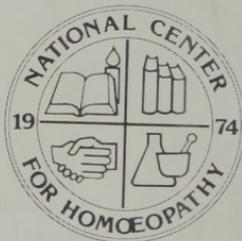


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THE  
DISEASES OF FEMALES:

CONTAINING

- I. DISEASES OF FEMALES.
- II. DISEASES OF MARRIED FEMALES.

BY JOHN C. PETERS, M. D.

SECOND EDITION—TWO PARTS IN ONE VOLUME.

PART II.

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**II.**

D I S E A S E S

OF

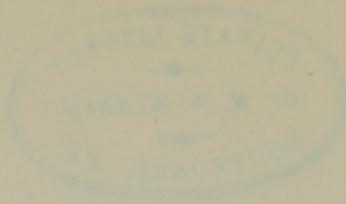
M A R R I E D F E M A L E S .



ON THE DISEASES

OF

PREGNANCY, PARTURITION, AND LACTATION.



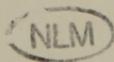
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DISPATCH

M. A. R. H. L. M. S. M. A. S. S.

OF THE

OFFICE OF THE



ON THE  
NATURE AND CAUSES  
OF  
MENSTRUATION.

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ON PUBERTY AND FIRST MENSTRUATION.

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ON PUBERTY.

THIS period in the female may be defined as that in which the girl fully commences that general growth and development of all her organs, which renders her a young woman, and receives those functions which makes her fit to be a wife, and capable of becoming a mother.

Evidences of the changes which mark the advent of puberty, are often detected many months and sometimes years, before it is fully accomplished; but more commonly, up to a short time before puberty, we notice only the natural, but proportionably more rapid growth of the whole body, to such an extent, that the stature and size of the majority of girls is nearly attained before the crisis is fully accomplished. But at the period of puberty, growth and development receive a still more rapid impulse, and the lank figure and unrestrained movements of the awkward girl, are changed in the short space of a few months, into the finished form, reserved manners, and graceful deportment of conscious womanhood.

The age of puberty ought to be distinguished by changes in the character of the girl, fully as extensive as those of the *physique*. The nervous system should show unusual sensibility and susceptibility; the mind should acquire more extended powers of emotion and passion, and the imagination become

more lively and animated. The pelvic viscera should become rapidly developed, and the hips enlarged; the breasts should become rounded and full, and establish their sympathy with the womb; the chest, throat and arms should acquire the contour of a maturer development, and the whole body become more rounded, full and adipose; the hair should grow more luxuriantly, the skin become fresh and blooming, the voice full and mellow, and the whole female figure should acquire that elegance of symmetry, the complexion that bloom of health and beauty, and each feature and action that play of intellect and emotion, and that indescribable gracefulness of action, which are to be found united in woman alone.—WHITEHEAD.

It is evident that when all these changes are absent, or imperfectly accomplished, that although ordinary dietetic and hygienic means, aided by common nervines and tonics, &c., may help somewhat, still, such is the intricacy and beauty of the whole natural process, that more subtle and sympathetic means are required. All these external changes and developments are attended with, or even dependent upon similar internal ones, especially in the ovaries and uterus. The ovaries in particular become more active. These organs, it is well known, contain certain bodies called Graafian vesicles, which in their turn enclose the true ova or germs of future human beings, first accurately described by De Baer, and hence called ovules of De Baer. Before puberty, the Graafian vesicles are scarcely visible, but about the tenth year of life, a whitish or grayish pulpy substance is deposited in them, and when this changes to a yellow color, from the deposit of a yellow, brain-like granular substance, so much like the ordinary substance of the brain and nerves, as to be scarcely distinguished from it, then the first signs of puberty become manifest in the girl; the ovules of De Baer become more and more developed, and before each monthly period, one Graafian vesicle commences to increase very greatly in size, until at the menstrual period it forms a tumor on the surface of the one or the other ovary, about the size of a small nut, or medium cherry, having increased in a few days from

an infinitesimal body, only one-half, or at the very most three lines in diameter, to the above dimensions. From this time forward, at each monthly period, one Graafian vesicle and its contained De Baer's ovule, successively arrives at maturity, approaches the surface and lacerates the capsule of the ovary, is then grasped by the fimbriated extremities of the Fallopian tubes, and is finally conveyed along to the womb. Simultaneously with this increase of action in the ovaries, the womb also becomes the seat of greater nervous and vascular activity, accompanied with congestion of blood to, and pouring out of the menstrual fluid from its internal surface. The periodical monthly returns of ovarian activity and congestion, tend to the growth, development and expulsion into the womb of ovules, or germs of future human beings, one of which is sacrificed at each menstrual period, unless conception take place. The simultaneous periodic activity, and congestion of the womb tends to the production of the envelopes or membranes which would enshroud the germ, and if conception take place, to the proper supply of it with blood and nutriment, or materials for growth. Hence, shortly before, or after the menstrual flow, is the only period of time when vivification of the germ can take place; the exceptions to this rule, according to Raciborski, do not exceed six or seven per cent.\*

The rapid development of the Graafian vesicles, from their rudimentary state to the required menstrual size, causes pressure upon the body of the ovary and its aroused vessels and nerves, in like manner as the growth and development of a tooth presses aside and stretches the substance of the gums in a child, causing comparable local pains, and more or less distant sympathetic derangement in both processes. Nervousness, restlessness, pain about the groin, or ovary which is

\* In almost all cases of recent menstruation in which death took place accidentally, by sickness, or by hanging, in which menstruation had but just commenced, the substance of the ovaries, tubes and cornuæ of the uterus, quite near the insertion of the tubes, have been found most congested—proving, apparently, that the menstrual excitement and congestion commences in the ovaries, passes next to the tubes, and then encroaches gradually upon the uterus, progressing from the neighborhood of the tubes downwards.

the seat of the process, pains and derangement in the back, hips, stomach, bowels, headaches, colics, diarrhœas, and even convulsions may attend the process.

Prior to, and during each catamenial period, the mammæ sympathize with the uterus—the breasts become swollen and tender, and a degree of irritability in the whole organ exists. As the menstrual flow sets in, these symptoms disappear, and the breasts either resume their former state and size, or they become slightly diminished, especially as age advances, and in the unmarried state.

But the advent of puberty is apt to be attended with an unusual degree of perversion of activity in both the nervous and vascular systems, tending obviously to a state of general excitement and plethora, all of which in due time are relieved by a flow which nature establishes for the purpose. The manners of the changing girl are perceptibly altered, she is disinclined to pursue her accustomed employment and exercises, is languid and listless, often reserved and fretful, her appetite capricious, stomach and bowels disturbed, sleep irregular and unrefreshing;—pain in the back and head, and weight, fulness, heat, and some irritation of lower part of abdomen, are also apt to occur.

But very often these symptoms are short and transitory, or even absent altogether, and the flow sets in more or less scantily or freely, being either at first thin, serous or mucous, colorless or but slightly colored, and after continuing a few days, subsides, and health and comfort are speedily restored. At each succeeding period the flow presents more of the normal red appearance, which it finally acquires in full, after several repetitions of the process.

But it is not always that puberty advances thus gradually and progressively, and it would always be well for the mother, whenever she perceives any of these indications, to lose no time in preparing her daughter to expect the change which is the common lot of her sex, so that the first appearance of the menstrual flow may neither be arrested by the alarm naturally felt at something hitherto inexperienced, nor by the danger-

ous applications to which in her ignorance she may imprudently have recourse.

To prove the necessity of this preparatory caution on the part of the mother, TILT found that out of 100 girls, 25 were unprepared for its appearance; 13 out of the 25 were much frightened, screamed, or went into hysterics; and 6 out of the 13 thought themselves injured, and attempted to stop the flow with cold water. Of those much frightened, the flow was checked by the mental emotion in 7 instances, and never restored in 3, while the general health of all was seriously impaired. Of the six who washed in cold water, 2 succeeded in effectually stopping the flow, which only reappeared after several years, and then at irregular intervals, and was never healthily reëstablished.

It will readily happen to all but very thoughtful mothers, that the first menstruation may make its appearance before her daughter has been forewarned. But when the monthly flow has once occurred, it is imperatively necessary that right advice and information should be given to the child; for many girls view the whole matter with such strong disgust and levity, that they expose themselves carelessly or purposely at the regular term, to cold and wet, or use cold baths or other means of suppression, finally bringing on disordered menstruation, and permanent ill-health, by thus trifling with the function, in the same way that a child plays with a watch, setting the hands backwards and forwards to amuse and injure themselves. The mother should institute a monthly regimen—keep an exact account of dates and particulars—prevent all unusual exposure for a few days before the expected flow, such as to night air, damp linen, thin dresses, wet feet, cold and acid drinks, balls and entertainments, when practicable. When the “custom of women” has been fully and regularly established, such extreme precautions are of course not only unnecessary, but in many cases inadvisable.

Thoughtless mothers will always allow their daughters to be taken unawares, but even the most thoughtful may be forestalled. Menstruation may set in for the first time from a

severe fall, violent jumping, great mental emotion, or an extraordinarily long walk—and in such cases, TILT says there may be a considerable flow in 30 per cent., while in 8 per cent. it may amount to absolute flooding, lasting from 8 to 10 days, and requiring medical treatment. These facts are important, because they are not in accordance with the general belief, and if duly acquainted with them, the mother, in such sudden and extreme cases, will not only maintain her own composure, but impart it to those around her, and reassure her daughter that nothing has happened but what is not exceedingly uncommon, and easily to be remedied by rest in the horizontal posture, cool drinks, light covering in cool and well ventilated apartments, with the aid of a few drops of Tinct. Cinnamon, &c., until medical advice can be obtained.

At other times, or rather in other cases, the occurrence of Menstruation may be long protracted—excessive languor, drowsiness, violent pain in the head, or along the spine, and around the lower part of stomach and bowels, may alternate with rigors and feverish reaction, or with nervous symptoms, and even spasms; clearly indicating a loss of balance between the circulatory and nervous systems, which if not timely remedied, may lead to very injurious consequences—to violent congestions, or inflammations; or to scrofulous disease of some important organ, if there be a hereditary tendency that way; or to various nervous, spasmodic, or painful affections, when the nervous system predominates. Aconite and Hyoscinus are the most important remedies here, although Stramonium may be required.

In another class of women, previous to the first appearance of the menses and during their flow, the venous, biliary or lymphatic systems may be deranged—the face assumes a sallow, greenish, yellowish or bloated pasty look, the eyes are dull and sunken, or surrounded by a dark areola, which appearances are present ever afterwards in a greater or less degree, during every monthly flow, the result of functional difficulty at the commencement, and generally dependent

upon and associated with a languid circulation through the venous and portal systems, and a low nervous power.—WHITEHEAD. Conium, Pulsatilla, Manganese, Colchicum, &c., will often be required.

If the changes at puberty be well accomplished, such is the intensity of vitality, and the impulse given to every nerve and organ, that the system resists all baneful influences, and sickness and death are less frequent at this period of life than any other. But on the other hand, original delicacy of constitution, or carelessness, will render this period preëminently favorable to the propagation of new forms of disease, or to the development of those latent germs of disorder which have existed from birth. Hence, the first appearance of the menses should be watched for with some care and anxiety on the part of the mother.

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#### ON FIRST MENSTRUATION.

In order to have exact data for any opinions which may be here advanced, I have with some little labor collected the largest table of the periods of first Menstruation that has ever been published, viz., of 29,918 women, observed by Du Bois-mont, Bennett, Lee, Whitehead, Robertson, Tilt, &c., &c.

1. In one case, in an infant, the flow commenced a few days after birth, and continued regular at periods of 3 weeks, till her death at the age of 4 years and some months, at which time she was developed in size and figure, like a girl of 10 or 11 years.

2. Of these, there is one case in which a child menstruated at 9 months of age, and continued regular subsequently.

3. Also, one case of a child born with signs of puberty, who menstruated for the first time at 3 years of age, and continued regular.

1 case menstruated at  $4\frac{1}{2}$  years of age.

1 " at 5 years of age.

1 " " 7 " "

	2 cases at 8 years of age.
20	" " 9 " "
92	" " 10 " "
125	" " from 10 to 11 years.
278	" " 11 years.
399	" " from 11 to 12 years.
495	" " 12 years.
656	" " from 12 to 13 years.
852	" " 13 years.
934	" " from 13 to 14 years.
1417	" " 14 years.
1562	" " from 14 to 15 years.
1659	" " 15 years.
2048	" " from 15 to 16 years.
1634	" " 16 years.
1792	" " from 16 to 17 years.
793	" " 17 years.
1397	" " from 17 to 18 years.
761	" " 18 years.
1023	" " from 18 to 19 years.
326	" " 19 years.
591	" " from 19 to 20 years.
170	" " 20 years.
379	" " from 20 to 21 years.
14	" " 21 years.
148	" " from 21 to 22 years.
29	" " 22 years.
90	" " from 22 to 23 years.
9	" " 23 years.
36	" " from 23 to 24 years.
3	" " 24 years.
15	" " from 24 to 25 years.
4	" " from 25 to 26 years.
5	" " from 26 to 27 years.
1	" " from 29 to 30 years.

But the above table was compiled from cases taken in all climates, hot, cold, and temperate, and hence is not a sufficient

guide for the inhabitants of either. Of the 29,918 cases, 766 occurred in hot climates, 6745 in cold, and 15,154 in temperate climates.

At YEARS.	766 Cases HOT.	6745 Cases, COLD.	15,154 Cases, TEMPERATE.	At YEARS.
5	0	0	1	5
7	0	0	1	7
8	0	0	2	8
9	3	0	16	9
10	9	0	83	10
11	21	1	481	11
12	96	5	783	12
13	159	19	1360	13
14	133	113	2105	14
15	103	372	2675	15
16	55	738	2869	16
17	39	741	1795	17
18	26	615	1497	18
19	10	540	799	19
20	8	360	393	20
21	2	278	126	21
22	2	114	43	22
23	1	73	22	23
24	2	27	11	24
25	0	12	3	25
26	0	4	2	26
27	0	5	0	27
30	0	1	0	30

Several very important facts may be adduced from the above table, viz. : the hastening effect of heat, the retarding effect of cold, and the great number of both precocious and tardy cases which occur in all climates. Many a consumptive parent is sent to the South merely to die ; many a non-menstruating girl might be sent there to live ; many a woman with profuse Menstruation might be restored to health by a season spent at the North. The table also corroborates the well known necessity for warmth of clothing and residence,

for those with scanty Menstruation, and *vice versa*. Menstruation occurs in the daughters of the rich, 9 months before it does in those of the working classes placed in the most comfortable circumstances, and 14 months before its average appearance in the poorest classes. It should also be borne in mind that the season of the year at which the girl becomes of the proper age, has a great influence upon the first appearance, almost as much as hereditary influence; women of the frozen regions, as the Samoiedes lose but a very small quantity of blood, and that in the summer season only, while the Greenlanders have scarcely any discharge on account of the cold. On the other hand, it is quite certain that European women who migrate to a hotter climate, such as that of the West and East Indies, often perish in consequence of the excessive menstrual losses, and their great liability to abortion with hæmorrhage.

It is evident from the second table, that the majority of women in *hot* climates reach the age of puberty and menstruate between the 12th and 15th years of age; in *temperate* climates between the 13th and 18th years; and in *cold* climates between the 14th and 22d years. We now propose to enter upon an inquiry into the consequences, or advantages and disadvantages of early or late, Menstruation—to determine, as far as possible, when medical aid is required, and when the case may be left to domestic management or to nature. It is satisfactorily established, that, in every country and climate, the period of first Menstruation may be retarded in very many cases much beyond the average age, often without producing ill-health, or the slightest inconvenience. TILT even goes so far as to assume that the great art of managing girls, so as to bring them to the full perfection of womanhood, is to retard the period of Puberty as much as possible.

#### MANAGEMENT OF FIRST MENSTRUATION.

It is to be taken for granted that every sensible and thoughtful mother will inform her daughter, when signs of Puberty and Menstruation present themselves, of what she is to expect.

According to TILT, during the crisis of Puberty, and until

Puberty is fully confirmed, there should be a general relaxation from study, which might otherwise too forcibly engross the mind, and the energies required by the constitution to work out nature's ends. Even in man, the excess of mental labor is known to produce constipation, by some prostration of the nervous energy; would it not then be likely to have the same effect upon girls—besides tending to check the critical flow which nature contemplates establishing? Nay more, even when puberty is fully confirmed, some days before, and during the time occupied by the monthly function, the head is very often much affected by pain, vertigo, drowsiness, or dullness; in which case the brain should be less severely taxed than usual. Those who are occupied in the education of girls should bear in mind not only this, but also that the same regimen cannot suit all, and that each particular pupil may require a different amount and quality of mental exertion. These precautions are particularly necessary for those girls who have a hereditary, or acquired tendency to sick-headaches; an immense amount of mischief to the head may be brought about by the combined influence of carelessness of the mother to institute a proper monthly regimen for her daughter, and the natural tendency of school teachers to urge on their scholars as much as possible.

Very particular attention should be paid to the clothing of young girls about the menstrual period. TILT truly says that rich or fashionable young ladies suffer almost as much from insufficient clothing, as the daughters of the absolutely destitute; for poverty and fashion are two inexorable tyrants which exact the same, or similar things, and bring on the same diseases. The feet should be more carefully protected, just before and during the menstrual period; and the upper part of the chest should be less uncovered than most girls are inclined to have it when obliged to go to places of nocturnal amusement.

The mother should take particular care that *the flow be not interrupted, either by carelessness or design.* Of all the causes of suppression, none is so frequently observed as the

application of cold and wet to the feet and legs, particularly during the flow, or a few days before, or after its appearance. TILT places much stress upon the effect of dragged clothes in producing this effect; he says in respect to walking, ladies may be divided into three classes:

1st. Those who never raise their dress, but walk through thick and thin, with real or affected indifference to wet and mud.

2d. Those who raise the dress, but allow the mass of under-clothes to collect all the mud, and beat it up to the middle of the leg.

3d. Those who, without offending the rules of propriety and good taste, know how to raise both dress and under-clothes, just sufficiently to protect both.

But suppression occurs almost as frequently from design as from accident; for many mothers, otherwise judicious, will not condescend to give the necessary advice to their daughters, many of whom often attempt to check the discharge by the application of cold water, putting their feet into cold water, &c. They often do this from ignorance, or by the advice of servants, or sisters but little older than themselves. The consequence is, that years may elapse before perfect regularity will be established.

The mother should also be watchful that the function be performed *neither more or less frequently than once a month*; the monthly type is the only type of its healthy performance, and any marked deviation from this rule, rarely coincides with perfect health. Many young girls who would otherwise be quite regular as to time, are exceedingly susceptible to slight influences, so that walking about with their bare feet upon the cold floor in winter, while dressing or undressing; or a walk in the cold air, or a slight chill, will suffice to suppress the discharge instantly. Considerable maternal care, and even authority, should be exerted in these cases. Such girls should not be allowed to go to church or school, in rain or snow storms, much less go to any place of amusement. Volumes might be filled with illustrations of the pernicious

effects of the flow being suddenly checked, either intentionally or accidentally. At the monthly period, the uterus, ovaries, and all the branches of the hypogastric, sciatic, and ovaric arteries are full; it is full tide with all that system of vessels; the accompanying nerves are all aroused with the periodical stimulus. The sudden application of cold will produce a spasmodic closure of the excreting orifices of the womb, and the uterus and ovaries instantly become the seat of intense engagement, which will react as a disturbing force upon the whole system, but especially upon any already weakened organ, be that the head, lungs, stomach, or bowels. If the application of cold and wet to merely one part of the body, is capable of producing these bad effects, how much more injurious must be cold bathing at such times, either by the domestic, or professional use of the hydropathic treatment. To advance, in justification of this practice, that cold does not always check the flow, is a shallow excuse, founded on but few exceptional cases, although it is frequently advanced, even when the menses have become habitually scanty, irregular, or painful.—TILT.

The mother should also be careful that *the pain should not be too violent, or long continued*. Women expect to suffer some pain every month, but the pain need not be intense, protracted, or agonizing. If the sufferings are very considerable, and do not abate with the appearance of the flow, Bellad., Stram., Secale, or Cocculus,\* may be used, and if these fail, the medical attendant should be consulted; for, although the belief prevails, that because the function is a natural one, all its attendant pains must be endured, so little is this true, that the frequent occurrence of severe pain is almost proof positive of carelessness, either upon the part of the mother or daughter, or both. The severe pains are very generally rheumatic in their nature, and originate and are kept up by the exciting causes of rheumatism, viz., insufficient clothing of the person or feet, or thoughtless exposure to cold and wet.

The mother should also be watchful *that the flow be not too*

\* Full directions for the *doses* of all these remedies will be given subsequently.

