for nervous rheumatism, when the pains are sharp or shooting.

Bryonia: After the acute symptoms have been somewhat relieved by *Aconite*, or this remedy and *Belladonna*, and in cases not attended by much fever from the commencement, no remedy is so frequently required as *Bryonia*; if there is much fever lingering, it is well to give a dose once in four hours, and *Aconite* every hour between. *Bryonia* will be found especially useful when motion or moving the part diseased, causes stitching, catching tearing or shooting pains, also when there is profuse perspiration. It is one of the best remedies for nervous rheumatism, when the symptoms are aggravated by motion, and are worse at night, or in the morning. It may be given once in two hours, when the patient is awake, excepting when *Aconite* is required.

Rhus tox.: If *Bryonia* fails to relieve the symptoms in acute rheumatism, *Rhus tox.* should generally follow it. It may take the place of the former remedy at the commencement, if the disease has been caused by exposure to wet, or cold damp weather. In cases not attended with fever, or where it is very slight, *Rhus tox.* should be selected when the symptoms are relieved by exercise or motion. The pain and stiffness may be very great upon first attempting to move the part after rest, or when awaking in the morning, but if these symptoms are lessened after moving for a while, *Rhus* is particularly indicated, whereas, if they are increased, as the patient continues to exercise, *Bryonia* is the remedy. A dose may be given once in two hours.

Pulsatilla should be given when the pains shift rapidly from one joint or part to another; when there is a sensation of numbness or lameness of the affected part, or a feeling of coldness at every change of weather. Also when the pains are aggravated in a warm room, and relieved by cool air. It is more frequently required for women and children, and persons of a mild or phlegmatic temperament than for others. A dose may be given once in two hours.

Nux vomica: When there are costiveness, great sensitiveness to the open air, and numbness of the affected parts, with drawing

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pains in the muscles, *Nux vom.* may be given once in two hours. It is especially useful for those addicted to the use of alcoholic and fermented drinks; also for nervous rheumatism; but rarely of much service at the commencement of very inflammatory attacks.

Chamomilla, in the case of women and children, and for sensitive men, will often be found useful when there are drawing, tearing, continuous pains, which are worse at night, with great restlessness and tossing about.

Mercurius viv. should be selected when the pains seem to be in the bones, also when they are in the joints and muscles, if there is a profuse perspiration which affords no relief; and when there is a feeling of coldness in the affected parts, and the pains are burning or tearing, and worse in cold or damp weather, and also worse at night. Repeat the dose once in two or three hours.

Arsenicum may be given when the pains are burning and tearing, worse at night, aggravated by cold, and relieved by warm applications. This remedy is especially indicated when there are paroxysms of pain, which are intermittent. When the heart becomes involved, after the use of *Aconite*, *Belladonna*, and *Bryonia*, or *Rhus tox.*, *Arsenicum* becomes our main remedy. It may be given alternately with *Bryonia* or *Rhus tox.* Repeat once in two hours.

Arnica is the remedy when there is a sensation as if the parts diseased were resting upon something very hard, with violent pains as if contused. Give a dose every hour, and put a teaspoonful of the tincture into a teacupful of water, wet a cloth in it and lay it on the diseased part, and over the wet cloth place four or five thicknesses of dry flannel so as to exclude the cold air; change once in six or eight hours.

Ignatia is the remedy when there is a sensation as if the flesh were loose on the bones in consequence of blows, or a contused feeling, and when the local symptoms are temporarily relieved by a change of position. Give a dose once in two hours.

China is often a valuable remedy after the acute symptoms have been relieved, when there is great weakness and profuse perspiration, also in intermittent cases. Repeat the dose once in four hours.

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CHRONIC RHEUMATISM.

This is a very obstinate disease. It generally results from an uncured acute or a sub-acute attack. It may be limited to one part, or extend to several; it may be fixed or shifting. If the muscles are involved, they often waste away and become contracted, and in old cases there are frequently stiffness, distortion, thickening, and immobility of the joints, especially of the hands and fingers.

Treatment.—Several of the remedies named for acute rheumatism, will be found serviceable, especially *Belladonna*, *Bryonia*, *Rhus tox.*, *Mercurius viv.*, *Pulsatilla*, and *Nux vom.*, and the indications for their use there given, are sufficient.

Sulphur: In all cases of acute and sub-acute rheumatism, which linger and threaten to assume the chronic form, *Sulphur* should be given; also when chronic rheumatism has been caused by an abuse of calomel or mercury. It may be given night and morning. If *Sulphur* fails to relieve such cases *Hepar sulphuris* may be given in the same manner. *Lycopodium*, *Lachesis*, *Phosphorus*, *Sepia*, and *Calcarea carb.* may be used in turn, giving a dose night and morning, and continuing the remedy for at least two weeks, and longer if the patient improves. Electricity, carefully applied, is often of service, and also vapor baths, and warm bathing; but it is better to consult a homœopathic physician, when practicable, than to attempt to treat the disease simply by the aid of a domestic book and case. Rubbing over and pressing upon the parts diseased, gently pressing or slapping them with the hand, and moving the parts, or bending and extending the joints, are exercises which are of great importance, in chronic cases, when properly applied.

GOUT.

This is not a very frequent disease in this country, except in instances where it is hereditary. It is caused by high living, especially by the use of high-seasoned animal food by those who do not labor or pursue an active life, and by the use of vinous and

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fermented drinks, or malt liquors, such as porter, lager beer, &c. Gout seldom occurs before the age of thirty, and is much more common with men than with women; and the attack is more liable to occur during the spring or autumn than during either summer or winter. The first attack generally commences suddenly during the night; the patient awaking about midnight, with an acute pain in the first joint of the great toe of one foot, which by the morning becomes much swollen, of a bright red color, and very sore to the touch. Slight chills followed by fever and restlessness attend the local disease. Toward morning there is often a remission of the pain and fever, and the patient obtains some rest, but in severe cases there is but little if any relief until the second morning, when the pain abates and the part diseased becomes more swollen, but less red and firm, and when pressed by the end of the finger a pit or depression remains for a time after it has been removed. The pain, fever, and restlessness, return the following night, but again abate in the morning; and thus the disease continues, but steadily abating in severity until the patient is restored to his usual health, at the end of from five to ten days, if the disease is not arrested sooner by treatment. Some swelling often remains for a time, and the scarf skin generally peels off, which is attended by itching. There is thirst during the fever, the urine is scanty, and deposits, on cooling, an abundant brick-dust sediment. If the patient does not entirely change his manner of living, the first attack is but a foretaste of the future, and at the end of from one to two or three years he has a return of the disease; and afterward the attacks gradually become more frequent, and also both great toes and other joints of the foot, the ankles, knees, elbows, wrists, and many other parts may suffer in their turn; or several may be affected at the same time. After the patient has had several attacks, the disease may commence in other parts; and even the first attack does not always commence in the first joint of the great toe, but sometimes in the ball of the foot, or the ankle, and occasionally in one of the finger joints, or in the wrist. Gouty subjects are extremely subject to heart-burn and sour stomach at all times In chronic cases earthy or chalky matter is frequently

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deposited within and around the joints, muscles, and ligaments, impairing their functions and causing deformity.

Gout bears quite a resemblance to rheumatism, and sometimes both diseases exist at the same time. Gout attacks high livers, the indolent, but children are generally exempt; whereas rheumatism is common among those who work hard, are much exposed, and children frequently suffer from this disease. In gout, the fever is more variable, and there is little disposition to sweat; whereas in rheumatism the fever is more constant, and there is often profuse perspiration. The hands and feet are much more liable to be affected, and leave the rest of the body free, in gout than in rheumatism.

Treatment —We are first to strive to relieve the attack if the patient is suffering from one, and then to prevent a return of the disease, for it is almost sure to return if the utmost care is not used to prevent it.

Aconite may be given every hour in all cases where there are much fever and heat of the skin, and continued until these symptoms are removed.

Dose, see page 7.

Bryonia: After a few doses of *Aconite*, *Bryonia* should generally be given once in two hours during the day, and *Aconite* during the night, until the acute symptoms are relieved. If these remedies do not relieve the symptoms within two days, *Rhus tox.* may take the place of *Bryonia.*

Nux vomica: As soon as the acute symptoms have been somewhat relieved by the above remedies *Nux vom.* may be given, especially when the stomach is sour, or otherwise disordered, the bowels costive, and if the patient is addicted to the use of stimulating drinks, give a dose once in two hours.

Pulsatilla: If *Nux vom.* fails to relieve the symptoms named, *Pulsatilla* should be given; and this remedy may be administered instead of *Nux vom.* when the bowels are loose, or if the patient is of a mild temperament or a female.

To prevent a return of the paroxysms, or to cure chronic gout, *Nux vomica* and *Pulsatilla* will be found very efficacious, and should be administered when there is the slightest derangement of the digestive organs. If the stomach is sour or the bowels are loose,

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Pulsatilla may be given every night; but if the bowels are constipated, and the patient is subject to the piles, *Nux vomica* every night will do better. In addition to the above remedies *Calcarea carb.* may be given every morning when there are earthy concretions about the joints, and when there is irritation of the urinary passage, with an earthy sediment in the urine, especially if it is light colored; whereas if the sediment in the urine is reddish, like brick dust, or even yellowish, give *Lycopodium* in the morning instead of *Calcarea carb.*

But if a patient expects to get a permanent cure of this disease, or even anything like satisfactory palliative relief, he must change entirely his manner of living in the intervals between the attacks, for the same course of life as that which induced the disease in the first instance, if continued, will most certainly bring on a return of the symptoms, in spite of remedies. There is but one course which can save the patient from untold sufferings, and the longer it is delayed, the less efficacious will it prove. No sudden changes should be made, for they will not always be tolerated, but gradually, as his digestive organs will bear it, the patient must cease entirely to use alcoholic, vinous, and fermented drinks, and all stimulating condiments, and use very little animal food, and never eat meat more than once a day at most, and very temperately then. Regular systematic exercise is all-important, so as to keep the digestive organs in a healthy state.

NEURALGIA.

This is a disease of the nervous system, and consists of severe paroxysms of pain, of a purely nervous character, unattended by inflammation, lasting from a few minutes, or even seconds, to several hours, days, or weeks, in different cases. There are always more or less perfect remissions when the paroxysms continue any considerable length of time, generally occurring at irregular intervals. Sometimes, especially in sections of the country where intermittent fevers prevail, the disease assumes an intermittent form, and the paroxysms occur at regular intervals, once in one, two, three, sev-

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en, or fourteen days, as do those of regular intermitteut fevers, and subject to the same variations. Such cases are called masked ague, as they undoubtedly arise from the poison that causes ague, and require similar remedies. Persons who have once had an attack of neuralgia, are very liable to have a return of the disease sooner or later, unless there is a resort to a persevering medical and general treatment, for the purpose of eradicating the tendency to it. The pain is generally very severe, and more or less darting or lancinating, and sometimes burning, tearing, aching, beating, benumbing, or tingling. In some instances it seems like electric shocks, and causes the patient to start suddenly, and spasmodic twitchings of the muscles, are not uncommon. Sometimes there is tenderness of the part on pressure, especially on slight pressure; strong pressure often affords partial relief, and friction with the hand frequently relieves even when hard pressure seems to increase the pain. The paroxysms may come and go off suddenly, or gradually, and may return several times a day, or only at long intervals, and may cease entirely, or continue to recur during life. This disease may attack almost any part of the body, external or internal, but all parts are not equally susceptible. It frequently attacks the head and face, and may be confined to a single small spot or extend over half of either. When its seat is in the nerves of the jaws and teeth, it causes one of the forms of toothache; when in those of the ear, it causes earache. The eyes, temples, heart, stomach, and bowels, are not unfrequently affected, also the upper and lower extremities, the back, and walls of the chest. It frequently shifts from one part to another.

Very little is known in regard to the causes of neuralgia, but it is quite certain that a predisposition to this disease, and to its recurrence is caused by whatever tends to impair the general vitality of the system, such as exposure, excessive labor, intemperance, excesses of every kind, especially sexual excesses and abuses, indolence, and the want of pure air and sunlight. It sometimes depends upon a local irritation of, or pressure on a nerve, but the pain is often at some distance from the diseased point which causes it. Neuralgia is frequently complicated with rheumatism or gout, or at least, patients subject to the latter diseases, are very liable to the former.

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Treatment.—We should not only strive to relieve the paroxysm when the patient is suffering, but also endeavor to eradicate the tendency to the disease, by remedies and general measures. For present relief during the paroxysm, one of the following remedies may be selected.

Aconite tincture, or globules saturated with tincture: This is one of the best remedies when the pains are very acute, almost insupportable, especially at night, or even during the day, if the pains are shooting, and the disease is located about the face or head. Three drops of the tincture, or twenty globules, saturated with *Aconite*, may be put into a half-pint glassful of water, and a tablespoonful may be given to an adult, but only from a half to a whole teaspoonful to a child, every ten minutes, and the parts diseased may be washed with a spoonful of the same solution until the pain is relieved; then a dose may be given three or four times a day, to prevent a return of the symptoms. The dilutions of *Aconite* will rarely relieve the symptoms, it requires generally either the prime tincture, or globules saturated with the tincture.

Belladonna: If *Aconite* fails to relieve the symptoms, *Belladonna* may be selected, or take the place of it at the commencement, when the pains are piercing and burning, with or without muscular twitching, and aggravated by a bright light, noise, a current of air, or by the warmth of bed; and if the paroxysms of pain occur in the afternoon or forepart of the night, this will be another indication for this remedy; although it may be found useful when they occur at any period of the twenty-four hours. A dose may be repeated every hour unless it aggravates the symptoms; in that case it should not be repeated, at least for several hours, or until the aggravation has passed off. After the symptoms are relieved, it may be given three or four times a day to prevent a return of the disease.

Dose of this or other remedies, see page 7.

Nux vom. will be found especially useful in case the patient is subject to the gout, or if he is addicted to the use of alcoholic and fermented drinks, or if he is a high liver, of sedentary habits; and with others when the following indications exist: Drawing or jerking pains, sensation of numbness, shocks like electric shocks,

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symptoms worse after a meal, also at night, and in the morning, aggravated by cold air, and reading or thinking. Give a dose every hour until the pain is relieved, and then repeat two or three times a day to prevent its return.

Chamomilla: Excessive nervous sensibility, which renders the least pain insupportable, beating and tearing pains—more frequently required for women and children than for men. Repeat the dose every half hour or hour.

Pulsatilla: Pulsative and piercing pains, aggravated on lying down in the evening, during repose, and while sitting, relieved by cold air; especially useful in the case of women, and persons of a mild disposition, but may be of service in the case of men. Give a dose every hour.

Coffea may be given when there is great nervous sensibility, tearfulness and discouragement; it may be repeated every half hour, and if it does not relieve, it may be followed by *Ignatia*, especially if the pain is partially relieved by movement, or change of position.

Bryonia: This remedy should be selected in case the patient has suffered from rheumatism, especially if the pains are pressive or drawing, tearing and piercing; and are aggravated by movement of the body. If similar symptoms occur, but are relieved by exercise or movement, *Rhus tox.* may be given instead of *Bryonia.* Repeat either every hour.

China: This is an important remedy in intermittent cases, especially when the patient has frequently had intermittent fevers. It will also relieve in other cases when there is excessive sensibility of the skin to the slightest touch, and there is a sensation of torpor and weakness in the affected part. Give a dose once in four hours.

Arsenicum is more frequently required than any other remedy when the disease assumes a regular intermittent form. In such cases it may be given alternately with *Nux vomica.* Burning or tearing pains, or a sensation of coldness in the affected parts, are also indications for *Arsenicum.* Give a dose every hour, and gradually lengthen the intervals as the patient improves.

For further suggestions in regard to the medical treatment of

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this disease, consult the sections on the treatment of headache, toothache, gastralgia, colic, &c.

It is all-important that the patient change his manner of living, so as to conform strictly to the laws of health; otherwise remedies will do little more than palliate his sufferings. The great essentials for health and life, are sunlight, pure air, regular active exercise, and plain wholesome food and drink, free from stimulants and stimulating condiments. Patients who persist in shunning the light of the sun, and active exercise, and live in the confined air of over-heated rooms, and eat superfine flour bread, need no expect to be cured of neuralgia. Consult the "Avoidable Cause of Disease."

SCURVY.

This disease is generally caused by the absence of fresh vegetable food. Impure air, or whatever else tends to debilitate the system or deprave the blood, will favor the development of the scurvy. Sailors, when long confined to salt meats, bread, beans, &c., are very liable to this disease. When it occurs on land, it is generally in fortifications, or toward the close of winter and during the forepart of spring, when fresh vegetables are scarce. The worst case I have ever seen on land, was caused by living entirely on bread made from superfine flour.

Symptoms.—Aching and weariness in the limbs, paleness of the complexion, swelling, tenderness, redness and bleeding from the gums, are among the first symptoms. As the disease progresses, the paleness increases, sometimes with a livid hue; hard and painful swellings appear on the lower extremities, lower jaw and hands, causing contraction, stiffness, and pain on movement. The gums become excessively swollen, sometimes so as to conceal the teeth; bleed freely, may present a blackish appearance, the teeth become loose, and in some instances fall out; chewing is very difficult, and the breath excessively offensive. Purple spots appear on the surface of the body, hemorrhage occurs frequently from the mouth, nose, stomach, bowels, and urinary organs. In desperate cases, old scars ulcerate, united fractures may separate, and the debility is

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extreme. The bowels are generally costive, and the appetite good. Scurvy is frequently complicated with dysentery and typhoid fever, and sometimes with congestion or inflammation of the lungs and other organs, which adds much to the danger.

"Dr. Garrod, from an examination of the composition of food, under the use of which scurvy was capable of occurring, as well as of such substances as had been proved beyond doubt to be anti-scorbutic, was led to the conclusion that the absence of potash was the cause of the scurvy. In this way he shows: 1st. That potash is deficient in scorbutic diet; 2d. That all bodies proved to be anti-scorbutic, including fresh meat and vegetables, milk, lemon juice, etc., contain a large amount of potash; 3d. That in scurvy the blood is deficient in potash, and the amount of that substance thrown out by the kidneys, is less than what takes place in health; 4th. That scorbutic patients, when kept under a diet which gave rise to the disease, recover when a few grains of potash are added to their food. The salts of potash, such as the nitrate, oxalate, and bitartrate, are well-known anti-scorbutics, but their efficacy has always been ascribed to the acid, rather than to the alkali; 5th. That deficiency of potash in the system, seems capable of explaining some of its symptoms, especially muscular weakness, as potash is a necessary constituent of the muscular system." (Bennett.)

The above conclusions of Dr. Garrod require further confirmation before we can rely upon them, but they are worthy of being borne in mind.

Treatment.—A proper diet is far more important than medicine, in fact the latter can be of little use when the former is neglected. All vegetables are not equally efficacious as anti-scorbutics. Among the most important are acid fruits of all kinds, especially lemons, limes, and sour oranges; potatoes cooked or raw are perhaps next in importance; then raw cabbage, turnips, and carrots. If in the early spring, the above vegetables are scarce, or if among emigrants in new countries or soldiers, miners, &c., they are not to be had, and symptoms of scurvy appear, it will not do to be too particular in the selection of vegetables, but any of the following which can be obtained, may be freely used: Radishes, mustard,

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lettuce, spinage, celery, garlic, parsley, sorrel, dandelions, and even horse-radish. In fact almost any early vegetable which is used as a salad, or as greens, may be used in cases of necessity. It is well for emigrants into new countries who cannot carry with them a supply of potatoes, cabbages, and turnips, to provide themselves with the seed of lettuce, mustard, and other early vegetables, so as to supply themselves with vegetable food as soon as possible in the spring. It is not necessary that severe symptoms of scurvy appear before there is great danger; for when the vitality of the blood has been in a measure destroyed, the patient becomes very liable to attacks of dysentery, typhus and typhoid fevers, and inflammation of the lungs, and in fact many other diseases; and in such cases they are very dangerous. Fresh meat, especially wild meat, is very useful, and should be given when it can be obtained. Lemon juice is one of the best remedies, and may be freely used when it can be obtained, in the form of lemonade. Vinegar is of little or no value and should not be used except it may be moderately on salads, cabbage or greens. Also give one of the following remedies:

Mercurius viv.: If the patient has never, or not recently, taken this remedy in large doses, give it once in four hours when the patient is awake, especially when the gums are ulcerated, the teeth loose, and there are swellings on the limbs.

Carbo veg. may follow *Mercurius*, or precede that remedy, when the breath is very offensive, and there is a burning sensation in the mouth, and great weakness. *Nux vomica* may be given alternately with *Carbo veg.* at intervals of two or three hours, in case the latter remedy fails to relieve the symptoms when given alone.

Arsenicum: This may follow the above in case they fail to benefit, or relieve all the symptoms, especially when there are burning sensations, ulcers on the edges of the tongue, swelling of the limbs, and great weakness.

Dose, see page 7.

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SCROFULA.

Tuberculous consumption, enlargement of the mesenteric glands, a certain form of inflammation of the eyes, hip disease, and various other forms of local diseases, are regarded as scrofulous affections, and will be duly considered under their various heads; but the disease now under consideration consists of swelling, induration, and frequently of inflammation and ulceration of the absorbent glands of the neck, arm-pit, groin, or breasts. A single gland may be enlarged, when the swelling is generally oval; or there may be several, forming an irregular mass. The tumors may remain for months and years, and then gradually abate, or they may become inflamed, and an abscess form, which, after a time, bursts and discharges pus alone, or mixed with a curdy matter, leaving an ulcer, which discharges a thin, imperfect matter, and may be a long time healing; and when healed leaves a large, irregular scar. If these glandular swellings suddenly abate, under the use of external remedies, disease of the lungs not unfrequently follows. This affection is most frequent in children and young persons, and females are more liable to it than males, and a predisposition to it is often inherited. It is undoubtedly caused either by some defective action in the organs of nutrition, or those of secretion, one or both.