*abundant, or of too long continuance.* TILT says there is another deep-rooted and most dangerous prejudice, which makes women believe that, however great may be the discharge, if it occur regularly, it is in perfect accordance with the views of nature. He has frequently drawn a parent's attention to the debility and ill health following an habitually too copious flow, and as frequently received the same answer, "She is always so;" so difficult is it to enforce the conviction that the fact of a girl *being always so*, is the very reason for adopting such measures as should prevent her ever being so.

*The monthly flow must not be accompanied by too much mucous discharge, commonly known by the name of "the whites."* Although the regular establishment of Menstruation is generally and naturally preceded and followed, for a day or two, by a white discharge, which must be considered a part of its phenomena, still, if this discharge becomes excessive, or too long continued, or instead of being white and unaccompanied with pain, changes to yellow or green, and is attended with much pain in the back and thighs,—then it becomes a disorder requiring medical interference. Sabina, Copaiba, Bovista, and other remedies, may be required.

*The monthly function should not be attended by much hysteria, or severe nervous symptoms.* The most frequent of all nervous symptoms of this function, is a peculiar affection of the head, not amounting to actual pain, or sick-headache, or hysterics, but easily aggravated into one or the other of these, if excessive exertions of body or mind be enforced; it is a dull, heavy, stupid feeling, with a great tendency to sleep; it varies from a slight heaviness, to variable shades of severity, which may become much aggravated by worry or anxiety of mind, by struggling to learn long and stupid lessons, in order to satisfy some exacting school-teacher, or to retain some post of honor in a class. Girls affected decidedly in this way, should be treated with great leniency, and even indulgence, at each monthly period.

*The tendency to diarrhœa should not be too decided.* More or less tendency to looseness of the bowels is almost natural

at the monthly period, but it should not be so excessive as to diminish the quantity of the flow, much less to take its place. In 449 cases, collected by BUTLER LANE and TILT, this "catamenial diarrhœa" occurred in 189 instances, so that more or less of this symptom may be expected in about half of all cases. If it be excessive, Veratrum, Aloes, or Bryonia may be required. For *dose*, see subsequently.

But the most important point of all is, that mothers should undertake and carry out a system of judicious supervision of the health, diet, exercise, clothing, habits, &c., of changing girls.

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### REGULAR MENSTRUATION.

#### 1. TIME OF FIRST OCCURRENCE.

From 14 to 16 years of age is by far the most regular and common time for first menstruation to set in, in temperate climates. In a table compiled from the cases collected by WHITEHEAD, DE BOISMONT, LEE, BENNETT, &c., consisting of 8489 cases, more than one half, or 4689, commenced during these years, viz.:

1417	cases	at	14	years.
1658	"		15	"
1614	"		16	"

In another collection of cases by TILT, of 15,154 young women, no less than 7649 cases, or rather more than one-half, also commenced to menstruate between their 14th and 15th years, viz.:

2105	cases	at	14	years.
2675	"		15	"
2869	"		16	"

According to WHITEHEAD, this period, from 14 to 16 years of age, is not only the most regular and common age for Menstruation to commence in temperate climates, but is also almost necessarily the most favorable; for of 1728 cases occurring during these years, and observed by himself, only about 324 were attended with unusual, painful, or unfavorable

symptoms—or only about 19 per cent. The percentage of irregular, difficult, or unfavorable cases, among the precocious and tardy, is much higher, ranging from 22 to 47 per cent.

The occurrence of Menstruation one or two years before 14, or at 13 and 12 years, and also one or two years later than 16, i. e., at 17 or 18, is not sufficiently uncommon to be regarded as decidedly irregular, although the former is rather too early, and the latter decidedly too late. Of the 23,643 cases in the two tables above quoted, as many as 8356, or about one-third set in at the 12th or 13th, or 17th or 18th years, viz. :

1379	cases	at	12	years.
2212	“	“	13	“
2578	“	“	17	“
2188	“	“	18	“

All cases of Menstruation occurring for the first time before the 12th year, or after the 18th, must be regarded as very decidedly precocious, or tardy.

## 2. TIME OF RECURRENCE.

In regular Menstruation, the flow should return every lunar month, or every 28 days, counting from the beginning of one period to the commencement of the next, leaving a free period of 23 or 24 days, and including a flow of four or five days' continuance, thus completing the four lunar weeks or 28 days. ROBERTON, of Manchester, thinks that only about 61 women out of every hundred are thus regular to the true time of 28 days, calculating from a table of 450 cases. CONDIE, of Philadelphia, basing his opinion on 784 cases, thinks that 71 women out of every hundred, have an interval between the cessation of the flow of one period and its recurrence at the next, of 28 days, scarcely ever deviating, and then only in a few cases, for a single day, or at most two days, either anticipating or postponing. TILT, from 100 cases, makes the average of perfectly regular women as high as 77 out of every hundred. ROBERTON, of Manchester, out of 520

cases, found 324 who had a regular interval of a lunar month.

Slight variations from this normal standard must not be regarded as unnatural, as cases are met with in perfectly healthy women, in whom the monthly flow occurs with the utmost regularity, every 25, 26 or 27 days, instead of every 28. WHITEHEAD, in 520 cases, found about 35 women who were regularly unwell at intervals varying from 20 to 27 days; but whatever the interval, whether 20 or 25 days, or more, it had always been the same in the same person.

Again, in 51 cases, WHITEHEAD noticed that, although Menstruation set in every 28 days, still, every 3d or 4th month, a difference of 3 or more days was observed in the duration of the discharge, coupled with an increase in quantity.

In 38 other cases, the menses recurred every lunar month as a rule, but set in every 3d or 4th month from 4 to 7 days earlier; and these regular deviations were so marked and constant in most instances, as to be expected and anticipated by preparations for them, at the particular times.

In 14 cases, the interval was only 24 days, but occasionally prolonged to 28 days.

One lady menstruated regularly every 28 days, but at the middle of every 3d month, she had an intercurrent discharge, lasting from 30 to 40 hours.

In another case, Menstruation generally occurred every 28 days, but every 3d month she missed one period, thus having a free interval of 2 months, her health never suffering in consequence.

From the frequency of such cases, WHITEHEAD says, some writers have assumed that the menstrual discharge is augmented periodically and naturally, every 2d, 3d or 4th month. ARISTOTLE believed that such an increase took place regularly every 3d month. A knowledge of these variations is of importance, as they are often the occasion of considerable, though perhaps unnecessary anxiety, and frequently much harm is done by premature medical or domestic interference, thus

perverting a means which nature had intended to act beneficially.

The regularity of the recurrence of Menstruation is supposed, by RACIBORSKI, to depend entirely upon the regular growth, maturation, and periodical discharge of the ova. That these, like the seeds and eggs of vegetables, insects, and birds have a certain definite and regular period allowed for their formation and ripening. That the development of Graafian vesicles, or ova, ought to be considered not merely as the cause of Menstruation, but the essential and most important part of it; and that a woman may regularly develop her ova and be liable to conceive, even when she may never have had the outward and visible signs of her catamenia.

GALL, whilst not admitting a sidereal influence, believed that the discharge would be found generally to take place at about the same period of time, and that there are certain weeks in each month in which few or no women are menstruating. He divides the menstrual epochs into two classes, comprising the first 8 days of the 1st and 2d fortnight, i. e., the 1st and 3d weeks of each lunar month. GALL even insists that those women who, from accidental causes, become *unwell* during the 2d and 4th weeks, will soon return under the influence of the general law. However this may be, every physician in large practice will often find a large number of women menstruating about the same time.

### 3. REGULARITY AS TO DURATION.

The most common and regular length of time for the menstrual flow to continue, is from 4 to 6 days. A flow which lasts only 3 days or less, must be regarded as rather short, while one which lasts 7, 8, or 9 days or more, is decidedly too prolonged, although it may not prove injurious to some individuals.

### 4. REGULARITY AS TO QUANTITY.

This is much more difficult to determine than one would

suppose. BOUCHARDAT had one case in which 1 ounce flowed every 10 hours, by measurement, making about 12 ounces in 120 hours, or 5 days. MEIGS, of Philadelphia, is confident that many healthy women lose 2 or 3 ounces per day, for from 5 to 7 days, amounting in all to 10 or 15, or even 20 ounces per term. But these conclusions are undoubtedly much above the general average. WHITEHEAD, of Manchester, calculates 4, 6, or 9 ounces, as the general average in temperate climates. BAUDELLOCQUE thought that most French women lose only from 3 or 4, to 6 ounces. In Holland, the average is placed at 6 ounces; in Germany, at 6, 8 or 12 ounces; in Spain, at 14 or 15 ounces; in Greece, at 18 or 20 ounces, &c. It is probable that 6 or 8 ounces is the normal standard—although 4 or 5 ounces per term may not be too little for some persons, nor 10, 12, or a few ounces more, too much for others. MEIGS, of Philadelphia, thinks the quantity may vary normally from a few ounces to 20, or more. He has repeatedly inquired the number of changes of napkins required in the whole period of 5 or 7 days, and has often been informed that some women change twice, or thrice, or even four times in 24 hours. Now three changes per day, for 7 days, will give 21 napkins, on each of which are found at least 2 tablespoonfuls of blood, at which estimate we shall have the result of 21 ounces for the whole product; and he is confident that many healthy women lose fully this quantity, as the regular and natural elimination. LOOMIS estimates the normal quantity as low as from 2 to 4 ounces.

##### 5. REGULARITY AS TO QUALITY.

Normal menstrual blood has an acid reaction, while systemic blood is always alkaline. RETZIUS, of Stockholm, has discovered free phosphoric and lactic acids in the menstrual discharge. It is well known that menstrual blood does not coagulate like ordinary blood, and it has been demonstrated, that the addition of a small quantity of acetic, lactic or phosphoric acid, or of almost any other acid to natural blood will prevent it from coagulating, and approximate it in properties, and appearance to menstrual blood. The acid seems to act

by dissolving the free, or uncombined fibrin contained in systemic blood.

It has long been a mooted point, whether menstrual blood is a true secretion, or simply an exudation of pure blood. WHITEHEAD decides in favor of the latter supposition; he insists that true menstrual blood, uncombined with the normally acid vaginal mucus, is like ordinary blood, and equally capable of coagulation; but that it is immediately dissolved in the vaginal mucus, being thus enabled to pass off in an uninterrupted stream. Here is observed, he says, one of those most wise and merciful provisions of the great Creator and Preserver of all things, which so frequently strike the physiologist with wonder and admiration. If no such solvent power as that of the acid vaginal mucus existed, the coagulated part of the menstrual secretion, being, on account of its consistence, necessarily more or less detained within the vaginal canal, would soon become a mass of dead and putrid animal matter, and the consequences would be awful in the extreme.

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#### IRREGULAR MENSTRUATION.

In its largest sense, this includes all departures from the natural standard, whether Menstruation be unusually early or late in the time of its first appearance; or recurs at too short or too long intervals of time, viz., as often as every 2 or 3 weeks, or less; or only every 5 or 6 weeks, or more; or lasts too short a time, viz., less than 3 or 4 days, or continues too long, viz., as much as 6, 8, 10, or 14 days, or more; being attended with too scanty a flow, viz., only 1, 2, or more ounces, or with too profuse a discharge, viz., more than 8, 10, 12, or 20, or more ounces; or being preceded, accompanied, or followed by severe pain, distress, or other unusual circumstances. In its more common sense, it refers merely to those cases in which Menstruation recurs at irregular, and indeterminate periods of time.

Of the 8,489 cases already alluded to, about 20 cases were

exceedingly and irregularly precocious, Menstruation occurring from a few days, to a few months after birth; or at three or five years of age, or at eight or nine years. About 50 cases were decidedly and irregularly *late* in the period of first occurrence, viz., as late as 21, or 26 years of age.

Of 5,547 cases collected by WHITEHEAD, DE BOISMONT and BENNETT, no less than 1,742 accomplished the changes of puberty with more or less irregularity, as far as regards suffering, delay or difficulty, each monthly return being attended with pain or discomfort of some kind, or with scanty or profuse discharge, or occurring at irregular intervals of time.

In 1,404 cases, in which particular attention was paid to the time of the recurrence of Menstruation, by ROBERTON, CONDIE, and WHITEHEAD, no less than 463 females were found to be irregular as to time. In 1,045 cases, 96 had returns every three weeks regularly; 134 women were unwell every 14 days; and 89 were so extremely irregular as to afford no means of calculating the periods of recurrence, the duration, or quantity of the discharge.

ROBERTON, of Manchester, thinks that only in 61 per cent. of cases does Menstruation recur regularly and monthly, viz., with a free interval of 23 or 24 days, and a flow of 4 or 5 days, completing a period of 4 weeks, or 28 days. He also thinks that there is another large class of women amounting to 28 per cent. of the whole number, in whom the natural term is only 3 weeks; in another and smaller class, embracing about 10 per cent. in number, the returns are irregular and uncertain, but in his opinion not from the effect of disease, the term varying in length from 4, or 6, or 8, to even 12 weeks. In a fourth, but much smaller class of cases, the menses return regularly and normally, for the class, as often as every fortnight, the free interval being only 9 or 10 days, the flow lasting 4 or 5 days each time, or 8 or 10 days out of every month.

CONDIE, of Philadelphia, speaks still more decidedly on these points; he insists that, in about 71 per cent., the interval between the cessation of the flow and its recurrence amounts

to 28 days, never deviating, and that in a few cases only, beyond a single day, or 2 days. In about 18 per cent. he found that the menses returned at intervals of very nearly 21 days, but in many cases the flow at each alternate period was much more copious, and lasted for a day or two longer; all these women were in the enjoyment of perfect health, although they feared that the frequent recurrence of the discharge was the result of disease, or was calculated to weaken them. CONDIE says, that, after the most minute investigation, he was satisfied that their fears were unfounded. In about 5 per cent. of CONDIE'S cases, the menses returned every 2 weeks; in about 6 per cent. at very irregular and uncertain periods, varying from 2 to 8, or 10 weeks, all generally occurring in females of relaxed and excitable constitutions, several being affected with dyspepsia, hysteria, or leucorrhœa.

WHITEHEAD'S general experience has already been quoted (see p. 317). TILT assumes, that about 77 per cent. of all women are perfectly regular; about 19 per cent. have too frequent returns, viz., as often as every 3 weeks; and that only about 5 per cent. are exceedingly irregular and uncertain.

In 9 cases out of 359, Menstruation lasted only one day each time; in 15 cases out of 161, the menses set in every 3 weeks as a rule, but every third or fourth return occurred from 4 to 7 days later; in 14 cases out of 161, the interval was usually 24 days, but occasionally 28 days; in 5 cases the returns happened every 5 or 6 weeks, but occasionally every 4 weeks; in 2 cases Menstruation recurred every 18 days generally, but an interval of a month was interposed every third or fourth period; one lady menstruated every 28 days, but at the middle of every third interval, she had an intercurrent discharge, lasting 30 or 40 hours; finally, in 32 cases out of 161, the returns were so irregular as to afford no means of calculating either the recurrence, duration, or quantity.

#### TREATMENT OF IRREGULAR MENSTRUATION.

TILT insists, that the periods may often be rendered perfectly regular as to time, by the careful use of Quinine. Vera-

trum, Staphysagria, Phosphoric acid, Mercurius acet., and Nux vomica are supposed to possess the power of restoring irregular Menstruation to a regular recurrence at the time of every new moon; if this be so, it would be advisable to pay particular attention to the administration of these remedies just before the time of the new moon. Sulphur and Ruta are regarded as the most homœopathic remedies for very irregular Menstruation. Manganum aceticum is also homœopathic when the menses are apt to recur at unusual periods.

**Dose.**—The use of these remedies should be commenced at least 2 weeks before the full moon: Of *Veratrum*, NOACK advises 1 or 2 drop doses of the 2d, 3d, 6th, or 12th dilution, once or twice a day; or from 3 to 5 granules may be given night and morning; the same doses of Staphysagria, Nux vomica, and Ruta may be used. One or two grains per dose of the powder of Phosphoric acid, Mercurius acet., or of Manganum acet., may be given every 2d night for one week; then every night for the next three days, and every night and morning for the 3 days just preceding the new moon; the 1st, 3d, 6th, or 12th trituration may be given, or from 3 to 5 granules per dose.

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#### PRECOCIOUS MENSTRUATION.

A precocious puberty is generally observed in girls possessing the sanguine temperament, and in those who exhibit a delicate organization of structure. Although the contrary has been supposed, COLOMBAT justly says that "Observation proves, that women in whom the nervous temperament predominates, are regulated both sooner and more copiously than others; and that all the causes which exalt this temperament, such as powerful passions, culture of the arts, and amusements, light reading, &c., and finally, excitements of all kinds, far from causing suppression of the menses, do but precipitate the age of puberty, and increase Menstruation. Besides, in warm climates, women are generally endowed with a sanguine-nervous constitution carried to its maximum, and Menstruation is very early, very free, and rarely suppressed. The earliest period for Menstruation, either in India or Eng-

land, may be taken at 9 years, although ROBERTON, of Manchester, had one case at 8 years, and cites cases occurring at Calcutta, at the same age.\* The percentage of cases of Menstruation at Calcutta, under 11 years of age, is 10 per cent.; for England, about 3 per cent. In Venezuela, first Menstruation sets in, in a few very rare cases, at 10 years of age; while only about 10 per cent. occur as early as 11 or 12 years. Hindoo women reach puberty nearly two years earlier than in Europe, a far greater proportion menstruating at 12, 13 and 14 years of age, than in England, where it has not been found that so large a proportion of cases cluster around any particular age, but are scattered more equally over the 12th, 13th, 14th, 15th, 16th, 17th, and even 18th years. PAUL DUBOIS had a case of precocious Menstruation setting in at  $9\frac{1}{2}$  years of age, and he places great stress on hereditary influence in bringing about early or late Menstruation. He also had two cases in Paris, in which Menstruation occurred in one at 11 years, the other at 12, and both girls were confined with their first child, one at 13, the other at  $14\frac{1}{2}$  years of age; and thinks these cases of premature pregnancy and confinement, with precocious development of the rest of the body, are by no means rare. Menstruation sets in considerably earlier in cities than in the country. It also occurs in the daughters of the rich, in those who have every comfort and luxury, everything which enervates and relaxes, and at the same time excites, at least 9 months before it does in those of the working classes placed in the most comfortable circumstances; and full 14 months, on the average, before it appears in the poorest classes.

\* The number of cases of early Menstruation in temperate climates, and even in hot climates, is much smaller than is generally supposed, while the proportion of late cases is much larger in all climates. By reference to the second table, it will be seen that, even in hot climates, as many commence Menstruation as late as 19 years of age, as at 9 years; more at 18 years than at 11; as many at 16 and 17 years, as at 12. While, in temperate climates, more commence to menstruate as late as 23, than as early as 9 years; more at 21 years than at 10; nearly as many at 20 as at 11; full as many at 19 as at 12; more at 18 than at 13; more at 16 than at 14.

WHITEHEAD, thinks especial attention is required in the scrofulous; for although Menstruation is apt to set in too early in them, yet in 226 cases the average time of first Menstruation was between 15 and 16 years of age; still, signs of puberty had commenced earlier than usual, but was slow in being fully accomplished, while regularity as to time and quantity was sustained with difficulty, so that 86 out of the 226 cases, or 38 per cent., required medical treatment, an average far above the general one, which is from 18 to 22 per cent. BENNETT found that only 2 cases out of 5, who menstruated as early as 10 years, did so regularly and easily; only 7 out of 16, who commenced at 11 years; only 8 out of 28, who began at 12 years; 14 out of 35, at 13; 14 out of 42, at 14; also 14 out of 42, at 15; while as many as 20 out of 28, at 16, had, and continued to have their menses regularly, and easily.

TILT has observed, that those who attain to the age of puberty very early, seldom become perfectly regular before the age of 18.

Finally, we may refer to some very curious cases of precocious Menstruation. In one well-established case, Menstruation set in, in an infant, a few days after birth, and continued to recur at the regular periods; in one case, equally well authenticated, the periodical discharge commenced at 9 months of age; in another, at 3 years; in one instance, at 5 years; in another, at 7 years; in 3 cases, at 8 years; and in 11 cases, at 9 years.

TREATMENT.—TILT advances it as a general and judicious rule, that the period of puberty should be delayed as much as possible, at least to the 14th or 16th year, if practicable. Among the remedies most homœopathic to precocious Menstruation, may be mentioned Phosphorus, Ferrum, Phos. ferri, Aloes, Cantharides, Stramonium, and Sabina. The frequent use of hot baths, especially with the addition of mustard; the indulgence in the use of hot, spiced, and stimulating food, and drinks; residence in warm climates, or over-heated houses, or rooms; novel reading, excessive dancing, etc., all tend to produce precocious, frequent, or copious Menstruation. The most

antipathic remedies are Conium, Baryta, Secale, and Plumbum, especially if aided by the frequent use of cold baths, scanty clothing, frequent exposure to cold, residence in cold climates, houses, or rooms, bland diet, abstinence from hot tea, and coffee, etc.