Treatment.—General measures are far more important than medicines, not that the latter may not be useful. Sunlight, pure air, and active exercise, including proper amusements, are the great instrumentalities for renovating the organism by strengthening the whole system, quickening the digestive organs, and stimulating the organs of secretion to remove all useless substances from the system. Let every individual who is tainted with scrofula in any form, or who has a child thus affected, obtain the author's work on the "Avoidable Causes of Disease," and carefully read it through, and he will find information which is far more important, not only for the prevention of the disease, but also for its radical cure, when it has already commenced, than any remedies possibly can be. Still proper remedies are useful, and very important.

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Calcarea carb.: Give six globules of this remedy, or, if in powder, as much as will lie on the end of a penknife-blade, every night for one month. Then give *Sulphur* every night for two weeks; repeat these remedies if necessary. If the enlarged glands become sore and painful at any time, give a dose of *Belladonna* once in four hours, between the doses of the above remedies. If an abscess threatens, or forms, notwithstanding the use of the above remedies, give *Hepar sulph.* night and morning, until it bursts; then give *Silicea* night and morning, until the ulcer heals.

The diet should be nutritious, consisting of bread made from coarse flour, butter, milk, meat, and vegetables. Pastry and bread made from superfine flour should not be used, as the former deranges the digestive organs, and the latter contains too much starch, and not enough nutriment.

HIP DISEASE AND WHITE SWELLING.

These are scrofulous affections of the joints. In the hip disease there is an inflammation of a scrofulous character in the bones and joints, which comes on very insidiously, and, if not checked, it progresses until the joint is destroyed, an abscess forms, and if the patient survives, it is only with a shortening of the limb and deformity. Among the first symptoms noticed are generally the following: A disposition to stumble, lameness, pain in the knee or ankle, sometimes in the thigh or hip. As the disease progresses the limb sometimes becomes elongated, and generally emaciated; the pain increases, and is often very troublesome at night; then swelling and an abscess, and finally shortening of the limb and flattening of the nates. Pressing the thigh-bone into the socket by a sudden push or blow on the foot or the upper end of the thigh-bone causes pain.

White Swelling, is a somewhat similar affection of other joints, which often results in disorganization of the joint, and anchylosis or stiff joint, if not in the loss of the limb.

Treatment.—Mercurius viv. is the most important remedy at the commencement of the disease. Give a dose night and morning,

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and if there is much pain, give *Belladonna* occasionally between the doses of *Mercurius*. *Colocynth* will also sometimes relieve the pain. Continue *Mercurius* as long as there is any improvement; but when it ceases, or the patient is apparently well, do not stop the treatment, but give *Sulphur* every night for one week, and *Calcarea carb.* every night for the next week, and so continue. If, notwithstanding the treatment, an abscess begins to form, give *Hepar Sulph.* night and morning, and after it breaks, give *Silicea* every night for one week, and *Calcarea carb.* every night for the next week, and so continue until the discharge ceases. A current of electricity passed through the hip for a short time daily, will often hasten the healing process. Treat white swellings in the same manner. A homœopathic physician should always be consulted in all cases of disease of the joints or bones when practicable, and he should be consulted early if possible.

DISEASES OF THE BONES AND PERIOSTEUM.—Bathing in cold water when the body is hot, and other causes, not unfrequently excite inflammation of the periosteum, or external covering of the bones, or of the bones themselves. If this inflammation is not soon checked by treatment, it goes on to the formation of matter, or pus, and finally to the death of the bone itself. Only the external surface of the bone may be involved, or the entire shaft may be destroyed. In the first case scales and pieces of dead bone, after much suffering, and at the end of months, are separated and work their way to the surface with the discharge; but if the entire shaft is involved before it is detached from living portions, a new bone often forms around it, from which it can only be removed by a surgical operation.

At the commencement of the disease there is deep-seated pain; soreness and swelling soon make their appearance, attended by fever, a hot skin, frequent and full pulse, and loss of appetite. This disease is often, at its commencement, mistaken for rheumatism. Syphilitic and mercurial poisoning often cause nodes or swelling and soreness of the periosteum, but the symptoms are generally much less acute than when the disease results from the other causes named.

Treatment.—At the commencement of the attack, give *Mercu-*

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rius viv. once in two hours, and if relief is not soon afforded, alternate it with *Belladonna*, one hour apart; and continue these remedies for two days, and longer, if the patient is doing well or improving; but if there is no improvement, give *Phosphorus* once in two hours. This is a good remedy in cases where the bone is involved; and it is especially useful when the disease commences in the periosteum; and in such cases, it may even precede the other remedies above named, but if, at the end of two days, it does not relieve the symptoms, *Mercurius* and *Belladonna* should take its place. A remedy in this disease should be continued at least two or three days before it is changed, and never change as long as there is any improvement. If, at the end of four or five days, the above remedies do not relieve the symptoms, give *Silicea* once in two hours, but omit one dose in the course of the twenty-four hours, and give a dose of *Sulphur*. If, notwithstanding the treatment, an abscess forms, *Silicea*, *Calcarea carb.*, *Sulphur*, and *Phosphorus*, are your chief remedies—one dose of one of these remedies a day. If the disease has been caused by syphilis, give *Mercurius viv.* once in two hours, but if it does not relieve, give *Nitric acid*; also give this remedy once in four hours when mercury is the cause.

DROPSY.

This affection may be caused by exposure; it may follow eruptive febrile attacks, especially scarlet fever, but it is very frequently caused by disease of the kidneys, heart, lungs, liver, or spleen. Dropsy of the different cavities may result from inflammation of the membrane which lines them. There are various forms of the disease named by authors, such as cellular dropsy, called anasarca; this affects the extremities, face, and body, externally to the various cavities. Next, abdominal dropsy, named ascites; dropsy of the chest, named hydrothorax. Then we have dropsy of the brain, named hydrocephalus; and dropsy of the scrotum, named hydrocele. If the disease results from inflammation of the various cavities, it is usually preceded by fever and pain in the part, but not always. For dropsy on the brain, consult the sections on hydro-

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cephalus and inflammation of the brain. So if the dropsy is confined to the chest, consult the sections on pleurisy and pericarditis; if to the abdomen, consult the section on peritonitis. If the disease follows scarlet fever, consult the section on that disease. If there is no evidence of disease of the heart, lungs, liver, or spleen, and the lower extremities commence to bloat unexpectedly, without any cause which can be traced to organic disease, pregnancy, or scarlet fever, consult the section on Bright's disease of the kidneys. If the dropsy is caused by disease of the heart, consult the section on diseases of the heart.

Treatment.—If this affection is caused by exposure to wet or damp weather, give *Dulcamara* once in two hours. If *Dulcamara* fails to relieve give *Apis mel.* in the same manner.

In dropsy of the chest there are shortness and difficulty of breathing, which are aggravated by lying down, and during exercise, and dullness on percussion.

For dropsy of the chest, *Bryonia*, *Sulphur*, *Arsenicum*, *Mercurius*, and *Helleborus*, are the chief remedies. If they fail to relieve, give *Apis mel.*: One of these remedies may be given once in four hours.

For dropsy of the abdomen, *Apis m l.*, *Arsenicum*, *Mercurius*, *Helleborus*, *Sulphur*, and *China*, are important remedies, and one of them may be given once in four hours.

For cellular dropsy, *Apis mel.*, *Arsenicum*, *Dulcamara*, *Helleborus*, *Mercurius*, and *Sulphur*, are the principal remedies. If the disease follows scarlet fever, *Arsenicum* and *Helleborus* are useful remedies, and may be given alternately two hours apart. If they do not relieve the symptoms, give *Apis mel.* once in two hours. If this disease follows the abuse of *Quinine*, give *Arsenicum*. If it follows the abuse of *Arsenic* give *China*. If it has been caused by the abuse of mercury, give *China* alternately with *Sulphur* two or three hours apart. If it follows the loss of blood or other animal fluids, give *China*.

In all cases consult the sections on the diseases named above; ascertain if possible the cause of the dropsical effusion, for it is impossible to make a satisfactory prescription without some knowledge of the cause. Dropsy is generally but a symptom of some other disease.

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CHAPTER IV.

DISEASES OF THE CHEST AND RESPIRATORY ORGANS.

INFLAMMATION OF THE RESPIRATORY PASSAGES.

THE inflammation may be confined to the nostrils, or to the larynx, trachea or windpipe, or to the bronchia or small air passages throughout the lungs; or it may commence in one part and travel to other parts, and perhaps abate where it first commenced; or it may involve all of the air passages at the same time. It may be either acute or chronic.

COLD IN THE HEAD (CORYZA).

This is a very common and annoying disease. A cold in the head may involve simply the nostrils, or it may extend to one or more of the neighboring sinuses or bony cavities existing over the eyes and in the bones of the upper jaw. Sometimes it is confined to one nostril. It is caused by the partial application of cold as to the back of the head, neck, or feet, and by sudden changes of weather. Some persons are much more liable to this affection than others, and the disease is often epidemic, being a very general attendant on influenza and the first stage of measles.

Symptoms.—The first symptoms are dryness, fullness and tickling in the nostrils, with sneezing, which are soon followed by a profuse thin watery transparent discharge, which often causes irritation of the external surface of the nostrils and the upper lip. The nostrils are sometimes closed by the swelling of the mucous membrane, and there may be heat and burning in these passages, also either a dull aching, or a stinging pain. The eyes often become red and watery from the extension of the inflammation. If the

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disease extends to the sinuses, or cavities over the eyes and in the upper jaw, there is a dull pain in the forehead and cheek-bones, on one or both sides, with burning and heat. The sense of smell is often impaired for the time being, and there is frequently more or less deafness. If the local inflammation is not severe, or extensive, there may be little or no fever, but in severe cases there is chilliness, pains in the head, back, and limbs, with a high fever, furred tongue, and loss of appetite. This disease usually attains its height in three or four days when left to itself, after which the symptoms abate, the secretion becomes thicker, opaque, less acrid and less copious; sometimes it becomes bloody, greenish, or even deep yellow. Sometimes for a week or two the patient constantly feels that he is getting more cold; in such cases the disease retains its acute character, and the discharge remains watery until this symptom abates. In some cases the nostrils remain dry and swollen, without any watery discharge, until thick opaque matter makes its appearance.

In the case of very young children, the stoppage of the nostrils causes difficulty of nursing, as the child cannot breathe except when he lets go of the nipple; without attention on the part of the mother, he may become black in the face, and have convulsions from obstructed respiration. The child may become discouraged in his attempts to nurse, and suffer for the want of nourishment, if he is not fed.

Treatment.—At the very commencement of the disease when there is dryness, swelling of the mucous membrane, and sneezing, give a dose of *Nux vom.* once in two hours.

Aconite: If *Nux vom.* fails to relieve, and there commences a profuse watery discharge with heat and burning, aching in the bones of the face, chills and fever, dissolve six pellets, or one drop of the tincture of *Aconite* in a tumblerful of water, stir it well, and let the patient, if an adult, drink the whole of it, and if at night, let him go to bed, cover himself up warm, and get into a free perspiration. If the first dose is given during the day, it can be repeated at night. This remedy when thus given, will rarely fail to lessen the severity of the disease. A child may take one fourth of the quantity directed above; if a very young child, give but a teaspoonful.