**Dose.**—The most homœopathic remedies, viz., Phosphor., Ferrum, Phos. ferri, Aloe, Cantharides, Stramonium, and Sabina, should be used in comparatively small doses, viz., 1 or 2 grains per dose, of the 1st, 2d, 3d, or 6th trituration of Ferrum acet., or of Phos. ferri; or 1 or 2 drops per dose, of the 1st, 2d, 3d, or 6th dilution of Phosphor., Aloe, Cantharides, Sabina, or of Stramonium, may be given once or twice a day during the interval, or every 2, 4, or 6 hours during the flow. Or, from 2 to 5 granules of the most appropriate of these remedies may be given as often as above directed.

In cases in which these remedies fail to afford relief, larger doses of the strictly antipathic remedies, viz., of Baryta, Conium, Plumbum, and Secale, may be tried; but none but a physician should presume to undertake the responsibility of their administration.

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#### FREQUENT MENSTRUATION.

In 1,045 cases, WHITEHEAD met with 96 women who had returns of Menstruation every 3 weeks regularly, and 134 other cases, in which it returned every 14 days. We have already seen that ROBERTSON supposes, that no less than 28 per cent. of all women have a natural term of only 3 weeks, while in a much smaller class the menses return regularly and normally every fortnight, the free interval being only 9 or 10 days. CONDIE assumes that in about 18 per cent. the menses return at intervals of very nearly 21 days; that in about 5 per cent. they return every two weeks. In 359 other cases, WHITEHEAD found 36 who were regularly unwell at intervals varying from 20 to 27 days; but whatever the interval, whether 20, 25, or more days, it had always been the same in the same person; in 38 other cases out of 161, the menses recurred every lunar month generally, but set in every 3d or 4th term, from 4 to 7 days earlier, and these deviations were so marked and constant in most instances, as to be expected and anticipated by preparations for these particular

times; in 15 other cases out of 161, the menses set in every three weeks generally, but every 3d or 4th return happened from 4 to 7 days later than ordinary; in 14 cases, the interval was 24 days, but occasionally 28 days. In two cases, the returns happened every 18 days; one of these patients, however, had a free interval of a month every 3d, or 4th period; one case menstruated every 28 days as a rule, but at the middle of every third interval, she had an intercurrent discharge, lasting from 30 to 40 hours; two cases menstruated every 14 days, and in one of these the discharge lasted 7 days, leaving a free interval of only 7 days each term. TILT calculates that nearly 17 per cent. of all women have a regular interval of only 3 weeks.

It will be seen that ROBERTON and CONDIE insist that these frequent returns are natural and salutary for some persons. TILT, on the contrary, assumes that the function should be performed neither more nor less frequently than once a month. He says, some physiologists and medical writers have inculcated that it might, with equal benefit to the health, occur every 2, 3, or 4 weeks, and that in fact, all these different types equally fulfil nature's views. But this he believes to be incorrect. His practice has shown that the monthly is the only type of its regular performance, and that any deviation from this rule rarely coincides with good health; most of the cases which have deviated from this law, he says, may be traced to an organic, or merely to a nervous derangement of the ovaries, or of the womb; so much so, that when these diseases are cured, the menstrual function resumes its most habitual type. In one-half of the three-weekly cases which fell under his observation, this frequent recurrence was explained by the presence of ovario-uterine disease of an organic nature, or of chlorosis; in one case which assumed the fortnightly type, the patient's health was habitually bad. TILT also says, that the fortnightly, or three-weekly appearance depends sometimes merely on a disturbance of that nervous force which must preside over this function, as is evident from the fact, that in many cases in which the irregularity could not be explained by the

presence of organic ovario-uterine disease, he had been able to restore the function to its normal type by the use of Sulphate of Quinine. A strong reason which should induce women to desire that this function should be brought to its monthly type, is the additional amount of freedom from infirmity which they acquire, affording them time, taken from suffering, which might be devoted to the cultivation of talents, and the acquirement of happiness. Thus, supposing 4 days of every month to be necessarily given to the performance of this function, then 52 days of inconvenience will have to be endured; but if Menstruation occur every three weeks, there will be 78 days of suffering; or if every fortnight, there will be no less than 104 days thus occupied.—TILT.

TREATMENT.—Nux, Sabina, Aconite, Merc. sol., the Magnet, Platina, and Bryonia, have been decided to be homœopathic when the menses tend to return again almost immediately: viz., Nux, when the menses, which have ceased for one day, return again for some hours. Sabina, when a profuse menstrual flow is apt to set in about three days after the menses have ceased, attended with severe labor-like pains, the blood being partly thin and fluid, partly coagulated, the urine being scanty and red, with strangury, and a leucorrhœal discharge. Aconite, when the menses cease for a day, and then come on again suddenly, and profusely. Mercurius sol., when the menses appear again at the end of 6 days. Application of the Magnet was followed on the next day by the reappearance of the menses, which had ceased for some days, and continued to flow for 10 days more; in another instance, the menses, which had ceased to flow for 10 days, came on again the next day after the application of the Magnet, but only continued for the usual time. The use of Platina was followed on the same day by Menstruation, which was 6 days too soon, and instead of continuing only 3 days, as usual, it persisted for 8 days, attended with a drawing and very unusual pain in the abdomen. The use of Bryonia is said to be followed at times by the reappearance of the menses in the course of a few hours, as much as 8, 14, or even 21 days

days before their regular time. The use of Platina is said to have been followed on the second day of Menstruation, in a case in which there was usually no pain, and the flow was generally quite scanty, by a violent pressure upon the womb, and incessant discharge, attended with griping in the abdomen, and bearing-down pain in the groins.

When Menstruation occurs every 3 weeks, Bryonia, Moschus, Cocculus, Pulsat., Sanguinaria canadensis, and Benzoic acid, are regarded as the most homœopathic remedies. Bryonia is indicated when the menses set in 8 or 14, or 21 days before their time. Moschus when they come on six days too soon and are very profuse—merely smelling of this drug is said to have brought on Menstruation. Cocculus when it sets in 7 days too soon, attended with distension of the abdomen, and cutting, contractive pains in the bowels from every movement or respiration, and with spasmodic constriction in the rectum; also when it occurs 8 days too early, attended with distension of the abdomen, and a pain in the epigastric region, not only from every movement and step, but also while sitting, with the feeling as if a sharp stone were pressed into the hypogastric region, with soreness to touch. Pusaltilia is said to be indicated in some rare cases, when the menses appear 7 days too soon. Benzoic acid, when the menses occur 8 days too soon and are more copious than usual, but last only 5 days instead of 6 or 7, the discharge being thick and clotted. Sanguinaria, when they set in a week too soon, the discharge being more black than natural.

When Menstruation occurs every 14 days, Ipecac., Bryonia, Nux vom., Nux juglans, Hyosc., Ledum, Prunus spinosa, and Platina, are regarded as the principal remedies. Ipecac. is merely said to be indicated when the menses are renewed every 14 days. Bryonia, when they appear 14 days before their time. Nux vomica, when they reappear on the 14th day again, also Hyosc., Ledum and Prunus spinosa. Nux juglans, when they set in at the end of a fortnight, with pressing and drawing pains in the uterus, and abundant loss of blackish coagulæ. Platina, when the menses, which usually come on

every 3 weeks, very moderately, reappear at the end of 14 days, and are very profuse.

According to HEMPEL'S Complete Repertory, Sulphuric acid is indicated when the menses occur too soon, and are too profuse. Sulphur, under the same circumstances, especially when they are preceded by chilliness. Oleum animale, in premature Menstruation, attended with pinching pains and colic. Nux vomica, when abdominal spasms are present. Kali carb., in premature Menstruation, when accompanied with debility and drowsiness. Kali bichrom., when premature Menstruation is attended with vertigo, nausea, feverishness, and headache. Graphites, when it occurs too frequently, and is too thin. Asarum, when it happens too soon, and is long continued. Cantharides, when it recurs too frequently, and is profuse and black. Niccolum, when colic and pain in the small of the back are present. Kreosote, when frequent Menstruation is succeeded by a discharge of acrid and bad smelling ichor, causing corrosive itching and smarting of the parts. Laurocerasus, when menses set in too soon, with a profuse and painful discharge of fluid blood, and nocturnal tearing pains in the top of the head. Borax, when there is premature Menstruation, with colic, nausea, and pain extending from the stomach, to the small of the back.

**Dose**—1 or 2 drop doses of the 1st, 2d, 3d, or 6th dilution of Aconite, or of Bryonia, or Cantharides, Cocculus, Hyosc., Ipec., Kreosote, Laurocerasus, Ledum, Nux juglans, Nux vomica, Prunus spinosa, Pulsat., Sabina, Sanguinaria, or of Sulphuric acid, may be given once or twice a day during the interval, and every 2, 4, or 6 hours during the flow, according to the severity of the symptoms. The lower dilutions, and stronger doses of Aconite, Bryonia, Cocculus, Ipecac., Kreosote, and of Sulphuric acid, may be given, than of the other remedies, as some of these are rather styptic and antipathic in their action.

The 1st, 2d, 3d, or 6th trituration of Benzoic acid, Borax, Graphites, Kali bichrom., Kali carb., Merc. sol., Niccolum, Oleum animale, Platina, or of Sulphur, may be used at the same intervals of time as above directed. Or, from 2 to 5 granules may be given per dose, of the remedy most indicated among those just mentioned, and repeated at the same intervals of time.

## PROFUSE MENSTRUATION, AND MENORRHAGIA.

ASHWELL, in 1,149 cases of uterine disease, met with 79 examples of profuse Menstruation; MADDEN, in 181 cases, had 43 in which the menses were too copious, and 7 with too prolonged a flow.

Formerly, great stress was placed upon the supposed difference between profuse Menstruation and uterine hæmorrhage. Even LOOMIS says: "So long as the discharge contains nothing but menstrual fluid, however profuse it may be, it is still Menstruation, and is the most simple unnatural deviation. If, however, the discharge be mixed with blood, we have a more severe form of disease. And if the discharge be pure blood, unmixed with the catamenial secretion, we have a still higher grade." If WHITEHEAD's experiments be reliable, and there is every reason to suppose that they are so, then there is no absolute difference between profuse Menstruation and uterine hæmorrhage. (See p. 320.)

Quite a number of varieties of profuse Menstruation have been described by various authors; the spasmodic and congestive forms, however, have generally been considered the most important. Latterly, the disease has been considered, by one class of physicians, as entirely dependent upon previous derangement of the ovaries; by another class, as always the consequence of inflammation and ulceration of the neck of the womb. ASHWELL places great stress upon the presence of a soft and flabby condition of the vagina and uterus, with leucorrhœa, the mouth of the womb being slightly more patulous than usual, but without tenderness or induration. In long-continued menorrhagia, especially in females over 30 or 40 years of age, the presence of a polypus, or malignant disease of the neck of the womb, should always be suspected and examined for.

According to ASHWELL, young females are less liable to the disease than those more advanced in life; still, TILT found first Menstruation to begin with a considerable flow in 30 per cent.; while in 8 per cent. it was said to have amounted

to a flooding, and lasted from 8 to 10 days. The plethoric and robust are less frequently subjected to these profuse discharges than females of delicate, susceptible, and feeble constitutions; still, ASHWELL places some stress upon derangement of the liver, coupled with a costive and loaded condition of the bowels, consequent upon luxurious living, and inattention to the state of the bowels.

I consider it entirely unnecessary to give a dull detail of the well-known symptoms which accompany profuse Menstruation in general, but will content myself with succinctly describing the most important pathological varieties of the disorder.

### 1. *Ovarian Variety.*

As ovarian ovulation is almost always synchronous with Menstruation, it is to be supposed that menorrhagia will be the most common attendant of congestion or inflammation of the ovaries, especially in irritable and nervous women; these are said to form the most obstinate and tedious cases. It is also assumed that there can be no doubt that copious menstrual losses, with double or inter-menstrual periods, are a frequent result of ovarian irritation and congestion; profuse Menstruation is the most common result of these disorders; painful Menstruation is the next in frequency; while the amenorrhœal type is a rare affection. CLARUS has even described a hæmorrhagic variety of ovaritis. In simple and nervous ovaritis, besides the pains about the affected ovary, there are remarkable nervous symptoms, which often mislead the physician to think that he has to deal with hysteria only. But in the hæmorrhagic variety, the nervous symptoms are slight, while the vascular are prominent; the pain and burning in the ovary are also more violent; there is drawing pain along the round ligaments, and at times even the labium of the affected side swells; there is also hæmorrhage from the uterus, which sets in every 8, or 10, or 14 days, with excessive violence, and rapidly leads to anæmia and exhaustion, so that the extremities are apt to become cold, the face pale, and the pulse small, weak, and trembling.

2. *Ulcerative Variety.*

BENNETT says that profuse, prolonged, and too frequent Menstruation, is universally considered to be solely the result of an active or passive state of congestion of the uterus; that is, when it is not occasioned by malignant disease, or by the presence of polypi, or uterine tumors.

This, the general opinion of both ancient and modern pathologists, is founded on ignorance; in reality, in the absence of malignant disease, polypi, or uterine tumors, the quantity of blood lost during Menstruation is seldom permanently increased so as to constitute hæmorrhage, and the menstrual periods are seldom materially prolonged and frequent, unless some chronic, inflammatory, or ulcerative disease of the neck of the womb exist, provided Menstruation be not finally disappearing. BENNETT asserts roundly, that this assumption, on his part, is not the result of theory, but of scrupulous observation, and must become equally evident to all practitioners who will accurately investigate the uterine organs of patients so affected. Congestion of the womb exists, it is true, in menorrhagia, but it is nearly always the result of inflammation of the neck of the womb, and assumes an active or passive character, according to the natural constitution of the patient, and to the amount of reaction produced by the disease on the system at large. If the inflammation of the neck of the womb be of an active nature, and has not had time through its consequences to debilitate the patient, the bleeding will be considered active, or sthenic; if, on the other hand, the disease of the neck has existed for a long time, and caused debility and bloodlessness; then the hæmorrhage will be pronounced asthenic.—BENNETT.

Profuse hæmorrhagic Menstruation may occasionally occur, however, from mere congestion of the uterus, apart from inflammatory disease, as is occasionally seen when Menstruation is ceasing. At the same time, it must be understood that these remarks about the dependence of profuse Menstruation upon ulceration of the neck of the womb, do not apply to females with whom profuse Menstruation is a natural condi-

tion, or to those who experience a hæmorrhagic show on particular occasions, as after mental emotions, violent exertion, or some other accidental, and temporary cause.

At the change of life, however, when Menstruation is about to cease definitely, and naturally becomes irregular, profuse menstruation, amounting to flooding, is not uncommon from congestion only, without the presence of any local inflammatory, or ulcerative disease. At this period the menses are apt to disappear for two or more months, and then return again with excessive abundance. It is very seldom, however, even at this period of life, that hæmorrhagic menstrual fluxes occur repeatedly, in the absence of polypi, tumors, or malignant disease, unless there be inflammatory ulceration of the neck of the womb. In nearly all the instances of very obstinate flowing at the change of life, which BENNETT meets with, he finds on examination, that the congestion and hæmorrhage are kept up by inflammatory ulcerative disease. Some of the very worst instances of protracted hæmorrhage that he has ever seen, have been cases of this description. What satisfactorily proves to his mind that the inflammatory ulceration is the cause of the continued hæmorrhage is, that as soon as it is cured, the hæmorrhage ceases.

According to BENNETT, inflammatory ulceration of the neck of the womb is also a common cause of hæmorrhage during pregnancy, and this fact offers an easy and natural explanation of the presumed Menstruation of pregnant females. In those pregnant females for whom he has been consulted, owing to the presence of this phenomenon, he has, on examination, nearly always found, that the blood escaped from an ulceration of the neck of the womb; such ulcerations being peculiarly turgid and luxuriant during pregnancy.

### 3. *Climacteric Variety.*

ASHWELL thinks that enough attention has not been paid to this form, although it differs so much from the others, that it is a matter of surprise to him that its peculiarities should have been only slightly noticed. He says, it often continues

long, occasionally for several years, and frequently in alarming excess. It is often preceded and followed by large, watery, and leucorrhœal discharges, and pain in the uterine and lumbar regions is a common accompaniment. Its sympathetic effects on the brain, lungs, and heart, are occasionally severe, and when the disease has continued long, there is generally coldness of the hands and feet, a feeble and quick pulse, and an anxious, pallid, and sunken countenance. The malady is not confined to one class of women; the plethoric are not more prone to it than the debilitated, and irritable; it rarely or never occurs before 38 or 40 years of age, and sometimes sets in again after Menstruation has been supposed to have ceased.

In mild cases, the symptoms already described terminate after a more or less protracted continuance in the entire cessation of Menstruation; in other and more obstinate examples the symptoms are so extreme as to excite real apprehension. The recurrence of the bleedings is uncertain, although, in general, a catamenial period will be partially observed; occasionally the flow continues for many weeks or months, without any complete cessation, the only appreciable change consisting in a diminished flow; or the discharge may become either watery, or leucorrhœal, or perhaps slightly, or offensively odorous. In many cases there will, at the expiration of a fortnight, or mid-way in the interval between regular monthly periods, be a peculiar, acute, bearing-down pain in the lower part of the uterus, which many patients correctly learn to regard as indicative of a repetition of the menorrhagia. ASH-WELL had met with more than several instances, where such hæmorrhages, alarming in degree, have continued for 12, 18, 24, or 48 months, and have ultimately ceased, good health being restored.

In the majority of cases, some enlargement of the uterus, fulness of the neck, and openness of the os, constitute the whole of the diseased change in the womb.

The only other varieties generally admitted are: 1st. The acute, or active menorrhagia, occurring in the plethoric and

robust; 2d. The passive, or chronic form, occurring in delicate, hysterical, and exhausted females. A variety characterized by the discharge of what is supposed to be blood and coagulæ, in contradistinction to menstrual secretion, has already been alluded to; there is in reality more difference in quantity, than quality.

**TREATMENT.**—It is very important that all cases of profuse Menstruation, or menorrhagia, should be subjected to careful hygienic, or medical treatment. The patient may do much for herself, without consulting a physician, if she will but spare herself as much as possible for a few days before and during the flow; but moderate exercise, and little labor, especially lifting, should be permitted; warm drinks, even of black tea, should be avoided; cold water, or cold, and even iced tea should be taken; injections of cool or cold water into the bowels may be used with benefit, especially if the bowels be costive; tepid, or cool vaginal injections, will often relieve the congestion of the womb, without risk of suppressing the discharge too suddenly. In more severe cases, the recumbent posture, with light clothing, are imperatively required.

#### ACONITE

Is recommended in cases in which there is arterial excitement, or great irritability; CHURCHILL says that M. WEST DE SOULT has published some facts in favor of Aconite as an emmenagogue. LOOMIS says, it is indicated when there is simply an increased flow of the natural discharge, or if there be nothing but blood passed at the menstrual period, especially if the patient has a yellowish viscous leucorrhœa during the interval, attended with a general feverish condition.

**Dose.**—As I regard Acon. as antipathic to arterial excitement, 1 or 2 drops of the tincture, or of the 1st, 2d, or 3d decimal dilution, may be given every 2, 4, or 6 hours.

#### AURUM

Is recommended by LOOMIS, if the system has been abused by Mercury, or if there be a syphilitic taint, and especially if

the neck of the womb be indurated. It perhaps would be no less suitable to that very much larger class of cases in which there is a soft and flabby condition of the vagina and uterus, with leucorrhœa, the mouth of the womb being slightly more patulous than usual. CARRON DE VILLARDS used the Cyanuret of Gold successfully in amenorrhœa, commencing before the expected menstrual period; he solved 3 grains in 8 ounces of alcoholized water, and gave a teaspoonful twice a day, gradually increasing the dose. The metallic gold produces a feeling as if the menses would set in, with labor-like pains in the abdomen; the muriate facilitates the flow of the menses, and causes an earlier occurrence, more profuse flow, and longer continuance of them. VOGT says, if given just before, or soon after Menstruation, it is very apt to cause uterine hæmorrhage. RIECKE says, that it acts powerfully upon the hæmorrhoidal and menstrual flows, while FUNARI, LEGRAND, SOUCHIER, and others, have used it allopathically in amenorrhœa. If given in full doses, it is apt to induce persistent heat in the stomach, increase of appetite, full, strong pulse, general excitement of the nervous system, sleeplessness, restlessness in the legs, loquacity, redness of the face, starting up from sleep, vertigo, increased flow of offensive, thick, and sedimentous urine, or else an abundant discharge of clear and beautiful amber-colored water, with increased warmth in the vulva, congestion to the pelvis, excitement of the genital organs, dry tenesmus, and increased warmth and moisture of the skin.