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Arsenicum: Give a dose of this remedy once in two hours, when there is a thin watery discharge which *Aconite* fails to relieve, if there are burning heat, but little thirst, and an aggravation of the symptoms in the morning, and especially if they are palliated or relieved by warmth. Continue the remedy for at least twenty-four hours.

Mercurius viv. may be given instead of *Arsenicum*, if the symptoms are aggravated by warmth instead of being relieved by it; and also if there are great thirst, pains in the limbs, sore throat, copious watery discharge from the nostrils, and pains in and soreness of the nose and face.

Hepar sulph. is often required after the remedies already named, when they fail to entirely relieve the disease; also, if notwithstanding the above remedies, the patient feels that he is constantly getting additions to his cold. If the disease is confined to one nostril, or if a susceptibility to it has been caused by an abuse of mercury, this is an indication for this remedy. Give a dose once in three hours.

Bryonia: Give this remedy once in two hours when there is dry obstruction of the nose which has continued for over twelve hours.

Belladonna may be given either alone or alternately with either of the above remedies, if there are sharp pains through the forehead and face, with swelling and soreness of the nose and loss of smell, which are not relieved by other remedies.

If the discharge becomes thick, whitish, yellow, or green, and does not soon abate, give a dose of *Pulsatilla* at night, and of *Sulphur* in the morning, until it is relieved.

For this disease, or snuffles, in infants, oil the nostrils and upper lip, and even the nose itself with *Glycirine*, first moistening the surface with water. If you cannot obtain *Glycirine*, use *Sweet cream* or *Sweet oil.* Give a dose of *Chamomilla* once in four hours if the nostrils and lips are chapped, and the child is either very restless, or there is dullness and drowsiness. *Nux vom.* is often useful at the commencement of the disease. Also consult what is said above in regard to *Arsenicum*, *Mercurius*, and *Bryonia.*

CHRONIC INFLAMMATION OF THE NOSTRILS, OR CATARRH—(OZÆNA).—This affection frequently follows acute inflammation,

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and is often a very obstinate disease. It sometimes results from measles, or scarlet fever, and in other instances it has a scrofulous origin, and it may be caused by the venereal disease. With chronic inflammation there may be dryness of the mucous membrane, heat and swelling, so as to obstruct the passage of air; if the disease affects the back part of the nostrils, there is a frequent disposition to clear them out by a sudden and forcible inspiration of air. In other cases there is a copious secretion of a whitish opaque mucus, or of a yellowish or greenish matter, which may have an odor more or less offensive, and it is often very disagreeable. Sometimes ulcers form on the mucous membrane, and occasionally, especially in syphilitic cases, the bones of the nose become diseased and die, and pieces escape with the discharge. In some cases large solid flakes of exceedingly offensive matter are occasionally discharged either from the surface of ulcers or of the inflamed membrane. The sense of smell is often impaired, and sometimes lost.

Treatment.—In all cases, especially in children, when the disease is in a great measure *confined to one nostril*, examine carefully and see if there is not a foreign substance or body in the nostril which has caused the affection; for children frequently crowd into the nostrils pebbles, beans, kernels of corn, pieces of cloth, worsted, cotton, &c.; and such substances cause inflammation, which will continue until the foreign body is removed. To remove such foreign bodies bend the flat end of a probe, or of a tape-needle, or the crooked end of a wire hair-pin, sidewise, so as to form a slight hook, and pass it into the nostril, and carry the end up over the foreign body, then press down upon it and draw it forward on the floor of the nostril. In this way you can remove, in half a minute, almost any substance a child can crowd into the nostril; whereas, if you attempt to remove it with forceps, you will generally fail.

In slight cases, especially in such as follow the acute disease, or the measles, or scarlet fever, give a dose of *Pulsatilla* every night and a dose of *Sulphur* every morning for one week; then give *Pulsatilla* one night and *Sulphur* the next, for two weeks; after which give them two or three nights apart as long as there is an improvement. If the above remedies do not entirely cure the dis-

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ease, give *Calcarea carb.* night and morning for a week, then every night for a week or two, and afterwards once or twice a week.

If there is swelling of the mucous membrane of the nostrils, with heat, dryness, and obstruction, without discharge, give a dose of *Bryonia* every morning, and a dose of *Lycopodium* every night, for two weeks; then give these remedies twenty-four hours apart for an equal length of time, and afterward two or three days apart.

If the disease occurs in a scrofulous habit, the above remedies will be found useful, especially *Sulphur*, *Calcarea carb.*, and *Lycopodium*. If in such cases there are ulcerations with the discharge of large offensive scales, or if the bones are diseased, *Sulphur*, followed by *Calcarea carb.*, will still be useful, but *Silicea* will often be required to complete the cure; give this remedy every night and gradually lengthen the intervals.

If the disease has had a syphilitic or venereal origin, give *Mercurius cor.* night and morning, and if the patient ceases to improve under the use of this remedy, at the end of three or four weeks, give *Nitric acid* night and morning. If the above remedies fail to relieve cases which have had a venereal or syphilitic origin, obtain at a druggist's ten grains of *Iodide of potassium*, dissolve the whole in forty spoonfuls of water, and take a spoonful three times a day. Cork the solution up in a bottle.

Chronic inflammation of the nostrils is a very obstinate disease, and requires a persevering treatment for a permanent cure. If convenient, you will do well to consult a homœopathic physician, and follow his directions.

LARYNGITIS,

OR INFLAMMATION OF THE UPPER PORTION OF THE WINDPIPE.

A superficial inflammation of the mucous membrane of this part is very common, and is the cause of the hoarseness which often occurs during a cold, especially at its commencement; but the disease now under consideration, involves the structures beneath the

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mucous membrane, causing swelling, and a narrowing of the passage, and, consequently, an obstruction to the entrance of air, and it is one of the most formidable and dangerous of all the diseases to which man is subject; fortunately it is not very common. It may be either acute or chronic. The acute form may occur in a person in full health, with a high fever at the commencement, or the patient may be weak and debilitated from other diseases, and have little or no fever. The causes are sudden changes of temperature, exposure of the neck and shoulders when the body is hot, the inhalation of hot or irritating vapors, an attempt to swallow hot or corrosive liquids, and the inhalation of flame in cases of burning about the head and neck. Inflammation of the throat occasionally extends to the larynx, or upper portions of the windpipe; and this affection is a frequent cause of death, in diphtheria, scarlet fever, and small-pox.

Symptoms.—Hoarseness, a hoarse cough, constriction, tenderness, and pain in the upper part of the windpipe, with difficult, prolonged and sonorous inspiration. Swallowing usually causes convulsive fits of coughing, and increased difficulty of breathing. At first there are generally chills followed by fever, flushed face, hot skin, and full pulse; but in delicate and debilitated patients there may be no fever. If the disease is not relieved by treatment, the cough becomes more painful, harsh and squeaking; the act of drawing in the breath is prolonged, wheezing, whistling, and requires a great effort on the part of the patient; expiration, or the passing out of the breath is performed easily. The patient is restless, and feels that he is on the point of suffocation; he sleeps but a few moments at a time, and awakes gasping for breath. The countenance becomes anxious and pale; the eyes staring; the nostrils raised; the lips livid; the voice reduced to a whisper; the pulse becomes very frequent, feeble, and irregular, and the extremities bathed in a cold, clammy sweat; Delirium, drowsiness, and stupor, often precede the termination of the disease in fatal cases; and death usually occurs on the fourth or fifth day, although sometimes as early as the first day, and in other instances not until the end of two or three weeks. Sometimes in hysterical females, and young children there is a spasmodic affection of the larynx, which

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bears some resemblance to the affection now under consideration, but in such cases there is no fever, and the attack is more sudden, and apparently alarming at its very commencement than in the genuine disease.

Treatment.—This disease requires a prompt and persevering treatment, and if the symptoms are not soon relieved by the remedies named, a homœopathic physician should be called without delay. Generally this disease will be readily cured by the early use of homœopathic remedies, but not always. If a homœopathic physician cannot be had, and notwithstanding your treatment the symptoms become alarming, the face pale or livid, the pulse small and frequent, and the extremities cool and moist, you should send for an allopathic physician, as the life of the patient can sometimes be saved, in such cases, by making an opening into the trachea or windpipe, and allowing the patient to breathe through the opening, until the inflammation is cured.

Aconite: In all cases attended with chills and fever, or fever alone, give a dose of this remedy every half hour, and if at the end of two or three hours the symptoms are not relieved, give *Spongia* alternately with it, at intervals of one half an hour. If these remedies do not relieve the symptoms within twenty-four hours from the commencement of the disease, or even twelve hours, in severe cases, omit the *Spongia* and give *Hepar sulph.* alternately with *Aconite*, at intervals of one half an hour. Do not discontinue the *Aconite* unless the pulse becomes small, and the extremities moist and cool; but if such symptoms appear, with lividity of the face, omit the *Aconite* and give *Lachesis* alternately with *Hepar sulph.* at intervals of one hour.

When this disease occurs in consumptive patients, and those debilitated by chronic diseases, or chronic laryngitis, where there is no fever, *Aconite* will not be required, but *Spongia* and *Hepar sulph.* may be given, and if they do not relieve the symptoms, give *Arsenicum* every hour.

In addition to the internal remedies, at the commencement of the disease wring a small napkin from cold water, fold it and place it over the front part of the neck, and over that five or six thicknesses of dry flannel, so as to cover the wet cloth entirely; confine

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the whole snugly to its place by a bandage or handkerchief around the neck; wet the napkin once in four hours. If at the end of twenty-four hours the patient is not improving, omit the cold cloths and wring a large towel from warm water, as hot as the patient can bear it without scalding, and place it on the front part and sides of the neck and chest; cover it with dry flannel. Wet the towel often, every ten or fifteen minutes, during the paroxysms of difficult breathing. If convenient give a warm bath once a day. The diet should be light, and contain no animal food or stimulating condiments.

CHRONIC LARYNGITIS,

OR CHRONIC INFLAMMATION OF UPPER PORTION OF THE WINDPIPE.

This form of disease is much more common than the acute variety just described, and is of various degrees of severity. If it is slight, and confined to the mucous membrane, it may exist for months without much inconvenience, excepting hoarseness, habitual husky cough, and perhaps slight soreness on pressure. It frequently results from a neglected cold, and may follow an acute attack. The causes are similar to those which produce the acute form of the disease. Clergymen who neglect active exercise, so that their general systems become debilitated, and especially if they do not use their vocal organs in reading, speaking, and singing, during the week, are very liable to this disease.

In aggravated forms of the disease, the mucous membrane, and cellular structure beneath it, and the vocal chords, become thickened, and even ulcerated; the hoarseness increases, the voice may be squeaking, and even lost. The cough is generally dry early in the disease, but as it advances it becomes loose, and the expectoration often contains matter or pus. Sometimes there is considerable pain, but in other cases there is little or none. A sensation of dryness, tickling, itching, smarting, or burning, is common, and if ulcers form there is often a pricking sensation, as if a sharp body were in the throat. A sudden loss of voice may occur with a slight disease affecting the vocal ligaments, or it may be simply a nervous affection; in either case it is generally soon reliev-

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ed; but when the voice becomes gradually impaired until it is lost, the disease is almost always more serious. The dry, squeaking kind of hoarseness implies a more permanent and worse form of disease than the deep, loose, or rattling hoarseness, which may be the result of relaxation. Sometimes earthy concretions form in the larynx, and are expectorated. In rare instances the inflammation extends to the cartilages, or gristly structures of the larynx, and they become bony, and perhaps die, and abscesses form around them, which discharge either externally or internally, and portions of the cartilages are sometimes separated and expectorated. Respiration becomes affected sooner or later in this disease, and is generally worse during the night, and on exertion. Sometimes there are severe paroxysms of difficult breathing, and the patient is frequently unable to lie down. If the disease continues on unchecked, the patient is worn out by hectic fever, night sweats, or diarrhœa, and dies. Or he may be cut off at an earlier stage by an attack of acute inflammation; and, as was stated in the section on acute laryngitis, the disease in such cases is often unattended with fever; it is generally, in fact, in such cases, but a dropsical swelling of the parts, which threatens or causes suffocation by mechanically closing the passage. Chronic laryngitis frequently occurs during the latter stages of consumption of the lungs, and in those who die from the former disease, tubercles are often found in the lungs. This disease may result from an abuse of the vocal organs in speaking and singing, the inhalation of air loaded with dust, neglected colds, suppressed eruptions, the abuse of mercury, and the extension of syphilitic or venereal disease of the throat. Scrofulous and intemperate individuals are more liable to it than others.

Treatment.—To prevent this affection gentlemen should avoid shaving, not even deprive the upper lip of nature's covering. A man can talk all day as easily as he can walk all day, if he only does it *every day*. Very few can perform any kind of active labor but one day in the week only, without causing, sooner or later, actual disease. If the reader would avoid this disease, or get rid of it, if already affected, let him obtain and read without fail, the author's work on the "Avoidable Causes of Disease," and he will

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there find information more important than medicine, not but that the latter is needed, for without shunning the causes which have induced the disease, medicines can but palliate it at best.

Hepar sulph.: Give this remedy night and morning, when there is a short, hacking cough after eating, dry cough in the evening, or cough with scraping and rawness in the larynx, chronic hoarseness, or a deep, dry, hoarse cough. *Hepar* is also useful when the cough is loose, with rattling of mucus; and also when there is seated pain and soreness in one spot, which is aggravated by pressure, speech, cough, and breathing. If a predisposition to this disease has been developed by an abuse of mercury, this remedy is especially indicated.

Dose, see page 7.

If it fails to relieve give *Mercurius protiod.* three or four times a day, especially if the soreness extends to the throat, and there is soreness on swallowing, and frequent inclination to clear the throat, with or without hoarseness. Afterward give *Hepar sulph.* if it is needed.

Spongia will often benefit the patient in the earlier stages of the disease, and when the symptoms have been aggravated by taking cold, especially when the cough is dry, deep, and hoarse, and the respiration squeaking or sonorous. Give a dose once in six hours.

Give *Lachesis* once in six hours when the symptoms are worse after sleeping; when the slightest pressure causes pain and cough; also when there is a dry cough, caused by tickling, and hoarseness, with feeble voice, noisy, squeaking respiration, with suffocative paroxysms.

Phosphorus is indicated by burning, roughness, painful sensitiveness of the larynx, and hacking cough caused by tickling, also by morning hoarseness and loss of voice. It will often be useful after other remedies, in the advanced stages of the disease, when there is profuse expectoration, and if diarrhœa ensues, or the disease is complicated with consumption of the lungs. Give a dose night and morning.

Calcarea carb.: Give this remedy night and morning when there is chronic hoarseness, worse in the morning, dry, hacking cough

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on retiring to bed, or a loose cough with profuse whitish or yellowish expectoration. It is especially useful for young subjects, and also when the cartilages are diseased.

Mercurius viv. may be given once in six hours, when the inflammation extends to the throat, and there is pain and soreness on empty swallowing, with hoarseness and cough. This remedy is especially useful if the disease has been caused by syphilis or the venereal disease. In such cases *Nitric acid* should follow *Mercurius.*

Arsenicum: Give this remedy once in six hours when there is a feeling of dryness and burning in the larynx; cough as if from the fumes of sulphur, with a sense of suffocation, and especially if the cough is aggravated by cold air.

Carbo veg. is indicated when there is hoarseness in the evening, aggravated by talking, and by cold and damp weather; also when there are tingling and itching in the larynx, with wheezing respitation; cough in the morning when rising, or on going into the open air.

Silicea will be found useful in cases where there is reason to fear the existence of ulcerations, when there is a profuse, yellowish, perhaps offensive expectoration, and when the cartilages are diseased. Give a dose night and morning.

Sulphur: If the patient has been subject to eruptive diseases, or if the disease is of long standing, give a dose of *Sulphur* every night for a week, at the commencement of the treatment; also if the disease does not seem to yield, or is only partially relieved by other remedies, give *Sulphur* a week, and as much longer as there are signs of improvement.

As this is an important, and a somewhat common and obstinate disease, I have given the chief indications for a large number of remedies. Select carefully your remedy, and do not change it in less time than one week, nor then if there is any improvement. If a patient improves under the use of a remedy, lengthen the intervals between the doses, and continue it as long as there is the slightest improvement.

HOARSENESS.—This symptom is generally caused by inflammation of the mucous membrane of the larynx or upper portion of

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the windpipe, and as a symptom of acute and chronic laryngitis it has already been considered. It is also present in croup or inflammation of the windpipe or trachea. But it sometimes happens that from exposure to cold and other causes, there is hoarseness without fever, soreness, or any other symptom. When this is the case give a dose of *Drosera* once in four hours, and if it does not relieve this symptom within twenty-four hours give *Belladonna* once in two hours. If there is soreness of the throat in connection with the hoarseness, give *Mercurius viv.* alternately with the latter remedy. *Pulsatilla* often does better than either of the other remedies named, in the case of females. If the above remedies do not soon relieve the symptoms, consult the sections on acute and chronic laryngitis and croup.

CROUP (TRACHIETIS).

This is one of the most alarming and even fatal of the diseases of childhood. The croup consists of an inflammation of the windpipe or trachea; the disease generally extends to the larynx or upper portion of the windpipe, and sometimes to the bronchia or air passages throughout the lungs. In some cases the inflammation is accompanied by the formation of a false membrane, which mechanically obstructs the passage of air to a greater or less degree. The croup occurs most frequently between the ages of one and twelve years; although children younger than one year, and persons older than twelve, are not exempt. It is more frequent among males than females, and is more common during cold than during warm weather. This disease is caused by exposure to cold and damp weather, when the neck, shoulders, and arms, are not properly protected by clothing. Dr. Eberlie says that during a practice of six years in a German settlement, he saw but one case, and that occurred in a family where the American style of dress had been adopted. Hot rooms, and the confinement of children indoors, are also fruitful causes of this affection. When a child is thus confined, the least breath of cold or damp air from an open window or door may cause this disease. Thin shoes and

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stockings, especially with children who live in warm rooms, high-seasoned food, and all stimulating condiments, favor the development of croup and bronchitis. This disease frequently occurs during the progress of scarlet fever, small-pox, and measles.

Symptoms.—Before the attack the child is often peevish, fretful and perhaps feverish; there may also be symptoms of cold in the head, and slight hoarseness. Toward evening, or sometime before midnight, the hoarseness and fever increase. In other instances, without any premonitory symptoms, the child awakens suddenly during the night, with a sensation of suffocation, with a hoarse ringing cough, hurried and hissing respiration, and a rough hoarse voice, sometimes almost as if the patient were speaking through a brazen instrument. There are great agitation, alarm, and distress; and there is usually more or less heat of skin, and frequency of pulse. The difficulty of breathing at the commencement of the disease generally depends, in a great measure, on a spasmodic contraction of the larynx, for it occurs in paroxysms. The symptoms are usually worse during the night, especially about midnight, and the patient is often quite comfortable during the day. If the disease continues on uninfluenced by treatment, generally, at some period between the second and the sixth days, symptoms of great prostration ensue, the difficulty of breathing increases, the cough becomes squeaking, the pulse small and irregular, the extremities bathed in a cold clammy sweat, and the countenance, during the severe paroxysms of difficult breathing, becomes of a livid or dusky hue. The duration of the disease, in fatal cases, is usually from three to six days, although patients sometimes die within twenty-four hours, whereas, in other cases, not until the end of nine or ten days. Cases in which the symptoms are the most violent at the commencement, are not always the most dangerous, for such patients necessarily receive prompt treatment, and the disease is often, in such cases, in a great measure spasmodic, with very little inflammatory action; and if there is considerable fever and inflammation, there is frequently very little tendency to the effusion of false membrane; whereas, in those cases which commence gradually, with a slight fever, hoarseness, and cough, the disease often progresses to the membranous stage

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before attention is seriously called to it; and in such cases the tendency to a membranous formation is often very strong. "The prognosis, in all cases of croup," says Dr. Condi , "is very serious; the probabilities are against recovery." This may be true, under the "heroic treatment" of allopathy, but it certainly is not true where patients are treated homœopathically, and bloodletting, leeching, emetics, cathartics, swabbing the throat with caustic, etc., etc., are omitted, for comparatively few patients die from this disease, under our treatment, yet they cannot always be cured.

Treatment.—The symptoms, as has been stated, are almost always worse during the night, and even when the disease is steadily progressing toward a fatal termination, the patient is often comfortable during the day, therefore give the proper remedies regularly during the day, and do not omit them, nor lessen the frequency of the doses until the last symptom has been removed. Always awaken the patient regularly to give the medicines until after midnight, then, if he is comfortable, give them only when he awakes, until morning, then give them regularly again during the day and until after midnight.

Aconite: Give this remedy every half hour until the patient has taken four doses, when, if he is improving, continue it at intervals of one hour; but if there is no improvement, give *Hepar sulph.* alternately with it at intervals of half an hour. Give these remedies during the afternoon and night, but every day during the forenoon, give *Spongia* every hour, and omit the other remedies until afternoon; then omit the *Spongia* and give *Hepar sulph.* and *Aconite* again. If you persevere in the use of the above remedies, you will rarely fail to prevent the formation of a false membrane, and the nightly paroxysms will grow less, and at the end of from one to three or four days, the patient will generally be restored to health. Do not change the above for other remedies, so long as the symptoms improve, or the nightly paroxysms grow less, even though it be but slowly.

Dose for any of these remedies, see page 7.

Lachesis: If, after using the above remedies from two to three or four days, instead of improving, the symptoms seem to be getting worse, the difficulty of breathing more constant, the cough

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and voice squeaking, the pulse small or irregular, and the extremities cool, give *Lachesis* alternately with *Hepar sulph.* at intervals of half an hour or one hour; and if at the end of twelve or twenty-four hours there is no improvement, omit the *Hepar sulph.* and give *Phosphorus* once an hour during the forenoon, and *Tartar emetic* during the afternoon and night. A homœopathic physician should always be consulted, if practicable, if the symptoms are not promptly relieved by the treatment.