**Dose.**—NOACK advises 1 or 2 grains, per dose, of the 1st, 2d, or 3d triturations, dry upon the tongue, every 3d night during the 1st week of the interval; every 2d night during the 2d week; every night during the 3d week, and from 1 to 4 times a day during the flow. Or, 2 or 3 globules may be given as often.

#### ALOE.

This is one of the most homœopathic remedies to menorrhagia, especially when connected with portal congestion and hæmorrhoids. BRAITHWAITE says, that it acts upon the portal system may fairly be deduced from the very peculiar state into which the hæmorrhoidal vessels are thrown by the con-

gestions which so rapidly occur after a dose of this drug has been taken, and also by the condition of the uterine vessels, which has led to its employment as an emmenagogue. It is apt to irritate the rectum, giving rise in some instances to hæmorrhoids, and also has a decided tendency to the uterus, for its influence in promoting Menstruation is by no means confined to cases in which its action on the neighboring rectum is most conspicuous.—(WOOD & BACHE.) CULLEN says, that it is apt to excite heat and irritation about the rectum, with tenesmus, and bring on a sanguineous discharge. PE-REIRA asserts, that it causes a determination of blood to the uterus, and fulness of its blood-vessels, especially of its veins, and thus uterine irritation and menorrhagia are apt to be induced, and increased by it. WEDEKIND and FOTHERGILL say, that it exerts a specific stimulant action on the venous system of the abdomen and pelvis, causes increased secretion of bile, irritation about the rectum, vascular excitement of the sexual organs, piles, strangury, immoderate flow of the menses, rack-ing pains in the loins, and labor-like pains. SOBERNHEIM says, that the congestive power of Aloe may go so far as to cause a flow of blood from the kidneys, uterus, and rectum. DIERBACH says, in young persons it readily excites febrile symptoms, with a quick pulse, and troublesome sensation of warmth in the abdomen. HARNISCH and NOACK say, that it may cause burning when urinating, violent pain in the kidneys, scanty and hot urine, discharge of blood from the urethra, tenesmus, aching, and heaviness in the pelvis, aching and burning in the sacral region, erections and pollutions, excitement of the hæmorrhoidal and uterine vessels, and even a similar action in the whole vascular system, so that the pulse will become fuller and harder, the mouth dry, with throbbing and aching in the region of the liver, and congestion of blood to the head and chest.

Still, EBERLE says: Would not Dr. DEWEES consider Aloe a very improper allopathic remedy in the menorrhagias of young, sanguineous, and robust females? He no doubt would, and why? Because experience has shown that this drug is

among the most efficient agents for exciting the uterine vessels, and directing the afflux of blood to them. Yet this very medicine, given in small doses, but frequent ones, deserves to be accounted the best remedy we possess against those protracted, exhausting, and obstinate hæmorrhages from the uterus, which occur in females of nervous, relaxed, and phlegmatic habits, about the critical period of life."—**EBERLE.**

**Dose.**—**NOACK** recommends 1 or 2 drop doses of the pure tincture, or of the 2d or 3d dilution; or from 3 to 5 granules may be given, every  $\frac{1}{2}$ , 1, or 2 hours, in severe cases; once or twice a day in sub-acute attacks.

#### BELLADONNA.

According to **LOOMIS**, it will be especially indicated if the erect posture, or walking produces a pressure downwards of the internal genital organs, attended with shooting pain, particularly if there is a severe throbbing and pressing pain in the head, with fulness and a sensation of swimming in the brain; or if there be prolapsus or induration of the uterus, dryness of the vagina, and the menses return too frequently, and are made up of clear red blood, and fetid clots. It is very certain, however, that Bellad. does not exert nearly so specific an action upon the uterine organs as Stramonium, although it has been recommended from experience, against profuse and premature appearance of the menses, and in menorrhagia, when accompanied by a painful pressure upon the womb, violent pain in the small of the back, and the discharge is rather dark and coagulated. It has also cured cases of profuse Menstruation brought on by exertion in heavy lifting, when there was violent pain in the whole abdomen, the discharge being so copious that bright red blood flowed continuously in a thin stream, the pulse being full, hard, and frequent. Belladonna causes such violent congestion to the head and upper parts of the body, that it may almost be supposed to exert a derivative effect in congestions to the womb and pelvic organs.

**Dose.**—It is probable that larger doses of Bellad. are required in affections of the lower part of the body, than in those of the upper. **NOACK** prefers 1 or 2 drop doses of the 1st, 2d, 3d, 6th, or 12th dilu-

tion, repeated every 2, 3, or 4 hours, in sub-acute attacks; every 5, 10, 15, or 30 minutes, in very severe cases. If preferred, from 3 to 6 pellets may be dissolved in a wineglassful of water, and a teaspoonful given as often as above directed; or 2 or 3 granules may be given dry upon the tongue. In *BEAUVAIS' Clinique*, of 106 cases of profuse Menstruation, only 2 were treated with *Bellad.*; in both instances the 30th dilution was used, but the cases progressed in severity until the expulsion of large clots from the womb brought relief.

#### BRYONIA.

We have already seen that this remedy is homœopathic to frequent Menstruation; it has also been found useful in menorrhagia and abdominal sufferings, brought on by a blow upon the abdomen, when there was a continual sanguineous discharge from the vagina, which increased to hæmorrhage every three weeks, attended with burning pains in the stomach, increased by every motion, and becoming intolerable from the least exertion, attended with paroxysms of anguish and chilliness. It was also useful in a case of profuse Menstruation, brought on by the excessive use of herb-teas; after several pounds of blood had been lost, the patient's face being pale and sunken, her strength gone, pulse variable, now hard and irritable, then small and weak; attended with violent burning pain in the small of the back, but commencing at the pit of the stomach; with paroxysmal, violent pressure in the abdomen, nausea, vertigo; discharge of large lumps of dark and coagulated blood without pain, while walking, and even while lying down; no appetite, costiveness, sleeplessness, and frequent chills.

*Bryonia* is allied to *Colchicum* in its action, and is homœopathic to profuse Menstruation occurring in rheumatic subjects, and those disposed to rheumatic diarrhœa. *KASPAR* thinks that *Bryonia* has no affinity for the sexual organs, except in so far as the serous envelopes are affected; but it is undoubtedly homœopathic to profuse Menstruation from a rheumatic affection of the serous and muscular coats of the uterus.

**Dose.**—*NOACK* says, 1 or 2 drops of the pure tincture of *Bryonia*, or of the 1st, 2d, or 3d dilution, may be given frequently in acute

cases; once or twice a day in chronic affections; or 2 or 3 granules may be given dry upon the tongue; or 5 or 6 globules may be solved in a wineglassful of water, and 1 or 2 teaspoonfuls given as often as above directed. In BEAUVAIS' 106 cases, Bryonia was only used 5 times; the 15th dilution in 2 cases, the 18th in 1, and the 30th in 2 cases; in 4 cases it was only given after the discharge had been moderated by Crocus, China, or some other remedy; in the 5th case, it relieved the most violent rheumatic and spasmodic affection of the uterus, attended with profuse discharge of blood.

## CARBO ANIMALIS

Cured a case of profuse Menstruation of 16 months' standing, after many other remedies had been used in vain; the discharges recurred at intervals of 8 or 10 days, being fetid and putrid, the patient was also affected with a painful hardness in the region of the liver, and with intense pain around the small of the back, and in the groin.

**Dose.**—NOACK says, that 1 or 2 grains may be given dry upon the tongue, once or twice a day, in chronic attacks; it is rarely used in acute affections. Or from 2 to 4 granules may be given every night and morning.

## CHAMOMILLA.

This remedy may be regarded as the "Catnip of Homœopathy." VOGT classes it among the *Excitantia volatilia*, or those remedies which cause a transient arousing of the irritable system. It is supposed to act principally upon those splanchnic nerves which ramify in the cavities of the abdomen and pelvis; still its action is so gentle that it is decreed to be rarely useful in severe and obstinate cases. In old-school practice it has been principally used against nervous pains, especially in colics, hysterical spasms, spasmodic affections of females occurring during Menstruation, or before or after confinement, in spasms of the chest or heart, in hysterical asthma, slight rheumatic pains and colics. It is regarded as important, if Chamomilla be expected to afford relief in these affections, that they should have just commenced, not be very severe, and arise from accumulation of wind in the bowels, or be of a rheumatic or nervous character.

LOOMIS thinks that it is peculiarly adapted to that excessive sensibility of the nervous system, which precedes and accompanies the flow, in nearly all cases of menorrhagia from irritable uterus. If administered on the first indication of the approach of the menses, either alone or in alternation with Coffea, Nux, or Pulsatilla, it will often mitigate the sufferings very much, although it will do but little towards removing any organic change in the uterus, or ovaries. It is best suited to those cases where the pains are spasmodic and paroxysmal, resembling labor-pains. It is most useful against the sufferings which precede the commencement of the menstrual flow, although if there be excessive irritation of all the sexual organs, with much itching, it may be beneficial during the flow, especially if there be a profuse discharge of mucus with the menses. LEADAM thinks Chamomilla is to be preferred when the discharge of blood is dark, blackish, and coagulated, occurring in gushes, with pressure upon the womb like labor-pains, attended with frequent desire to pass water, and drawing or tearing pains in the thighs and legs; with irritability of temper, fainting fits, coldness of the limbs, paleness of the face, and thirst. It has relieved some cases of menorrhagia after parturition, even when the patient was almost unconscious from loss of blood, the face and body being cold and pale, the pulse scarcely perceptible, and the blood flowing violently. Also, cases of metrorrhagic Menstruation, when the blood flowed continuously, intermixed with large, black coagulæ, the whole having a fetid smell; when the pulse was full but not hard, great weakness being present, with roaring in the ears, dimness of sight and heaviness of the head, followed by fainting fits whenever the patient attempted to raise herself; in some of these cases, Nux may be required for constipation, and China must be used to remove the subsequent debility.

Although Cham. and Coffee are said only to relieve slight and recent cases, yet they have cured one very severe case. A woman, aged 32, had suffered for 3 months with metrorrhagia, to such an extent that fainting ensued, and the patient was thought to be dead. On the physician's arrival, he found

the tapers already lighted, and a number of ladies engaged in prayer around the bed; her pulse was almost imperceptible, as also the motions of the heart; five or six spoonfuls of black Coffee were introduced successively into the patient's mouth, whereby consciousness was restored in a quarter of an hour. On the following morning, a dose of Chamomilla was given, which stopped the bleeding and completed the cure.—Brit. Jour. Hom., vol. 8, p. 426.

**Dose.**—In the above cases, the 3d and 4th dilutions were used. It is, however, such a very mild remedy, that several drops of the pure tincture may be given every  $\frac{1}{2}$ , 1, 2, or more hours; or the same quantities of the 1st, 2d, or 3d dilution may be used for very sensitive persons. In the very rare cases in which these, or still stronger doses do not suffice, the higher dilutions may be tried, 2 or 3 globules to be given dry upon the tongue, as often as above directed. In BEAUVAIS' 106 cases, Cham. was used only 7 times; the Tinct. in 1 case promptly relieved a hæmorrhage of 3 weeks' duration; the 4th dilution was given in 1 case; the 6th in two cases; the 9th in 1; and the 12th in 2 cases, but mostly with equivocal success.

#### CANTHARIDES.

LOOMIS says that this remedy will prove useful when there is a discharge of black blood, attended with severe pains, especially if there be swelling of the neck of the womb, accompanied with corrosive leucorrhœa both before and after Menstruation, and by burning pain when urinating. There is a great deal of old-school experience in favor of the use of Cantharides in amenorrhœa and scanty Menstruation, but little or none in profuse Menstruation. DEWEES says, when Madder fails in amenorrhœa, he commences in recent cases with Tincture of Cantharides, in doses of 35 or 40 drops, and rarely increases the quantity more than 10 or 15 drops beyond the original dose, as the former *moderate* (!) doses have always been found sufficient by him when the medicine would succeed at all. PEREIRA says, in consequence of the specific stimulus communicated to the bladder by Cantharides, it has been supposed that the same influence might be extended to the womb, and thus this remedy has been employed as a stimulating emmenagogue; in some cases with apparent benefit, but frequently without

any obvious effect. Abortion has occasionally happened from its employment, as PEREIRA himself witnessed in one case. WOOD says, in old cases of menorrhagia, where the uterus is very feeble and relaxed, remedies calculated to stimulate this organ directly have been recommended, such as Aloetic preparations, and even Cantharides and Sabina; but these must be employed with great caution, i. e., in small or homœopathic doses. A writer in Wood's Quarterly Retrospect says, in asthenic menorrhagia, Cantharides is a powerful and efficient medicine, and, combined or alternated with *Nux vomica*, it is capable of relieving the patient in a short time; he advises the tremendous doses of from 36 to 60 drops of a mixture of equal parts of Tinct. Cantharides and Tinct. *Nux vomica*, to be given 3 times a day in sugar and water; or the Cantharides may be given alone; and as soon as the flow ceases, Ferrum or China are advised to obviate the consequent debility.

**Dose.**—NOACK recommends 1 or 2 drop doses of the 1st, 2d, 3d, or 6th dilution, repeated once or twice a day in chronic cases, although they may be given every  $\frac{1}{2}$ , 1, or 2 hours in more urgent attacks. For very susceptible persons, from 1 to 3 granules may be given as often as above directed.

#### CHINA.

This remedy, according to LEADAM, is useful when the discharge is black and clotted, occurring at intervals, with pressure upon the womb, and jerking movements of the body, proceeding from depletion rather than spasm, and attended with painful tension of the abdomen; or when the following symptoms arise in consequence of great loss of blood: sense of weight in the head, vertigo, dulness of sensibility, and drowsiness, the patient being cold and blue; it may also be given after the attack has passed over, or during the intervals between the frequent returns of the menses, as part of the constitutional treatment. It proved useful in one case, in which there was continual dizziness, with headache over the whole head, constant glittering before the eyes, humming in the ears, dryness of the mouth without thirst, pain in the ab-

domen resembling labor pains, extending from the small of the back to the bladder; desire to urinate, with scanty discharge; scanty and hard stools, with much pressing; unusual debility, sleeplessness, frightful dreams, palpitations of the heart, and anxiety; constant chilliness, with coldness of the hands and feet; forgetfulness and anxiety, with fear of dying; all proceeding from, and attended with continual discharge of blood and clots from the uterus and vagina.

**Dose.**—The 16th dilution was used in one case. NOACK advises 1, 2, or several drops, per dose, of the pure Tincture; or the same quantities of the 1st, 2d, or 3d dilution, repeated every  $\frac{1}{2}$ , 1, or 2 hours in severe cases; every 2, 4, or 6 hours in milder attacks. In some cases, from 2 to 5 globules may be given as often. In BEAUVAIS' 106 cases, China was used 17 times, mostly to relieve the subsequent debility after the hæmorrhage had been stopped by other remedies. The 12th dilution was used in 7 cases, relieving the debility about as promptly as if full doses of Bark had been given; the 2d dilution in 1 case; the Tinct. in 2 cases; 6th in 1 case; 15th in 2 cases; 16th in 1 case; 9th in 1 case. In 1 instance only did it exert a marked influence upon the flow, when given in a high dilution.

#### CALCAREA.

According to LEADAM, it will be found useful when the menses are too profuse, or too frequent in their recurrence, and the patient has a scrofulous diathesis. HAHNEMANN says, that it will never be given with benefit when there is a deficiency of the menstrual flow. It is more beneficial when given during the interval, in order to correct that condition of the uterus and general system upon which the unnatural state of the menstrual function depends; it may be given alone, or in alternation with China, Nux and Sulphur. LOOMIS says, that Calcarea is one of the most important remedies in certain conditions of the uterine organs, when attended by profuse and premature discharge; but it is seldom indicated when there is an irritable uterus. If, however, there be shooting pains about the mouth of the womb, with aching pain in the vagina, and a sensation of bearing down, or if there be a burning pain in the womb, it will be of use to administer a single dose during the interval; he says a *single*

dose only, because he has never repeated Calcarea with advantage in cases where the menses returned too soon, or were too profuse, but, on the contrary, a repetition of the dose has invariably made the case worse.

But Dr. PATZACK has rendered himself famous by his methodical use of Calcarea, aided by Nux, China, and Sulphur. He says, it is of great importance to give remedies during the period intervening between the catamenial discharges, in consequence of which it is generally unnecessary to act during the flow. Nux vom., China, Sulphur and Calcarea have proved eminently successful in his hands, not only in regulating the menses, but also in removing the bad consequences of a too frequent and too copious hæmorrhage, both in the organs of generation, and in the system generally. He adopts the following methodical use of these remedies: on the evening of the 1st day after the cessation of the menses, he gives a dose of Nux vom.; thirty-six hours afterwards, he administers a dose of China in the morning; in thirty-six hours more, another dose of Nux in the evening, and so on; this alternation of Nux and China, every thirty-six hours, is persisted in during the first half of the intermenstrual period. The treatment of the latter half of the interval is begun with a dose of Sulphur, followed in 2 days after by a dose of Calc. carb., after which these two medicines are continued alternately during the remainder of the latter half of the interval. PATZACK says, that the effect of this treatment, even in cases of very long standing, was most surprising to him, viz., a speedy restoration of the general health, and a more regular appearance and duration of the recurring catamenia. It will of course be seen, that he not only does not fear, but practically does not meet with the bad consequences from a repetition of the doses of Calcarea, upon which so much stress is laid by LOOMIS.

PATZACK corroborates his assertions by the recital of several cases:

CASE 1. Baroness C., aged 27, lively and somewhat delicate, had had 5 confinements within 6 years, flowed excessively

each time, and had suffered with piles. As she did not nurse her last child, the catamenia appeared soon after parturition, very copiously, and continued to do so whenever she was not pregnant. Ipecac. relieved an attack of flowing; Nux and China improved her strength and relieved the piles; afterwards she took Sulphur and Calcarea in alternation, with such good effect, that the menses were nearly natural at their next appearance, and she was completely cured in a few months.

CASE 2. Baroness R., a sister of the above, also delicate, had lost much blood 6 years before at a confinement, and never since had been able to regain her former strength; her menses had also become not only too copious, but also of too long duration; she had continued pressing, and gnawing pains in the regions of the ovaries, but more particularly on the left side, which were aggravated by any mental or physical excitement, especially just before Menstruation, to such a degree that they spread over the whole abdomen, in the region of the bladder, in the lumbar region, and downwards from the hips, so that it was impossible for her to take any exercise. Sulphur and Calcarea, continued for 3 months, completely restored her, with the exception of the pains in the ovaries, which were finally, and perfectly relieved by Bryonia.

CASE 3. Mrs. A., aged 30, of feeble constitution, had suffered for years with too copious and frequent Menstruation, to which leucorrhœa had been added for the last year; and cardialgia, with pressing pains extending to the back, for the last 5 months. She also had nausea, without actual vomiting, and her bowels were obstinately costive. She was entirely cured in 2 months by the above remedies.

CASE 4. Mrs. Von B., aged 34, had menstruated too copiously ever since the first appearance of the menses, but still more so since her marriage. As a consequence of such excessive loss of fluids, she had an extraordinary degree of sensibility of the nervous system, so that even trifling causes, particularly fright and anger, would produce an unusual degree of excitement in the vascular and nervous systems,

such as palpitations, trembling, pain in the stomach, headache, the most violent toothache, &c.; she also had great debility, irritability, and low spirits. She too was cured by the above remedies.

CASE 5. Mrs. W., aged 40, of vigorous constitution and large frame, had miscarried several times, been troubled with too copious and frequent menstrual discharge, great debility, and frequently returning and most violent cardialgia, for the last 15 years. Nux did not benefit her much, but after the first few doses of China, she mended rapidly; Sulphur and Calcare were then given, and the next Menstruation occurred later, and lasted only 5 days. She recovered perfectly, and did not relapse in  $2\frac{1}{2}$  years.

CASE 6. Mrs. F., aged 35, apparently in vigorous health, had suffered with excessive general weakness since the birth of her 5th child; to this was added vertigo, frequently accompanied by violent headache, for which she had been bled repeatedly; besides this, her menses returned very copiously every 3 weeks. She improved much in 4 weeks, and finally recovered completely, under the use of Nux, China, Sulphur, and Calcare.

**Dose.**—Five chronic cases were cured by Calc. 30, 2 doses every week; the 3d and 4th dilutions have also effected cures when given every 2 or 8 days, or at longer intervals. NOACK advises 2, or 3 grain doses of the 1st, 2d, or 3d dilution, to be given once or twice a day, or only every 2d, 4th, or 6th day. Or from 3 to 5 globules may be given as often as above directed.