Sometimes, as the croupy symptoms abate, symptoms of bronchitis become manifest, the breathing is hurried, the cough is loose, but not croupy, and if you apply your ear to the walls of the chest, you hear a rattling of mucus, or bubbling in the air passages; when such symptoms occur, omit other remedies and give *Bryonia* during the forenoon once in two hours, and *Tartar emetic* every hour during the afternoon, evening, and night, when the patient is awake.

Consult the section on bronchitis, if the above remedies fail to relieve.

External applications, Diet, &c.—At the commencement of the disease, wring a small napkin, or a few thicknesses of cotton or linen cloth from cold water, and apply over the front part of the neck; put over it four or five thicknesses of dry flannel, and confine all by a bandage or handkerchief, so as to exclude the cold air. Wet the cloth once in six or eight hours. If, notwithstanding the above application and the use of the remedies, the paroxysms of difficult breathing become very severe, wring large towels or cloths from warm water, as hot as the patient can bear without scalding, and apply them over the entire front and sides of the *neck and chest*, and cover the wet cloths with dry flannel. Wet the cloths every ten or fifteen minutes. A warm bath once or twice a day, is also useful. The diet should be light and without animal food.

If you would prevent this disease, or eradicate a predisposition to it in your children, read carefully the chapters on the "Conditions requisite for Physical Development and Preservation," "Use and Abuse of the Digestive Organs," and on the "Management and Education of Children," in the author's work on

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the "Avoidable Causes of Disease." Also give *Hepar sulph.* and *Spongia*, alternately, one week apart.

SPASM OF THE GLOTTIS, OR CROWING DISEASE.

This affection is sometimes called spasmodic croup, as there is no inflammation or fever attending it. It generally occurs in children under three years of age and those of a delicate and nervous temperament, are more liable to it than others.

Symptoms.—The attack frequently occurs during sleep, the child awaking much agitated, alarmed, and struggling for breath; there is sometimes cramping of the hands and feet, and occasionally the whole body is convulsed. These symptoms are caused by a spasmodic contraction of the opening to the windpipe or glottis, which mechanically prevents the entrance of air to the lungs. This spasm may abate suddenly and the air enter freely without any unusual sound, but more frequently it abates gradually, and the air, as it enters, causes a crowing sound. In other cases, or perhaps in the same patient the attack occurs when the child is awake, perhaps when the nurse is tossing him up and down, or when he is frightened. A patient, after having once had the disease, is very liable to a return of the symptoms, and attack may follow attack, if the disease is not cured, until at length the little patient is not free from it for a single hour, and may finally die from suffocation or convulsions. There is usually no cough, and the child breathes freely in the intervals between the paroxysms.

Treatment.—Give *Belladonna* and *Cuprum* alternately at intervals of four hours, when the child is awake, and as soon as the paroxysms cease, give the former at night and the latter in the morning. If the above remedies fail to cure the disease, give a dose of *Calcarea carb.* every morning and *Hyosciamus* once in four hours during the afternoon and forepart of the night. Keep the child quiet and avoid exciting it, or tossing it up and down.

INFLUENZA (GRIPPE).

This is an epidemic disease, which generally proceeds from east to west, or from the south northward, but sometimes the reverse.

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Such epidemics usually appear at intervals, varying from two to three years.

Symptoms.—Influenza generally commences with symptoms of cold in the head, sore throat, pains in the limbs, back and head, weariness, chilliness, followed by fever, and soon afterward by cough and uneasiness in the chest. The most characteristic symptom is the great debility which attends this affection. The pulse is feeble, there is often giddiness and faintness on sitting up; the spirits are depressed, and the sight and hearing are sometimes affected. Nausea and vomiting are more common than during ordinary colds. There is usually a remission of the symptoms in the morning, and an aggravation toward night. In some instances, instead of catarrhal symptoms, there are simply violent headache, flushed face, delirium, and fever. In other instances, nausea and vomiting; and in still other cases, diarrhœa or dysentery; and all these various affections apparently caused by the same epidemic poison acting on different individuals. The duration of an attack of influenza, when uninfluenced by treatment, varies from two or three days to two weeks. A cough sometimes remains after the other symptoms are removed.

Treatment.—At the very commencement of the disease if there is great prostration, chilliness, with or without nausea and vomiting, a drop of *Camphor*, repeated at the end of an hour, will sometimes relieve the symptoms, especially if the patient covers up warm in bed, and gets into a gentle perspiration. In case there is much fever early in the disease, six globules of *Aconite* or a drop of the tincture, dissolved in a glass of water, and taken at one dose, the patient covering himself up well in bed, will either relieve or lessen the severity of the symptoms.

Mercurius, vv.: Give this remedy once in two hours, if the above remedies fail to cure the disease, and there are great prostration of strength, pains in the bones of the face, sore throat, and especially if there are symptoms of dysentery or bilious diarrhœa, or the symptoms are aggravated by warmth.

Arsenicum may be given once in two hours instead of *Mercurius viv.*, if there is little or no soreness of the throat, but a profuse watery discharge from the nose, with burning and excoria-

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tion of the nostrils, thirst, oppression of, and burning in the chest, great prostration of strength, aggravation at night and relief from warmth.

If there is much cough attending or following the disease, consult the section on cough and bronchitis, and select a remedy, and give either alone or alternately with either *Mercurius* or *Arsenicum*.

COUGH, AND COLD ON THE CHEST.

Cough may be caused by irritation or inflammation of any portion of the windpipe, bronchia or air-passages through the lungs, the air-cells, and substance of the lungs themselves, also of their external covering or the pleura. It may be caused by tubercles in the lungs, also by an elongation of the uvula or the little body which hangs down from the back part of the palate. The cough may be either acute or chronic, there may be fever attending it, or the patient may be free from fever. In this section I simply propose to treat of recent coughs, and those unattended by fever. If the disease is chronic, or of some weeks' duration, and the cough is hoarse or squeaking, and the voice is impaired, consult the section on chronic laryngitis, or chronic inflammation of the upper portion of the windpipe. If the disease is of weeks' or months' standing, and the cough at its commencement was short and hacking, and is attended with shortness of breath, consult the sections on consumption and chronic pleurisy. If the chronic cough seems to originate in the chest, and there is more or less soreness of the chest, with difficulty of breathing, and expectoration, consult the section on chronic bronchitis. If a recent attack of cough is attended by chills and fever, hot skin and frequent pulse, if the cough is hoarse, shrill, or squeaking, and the patient is an adult, consult the section on laryngitis; if a child, consult the section on croup. If the cough is not hoarse and is attended with high fever and oppression and difficulty of breathing, consult the sections on inflammation of the bronchia, lungs, and pleuræ. But when the cough has been of but few days' or weeks' standing, without fever, consult the remedies in this section.

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A cold on the chest is a slight inflammation of the bronchiæ or air tubes, sufficient to cause a cough, which is at first dry, but afterward becomes loose, but without much if any fever, pain, soreness, or difficulty of breathing. It is a mild bronchitis, involving simply the mucous membrane of the air tubes, which, although sufficient to cause cough, is either not severe enough, or not sufficiently extensive to cause much fever, oppression or other alarming symptoms; still it differs from the most formidable cases of bronchitis only in the severity and extent of the diseased action, and of the symptoms, and not in the character of the disease. In all cases attended by fever and oppression of breathing consult the section on acute bronchitis.

Treatment of Coughs.—Give *Belladonna* once in two hours when the cough is spasmodic, not allowing time to breathe, or a short dry hollow cough, especially if it is caused by a tickling or itching in the throat or larnyx, and if there is a sensation of dryness in the chest. This remedy is generally most important for dry coughs It is sometimes useful when there is tenacious mucus expectorated, especially at night.

Dose, see page 7.

Chamomilla may be given once in two hours when there is a dry suffocative cough, caused by dryness, burning, and tickling in the throat and upper portion of the windpipe, and also when there is a tickling in the throat pit, and cough at night or during sleep. This remedy is often required for children.

Nux vom. : This remedy, like the two named above, is frequently required at the commencement of colds in the chest, when the cough is dry, and caused by tickling, roughness, and scraping, in the windpipe, with a spasmodic sensation, and when the cough is worse towards morning, and during the fore part of the day.

The following remedies, also, will often be found useful for dry coughs.

Rhus tox., when there is a rough scraping feeling, or tickling sensation, in the windpipe, and the cough is aggravated by cold air and relieved by exercise and warm air.

Lachesis, when the cough is worse after sleeping, also on arising from a recumbent position and in the cold air, and when it is

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aggravated by the least pressure on the upper portion of the windpipe.

Arsenicum when there is burning in the chest, with a wheezy sensation in the lungs.

Hyosciamus when the cough is aggravated by lying down, and relieved by sitting up, and if there is dryness and heat in the air passages.

Ignatia when there is a constrictive sensation as if from the vapors of sulphur, or dust, in the air passages. If this remedy does not relieve, give *Calcarea carb*.

Cina when children are troubled with worms, and are subject to a dry cough.

Dulcamara: When there is a short, hacking cough, without or with the expectoration of tenacious mucus, caused by exposure to wet, and cool, damp air.

Ipecac: When the cough is short and dry, and excited by a tickling in the throat and upper part of the windpipe, with asthmatic or wheezing breathing.

For loose coughs, some of the remedies already named, especially *Belladonna*, *Dulcamara*, and *Ipecac*, will often be useful, particularly when the expectoration is tenacious and transparent, but when it is whitish or yellowish, they will less frequently be efficacious than one of the following remedies:

Bryonia: This remedy will sometimes be found of service at the commencement of a cough, when it is dry, but generally some one of the remedies already named will do better, but when there is a profuse, or more or less free, transparent, whitish or yellowish expectoration, especially in the morning, or after eating and drinking, and the cough is somewhat spasmodic, with pain in the sides or chest, give *Bryonia* once in four hours.

Pulsatilla may follow *Bryonia*, or be given instead of the latter remedy, when there is a free expectoration of yellow or white tasteless or bitter, salt or sweet tasting mucus. If there is nausea and vomiting, with a suffocative sensation, pain and soreness in the abdomen, or involuntary passage of urine while coughing, these are indications for this remedy.

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In addition to the above, if the loose cough is not relieved, one of the following remedies will often cure it:

Phosphorus: Give this remedy when the expectoration is transparent, green, or white, and of a sweetish or saltish taste, and if the cough is excited by talking, laughing, or walking in the open air. When the latter symptoms are present it will often be useful even though the cough is dry.

Give *Stannum* night and morning, if there is a very profuse expectoration of transparent or whitish, sweet tasting mucus.

Give *Sulphur* for either a dry or loose cough, if it does not yield to other remedies, especially when there is a congested or full feeling of the chest, which seems to cause the cough.

Be careful and not change the remedies too often. Select your remedy with care and give it at least for twenty-four hours, and longer if the patient improves.

If you fail to relieve the symptoms, and the disease is without fever, consult the sections on chronic bronchitis, laryngitis, and consumption.

ACUTE BRONCHITIS.

(INFLAMMATION OF THE AIR-PASSAGES IN THE LUNGS.)