#### CINNAMON

Is often recommended as homœopathic to hæmorrhage from the uterus, but its action is generally described as aromatic, carminative, and astringent, and hence antipathic to many atonic discharges. DIERBACH says, its continued use is apt to cause costiveness, and that it is supposed to exert a specific action on the uterus, while the Tannin which it contains renders it a proper remedy in the treatment of chronic hæmorrhages and blennorrhœas, especially of the genital organs; it has also been used to increase, and sustain labor-

pains, and is thought to be especially useful in chronic uterine hæmorrhages.

**Dose.**—It would seem to be downright folly to use as small doses of this remedy, as of the Bellad., Arsen., and other powerful remedies, especially in uterine hæmorrhage, to which it is not especially homœopathic. Very powerful and strictly homœopathic remedies may possibly be used with success in infinitesimal doses; but very mild, and non-homœopathic medicines must be used in more massive quantities. The quantities recommended in the old school will probably be the safest, and most effective in profuse Menstruation.

#### CROCUS.

According to LEADAM, it is an excellent remedy when there is an escape of black, lumpy, viscid blood, increased by the least movement, attended with cutting pains deep in the abdomen, extending to the small of the back; one of its most characteristic symptoms is the sensation of something alive in the abdomen, in the form of a ball, most marked when the flowing is most active. It is thought to be suitable in attacks of profuse Menstruation which have arisen from dancing, or taking stimulating drinks during the menstrual period; or when palpitation, anxiety, and melancholy, jerking and creeping in the limbs, thirst, heavy dreams, and starting on going to sleep prevail. It has cured cases of chronic metrorrhagia, when there was an almost constant discharge of dark, tenacious blood, especially early in the morning, intermingled with black coagulæ, and alternating with a flow of thin, bloody water, like flesh water. When there were free intervals of only 3 or 4 days, during which there was a heavy pain in the groins; or when there is almost constant pain in the groin, and drawing in the small of the back; but little appetite, which is quickly satisfied; sensation as if there were something alive in the epigastric region; frequent attacks of anxiety, with flushes of heat over the whole body, and prickling in the skin as if perspiration would break out; when the patient is almost always languid and weary; sleeps but little, has a livid complexion, and sunken cheeks. *Platina* may be required in alternation, if the menses continue to return every

14 days, rather profusely, with colic and labor-like pressing downwards in the pelvis, although *Crocus* will generally moderate the discharge at each menstrual period.

*Crocus* also cured a case of menorrhagia caused by fright ; the patient had for 19 weeks passed large quantities of dark, fetid, black blood, uninterruptedly, but without pain ; around the umbilicus there was a sensation as if a ball were moving to and fro ; she also had a beating pain in the left side of the head, especially in the morning, affecting the left eye, the lids of which were inclined to stick together ; the loss of blood had already caused dimness of vision, dizziness, fainting fits, complete want of appetite, almost continual nausea, and excessive languor ; the limbs felt bruised, and the legs were slightly swollen ; the patient was constantly chilly, slept badly, and was costive ; her complexion had become sallow, she was emaciated, sad, obstinate, and ill-humored. *Ipecac.* assisted in removing the discharge of blood. *Nux* removed the constipation ; and *Ferrum muriaticum* the pains and swelling of the legs.

*Crocus* also cured a case of menorrhagia occurring every 8 days, at new and full moon, the blood being viscid and blackish. Also another case, from being overheated at the time of Menstruation ; the patient already lay as if lifeless, was unable to open her eyes from excessive weakness ; her face and lips were pale, and she fainted away when she attempted to move ; she had headache, chilliness, discharge of dark and fetid blood from the vagina, without pain ; she felt a sensation as if something alive were in the abdomen, was dizzy, anxious, and her pulse was quick and scarcely perceptible ; her complexion was anæmic and sallow. *China 4*, removed the remaining debility.

Of *BEAUVAIS'* 106 cases, 18 were cured by *Crocus*, viz., 1 case that had lasted more than a year, was cured in 3 months, by the 1st dilution ; another, which had continued for 6 months, was relieved in 3 days, by the use of the 1st dilution ; a third, of 4 months' duration, was removed in 11 hours, by the 3d dilution ; a fourth, of long duration, by the 1st dilution ; a

fifth, which had continued 19 weeks, was successfully removed in 20 days, by the 3d dilution; 4 other cases of from several to 9 days' duration, were cured in about 1 day, by the Tinct.; a similar case was successfully treated by the 1st dilution; 4 cases, of several days continuance, were cured in from a few hours to 1 day, by the 3d dilution; one case, of several hours' duration, in a few hours, by the 2d dilution; another, by the 4th potency; and one, which had lasted for 2 days, profusely, was cured in 2 days, by the 5th dilution. The higher potencies do not seem to have been used in a single instance.

The celebrated Kopp says, that in his hands, Crocus has produced rapid relief in several cases of menorrhagia; sometimes he used the 1st or 2d dilution, at other the pure tincture; in some instances only a single drop was required in order to diminish steadily, and finally check, a profuse hæmorrhage, without any subsequent bad consequences. Other patients took 2 or 3 small doses of Crocus at intervals of 12 or 24 hours.

CASE 20. A young lady always menstruated so profusely, that she was unable to leave her bed. One drop of Tinct. Crocus generally relieved her in the course of 1 day.—Kopp.

CASE 21. A lady aged 40, was taken suddenly with violent pains in the back and stomach, followed by such a violent hæmorrhage, that her life seemed in danger; the blood was black and often came away in large clots. After 1 dose, of 1 drop Tinct. Crocus, the flow lessened considerably on the same day; on the 2d day, nothing but colored water was discharged; and on the 3d day she was well.—Kopp.

CASE 22. A young lady, aged 16, menstruated with all the violence of a metrorrhagia. She took 1 drop of Crocus, 1st dilution, and a similar dose on the next day; she was cured by the 2d evening.—Kopp.

CASE 23. A lady, aged 42, after using Bryonia 18, Sabina 12, Platina 2, scruple doses of Ferrum carb., and tablespoonful doses of infusion of Sabina, with very partial success, was cured in a few days by Crocus, 1st and 2d dilution. Nux 18

was also given several times, and acted upon the bowels every time it was administered.—KOPP.

CASE 24. A lady, aged 27, from over exertion on the 10th day after her confinement, was attacked with violent uterine hæmorrhage. Two doses of Crocus 1st, relieved her entirely in 24 hours.

CASE 25. A lady, aged 42, whose metrorrhagia, with discharge of black blood and clots, had long resisted antiphlogistic and styptic remedies, was cured by two doses of Crocus.

CASE 26. Sabina is regarded as the best homœopathic remedy, when the flow is of a bright red color; Crocus, when it is dark, black, and colored. A young woman was taken with flowing on the 2d day after confinement; the discharge was said to be bright red in color, and a dose of Sabina 18, was given without benefit. Then 1 dose of Sabina 3, and one of Crocus 3, were sent; the former to be given if the discharge was bright red in color; the latter if the contrary was the case. The discharge was found to be dark and clotted, and the Crocus was consequently given; improvement set in, in the course of half an hour, and a cure was rapidly effected.—RAU.

CASE 27. A lady, aged 36, had suffered with returns of profuse Menstruation for 6 months; the discharge generally lasted about 15 days; 2 doses of Crocus relieved one attack promptly; and a repetition of the same treatment, at the three succeeding monthly periods, cured her entirely.—DUPLAT.

CASE 28. A lady, in the 4th month of pregnancy, was suddenly seized during the night with pain, attended with flooding to an alarming extent; the blood was of a dark color. Crocus arrested without altogether stopping the discharge; Belladonna restrained it still more, and in less than an hour entirely subdued it. It recurred, however, on the following night to a considerable extent, but was completely stopped by the same remedies. The lady then went her full time, and gave birth to a healthy infant.—DUNSFORD.

Many other interesting cases are given, but they are too long for insertion here.

It may be well, however, to quote the opinions of various authors about the action of Crocus. WOOD and BACHE say, that Crocus was formerly considered highly stimulant and anti-spasmodic; in small doses it was supposed to moderately excite different functions, to exhilarate the spirits, relieve pain, and produce sleep; in large doses it may give rise to headache, dizziness, delirium, and stupor. It was also thought to act powerfully upon the uterine system, promoting Menstruation, and on the Continent it is still used as a stimulant, and emmenagogue. PEREIRA says it was formerly considered to be cordial, aromatic, narcotic, and emmenagogue; BOERHAAVE regarded it as homœopathic to laughing delirium; BERGIUS ascribed great mental dejection to its use; BOERHAAVE and RIVERIUS have declared, that they have seen immoderate uterine hæmorrhage produced by it, which proved fatal in one case. It was at one time esteemed as an anti-spasmodic in asthma, hysteria, and cramp in the stomach, and was used as an emmenagogue, and to promote uterine contraction and the lochial discharge; lastly, it has been employed as a stimulant to the nervous system in hypochondriasis. NELIGAN says that Crocus is a stimulant of weak power, exerting a specific influence, by no means well marked, over the uterine organs, whence it is generally said to be emmenagogue; on the Continent it bears a high character as a remedy for the severe lumbar pains, which so frequently precede or accompany Menstruation. SOBERNHEIM places it among the pure narcotics, and says that experience has proven it an excellent analeptic remedy for young children, being slightly stimulating, while it also relieves pain and spasm, and hence is often much to be preferred to Opium. It also stands in a specific relation to the female sexual organs, being apt to excite a congestive state of the uterine system, while it also exerts a stimulating, resolving, and fluidizing influence upon the portal system, which is so intimately connected with the menstrual function; hence it facilitates the periodical ex-

cretion from the uterus, and has obtained a reputation as a forcing and emmenagogue remedy. It is also supposed to exert a specific curative action upon congestive and spasmodic affections of the chest, especially in those arising from irregularity of the menstrual function. It is decreed to be a main remedy in suppression of the menstrual and lochial secretions, especially when arising from debility and irritability of the uterine system, and attended with pain and spasms. The more plethoric the patient is, the more careful the physician must be in the use of Crocus; but it will afford excellent service when there is torpor of the vascular system in general, and of the uterus in particular, occurring in females of a sluggish and relaxed habit, more or less leucophlegmatic, and predisposed to mucous discharges, and irregularities of Menstruation; it is most useful when the menses are suppressed, entirely absent, irregular, or scanty and difficult. VOGT thinks that it resembles Bellad. in its action more than Opium; that it acts primarily upon the nerves, and next upon the muscular system, being inclined to cause commotions and congestions of blood, and excessive hæmorrhages; it may promote the flow of the menses, and the secretions from the skin, mucous membranes of the air tubes and genital organs, of the kidneys and serous membranes. VOGT also recommends it in nervous and spasmodic affections of the chest and head, when coupled with irregular Menstruation; in disorders of the portal systems, in suppression or scantiness of Menstruation or lochiæ, in weak and irregular contractions of the uterus during confinement. DIERBACH recommends it as a very powerful sedative, pain- and spasm-relieving medicine, especially for young children, in whom it should be used more frequently than Opium; as an anti-spasmodic against hysteria and hypochondria, in spasmodic colic, and spasmodic affections of the chest; also in the spasmodic derangement of Menstruation, against scanty menses, and lochiæ, and against insufficient labor-pains.

**Dose.**—The majority of cases were cured by the 1st dilution; the 3d dilution, repeated several times a day, has also been found servicea-

ble. NOACK recommends drop doses of the pure tincture, or of the 1st, or 2d dilution, every  $\frac{1}{2}$ , 1, 2, or 3 hours. STAFF prefers the trituration;—or from 3 to 5 globules may be given per dose.

## HYOSCIAMUS.

LEADAM thinks that one of the primary effects of this drug is uterine hæmorrhage, but it is far less homœopathic to this disorder than Stramonium. It is said to be indicated when the menses are profuse, and attended with delirium, the blood being of a bright red; or by spasms, interrupted by jerks or startings of single limbs, followed by rigidity of the joints; or being preceded by hysteric pains, or hysterical laughter, and attended with spasmodic pains and trembling of the hands and feet, or by difficult micturition with pressing, or fainting fits with convulsive movements; or restlessness, the body being hot, with swelling of the veins, full and quick pulse, dulness of the senses, obscuration of the sight and delirium.

**Dose.**—NOACK prefers 1 or 2 drop doses of the 1st, 2d, 3d, or 6th dilution, to be given at short intervals in severe cases, or only once a day in milder attacks. Or from 3 to 5 globules may be given per dose, every  $\frac{1}{4}$ ,  $\frac{1}{2}$ , or 1 hour, in severe cases; every 4, 6, or 8 hours, in less urgent attacks.

## FERRUM

Is said by LEADAM to be applicable as a homœopathic remedy when the blood is at times fluid, at others black and clotted, its discharge being attended with labor-pains in the abdomen and groins, great vascular excitement, heat and redness of the face, fulness and hardness of the pulse. *China* is homœopathic to an almost similar state.

According to RÜCKERT, it has cured metrorrhagia occurring after parturition, with all the above symptoms, and frequent chills, headache, and vertigo, constipation, and hot urine; also cases of profuse Menstruation, amounting to hæmorrhage, and when there was violent erethism of the vascular system.

In old school practice, Iron is recommended in all passive hæmorrhages. WOOD advises it in cases where the system and uterus are both relaxed, and the bleeding appears to be sustained by this condition. As the coagulability of the blood

depends mainly upon the quantity and quality of it contained fibrin, and Ferrum is well known to diminish the quantity of fibrin in the blood, it is a matter of course that it will tend to produce hæmorrhage, if it be given too long, or in too large doses. The Nitrate of Silver exerts, perhaps, the most powerful action of any known remedy, upon the coagulability of the fibrin, and has been used very successfully against obstinate metrorrhagia.

Dr. LIEBECK says he has used Iron in the same doses as recommended by RADEMACHER in severe hæmorrhages of the womb, viz., 30 drops per dose, of the *Liquor ferri mur. oxyd. Ph. Bor.*, in 8 ounces of distilled water, with the addition of two drachms of Gum Arabic. Even hæmorrhages from cancer have diminished more than from any other remedy. The loss of blood from any cause whatever, even from excoriations and ulcerations of the os uteri and vagina, has either diminished, or the patient has at least felt stronger and livelier. He has also obtained a perfect cure in some cases, where there were no indications for the use of Sabina, or Crocus, which, generally, as well as Belladonna, China, and Secale, have been his best remedies.

CASE.—Mrs. B., aged about 40, had always had profuse Menstruation; since her last confinement, 4 years ago, she has suffered from almost constant hæmorrhage from the womb, escaping only about 8 days in every month; she had a great deal of inflammation of the womb, accompanied with pains and tenderness of the abdomen; she had been repeatedly purged, was much weakened, and easily provoked to tears; the blood was dark, like cherry jelly; the neck of the uterus was swollen; she was tender in coitus; had a soreness of the chest, and a feeling of anxiety, with great difficulty in ascending a hill, or walking up stairs.

*Treatment and Result.*—One tablespoonful of the above mentioned Iron mixture was given every hour; she felt sleepy after the medicine, had a light pain in the stomach, and some dark and loose evacuations from the bowels, but still she felt better, and the bleeding diminished; there was, however,

soreness about the os coccygis, and some pain and difficulty in sitting. The uterus was tilted towards the right, and the right leg was swelled. The bleeding subsided entirely on the fourth day of the treatment. Ten days after, the patient had gained in flesh and appearance, and felt quite like another person; there had been no return of the bleeding. LIEDBECK exclaims: Could these results have been obtained by high dilutions of Iron, or of any other remedy? He believes not, and thinks that those who use the high dilutions, would do well to publish some of their cases.

**Dose.**—NOACK prefers 1 or more drops per dose, of the pure tincture, or of the 1st dilution, repeated once or twice a day, in chronic cases; every 2, 3, or 4 hours, in more urgent attacks. Or  $\frac{1}{2}$  or 1 grain doses of the 1st or 2d trituration, may be given. In very susceptible persons, 2 or 3 granules may be administered as often as above directed. Of BEAUVAIS' 106 cases, Ferrum was used in 5, viz.: in one case, in the 3d dilution, to remove swelling of the feet, after the cure of the menorrhagia by Crocus, Ipec., and Nux; in a 2d case, a strong, plethoric woman with hæmorrhage, on the 13th day after confinement, was quickly relieved of pain and hæmorrhage, by 2 drops Tinct. Iron, in 4 ounces of water, given in divided doses; a case of long standing, was cured in 2 days, by Ferrum metallicum; a case of 9 days duration, was increased for 2 hours under the use of Ferrum, 6th dilution, but in 10 hours more the flow was reduced more than one-half, and ceased entirely on the next day.

#### IGNATIA

Is recommended when the menses come away in masses of coagulated blood, with crampy pains in the womb, like labor pains, and with a tendency to spasms. This remedy, like Nux, acts most specifically upon the muscular fibres of the uterus and the motor nerves, and hence is most homœopathic to spasmodic menorrhagia.

**Dose.**—Ignatia is a powerful remedy, of which 1 or 2 drops may be given of the 2d, 3d, or 6th dilution, every 1, 2, or 4 hours in some attacks; or once, or twice a day, or only every 2, 5, or more days, in chronic cases. In exceptional cases, from 1 to 3 globules may be given as often as above recommended. In BEAUVAIS' 106 cases, Ignatia was used only twice, viz., in 1 case in the 6th dilution, in the other in the 18th. In both cases the flowing had already ceased before the Ignatia was given to remove spasmodic, dyspeptic, or hæmorrhoidal affections.

## IPECAC.

LEADAM says that it is recommended when there is much weakness, and the bleeding is of a passive character, attended with cutting pains about the navel, pressing down towards the uterus and anus, coldness, shivering, paleness of the face, and heat within the head, the discharge being of a bright red.

According to RÜCKERT, Ipec. 1st, one drop per dose, cured a case of metrorrhagia in the course of a couple of hours, which had been treated unsuccessfully for 9 months. Also a case of metrorrhagia in a pregnant female; from over exertion, she was seized with nausea, a feeling of warmth in the abdomen, and slight dizziness, followed by flow of blood from the uterus, pain in the small of the back, weakness and heaviness of the legs, and weariness of the body.

ASHWELL recommends Ipecac. in spasmodic menorrhagia, and gives an illustrative case: A widow, aged 37, of spare habit, but not weak, had been menorrhagic for several years, and suffered habitually from dyspepsia. Menstruation had lasted only 2 days, but for the last 24 hours the paroxysms of pain and spasm about the womb had been very severe; much blood had been lost by gushes, and many large clots had been expelled; the spasms still continued; the pulse was quick (130) and irritable, but neither full nor hard; she was chilly and faint; her face pallid and anxious; and she had had no sleep from the commencement of the attack, although there had been long intervals of freedom from pain. At the commencement of the disease, three years since, she had been bled and purged with decidedly injurious effects.

*Treatment.*—One scruple of powdered Ipecac., in 2 ounces of water, a teaspoonful every  $\frac{1}{2}$  hour, until nausea was produced. In the evening she was considerably relieved, having taken 6 doses of Ipecac., and being completely nauseated, the pain occurred at more distant intervals, and the flooding had nearly ceased; in a few days, the menorrhagia passed entirely off, and she recovered her usual health. For several successive periods she pursued this plan, and at the end of 6

months Menstruation was performed so naturally that she was able to lay aside entirely the use of all medicine. Dr. OSBORN also found great benefit from the use of Ipecac. WOOD says that small doses of Ipecac., repeated so as to induce slight nausea, without vomiting, will often have a happy effect in relieving vascular excitement, and controlling hæmorrhage; but vomiting will be attended with some risk of increased flowing, from the straining and consequent compression of the pelvic viscera which attend the act of vomiting. VOGT says that it has been much used in hæmorrhages, especially in metrorrhagia and spitting of blood. It has been supposed to possess a peculiar styptic power, and to exert a specific action upon the female sexual organs, because it exerts a beneficial action upon many spasmodic affections of women, arising from disorder of the menstrual and sexual functions. VOGT thinks it most useful when the bleeding arises from irritation of the nerves, rather than from an *Erethismus vasorum*, and is occasioned by abdominal disease, connected with relaxation of the tissues.

It will be seen that Ipecac. is deemed by some old school physicians to be most useful in spasmodic hæmorrhagia, and other spasmodic affections; yet its principal action is to cause a spasmodic action of the stomach and diaphragm in vomiting; while PEREIRA (see *Materia Med.*) gives several instances in which it caused spasmodic asthma. VOGT recommends it in spasmodic bleedings from the lungs, although he admits that it may cause irritation of the air tubes, hoarseness, cough, spitting of blood, and oppression of the chest, with inflammatory congestion of the air tubes, and congestion of the lungs. As early as 1846, I published, in the *Homœopathic Examiner*, new series, vol. 1, p. 407, an essay upon the spasmodic affections, especially of the lungs, caused by Ipecac.

**Dose.**—The 1st dilution has been successful in some cases. NOACK advises 1 or 2 drops of the pure tincture, or of the 1st and 2d dilution, every  $\frac{1}{2}$ , 1, or 2 hours in severe cases; every 3, 4, or 6 hours in less severe attacks; or from 2 to 5 granules may be given as often. In BEAUVAIS' cases, Ipec. was used only twice, viz., in one case in the

2d dilution, in the other in the 3d ; the second dilution checked in the course of an hour a profuse flooding after miscarriage. BIGEL was in the habit of relying upon it, with much confidence.

## KREOSOTE.

LEADAM recommends this remedy where there is a discharge of a large quantity of dark blood, followed for some days by the exudation of a bloody ichor, with a pungent odor, attended with corrosive itching and smarting of the parts, succeeded again by flooding, with expulsion of coagulated pieces of blood, accompanied with buzzing in the ears, and pressing pain in the head.

Kreosote has generally been regarded as a styptic remedy, from its power of coagulating the albumen of eggs and of the blood ; concentrated albuminous liquids are immediately coagulated by it ; diluted ones gradually, but fibrin is not altered by it. PEREIRA makes no mention of any specific action upon the uterine organs, but says that its influence upon the urinary organs is sometimes very marked ; McLEOD and ELLIOTSON have seen the urine acquire a blackish color from its use ; occasionally, it increases the quantity of urine, but in diabetes it sometimes has an opposite effect ; in some instances, it causes micturition and strangury, so that its action in this respect bears some resemblance to that of Turpentine. PEREIRA says, that it acts as a most efficient styptic, partly in consequence of its power of coagulating albuminous liquids, and thereby causing the formation of a clot, and partly by causing contraction of the bleeding vessels. WOOD and BACHE say, that it will stop capillary hæmorrhage, but possesses no power to arrest bleeding from large vessels ; probably because it merely coagulates the albumen of the blood, without acting upon the fibrin. From the good effects which it has often exerted upon indolent, gangrenous, syphilitic, scrofulous and cancerous ulcers, it may also prove useful in ulcerations of the neck of the womb. VOGT says that Kreosote often increases the secretion of urine, perspiration, and the menses. Still he says that the *Aqua Binelli*,

which contains impure Kreosote, has often been used with good effect against bleeding from the nose, blood-spitting, bleeding from the bowels, kidneys, and uterus.

**Dose.**—NOACK recommends 1 or 2 drop doses, of the 1st, 2d, or 3d dilution, repeated every 2, 4, 6, 8, 12, or 24 hours. It may also be used as a vaginal injection, when the discharge is offensive, and there is ulceration of the neck of the womb.

#### LYCOPODIUM

Is recommended by LOOMIS, when there is an irritable condition of the womb, attended with chronic dryness of the vagina, and when the menses appear too early, are too profuse, and continue too long, being preceded by shivering, sadness, melancholy, and disposition to weep, or by headache, pain in the loins, fainting, and vomiting of sour substances, especially if a yellowish, milky, or reddish corrosive leucorrhœa be present during the interval.

According to VOGT, *Lycopodium* has frequently been used as a palliative remedy in spasmodic and inflammatory affections of the urinary and genital organs, but in large doses, viz., as much as 20 or 30 grains; from the mildness of its action, it is, however, more frequently used as a dusting powder in excoriations of children, or for enveloping pills to prevent their adhesion. DIERBACH says, it has been recommended as a quieting and soothing remedy in diseases of children; especially in colic, also in whooping cough, oppression of the chest, asthmatic attacks, hysterics, cramp of the stomach, in dysuria, strangury, and gravel; as an aqua distillati *Lycopodii* was formerly used against stone and gravel; but it was prepared from the whole plant, and not merely from the powder. It was once a favorite domestic remedy against pains in the stomach and bowels in children. Of course it may also be used in females, when some or any of the above affections occur in connection with frequent and profuse Menstruation. SOBERNHEIM says that in latter times, (i. e., since Hahnemann's time,) *Lycopodium* has been again brought forward as an excellent remedy against dysuria, retention of urine, and spasms

of the bladder, especially in teething children; the whole plant has been used successfully against all degrees of ischuria, even when attended with a suppurative, or calculous condition of the urinary organs. JAHR, from abundant experience, has found it a sedative and antispasmodic remedy, well calculated to allay morbid nervous sensibility and irritation.

**Dose.**—NOACK advises 1 or 2 drops, per dose, of the 1st, 2, or 3d dilution, every 2, 4, 6, 8, 12, or 24 hours, according to the severity of the symptoms.

#### MERCURIUS

Is recommended by LOOMIS, if there be dry heat with congestion to the head, just before Menstruation; or, if during it, the tongue be red, with deep colored spots upon it, attended with a burning and salt taste in the mouth; if there be a purulent and corrosive leucorrhœa, with itching in the parts, or if there is a sensation of excoriation, with swelling of the vagina, frequent desire to urinate, painful discharge of scanty urine, of a dark color and offensive smell.

WHITEHEAD thinks, that Mercury may be homœopathic to precocious Menstruation in scrofulous females; at least he gives a case in which a girl began to menstruate at 11 years of age, after taking 20 or 30 pills containing calomel; the result was intense salivation, and she was confined to bed for 6 weeks, during which time Menstruation commenced; her health was only imperfectly restored at the end of 16 months, but from the time of its first accession, Menstruation continued to recur at regular intervals, the discharge, however, being small in quantity, pale, and attended with more or less inconvenience. Between her 13th and 17th years, she was several times affected with chlorosis, and suffered repeatedly from abscesses in the neck and arm pit, rheumatism of the head and limbs, nodes upon the legs, and mercurial salt-rheum. She was in perfect health before she took the Mercury, and neither she or any of her family had previously had any signs of scrofula; the Mercury was obviously the cause also of the early appearance of the menses, the other female members of her family having had the change at a much later period of

life. She married, and transmitted the scrofulo-mercurial taint to her children in a decided form.

**Dose.**—1 or 2 grains per dose, of the 2d, 3d, or 6th dilution. Merc. corros. should be preferred when there is ulceration of the womb, and may also be used as a vaginal injection, 2 or 3 times a day. Very susceptible persons may use the globules.

#### PLATINA.

LOOMIS and LEADAM recommend this remedy when the menses are too early, too profuse, and too long continued, attended with pressure and bearing down towards the genital organs, which are very sensitive; and if, in addition to an irritable uterus, there be induration of the womb, or congestion, especially if the discharge be of thick, dark colored, but uncoagulated blood; when there is a pressing pain, extending from the small of the back to the groins, a forcing downwards and outwards, with great excitability and tenderness of the uterus and vagina.

According to RÜCKERT, Platina has been found useful in cases of violent hæmorrhage after miscarriage, the blood coming off in large clots; also when the flowing is attended with unnatural tenderness and sensitiveness of the genital organs, with excessive sexual desire. Also in profuse Menstruation, with discharge of thick, dark, coagulated blood, with pain in the small of the back, moving down into both groins, and causing a severe pressing down pain, with excessive tenderness and sensitiveness of the parts involved. It also cured a case in which there were severe cutting pains in the abdomen, for several days previous to Menstruation, with heavy pressing down upon the genital organs, and labor-like pains, extending from the small of the back, through the groins, into the thighs.

**Dose.**—The 6th and 12th dilutions have been used successfully. MADDEN found the 3d, 6th, and 12th potencies useful; and applied the 1st and 3d dilution of Platinum Chlor. locally to the uterus and vagina, in the form of injections; by these means he cured 11 cases out of 15, of menorrhagia. Of BEAUVAIS' 106 cases, it was used in 4; in 1 case, in the 2d dilution, with some success; in another case, also in the 2d

dilution, it cured, in 3 days, a flow which had lasted 4 or 5 weeks ; —there was some aggravation on the 1st day of treatment ; a 3d case, which had continued 3 weeks under allopathic treatment, was cured by 2 doses of Platina ; KNORRE found it generally useful in profuse Menstruation.

## PULSATILLA.

LEADAM says, although this is so important a remedy in amenorrhœa, it is nevertheless very useful at times in menorrhagia, when the blood is thick and black, or pale and watery, and flows by fits and starts ; or when it is profuse, especially at the critical age, and attended with headache, noise in the ears, sadness and melancholy, and great irritation of the nerves. LOOMIS uses almost the same words, but adds, that it is also indicated when there is an irritable uterus, with pains in the loins, shiverings, dizziness, tenesmus of the rectum and bladder, scanty red or brown urine, with frequent desire to urinate, before, during, or after the monthly period, and a thick, corrosive, burning leucorrhœa. In my opinion, Pulsatilla is more homœopathic to menorrhagia than to amenorrhœa (see North American Journal of Homœopathy, vol. 1, p. 196) ; VOGT and DIERBACH think that it acts so powerfully upon the kidney, uterus, and rectum, that suppressed hæmorrhoids and menses reappear during its use. According to RÜCKERT, it is useful in metrorrhagia when the flow is not continuous, but ceases at times, in order to return again with increased violence, much coagulated blood being evacuated. Also when menorrhagia with false labor-pains, occur in pregnant females, the blood being blackish and clotted at times, at others liquid, the vagina being contracted and dry, so that it could only be examined with pain and difficulty ; when the patient is exhausted by pain and flowing, and the pains do not force the uterus to contract. It also relieved a violent flooding after confinement, from adhesion of the placenta.

**Dose.**—MADDEN used the 1st, 3d, 6th, and 12th dilutions of Pulsatilla ; the 200th dilution was thought to be useful in 2 cases. NOACK advises 1 or 2 drops, per dose, of the pure tincture, or of the 1st, 2d, 3d,

or 6th dilution, to be repeated frequently in some cases, but only once or twice a day in less urgent attacks ; still he prefers the second dilution as a rule, as he thinks that it has proved more successful in his hands than any other preparation of this remedy. Delicate and sensitive persons may take 2 or 3 globules per dose, as often as above recommended. In BEAUVAIS' 106 cases, Pulsat. was used in 5 ; in one case each, the 18th and 30th dilutions produced little or no good effect ; the 12th seemed to check the flow, in one case, in 12 minutes ; the 15th relieved one case in  $\frac{1}{2}$  hour, which had continued for 15 days ; the 4th dilution was used in another case.

SABINA,

According to LOOMIS, is one of the most prominent homœopathic remedies for profuse Menstruation, when it results from an irritable uterus, especially about the period of the change of life, and is connected with irregularity as to time ; the discharge being profuse, consisting of clotted or bright red blood, attended with pains, like those of labor, in the loins and groins, and contracting pains about the womb, and by an itching, yellowish, fetid leucorrhœa. It is all the more indicated if the mouth of the womb be more open than usual, the lips swollen, and neck tender. LEADAM thinks it is most indicated when there is a discharge of black, dark colored, and clotted blood, with labor-pains in the loins and womb ; or where there are paroxysmal discharges of bright red blood, increased by motion, especially in women who have frequently suffered from abortion, and who have reached that age when the change of life should occur. According to RÜCKERT, Sabina cured a case of metrorrhagia which had lasted for 11 weeks, there being a great discharge of black blood, and frequently of large coagulæ, especially at night, although the show was often of a bright red ; there were violent tearing pains in the limbs, in the small of the back, and in the abdomen ; also a tearing headache, generally on the left side, and frequently of intolerable severity. Also a severe case with labor-like pains, moving from the small of the back to the groins, and excessive urging to urinate. A third case, recurring after a miscarriage, the blood being generally coagulated, dark, and blackish, or, more rarely, thin and watery ; at night

the flow lessened and was painless ; at other times there was a pressure above the pubis, and a bearing down upon the womb ; also general weakness, emaciation, pallor and vertigo. Also a chronic case with severe and peculiar pains in the limbs. And a fifth case, attended with griping pains in the abdomen, the blood being thin, and the patient very weak. The 1st, 5th, 8th, and 30th dilutions were all used with good effect.

According to PEREIRA's experience, it is the most certain and powerful emmenagogue in the whole *Materia Medica* ; its emmenagogue power is fully established, the observations of HOME being perhaps the most satisfactory of any on this subject, confirmed, as they are, by the reports of many other accurate observers. It has acted so violently upon the kidneys and bladder, that bloody urine has been passed, and coagulated blood found in the bladder. In excessive cases, it has caused violent and incessant vomiting, excruciating pains in the womb, followed by abortion, and dreadful hæmorrhage ; after death, the gall-bladder has been found ruptured, the bile effused into the abdomen, and the intestines inflamed, and all this perhaps from a specific action upon the liver, as it causes an increased secretion of bile, and increase of size of the liver ; hence it is homœopathic to menorrhagia, when connected with bilious derangement, and portal congestion. WOOD and BACHE say that it increases most of the secretions, especially those of the skin and womb, to the latter of which organs it is supposed to have a peculiar direction, so that it has been much used in amenorrhœa. In pregnancy it should be given with much caution, although it has recently been recommended as an effective remedy in certain forms of menorrhagia, and is asserted to prove occasionally useful in preventing threatened abortion (see *Am. Jour. Med. Sciences*, new series, vol. 8, p. 475). DIERBACH says that it readily causes congestion of blood to the genital organs, increases the urine, and in large doses even causes hæmaturia. He recommends it in chronic and feverless affections of the womb, in suppression of the menses, sterility, swelling of the womb, in consequence of

frequent pregnancies, in cramps of the womb, subsequent to frequent miscarriages, in leucorrhœa, chronic hæmorrhages from the uterus, and even in indurations and commencing cancerous degeneration of this organ; also in blenorrhœas of the genital organs of both sexes. VOGT says that it removes sluggishness, stagnation, and thickness of the vena porta blood, and increases, in an especial degree, the sanguineous congestion and secretion from the uterus, while, at the same time, it is the most efficient of all the balsams, in removing sluggishness, relaxation, and atony of the womb. That it excels, in its action upon the female genital organs, all other gum-resins and balsams is undoubted by all sound practitioners, and it is the more indicated in diseases of these organs, the more languor there is of their vessels and movements, the more torpor in the ganglionic system, and the more atony and relaxation there is in general. He also recommends it highly against profuse, too frequently returning, and too long continuing Menstruation, arising from simple atony of the uterus.

In the American Jour. of Med. Sciences, Oct., 1844, p. 475, we learn that some observations on the employment of the Juniperus Sabina, in hæmorrhage from the uterus, have been made by M. ARAN, from which it would seem to be occasionally a powerful agent in *checking* these discharges. Much has been said on the properties of Savin as an emmenagogue; several foreign authors, however, and among them, WEDEKIND, GÜNTHER, and SANTER, disregard altogether its tendency to *cause* uterine hæmorrhage, and, on the contrary, recommend its use in such cases. M. SANTER says that Sabina is one of the most powerful curative means, not only in menorrhagia, but also in those hæmorrhages which threaten abortion, occurring in pregnant women, who, from debility, have already had several miscarriages. He states that in these cases he had given the powder of Sabina, in the extraordinary doses of 15 to 20 grains, three times a day, during a period of 3, 4, or even 5 months, and that he has in this manner frequently succeeded in arresting the flowing, and

preventing abortion, the infants being born healthy, at the full period.

The following cases, among others, are mentioned by ARAN:

CASE 1.—A worker in embroidery, aged 33, had been recently delivered of a child, and since her confinement had had attacks of menorrhagia at irregular intervals; she was much debilitated, and her health began to fail. Powdered Savin was given; in two days the flowing ceased, and did not return again.

CASE 2.—A woman, aged 28, had suffered from menorrhagia, almost continually for eight months; Sabina was given, and on the 3d day the bleeding was arrested. About six weeks afterwards, the flow returned, Sabina was again given, and the bleeding ceased almost immediately.

CASE 3.—A robust lady was attacked with menorrhagia, after a fatiguing walk; it was neglected, and had already lasted several days;  $1\frac{1}{4}$  gramme (about 20 grains) of Savin was administered in 3 doses, and on the following day the bleeding had ceased, and, although the patient would not remain in bed, it did not again return.

CASE 4.—A young married lady was attacked at the menstrual period with profuse flowing, which had continued for 8 days; 3 doses of Savin, of 40 centigrammes each, were given at intervals of 2 hours; on the following day the hæmorrhage had almost ceased, and another dose of the medicine entirely put a stop to it.

The celebrated KOPP has found Sabina useful in active uterine hæmorrhage, and prides himself not a little upon his discovery. SANTER expressly confines his use of it to passive hæmorrhages, and all diseases of the uterus depending on atony, asthenia, debility, defect of contractility, or cohesive force in uterus.

In Franks' Magazine, we also find Sabina recommended against profuse Menstruation and menorrhagia, by old school physicians, in allopathic doses.

CASE 5.—A very poor woman, aged 40, who had had several children and abortions, suffered with profuse Menstru-

ation, lasting from 6 to 8 days; the blood was almost as black as coffee, and exceedingly offensive; every time before the menses set in, her breath became very offensive, and the womb was found enlarged to the size of a child's head, and projected above the pubis; it diminished in size during the flow; the patient had many hysterical symptoms, and was pale, and discolored. After an abortion a flowing commenced, and lasted for 6 weeks, her pulse became small and quick, and fever set in. Twenty-grain doses of Sabina were given, 4 times a day, and quickly restored her; afterwards she always took a *small* (?) dose of Sabina, every night and morning, for 4 days, before the recurrence of Menstruation, with such good effect, that the menses always sat in without pain or distress, and were no longer profuse. She recovered her health and strength entirely.—WEDEKIND.

CASES 6 and 7.—In 2 cases of bleeding from the womb, in women who were approaching the change of life, and which had withstood all the ordinary treatment, Sabina was given successfully in scruple doses, and more, 4 times a day. Hence, although this remedy is an emmenagogue, it must also be regarded as among the best styptics against bleeding from the womb, but only in cases of true atomy and torpidity of the womb.—GÜNTHER.

CASE 8.—A delicate and nervous woman, aged 36, who had had many children, had also suffered for years with pain in the kidneys and bladder; after a suppression of 3 months, Menstruation sat in profusely; blood was discharged in thick, coagulated pieces, with violent labor-like pains in the back, but no signs of a fœtus were found. The discharge, which was at first bright red, then dark and coagulated, had already lasted profusely for 10 days, and the patient began to have frequent fainting fits; finally, the flow became brownish and granular, like decayed cruor, gave forth a horrible stench, like that of putrid meat, and that so powerfully, that it was difficult to remain in the room.

*Treatment.*—After many other remedies had failed, 3 drachms of Fol. Sabin. were infused in 4 ounces of water,

and a tablespoonful given every two hours. The discharge altered after the 2d dose, and was somewhat increased in quantity, but in an hour more it began to lessen, the offensive smell improved, and the pain in the groins ceased. In the course of 4 days, all offensive odor had disappeared, and the discharge ceased gradually.

CASE 9.—A lady began to have such profuse Menstruation that she was obliged to remain in bed for several days each month, and always lost a large quantity of blood. Appropriate homœopathic remedies, among which were Sabina, 3d and 6th dilutions, were given without good effect; then 3 drachms of Fol. Sabin. were infused in 6 ounces of water, and a tablespoonful given every 2 hours, with rapid and permanent benefit.—KOPP.

**Dose.**—The 1st, 5th, 8th, and 30th dilutions have each proved successful, or, at least, cases of menorrhagia have subsided under their use. MADDEN used the 3d and 6th dilutions, of the decimal scale. The doses must be repeated every  $\frac{1}{2}$ , 1, or 2 hours, in very urgent cases; 2 or 3 times a day in, less severe attacks. Very impressible patients may take from 2, or 3, to 5 granules per dose. In BEAUVAIS' 106 cases, Sabina was used more frequently and successfully than any other remedy, viz., in 16 cases; viz., the 2d dilut. in 1 case; the 3d relieved 1 case in a month, which had already lasted a month; also, another case in  $1\frac{1}{2}$  hours, which had continued several hours; the 6th and 7th dilutions each in 1 case; the 8th dilution checked a flow in 2 days, which had persisted for 14 days; the 12th potency was used in 1 case; the 24th in another; the 30th relieved 1 case in 2 days, which had continued for 11 weeks; finally, a part of a grain of the powder relieved a case in 3 days, which had lasted only 1 day.

#### SECALE.

LEADAM says that Secale is, as might be supposed, a valuable agent in menorrhagia; it is indicated in the congestive form, when the menses are profuse, especially at the climacteric period; in weak, cachectic, and exhausted individuals, with cold extremities, pale face, small pulse, and with anxiety and despondency. He says it should be used in the low attenuations. CHURCHILL says, that Secale will increase if not originate uterine contractions, is known to all, and also that it will

restrain inordinate discharges from the womb; we should, however, scarcely expect it to be useful in exciting the menstrual secretion, and it is difficult to determine upon what principle it does so. (Homœopathy will explain it.) As to the fact, we have the evidence of DEWEES, who recommends its use; of Dr. LOCOCK, who has tried it with success; also ROCHE, NAUCHE, and PAULY.

**Dose.**—In uterine hæmorrhage this remedy should almost always be used in massive doses; still, MADDEN gave the 3d, 6th, and 30th dilutions of the decimal scale. It may be given every few minutes in very urgent cases; every few hours in less severe attacks; and once or twice a day in chronic states. In BEAUVAIS' cases, it was used in 4.