An ordinary cold on the chest is the lightest form of this disease, but that affection has already been noticed in the preceding section. It now remains to consider acute bronchitis in its severer forms. The causes of this disease are the usual causes of colds; such as sudden changes of temperature, exposure when the body is hot, etc. This affection may commence with a cold in the head, sore throat and hoarseness; in other cases without any such symptoms, a sensation of coldness, roughness, or dryness, is felt in the chest, near the top of the sternum or breast-bone; then follows a sensation of heat, tightness, soreness, or pain, in some part of the chest, usually beneath the breast-bone, with a cough, which is at first short and dry, but soon becomes deeper and more urgent, and accompanied by the expectoration of a transparent, glary, saltish-tasting mucus, which does not relieve

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the cough, but seems to aggravate it by its irritating qualities. Chills, followed by fever, either precede, accompany, or soon follow, the above symptoms. The fever is generally worse toward evening, when the pulse is quick, the breathing short, the skin hot, the urine scanty and high-colored. If you apply your ear to the chest, at the commencement of the disease, you will hear a hissing or whistling sound, caused by the narrowing of the air-tubes from the swelling, the result of the inflammation; gradually this whistling ceases, and you hear a bubbling sound, caused by air passing through the bronchiæ which are partially filled with mucus. If you apply your ear over a healthy chest you hear, as the air passes through the bronchiæ, a sound similar to that caused by the passage of a gentle wind through the leaves of a tree. By applying the ear to the chest, both in front and on the back, and on both sides, from the top to near the lower ribs, you will be able to judge, with considerable certainty, as to the extent of the disease, and the danger, by the extent of the mucus rattling. If it is confined to one lung, there will not be much danger, and even if a part only of one lung is free, so that you can hear the natural breathing, the danger will not be very great; but if the mucus rattling is universal over both lungs, completely masking the natural respiration, the danger will be very great. If the disease is severe, and is not arrested by treatment, the difficulty of breathing increases, there is great oppression, the pulse is quick and weak, often irregular; there is great weakness, the countenance is anxious, pale, or partially livid, the mental faculties are confused or disturbed, the tongue becomes loaded with a brown fur, the thirst intense, and the urine scanty. In this severe form of the disease the patient may die between the fourth and eighth days, during a severe paroxysm of difficult breathing, or from a steady increase of the symptoms, or else he will gradually recover. When recovery is about to take place, the difficulty of breathing diminishes, and is chiefly confined to the evening the expectoration becomes less adhesive and frothy, and at length opaque; the fever abates, the countenance improves, and either the patient steadily recovers, or the inflammation passes into a chronic form. As the disease declines and the expectoration becomes whitish, if

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you apply your ear to the chest, you will hear occasionally a clicking sound instead of a rattling of mucus.

In debilitated habits, where the countenance is pale, and the blood thin and watery, in adults and young children, and also in those who are debilitated from age, or chronic diseases, we sometimes have a very formidable variety of this disease without much febrile excitement. In such cases there is a profuse secretion of mucus into the bronchia, which causes great oppression of breathing, extreme debility, small, frequent, and often irregular pulse, and severe suffocative paroxysms. The expectoration in this form of bronchitis may be scanty at first, but soon becomes copious and frothy. Young children, when affected with bronchitis, swallow the mucus when it is raised into the throat by coughing and breathing, and do not eject it; it passes into the stomach and does no particular harm. Sometimes children have convulsions, twitchings, or symptoms of stupor, at the commencement of an attack of bronchitis, and if you neglect to apply your ear to the chest, you may suppose that the child has disease of the brain, until symptoms of threatening suffocation, purple countenance, small and irregular pulse, reveal the seat of the disease. In some of these cases there may be but little heat or fever.

Treatment of Bronchitis.—There are perhaps few diseases where the superiority of the homœopathic treatment over the cruel time-honored treatment of allopathy, is more marked than in the one under consideration. Very few, except the very aged or those debilitated by other diseases, or of bad habits, die from this affection; even young children, except those of very feeble constitutions, generally recover under a prompt and persevering homœopathic treatment.

Aconite: This is the first and most important remedy in all cases attended by any febrile excitement, or heat of skin. Give a dose every hour, and continue it for twelve hours. If at the end of this period, there is a violent dry cough, or spasmodic cough, or a sensation of dryness in the chest, or tickling in the throat, which excites cough, give *Belladonna*, and if fever continues, give it alternately with *Aconite*, one hour apart. *Belladonna* will still be indicated, when a tenacious and glary mucus begins to be expec-

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torated This remedy is especially efficacious in the case of children, and it is indispensable when there are symptoms of congestion of the brain or convulsions.

Dose of this or of other remedies, see page 7.

Bryonia: If *Aconite*, or *Aconite* and *Belladonna*, fail to cut short the disease at the end of two or three days, *Bryonia* will generally be required, especially when there is a profuse transparent or opaque, whitish or yellowish expectoration, dryness of the throat, stitches in the chest, or a free perspiration. Give a dose of *Bryonia* once in four hours, and a dose of *Aconite* every hour between the doses of *Bryonia*, whenever there is any fever or heat of skin. As soon as the patient is free from fever during the forepart of the day and latter part of the night, omit *Aconite*, and only give it when there is fever. If, after the fever has been in a great measure relieved, the cough remains troublesome, with oppression of the chest, give *Phosphorus* during the afternoon and evening once in two hours, and *Bryonia* during the forepart of the day.

Tartar emetic: If the above remedies fail to check the progress of the disease, and the rattling of mucus is heard throughout both lungs, and there are great oppression and severe paroxysms of difficult breathing, give this remedy every hour. Also give it at the commencement of the disease, when in aged persons, or delicate young children, and persons debilitated by other diseases, there are great oppression without much fever, cool extremities and small pulse, and it fails to relieve the symptoms; give it alternately with *Bryonia*, one hour apart.

Sulphur and *Arsenicum* are our main reliance in desperate cases of this disease; they are rarely useful at the commencement; but when, notwithstanding the use of other remedies, there are threatening symptoms of suffocation, from an accumulation of mucus in the air passages, with rattling, give a dose of *Sulphur* every hour, until the patient has taken five or six doses, and if the symptoms improve, continue it; but if there is no improvement, give a dose of *Arsenicum* every hour.

For the declining state of the disease, after the fever has been relieved, and the expectoration has become opaque, whitish or yellowish, to prevent the disease from becoming chronic, give a dose

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of *Sulphur* morning and noon, and a dose of *Pulsatilla* before tea and at bedtime.

Diet, &c.—The patient should be kept in an even temperature; the diet should be light, gruel, arrow-root, rice-water, soft boiled rice, and the like. For severe paroxysms of difficult breathing, wring large cloths, from warm water, as hot as the patient can bear, and apply them around the chest, and place over them dry flannel, and change them often.

CHRONIC BRONCHITIS.

This generally follows an acute attack, although the latter may have been slight in some cases, nothing more than the mild form of the disease, or a cold on the chest. The inhalation of air loaded with dust, frequently causes this disease, therefore, needle-grinders, stone-cutters, workers in hair and feathers, are very liable to this affection. In such cases, it generally begins with difficulty of breathing; and, after a time, cough and copious expectoration make their appearance; sometimes the latter is mixed with blood and matter, or pus.

The slighter forms of chronic bronchitis are indicated only by habitual cough and expectoration, which are increased by sudden changes of weather, and are most troublesome during the winter and spring. Aged persons are very subject to this disease during such seasons of the year. In severer forms of the disease there are paroxysmal cough, difficulty of breathing, soreness, tightness, and wandering pains in the chest. The expectoration is whitish, yellowish or greenish, and sometimes contains pus or matter. If the patient happens to get a severe cold, so as to cause an attack of acute inflammation of any part of the bronchia, tenacious transparent mucus will be mixed with the opaque matter. When the expectoration is very copious there are usually prostration of strength, wasting of flesh, hectic fever, and night sweats, and sometimes diarrhœa. This affection not unfrequently follows measles, scarlet fever, and small-pox, when the irritation of the air passages which frequently attends these eruptive diseases is neglected. If

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you apply your ear to the chest of a patient suffering from chronic bronchitis you will hear over different parts mucous rattling, clicking and whistling sounds, which often change places.

Treatment.—Several of the remedies named under the head of acute bronchitis will be found useful in this form of the disease, especially *Bryonia*, *Sulphur*, *Phosphorus*, *Pulsatilla*, and *Arsenicum*.

Bryonia: Give this remedy morning and noon, and *Sulphur* before tea and at bed-time, if the disease has not been of long standing, and is the result of an acute attack; and if these remedies do not relieve the symptoms, omit *Bryonia* and give *Sulphur* and *Pulsatilla*, in the same manner. *Bryonia* is especially indicated for morning coughs and expectoration, with pains in the sides, shortness of breath, and cough after eating and drinking, with vomiting of food, and when there is an aggravation from taking cold.

Dose, see page 7.

Sulphur: Give a dose night and morning when there is a dry cough at night, without or with a copious expectoration of thick whitish or yellowish mucus during the day, cough and raising at night, stitches in the sides, a feeling of tightness of the chest, and when the symptoms are aggravated by every change of weather. *Pulsatilla* often follows *Sulphur* to advantage, especially in the case of females.

Phosphorus may be given three times a day when the cough is excited by walking in the open air, laughing, talking, or drinking; also for a dry cough, from tickling in the throat or chest; and also when there is a free expectoration of salt, sour, or sweet mucus or matter.

Stannum: Give this remedy night and morning, when there is a profuse, greenish, or yellowish expectoration, of a disagreeable, sweetish taste, or of a putrid taste and offensive smell.

Calcarea carb. may be given night and morning, when there is, in the early stage of the disease, a dry cough in the evening, or in bed, especially if the cough is caused by a sensation of tickling, as if from feather dust, or even breathing through feathers. Also when there is a profuse yellowish, perhaps offensive expectoration in the morning, or during the whole day, with difficulty of breathing.

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Lycopodium: Give a dose night and morning, when there is a short hacking cough from tickling in the throat or windpipe; when deep breathing causes coughing; also when the cough is loose, with a profuse thick whitish, yellowish, grayish, or greenish colored expectoration, of a saltish taste, and there is soreness of the chest and shortness of breath.

Give *Lachesis* when the cough is worse after sleeping, and is aggravated by pressing on the windpipe.

Give *Sepia* night and morning, when the cough causes nausea and vomiting, and is dry and spasmodic; also when there is a copious yellow, green, salt, or putrid mucous expectoration morning or evening.

Give *Drosera* if, early in the disease, there is a dry hoarse cough, and if it fails, give *Spongia* or *Hepar sulph.*

Give *Silicea* when there is a profuse watery expectoration which is not relieved by other remedies. Pure air and sunlight are all-important in all chronic affections of the air passages, and of the lungs. If the patient can well avoid it, he should not occupy a room, even during the night, where the sun has not shone during the day, for the atmosphere will be unwholesome for him. He should frequently draw in a full breath, and gently thump the walls of his chest with his hand or fist; and let an assistant vibrate the chest, by pressing with the hand suddenly at any point where there is pain, soreness, or uneasiness. The patient should not be starved on miserable superfine flour bread, but should have good brown bread, which contains the dark nutritious portion of the grain.

For much valuable information, which is all-important to patients suffering from this affection, consult the work on the "Avoidable Causes of Disease."

HOOPING-COUGH.

This is an epidemic and contagious disease, and is generally confined to children; but adults, who have never had it, are liable to contract it, on exposure. Individuals rarely suffer from this dis-

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ease the second time. The symptoms, at the commencement, are similar to those of mild bronchitis, or cold on the chest. There are generally more or less fever, some difficulty of breathing, and cough. The fever often gradually abates after a few days, but the cough becomes more troublesome, and begins to recur in paroxysms.

At the end of ten days or two weeks the characteristic symptoms make their appearance. Paroxysms of rapid coughing occur, which interrupt inspiration until the lungs seem to be exhausted of air, the upper portion of the windpipe is spasmodically contracted, the face becomes swollen and livid, and the patient seems on the point of suffocation, when the coughing ceases, the spasm gradually relaxes, and the air enters the larynx with a long crowing or hooping sound. In severe cases the blood sometimes starts from the mouth and nose during the paroxysms. The latter may return often, every half hour or hour, or not more frequently than two or three times a day. The disease generally reaches its height in about six weeks from the commencement of the cough, and terminates at the end of six weeks more, unless its duration is prolonged by colds, or an attack of bronchitis. During the winter or spring it is liable to be thus prolonged until warm weather. When the crude, nauseating and debilitating drugging of allopathy is avoided, and homœopathic remedies are carefully administered, there is very little danger in this disease; in fact, although the disease is very distressing, the lungs are generally developed and made stronger by the involuntary training which they receive.

Treatment.—As at the commencement of the disease there is generally more or less fever, give *Aconite* once in two hours, until the fever is lessened. If at the end of two or three days the fever has abated give *Belladonna* once in two hours for the cough; but if feverish symptoms still persist give *Aconite* alternately with *Belladonna*, at intervals of two hours. These remedies may be continued when the patient is awake, until the hooping commences, unless the cough should become moist, with vomiting of mucus or food, or a diarrhœa should occur, in which case give *Pulsatilla* once in two hours. *Carbo veg.* will sometimes be of service during

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his stage if there is a convulsive cough in the evening, or before midnight.

Dose, see page 7.

When the hooping commences, if the patient has been taking *Belladonna*, let him omit it, and give him *Cuprum* after every paroxysm of coughing; if there is fever, headache, or symptoms of convulsions, give a dose of *Belladonna* two or three times a day, in addition to the *Cuprum*, but not within half an hour of the doses of the latter remedy. If, at the end of four or five days, *Cuprum* makes no impression on the severity or frequency of the paroxysms, omit it, and give one dose of *Drosera*, and repeat it once in twenty-four hours, until there is some improvement, but as soon as there is a perceptible change for the better, do not repeat the remedy as long as the patient improves, but if improvement ceases repeat the dose.

If the above remedies do not lessen the severity of the disease give *Veratrum* after every paroxysm, especially if there is vomiting and great debility. In obstinate cases give *Tartar emetic* after every paroxysm, and if it does not relieve the symptoms, give a dose of *Sulphur* every night, and *Belladonna* once in two hours during the day, until the patient is well.

The neck, shoulders, arms, and legs, should be well clothed, and the feet kept dry with good thick-soled shoes.

PLEURISY.

The pleura is the smooth membrane which covers the external surface of the lungs and lines the walls of the chest, and inflammation of this membrane is called pleurisy.

Symptoms.—A sharp, cutting pain in the side, usually a short distance below the nipple, but sometimes lower, occasionally at the lower margin of the ribs, which restrains every attempt at full inspiration, and renders the breath short and often catching, is frequently the first symptom; sometimes chills and fever precede the pain; if not, they may accompany or they soon follow the attack. There is generally a short, dry, hacking cough. Even

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without treatment the pain generally grows less at the end of two or three days, but the difficulty of breathing often increases, owing to the filling up of the pleura, which is a closed sac, with the watery portion of the blood and lymph, which are poured out on its surface when this membrane is inflamed. Without treatment the fever generally grows less at the end of four or five days, and sometimes is quite moderate; perhaps the patient has little the forepart of the day even when the effusion is increasing, with increased oppression of breathing. If at the end of two or three days you apply your ear to the walls of the chest on the diseased side, when the patient is sitting up, you will not hear, over the middle and lower portion of the chest, the gentle murmur caused by the passage of air through the bronchiæ as the patient breathes, which you will hear on the well side, and if you percuss or strike the chest with the end of your fingers you will find dullness on the diseased side, when compared with the well side, caused by the accumulation of fluid in the pleural sac. If the patient recovers, the fluid is gradually absorbed, but the lymph which is poured out on the surfaces of the pleura is not absorbed, and as the two surfaces covered with this lymph come in contact as the fluid disappears they unite and form adhesions, but the latter do not usually seriously interfere with breathing after a few weeks or months. The patient generally recovers, but he may die, or the disease may pass into a chronic form, and the whole side of the chest become filled with fluid, and the walls of the chest may even become distended, the spaces between the ribs pressed out, and the heart crowded out of place. There will be absence of respiration and dullness on percussion over the whole side.

Sometimes we have what physicians call latent pleurisy, where there is no pain, and but little fever or cough, but general debility, and slowly increasing shortness of breath and oppression. This form of the disease can only be detected by applying the ear and by percussing the chest.

False pleurisy, which is nothing more than a rheumatic or neuralgic pain in the chest, often bears a very great resemblance to the genuine disease; but there is in such cases, generally no chills or fever, and no effusion of fluid follows, and there is usually no

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cough. If in such cases you rub hard with the ends of your fingers on the spaces between the ribs over the seat of the pain, it will almost always increase the suffering to a far greater extent than in pleurisy.

Treatment of Acute Pleurisy.—Wring a large towel from cold water and place it over the diseased side, extending from the breast bone to near the spine, cover the wet cloth with five or six thicknesses of dry flannel, and pin a dry towel around the body over the whole so as to exclude the air. Wet the towel once in six or eight hours.

Aconite: Give a dose of this remedy every hour in all cases where there are any chills, heat of skin or fever; even if there is but little fever this remedy should be given. As soon as the skin inclines to become moist lengthen the intervals between the doses to two hours. Continue this remedy for twenty-four hours, then give a dose of *Bryonia* once in six hours, and if there is much fever or heat of skin, give a dose of *Aconite* every hour between the doses of *Bryonia*; but if the skin is moist, and there is but little heat about the body, give the *Aconite* but once in two hours. Continue the above remedies until the fever is gone, or nearly so; then give *Sulphur* once in two hours during the afternoon and night and *Bryonia* at intervals of two hours during the latter part of the night and forenoon, whenever the patient is awake. Continue these remedies until the patient is entirely relieved from all cough, soreness and shortness of breath. The above remedies will rarely fail to cure this disease; but in case of failure consult what is said as to the treatment of chronic pleurisy below

Dose of the remedies, see page 7.

Treatment of Chronic and Latent Pleurisy.—Commence the treatment with *Bryonia* once in two hours during the forenoon, and *Sulphur* once in two hours during the afternoon and evening, and continue these remedies as long as there is any improvement. If at the end of three or four days the patient is not better, omit the *Bryonia* and give *Arnica* during the forenoon once in two hours, continuing the *Sulphur* during the afternoon and night when the patient is awake. Continue these remedies as long as there is improvement. When there seems to be no change for the better omit

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the above remedies and give *Arsenicum* once in two hours; if the patient improves, lengthen the intervals to four hours. *Hepar sulph.* or *Sulphur.* may in some cases be required after *Arsenicum.* If the above treatment fails, as it rarely will, to cure chronic pleurisy, send for a homœopathic physician, and not for an allopathist, for, according to my experience, this disease can very generally be cured by the use of homœopathic remedies, carefully and perseveringly administered, provided an opening is not made to draw off the fluid, for the fluid is almost always simply serum or water containing shreds of lymph, and can be absorbed; whereas, if an opening is made, more or less air is quite sure to be admitted, when the whole cavity of the pleura will be converted into one vast suppurating or maturating surface, and the discharge will be quite sure to wear the patient out with symptoms of hectic fever. After the fluid has been absorbed in cases of chronic pleurisy, the side of the chest affected is liable to become contracted, from the lung being bound down by lymph, which has been organized on its surface during the long compression by the fluid, but the patient may live and enjoy good health with the use of only one lung.

Treatment of False Pleurisy (*Pleurodynia*).—Give *Nux vom.* once in two hours. If this remedy fails, give *Arnica*, one dose, and if at the end of twelve hours the disease is not relieved, give *Bryonia* once in four hours. In the case of nervous females give *Pulsatilla* instead of *Nux vom.*, and if it does not relieve the symptoms, give *Arnica* alternately with it, two hours apart.

The diet in cases of pleurisy should be light during the febrile stage, nothing but gruel, rice, barley water, and the like.

INFLAMMATION OF THE LUNGS (PNEUMONIA).

This disease consists of inflammation of the air cells and substance of the lungs. There is almost always more or less inflammation of the bronchia, and sometimes of the pleura.

Symptoms.—Chills followed by fever generally precede, accompany, or soon follow the local symptoms. In persons of full habit, the fever is intense, skin hot, face flushed, with red eyes and more

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or less headache. The pain in the chest is usually either beneath the breast bone or shoulder blade, and is sometimes intense, but in other instances, dull or aching; in some cases there is simply a deep-seated feeling of heat and weight rather than pain. There is more or less cough, which aggravates the pain; at first it is dry, and the patient raises nothing more than a little transparent mucus, but in the course of a day or two the expectoration becomes tenacious or sticky, and tinged with blood, and it gradually changes to a rusty color from the presence of blood. Respiration becomes hurried, the pulse frequent, the urine scanty and high-colored, the tongue furred, and the appetite poor. There is sometimes nausea and vomiting, and in some instances jaundice. In mild cases the disease may decline on the third or fourth day, the skin becoming cool and moist, the expectoration less bloody and sticky, and more free and opaque, as in the declining stage of bronchitis. In severer cases when the disease is not checked by treatment, the symptoms increase on the third or fourth day, the breathing becomes quicker, the cough more frequent, the pulse weaker and increased in frequency, the tongue loaded or dry, and the skin hot or cool, and partially perspiring. In some cases there is delirium or stupor, which, in aged persons, is an alarming symptom. If the disease is not cut short within the first two or three days, the portion of lung diseased, which at first was simply congested, becomes indurated so as to resemble liver, and it will usually require from one to two weeks, for the cure of the fever and symptoms. If you apply your ear to the chest, over the seat of the disease during the first day or two, when the lung is simply congested, you may hear a fine crackling sound like that caused by the rubbing of hair between the fingers; two or three days later, when the lung is indurated, this sound will be absent, and you will hear nothing when the patient breathes, except perhaps a whistling sound as the air passes through the bronchiæ; but if you ask the patient to speak while your ear is applied over the diseased part, you will hear the vibrations of the voice much more distinctly than over the well lung at a corresponding point; sometimes it will seem almost as though the patient were speaking from the diseased spot. If you percuss with the ends of your fin-

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