#### SULPHUR

Is recommended by LOOMIS, when there is a painful sensibility of the neck and body of the womb, attended by itching and a burning sensation in the parts, before the menses set in. Or, when there is headache, spasmodic colic, pressure on the part, restlessness, cough, heart-burn, bleeding from the nose, and yellowish corrosive leucorrhœa, especially if Menstruation recurs too early, and is too profuse, or the blood is too pale, and has an acid smell. In all chronic cases of long standing, it will be well to commence the treatment with Sulphur; Loomis has known a dose or two of Sulphur change the whole character of the case; in nearly all cases which he has treated successfully with Sulphur, there has been a quick pulse, flushed cheek, hot skin, frequent attacks of headache, high-colored, scanty, and fetid urine, with a greasy pellicle on its surface, and passed with pain. It is more frequently indicated during the interval, than at the menstrual period.

**Dose.**—MADDEN used the 3d, 6th, and 12th dilutions.

#### VERATRUM

Is recommended by LEADAM, when frequent and profuse Menstruation is attended with diarrhœa, especially when there is buzzing in the ears, bleeding from the nose, pain in all the limbs, and great thirst.

## THLAPSI BURSA PASTORIS

Is recommended by Dr. LANGE, who has noticed the greatest benefit from this plant, in the menorrhagies of persons of relaxed constitutions; he has often cured entirely the tendency to excessive discharges at the menstrual periods.

## EMMENAGOGUES.

These remedies, of course, are homœopathic to menorrhagia, in addition to those already mentioned. DIERBACH mentions the *Taxus baccata*, *Laurus nobilis*, *Ruta graveolens*, *Buchu*, *Asarum europæum*, and *Borax*.

He says, that *Taxus baccata* has frequently caused fetid smelling sweats, with itching of the skin and pustular eruptions, flow of mucus and blood from the sexual organs, increased secretion of urine, diarrhœa, flow of viscid and acrid spittle, and attacks of vertigo, with dimness of vision. Hence it may prove homœopathic in scrofulous cases, with obstinate eruptions of the skin and acne, bad-smelling perspirations from the skin, arm-pits, perinæum, and feet, with leucorrhœa and tendency to diarrhœa.

The *Laurus nobilis* is most indicated when there is a tendency to abortion.

The *Rue* is most indicated when there are fetid sweats and hæmaturia.

*Buchu* is most homœopathic when there is a tendency to profuse secretion of urine, the water being turbid, loaded with flocculi, and presenting a purulent appearance; also, in dysmenorrhœa, leucorrhœa, and chronic menorrhagia, when attended with symptoms of gravel, great irritability of the bladder, with thickening, ulceration, or catarrh of the bladder.

*Asarum europæum* is one of the most common and active remedies in the production of abortion.

The emmenagogue action of *Borax* is said to be undoubted.

*Senega* is most useful when there is a decided catarrhal affection of the chest.

*Nitre*, by stimulating the kidneys, is said to be a decided emmenagogue. ASHWELL gave it to a patient whose mother-

placed great confidence in it, in scruple doses, 3 or 4 times daily, in a wineglass of water; it purged and produced bloody motions, but on the 3d day there was a copious flow of the menses, after a suppression of 7 months.

In BEUVAIS' 106 cases, besides the remedies already mentioned, Nux was given in 7 cases, Arsen., Baryt. c., Carb. an., Sepia, Silex, and Sulph., each in 1 case.

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DELAYED MENSTRUATION.

OF 4,000 cases, WHITEHEAD, of Manchester, met with

499	which were delayed to the 17th year.
393	“ “ “ “ 18 “
148	“ “ “ “ 19 “
71	“ “ “ “ 20 “
20	“ “ “ “ 21st or 26 “

WHITEHEAD found that delayed Menstruation and puberty exerted a more unfavorable influence than precocity; precocious cases were attended with unfavorable symptoms in about 20 per cent.; when puberty was delayed to the 17th or 18th year, as many as 247 cases out of 892, or about 28 per cent., presented unfavorable symptoms; while nearly 41 per cent., or 97 cases out of 239, who menstruated for the first time at 19 years of age, or after, required careful medical attendance, not so much for the absent discharge, as for their general health.

From the table (see page 9,) it will be seen that in *cold* climates it is almost as natural for women to commence to menstruate as late as 22 years, as at 14 years of age; while very few, only 19 out of 6745 cases commence as early as 13 years; only 5 cases out of 6745, at 12 years; and only 1 case out of 6745, at 11 years of age. Hence, protection from cold is very important for girls suffering with delayed or scanty Menstruation; exposure to warmth, either by means of exceedingly warm clothing, warm houses, or a residence in a warm climate, necessarily becomes an exceedingly effectual agent in

the treatment of these cases, although exceedingly precocious Menstruation is not as common in hot climates as is generally supposed. In Venezuela the menses set in, only in very rare cases, as early as 10 years of age.

Only 10 per cent. commence at 11 or 12 years.

As many as 70 per cent. commence from 13 to 15 years.

About 20 per cent. commence as late as 16 to 18 years.

And very rare cases, from 19 to 20 years, or even 21 years.

Still, in the large majority of women in *hot* climates, the changes of puberty are accomplished before the 15th year; in *temperate* climates, from the 13th to the 18th year; and in *cold* climates, from the 14th to the 22d year.

If Menstruation be delayed beyond the usual period, TILT says, nothing can be plainer than the line of conduct a mother should adopt in reference to her daughter's health;—if she be well, however late the first appearance may be delayed, no *physic* is required;—if she be ill, medical advice should be sought. The mother should recollect that puberty occurs at different periods, according to the country, climate, class of society, and even the constitution, and in many cases, it is safely delayed many years beyond the usual time. The knowledge that this may happen, without serious detriment to the health of the girl, should be sufficient to prevent the infatuation of so many well-intentioned mothers, who, merely because the “custom of women” has not appeared in their daughters at the same age as it appeared in themselves, do not hesitate to administer forcing medicines, without asking the sanction of a medical opinion.

The following sad history, related by Dr. DEWEES, is, TILT says, the best case that can be given on this subject.

“I often call to mind, with bitter recollection, the fate of a most amiable and interesting creature, for whom I was requested to prescribe for the expected menses, but who had not one mark that could justify an interference, more especially as she was in perfectly good health. ‘She was fifteen; it was time’; and this was all that could be urged by the mother in favor of an attempt ‘to bring down the courses.’ I relied too much

on the good sense of her anxious parent, and fully explained myself to her, without prescribing for her child. As might be expected, she determined upon trying a quack medicine, of some celebrity in similar cases; in a few days her daughter became feverish, lost her appetite, and suffered from nausea; she was soon confined to her bed, and by a persistence in the same treatment, she soon lost an only and a lovely daughter."

The line of conduct to be pursued by the physician when consulted about a case of retarded or delayed Menstruation, is equally plain. It should be recollected, and explained, that many girls do not come to maturity of mind and body as early as others; if the health of the child be generally good, her mind and body, however, being rather immature, then the principal attention should be paid to the development and culture of the *physique* and *morale*, rather than to a merely one-sided regard for the menstrual function. Menstruation should only be encouraged when both mind and body are prepared for it, and for the duties, precautions, and feelings, which attend it; a mere child is not fit to be entrusted with all the attributes, or to have the functions of mature women thrust upon her.

Excessively studious and sedentary habits should be corrected; exercise on foot and in a carriage, riding on horseback, sea bathing, the games of battledore, jumping the rope, rolling the hoop, running, and particularly dancing, are powerful means for obtaining health of body and vigor of mind, which ought not to be neglected, and which fortunately women seldom object to putting in practice. Living in the country, for the summer season at least, where the air is pure, particularly if pleasant company and companions can be added to the charms afforded by diversity of views and landscapes. Pic-nics, riding and boating excursions, evening entertainments, &c., which unite to all the advantages of exercises that of being agreeable to young persons, and producing the useful stimulus of contact with older and maturer minds of both sexes, will rapidly and healthily mature a feeble body, and one-sided, or torpid mind. All these means should be aided by a carefully selected, nourishing, and rather hearty

diet; young girls should be methodically and carefully discouraged from acquiring morbid inclinations for sickening and debilitating trash, miscalled delicacies; for they too soon get a distaste for all really nourishing and strengthening food.

The medical treatment should be calculated to produce the same broad and comprehensive changes, which nature designed to do, and which the above hygienic treatment may fail to accomplish. The physician should recollect that a proportionately more rapid growth and development of the whole body, more extended powers of mind and imagination, vigor of form and carriage, and the bloom of health and beauty, should be accomplished either by nature, or by the medical and hygienic arts; and that a contemptible and irritating treatment of a few organs or parts, is but little calculated to accomplish these great changes.

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#### INFREQUENT MENSTRUATION.

MADDEN, in 181 cases of uterine derangement, met with 9 cases in which Menstruation was infrequent; WHITEHEAD, in 161 cases of irregular Menstruation, found 5 cases in which the returns generally happened every 5 or 6 weeks, but occasionally there was an interval of only 1 month; one lady generally had her courses monthly, but every 3d time she missed the period, having a free interval of 2 months, her health never suffering in consequence. COLOMBAT says, some women naturally only have their "turns" every 6 weeks, or even only every 2 months; LINNÆUS saw women in Lapland, whose periodical discharges occurred only once a year; LISFRANC has met with women who were regular every 5th or 6th month, or only every 4th or 6th year; some of these females were habitually disordered, and others enjoyed perfect health. COLOMBAT thinks that girls of a lymphatic or scrofulous constitution, are regulated later and with more difficulty than others; while scrofulous women who are already regulated, often find their menstrual discharges diminishing little by little, and the retardations constantly becoming more prolonged.

Although we have seen that many mothers are too anxious for the first appearance of Menstruation in their daughters, still, an equally large class are too inattentive to the proper regulation and periodical occurrence of this function; nothing is more common than to meet with girls who have their periods at long intervals only, and then unsatisfactorily, but who do not get medical attendance until some severe accidental disease renders it imperatively necessary that their health should be attended to. Then the physician is obliged to contend with the complicated effects of a badly regulated system, conjoined with acute disease, and the constant liability to relapses, and various unusual occurrences, which are apt to arise in this state of things.

*Treatment of Delayed and Infrequent Menstruation.*

SULPHUR

Is supposed to act specifically upon the venous system of the abdomen, lower bowels, and pelvis; ALTSCHUL says, it causes congestion to the womb, with pressing-down pains, and tendency to inflammation of the vulva, the menses occurring either too early or too profusely, or else being suppressed in consequence of inflammation, or irritation. KNORRE, however, recommends it when there suppression of the menses, with congestion of blood to the head; in falling of the womb, leucorrhœa, and inclination to abortion. It has also been decided to be homœopathic when Menstruation occurs at too late a period, and too infrequently, attended with constipation and distension of the abdomen, even when there is a delay of 3 months beyond the usual time.

**Dose.**—NOACK advises 1 or 2 grains of the 1st or 3d trituration, or from 1 to 3 drops of a carefully prepared tinct. of Sulphur, repeated once or twice a day, or every 2, 4, or 6 days.

NATRUM.

*Natrum sulph.* has been recommended when the menses are delayed beyond the usual time, being too late in their first

occurrence, infrequent in their recurrence, and scanty, with constipation. *Natrum muriaticum*, when they are simply too late and scanty. *Natrum* is supposed to exert a specific action upon the neck, the genital organs especially in the female sex, upon the tissues of the womb, upon the urinary organs, and breast; it has also removed goitre, and other affections of the cervical glands. *Natrum carb. acidulum* has removed enlarged cervical glands, scrofulous derangement of the stomach and bowels. The Chlorate of Soda has removed irregularity of Menstruation in scrofulous females, with enlargements of the glands of the neck. The Iodide of Soda has removed tumors which have withstood the use of Iod. mer., and Iod. pot.

**Dose.**—1 or 2 grains of the 1st, 2d, 3d, or 6th *decimal* dilution, may be taken night and morning, or every 2, 3, or 4 days; in appropriate cases, and in very sensitive persons, from 2 to 5 granules may be taken per dose.

#### CHELIDONIUM

Has been recommended when the menses are retarded and infrequent as to time, but last longer, and are more profuse in quantity. It has effected cures in women afflicted with obstinate eruptions upon the face, with most extensive and profuse scrofulous ulcerations, and with bilious derangement.

**Dose.**—NOACK advises 1 or 2 drop doses of the pure tincture, repeated once or twice a day. The granules may be used in very nervous, hysterical, and sensitive persons.

#### SABADILLA

Has been used successfully when Menstruation is delayed and infrequent, and is preceded for several days by a painful bearing-down; it is most useful in cases in which there is a frequent inclination to urinate, drawing pains along the spine, chilliness of the body, with a peculiar feeling of warmth in abdomen, and a characteristic sensation of excessive debility.

**Dose.**—1 or 2 drops of the 1st, 2d, or 3d dilution, may be used per dose; or from 2 to 4 granules.

## NUX MOSCHATA

Is recommended in infrequent and tardy Menstruation, when preceded by a severe and peculiar pain in the back, especially if many hysterical and nervous symptoms be present, such as delirium, vertigo, hysterical loss of sensation, drowsiness, or transient mental derangement.

**Dose.**—Same as for Chelidonium.

## MERCURIALIS PERENNIS

Has been used when there was a delay of 3 days, and the menses then set in with a sense of anxiety, difficult breathing, feverish heat over the whole body, followed by swelling and tenderness of the breasts, headache, and faintness, especially if these symptoms occur in girls who are usually light and happy, sprightly, gay, and merry, but who become feverish, surly, fretful, sullen, and depressed, or excited, with dizziness and drowsiness, heaviness, fulness, heat, and congestion of the head. It is homœopathic when the menses, which should last at least 3 days, continue only 1 day, followed by cramps in the bowels, and headache; also, when the menses are delayed for 1 week; when they last only 4 days, scantily, in females in whom they generally continue 7 days.

**Dose.**—Same as given for Sabadilla. (page 378.)

## MAGNESIA MURIATICA,

When there is a delay in Menstruation, with violent pain in the small of the back.

**Dose.**—The same as recommended for Natrum. (page 378.)

## IODINE

Is recommended as homœopathic, when there is a delay in Menstruation, with dizziness and palpitation; still, ASHWELL says, that it is occasionally a good emmenagogue, but also, that there is no remedy of this class, which has so frequently failed in his hands; in patients predisposed to struma, or actually suffering from scrofulous enlargements of the glands, it

exerts an almost specific influence; still COINDET was perhaps scarcely correct in attributing to this drug such certain and powerful emmenagogue properties. CHURCHILL says, that Iodine has been extensively tried in amenorrhœa, and in many cases successfully; but it may be questioned whether the continued trial has fulfilled the expectation of the physician who introduced it into practice. COLOMBAT says, that Iodine has been used successfully in chronic amenorrhœa, by COINDET, DUMERIL, BRERA of Padua, MAGENDIE, SABLAIROLET, RECAMIER, and TROUSSEAU, as well as by himself. But Dr. MANSON does not believe that it possesses any emmenagogue powers, further than as a stimulant and tonic to the whole body; in one of his patients, in large doses, it occasioned so much sickness and disorder of the stomach, that the menstrual discharge was suppressed altogether. It has been supposed to be most useful in irregular Menstruation, arising from enlargement or induration of the womb; Dr. THETFORD gave it in a case in which the uterus was of bony hardness, and of so considerable a size as nearly to fill the whole of the pelvis; yet in six weeks the disease had given way to the use of Iodine, and Menstruation was restored. ASHWELL treated successfully 7 cases of hard tumors of the womb, in the average time of from 8 to 16 weeks. LUGOL mentions several instances among his scrofulous patients, in which it cured obstructed and painful Menstruation. EAGER found it to act as an excitant on the genital organs; it augmented the activity of the womb, and rendered Menstruation more abundant; on the other hand it has been supposed to be homœopathic to sterility, as 2 cases are detailed by Dr. ROB. H. RIVERS, in which barrenness succeeded its administration. LOCHER BALBER found Iodine of use, at times, in those troublesome cases, which occasionally precede the establishment of Menstruation, but if given in too large doses, he and GOLIS were often obliged to omit its use, on account of its evil consequences to the lungs, such as dry cough, and cough with bloody expectoration. DIERBACH says, that Iodine may cause an atrophic state of the female breasts, and its influence upon the womb may stand in

a more or less close connection with this power ; hence he can scarcely regard it as a contradiction, when one observer notices sterility to follow its use, while another finds it to be a powerful emmenagogue, easily exciting profuse flooding, or even abortion. In a woman, subject to profuse Menstruation every 3 weeks, SCHMIDT noticed a violent flowing from the womb, lasting 4 weeks, produced by the use of Iodine. To increase the confusion caused by all these contradictory statements it has been pronounced homœopathic against sudden suppression of the flowing menses ; also, when they are delayed 8 days, with vertigo and palpitation ; against menstrual irregularity ; increase of the menstrual flow ; premature, copious, and violent Menstruation. It has *relieved* a uterine hæmorrhage, which was increased whenever the bowels were moved, attended with pains in the stomach, loins, and small of the back ; it proved useful when the menses were preceded by a rush of blood to the head, palpitation of the heart, and swelling of the neck ; it has also removed all the usual troublesome precursory symptoms of Menstruation. It is, perhaps, most homœopathic when scanty Menstruation is caused by congestion to the chest, in females inclined to consumption, with pains in the side, dry cough, bloody expectoration, more or less fever, and tightness of the chest, acute pains in the female breasts, as if they were sore and ulcerated in their inmost substance, continuing for weeks, and attended with painfulness and heaviness of both mammæ, followed by considerable emaciation of the whole body, or great diminution in size of the breasts.

**Dose.**—NOACK advises drop doses of the pure tincture, largely diluted in water, or of the 1st, 2d, 4th, or 6th dilution, once or twice a day. KNORRE advises  $\frac{1}{2}$  drop doses of the 1st or 3d dilution. The granules may be used in very sensitive persons.

#### FERRUM ACET.,

When delaying menses consist of a scanty discharge of watery blood.

#### DULCAMARA,

When Menstruation is retarded, with discharge of thin,

watery blood. When the menses are delayed for many days, even for 25.

**Dose.**—Dulcamara is one of the milder remedies, of which Noack advises 1 or 2 drops per dose, of the pure tincture, or of the 1st or 2d dilution, from 1 to 3 times a day. In appropriate cases, the higher dilutions may be tried, or from 3 to 6 granules may be dissolved in a wineglassful of water, and 1 teaspoonful taken per dose.

## SEPIA,

When the menses are three days too late.

**Dose.**—Same as for Natrum. (See page 378.)

## CICUTA,

Late Menstruation.

**Dose.**—Same as for Sabadilla. (See page 378.)

## HYOSC. AND IGNAT.,

When "courses" are some days too late.

**Dose.**—Same as for Cicuta.

## PODOPHYLLUM PELT.,

When menses are retarded and infrequent.

**Dose.**—Same as for Dulcamara.

## NUX VOM.,

When menses do not appear for 6 weeks, and then come on again at the time of full moon.

**Dose.**—Same as for Sabadilla.

## BELLADONNA,

Increase and delay of Menstruation for 22, 36, or even 48 days.

**Dose.**—See page 340.

## CALCAREA

Cured a case in which Menstruation was often delayed to the 6th week, but was then very profuse, attended with severe

colic, frequent headache, dizziness; violent chronic cough, with pressure upon the chest, as if it were too contracted, causing her to wake several times at night, with asthma and fearfulness; she had no appetite, was very weak, gloomy, and discontented.

**Dose.**—Same as recommended from Natrum. (See page 378.)

#### GRAPHITE

Is homœopathic when the menses are delayed beyond the proper period of return. It cured a case in which Menstruation was delayed and too scanty, setting in only every 5 weeks, the patient being dizzy even when sitting, having buzzing in the ears, tearing pains in the temples, just before the monthly period, heat in the face, excessive appetite. Menstruation in this case was attended on the first day by cutting pain and pressure in the abdomen, extending down to the womb, the discharge being scanty; the patient was costive, having a hard evacuation only every 2 or 3 days; in the evening, while in bed, she often had a peculiar pain and cramp in the calves of the legs; in the morning she was so dizzy as often to be on the point of falling. It also proved useful in another case of scanty and infrequent Menstruation, in which the courses set in irregularly, only every 8 or 10 weeks, the discharge being thick and as black as pitch, being preceded and accompanied by continual headache, by cutting and pressing pains in the lower part of the stomach, and in the hips. The patient also had pain in the small of the back; the abdomen, arms, and legs were bloated, with numbness, tingling, and stinging in them, as if they would go to sleep; she was chilly, had cold hands and feet; she had rapidly grown stout, with feeling of heaviness, weariness, and inactivity; she also had small, round, red, and itching herpetic eruptions upon the forearms and neck.

**Dose.**—Same as for Natrum. (See page 378.)

#### PHOSPHORUS

Is said to be homœopathic when the menses appear too late by 4 or 8 days, but then are so much the more profuse, last-

ing 8 days, leaving great debility behind, the patient having dark circles around the eyes, becoming emaciated and anxious.

**Dose.**—Same as for Iodine. (See page 381.)

CONIUM AND KALI CARB.

Have been frequently employed with success, when the first appearance of the menses is retarded.

**Dose.**—Same as for Bellad. and Natrum.

SCANTY MENSTRUATION.

WHITEHEAD, in 359 cases, met with a woman of strong and healthy constitution, whose Menstruation had commenced regularly for years, on Tuesdays, but the discharge never continued longer than 24 hours; also 8 other females, of different habits of body and differently occupied, who only menstruated one day each time. In one case, a lady had her turns every 14 days, but the discharge generally continued only 2 days, and sometimes only a few hours. MADDEN, in 181 cases of uterine derangement, met with 35 instances of scanty Menstruation. Although LOOMIS estimates the natural quantity of the menstrual flow at from 2 to 4 ounces, still, all cases in which less than from 4 to 6 ounces are parted with, must be regarded as decidedly scanty; the same holds true in all instances in which the flow lasts less than 3 or 4 days, unless it be unusually copious during that time.

*Treatment of Scanty Menstruation.*

BARYTA CARB.,

When the menses are simply scanty.

PULSATILLA.

In scanty Menstruation, the discharge ceasing entirely at night, and returning only in the day time while walking.

**Dose.**—See page 395.

## SARSAPARILLA,

When the discharge is scanty and acrid, causing burning and excoriation of the inner side of the thighs.

**Dose.**—Same as for Pulsatilla.

## IGNATIA,

When menses are scanty, black and offensive.

**Dose.**—Same as for Nux.

## BERBERIS VULGARIS,

When the flow is scanty, also thin, like serum, setting in with chilliness, aching in the small of the back, and tearing pains in the whole body.

**Dose.**—Same as for Pulsatilla.

## SABADILLA,

When the usually regular menses become scanty, and occur at irregular periods.

**Dose.**—Same as for Pulsatilla.

## THUYA,

When the monthly flow is diminished and delayed.

**Dose.**—Same as for Pulsatilla.

## DULCAMARA,

Against scanty Menstruation.

**Dose.**—Same as for Pulsatilla.

Bovista, Croton, Graphite, Kali carb., Lachesis, Magnesia sulph., Natrum mur., Nux, Petrol., Phos., Sepia, Baryta carb., Carb. veg., and Silex, are also recommended.

## AQUILEGIA

Is said to be beneficial in many uterine affections, especially when the menses, although regular as to time, are too scanty and attended with a dull, painful, nightly increasing pressure in the right lumbar region.

**Dose.**—Same as for Pulsatilla.

## ATRIPLEX OLIDA

Is said to have cured a case in which the menses were scanty, and generally consisted of bloody mucus, being preceded by violent lancinations and cuttings, and followed by leucorrhœa; the patient being pale and livid, having dulness of the head, constant restlessness and tossing in bed, getting but little sleep, being troubled with anxious and frightful dreams; she also had great weakness in the small of the back, especially in the afternoon, when it was at times so great as almost to cause her to sink or fall down.

**Dose.**—Same as for Aquilegia.

## CALCAREA,

It is said, may not only be used against profuse, but also against scanty Menstruation; it is even more frequently appropriate in the latter case.

**Dose.**—See page 348.

## GRAPHITE

Cured a case in which Menstruation had been scanty for 4 years; it was attended with colic, drawing pains in all the limbs, and by weakness. She had a cramping pain at the pit of the stomach after every meal, followed by offensive eructations; but little appetite. Baryta relieved the colic; but Graphite brought the menses on more abundantly. Graphite and Causticum are said to be useful when the appearance of the menses takes place with pain and difficulty, the discharge being scanty and soon ceasing.

**Dose.**—See page 396.

## BARYTA CARB.,

When the menses are scanty, and last only 1 day, but set in 2 days too soon—discharge of a little bloody mucus from the vagina, with anxious beating of the heart, uneasiness in the body. According to NEUMANN, Baryta is decidedly homœopathic to torpor of the sexual system.

**Dose.**—Same as for Calcarea.

## ALUMINA.

The action of this remedy is very similar to that of *Baryta*. It is homœopathic when the menses are scanty and last only 3 days; when they are scanty and pale; when suppressed for 3 months, or only for 1 month, and then set in copiously—preceded for 6 days by a copious flow of menses from the vagina, attended with trembling lassitude, and feeling as if everything would fall out—frequent urination during Menstruation, the urine being acrid—violent headache, which ceased on the appearance of the menses. Profuse and acrid leucorrhœa, with a burning sensation in the part, but especially in the rectum.

**Dose.**—Same as for *Calcarea*.

## ASSAFŒTIDA.

**PEREIRA.**—In *JÖRG*'s experiments it produced irritation of the sexual organs, while Menstruation appeared before its usual time, and was attended with uterine pain—it has been employed in uterine obstructions, such as amenorrhœa and chlorosis, but *CULLEN* very seldom succeeded with it as an emmenagogue—perhaps he might have met with better success if he had merely used it against that peculiar form of scanty and painful Menstruation which occurs too soon and frequently. *SOBERNHEIM* thinks, that it stands in quite a specific relation to the uterine nervous system, and there is no other remedy which so readily regulates the altered activities of the female sexual organs; it effects as much against nervous derangements of the womb, as *Bismuth* does in the purely nervous affections of the stomach—in menostasia and irregularity of the menses, owing to a perverse activity of the uterine nervous system, especially in delicate, badly regulated, and spasmodic girls. *VOGT* recommends it in atony, when attended with an irritable state of the uterine nerves; in many nervous and spasmodic affections connected with menstrual disturbances; in painful, suppressed, scanty, and irregular Menstruation, delayed development of puberty, &c. It is most suitable in delicate, atonic, extremely irritable persons, who are inclined to spasms, have a pale appearance, and disposed to

leucorrhœa. DIERBACH advises it in spasms of the stomach and bowels, complicated with obstructions in the vena porta system, and irregularity of Menstruation. Labor-like pains in the uterus, with bearing-down and cutting pains, recurring at intervals—when menses set in 10 days too soon, but are scanty, lasting only 3 days.

**Dose.**—Same as for Chamomilla. (See page 343.)

## ABSENT MENSTRUATION.

### AMENORRHŒA.

In 1149 cases of uterine disease, ASHWELL met with 125 cases in which Menstruation was absent; in 181 other cases, MADDEN found 36 cases of the above disorder, *i. e.*, amenorrhœa, with 18 cases of irregular Menstruation, 35 cases of scanty discharge, 9 cases of late or delayed Menstruation, and 19 cases in which the flow was too pale in color.

A reference to the tables, (see pages 8 and 9,) will satisfy any one of the large number of cases which commence Menstruation at a late period, viz., after the 17th or 18th year. It is true, that in a large proportion of these cases, the patients suffered more or less in consequence of the delay. Under the gentle homœopathic treatment, there can be no objection in commencing the treatment of amenorrhœa as soon as the physician and mother have agreed that the proper time has arrived for the menstrual function to be established. If there be constitutional debility and delicacy of constitution to contend with, the treatment should be commenced very early, as these cases are always slower and more difficult of cure than are most other varieties of amenorrhœa; and, in the naturally delicate, if Menstruation does not quickly follow the advent of puberty, the patient generally suffers for months and years from the consequences of non-secretion; while COLOMBAT states, that under old school treatment, amenorrhœa, which has lasted several years, offers but slight chances of cure. The treatment in the dominant school is often so severe, that even the most experienced physicians prefer dilly-dallying with

their cases in the commencement, and persist in their "masterly inactivity" until the disease becomes firmly established, and the general health of the patient is materially involved. Gentle treatment should be commenced with the first signs of declining health, and even before these appear, if the first advent of Menstruation be delayed beyond the 16th year. There are several varieties of Absent Menstruation, or amenorrhœa.

1. *When there is a slow and partial development, or entire absence of puberty.*

It is said that retarded Menstruation from absence of puberty, defective organization of the ovaries, or want of maturity in them, may be at once recognized by the general appearance of the girl; she is but a child, and has the appearance and manners of a child; and it is decidedly wrong to force or irritate the frail system of an immature creature. General invigorating management, however, should be instituted, the digestion improved, gymnastic exercises carefully followed up, fresh air, plain but generous diet, cheerful company, and agreeable variety of occupation and pleasure, should be supplied.

When there is a deficiency, or disorganization of the whole of both ovaries, the amenorrhœa will of course prove incurable; but as long as one, or even a portion of one ovary is sound, Menstruation may be performed more or less imperfectly; while partial, or remedial disease of the whole of both ovaries should be detected and removed. ASHWELL says, that when puberty and Menstruation are delayed from delicacy of constitution, or from residence in impure air, combined with sedentary employment, or when the general debility is owing to rapid growth of the whole body, thus diverting the requisite amount of nervous power and vascular activity from the ovaries and womb, that the majority of such cases will recover, under old school treatment, although months and years may elapse before the cure will be accomplished, during which time the confidence of the patient and of her friends, in med-

ical skill, will be severely tested. In the N. A. Homœopathic Journal, Vol. 1, pp. 181 to 200, I have treated in full of *Atrophic ovarian-amenorrhœa*; Conium, Plumbum, Baryta, Muriatica, and Bromide of Potash, Camphora, Agnus castus, were there pointed out as the most homœopathic remedies to this condition; if these should fail, the Antipathic remedies, viz., Ferrum, Phosphor., Nux, Electricity, Stramonium, Aloes, and Cantharides, may be resorted to.

2. *Amenorrhœa after puberty is fully established.*

Retention of the menses beyond the period indicated naturally by the advanced development of the rest of the system, may arise

- (a) From mere delicacy of the constitution;
- (b) From an irritable and hysterical condition;
- (c) From chlorosis;
- (d) From general plethora, especially when there is an excessively fibrinous state of the blood.

According to ASHWELL and LOOMIS, who agree in a remarkable manner, not only in their views, but also in their language, amenorrhœa in plethoric, but otherwise healthy and robust subjects, is characterized by symptoms of congestion, or active plethora. There is headache, tension, and weight about the brain, with a sensation of fulness and throbbing in the centre of the head, or about the cerebellum, a florid countenance, torpor, lassitude, pain in the back and loins, a full, and generally a slow pulse, though occasionally, in irritable females, it is rapid; irregular circulation, evidenced by the feet and hands being, the one hot and the other cold, or both at short intervals remarkably hot or cold; the skin is sometimes harsh and dry, at others clammy. These symptoms at first pass away after the attempt at Menstruation is over, but subsequently they will persist during the intermenstrual periods, and recur in an aggravated degree as the menstrual epoch again approaches. This form is generally curable, though often neglected; and if long neglected, or inefficiently treated, a cure will not be soon accomplished.

The obstacles in the way of a cure by nature, or medical art, are :

1. An excess of blood in the whole system.
2. An excessively fibrinous state of the blood.
3. Congestion of the womb so active, as to prevent the secretion of the menstrual fluid.

The principal homœopathic remedies for excess of blood in the whole system, are, Ferrum, China, Natrum muriaticum, Bellad., and Stramonium. The principal antipathic remedies, are, Aconite, Digitalis, Veratrum viride, Carbo vegetabilis and animalis.

The principal homœopathic remedy, against an excess of fibrin in the blood, is Argentum nitricum. The best antipathic remedies, are, Ferrum, Phosphor., Kali carb., Calcareæ, Borax, Magnesia carb. and muriatica, Potassæ nitras, and Causticum.

The principal homœopathic remedies against congestion of the womb, are, Sabina, Stramonium, Cantharides, Aloes, Crocus, Platina, and the numerous remedies mentioned under the head of "Profuse Menstruation."

The varieties from debility and nervousness will be alluded to under the head of treatment.

3. *Amenorrhœa from distant disease, or visceral irritations, which retain the blood, and prevent it from being directed towards the womb.*

According to COLOMBAT, amenorrhœa, depending upon disease of some organs, may set in at the commencement of such disease, or more frequently it appears at a rather advanced period ; and it may be assumed as a general rule, that the menstrual derangement declares itself sooner in proportion to the degree of sympathy between the disordered organs and the womb ; for example, when the stomach, brain, or heart is affected, the amenorrhœa is apt to come on at a very early period, whilst in consumption the complete suspension of the menses does not occur until the tubercles begin to soften. Very frequently the menstrual diarrhœa alluded to on page

14, becomes so prominent as to render the menses irregular, or even to suppress them; CHURCHILL has had patients, who, when their menses became irregular, were very liable to attacks of diarrhœa, with griping pain; BAUDELLOCQUE knew a lady, 45 years old, who had never menstruated, but who had diarrhœa for 3 days in every month; BRERA, COLOMBAT, and FOUQUIER have seen cases in which dysentery sat in every month for several years, finally causing amenorrhœa. The simplest form of this variety of amenorrhœa occurs in consequence of the very rapid growth of the rest of the body, which diverts the nervous power and vascular activity from the ovaries and uterus, to the other and distant organs. COLOMBAT, in particular, insists that the menstrual flux may be prevented by all sorts of chronic, congestive, inflammatory, and nervous affections, and that very frequently a crowd of neuroses and neuralgias show themselves for the first time, only when Menstruation has become entirely suppressed, and yet they have caused the suppression, not merely arisen in consequence of it. With this clue we will be better able to understand the action of many remedies which have gained a reputation as emmenagogues, without exerting any specific action upon the ovaries or womb; they cure the distant irritations, and then merely allow the blood to return to its regular and periodical course; thus Bryonia will often remove chronic or periodical congestions to the chest, and afterwards allow the blood to be diverted downwards to the ovaries and womb; Bellad., by curing congestion to the head, homœopathically, will permit the regular menstrual congestion and hæmorrhage to take place from the womb; Veratrum, by allaying irritation of the bowels and curing diarrhœa, will remove the obstacle which prevented the blood from flowing towards the uterine organs.

*Treatment.*—In the Homœopathic Hospital Report, of 54 cases of suppressed, absent, or scanty Menstruation, 36 were cured, 7 relieved, and 11 uncured, or still under treatment. In the N. Y. Homœopathic Dispensary Report, for 1851, of 53 cases of suppressed or scanty Menstruation, 14 were cured, 34 relieved, and 5 unknown, or still under treatment. MAD-

DEN, in 94 cases of absent or scanty Menstruation, had 62 cases cured, or greatly benefitted; 27 cases somewhat benefitted; RÜCKERT reports 30 cases cured; BEAUVAIS, 24 cases; in all, 255 cases, of which 112 were cured or greatly benefitted; 68 somewhat relieved, and 43 uncured.

In RÜCKERT'S Therapeutics, BEAUVAIS' and MALAIS' Cliniques, HENDERSON, &c., 65 cases of amenorrhœa cured by homœopathic remedies are reported: of these, 18 were cured by *Pulsatilla*, alone, and 12 by Pulsat., aided by other remedies; 8 cases were cured by *Sulphur*, alone, and 3 by Sulph., aided by other remedies; 6 cases were cured by *Nuxvomica*, alone, and 4 cases by Nux, aided by other remedies; Sepia was used in 7 cases; Graphite was given in 10 cases; Calcearia in 5 cases; Bellad. in 3 cases; Aconite in 3 cases; Bryonia in 4 cases; Cocculus, Iodine, Opium, and Conium, each in 2 cases; Baryta, Caps., Stramon., Ant. crud., Natrum, Sabina, Coloc., Silex, Arnica, Ferrum, Carb. v., China, *Urtica urens*, and *Nux moschata*, each in 1 case.

## PULSATILLA.

This is the favorite homœopathic remedy against amenorrhœa; we have already seen that it was given more or less successfully, in 26 cases out of 65. Hahnemann recommends it when the menses are suppressed or delayed, and attended with cramps in the bowels and womb. KNORRE found it useful when the patient's face was pale, and there was constant chilliness, even during summer weather and with warm clothing. TIETZE, when amenorrhœa was attended with leucorrhœa, dizziness, aching pain in the womb, and difficulty in urinating. KOPP, when there was great sensitiveness and weakness of the eyes. RÜCKERT, when there was menstrual colic, cutting pains in the bowels, pressure upon the bladder, attacks of vertigo, with loss of appetite and taste. TRINKS, in scanty Menstruation, when attended with menstrual colic. ALTSCHUL cured several cases with it. MADDEN found it very serviceable. But DIETZ and HEICHELHEIM, never witnessed any good effects from it, against absent Menstruation. An

overdose of Pulsatilla is apt to cause pain in the stomach, canine hunger, nausea, and vomiting, slimy stools, frequent discharge of urine, profuse discharge of offensive sweat, excessive weakness, so that the patient is obliged to keep her bed, outbreak of a vesicular eruption over various parts of the body, trembling of the limbs, and peculiar pains in both eyes. VOGT says, that the most marked and constant of actions, are, increased flow of urine, and increased secretion of mucus from the nose and air tubes, and of perspiration. SOBERNHEIM says, that it acts upon the eyes and skin, mucous membranes, and urinary organs, in quite a specific manner. DIERBACH says, it causes offensive perspirations from the feet and arm pits, vesicular and pustular eruptions, profuse flow of urine, and that suppressed piles and menses are apt to reappear under its use; it is also apt to excite an irritation to cough, repeated sneezing, headache, dizziness, pain, sensitiveness, and dimness of the eyes, also nausea, vomiting, pains in the stomach and bowels, colic, and slimy diarrhoea. Hence, it would seem most homœopathic to amenorrhœa, and suppression from taking cold, especially if there be a catarrhal affection of the eyes, nose, and chest, or of the stomach and bowels; or a rheumatic catarrhal affection of these organs, and of the fibrous tissues. It is most homœopathic to amenorrhœa produced by visceral irritations in distant organs, which retain the blood in the irritated parts, and prevent it from being directed towards the womb and ovaries. It is especially homœopathic to amenorrhœa from severe one-sided congestions to the head or eyes, or from severe scrofulo-catarrhal, or rheumatic inflammations of the eyes, nose, or lungs; from severe influenzas, chronic coryzas, or bronchitis; or from severe acute, or chronic mucous, or catarrhal irritations of the stomach and bowels, marked by slimy-coated tongue, nausea, loss of appetite, vomiting of mucus, pain in the stomach and bowels, and mucous diarrhoea; or from such severe catarrhal affection of the kidneys, bladder, uterus, and vagina, that the usual menstrual discharge is checked and prevented; finally, it is also

homœopathic to amenorrhœa caused by skin diseases of great extent and tenacity, such as salt-rheum, acne, &c.

I have a strong suspicion, however, that it is antipathic to amenorrhœa, for STORK has seen it produce increased and copious Menstruation, and even flooding from the womb, attended with the discharge of thick, black blood; and DIERBACH says that suppressed piles and menses reappear under its use.

**Dose.**—The 2d dilution was used successfully in 1 case; the 4th in 3 cases; the 5th in 2 cases; the 6th in 3 cases; the 8th in 1 case; the 12th in 6 cases; and the 15th in 1 case. The very high dilutions do not seem to be thought worthy of confidence in this disease, as even Hahnemann advises 1 or 2 drop doses of the 12th dilution. TRINKS says, that the 2d dilution is by far the most useful, while ALTSCHUL prefers the 6th in adults. See also page 364.

#### GRAPHITE.

This remedy was used next most frequently to Pulsatilla, viz., in 10 cases. In my work on Headaches, page 110, I have pointed out the close relation of Graphite, or *mineral carbon*, to Sepia, or *fish carbon*, to Carbo vegetabilis, or *vegetable carbon*, and to Carbo animalis, or *animal carbon*. There is also a close relation between some of the actions of all these remedies, and those of Pulsatilla; at least they all act prominently upon the venous system and skin. Hahnemann found it most useful when there were frequent flushes of the face, troublesome dryness of the nose, eructations, morning-sickness, heaviness in the bowels, great accumulation of wind, obstinate constipation, painful piles, leucorrhœa, and coldness and falling asleep of the feet. TRINKS recommends it in scrofulous and venous constitutions, when there is a great inclination to perspire, and to chronic eruptions, or to catarrhal affections, or hæmorrhoidal and menstrual congestions to the upper part of the body. ALTSCHUL says, it is useful when catarrhal affections are apt to set in about the menstrual period, such as hoarseness, dry cough, evening-headache, and catarrhal fever, attended with pains in the bowels and small of the back, or by toothache, especially if diarrhœa occurs after the menstrual period has passed by. It has also been used successfully against sup-

pressed, delayed, or irregular Menstruation, when there was a painful pressure upon the genital organs, persistent aching pains in the head, swelling of the belly and of the arms and legs, with heaviness and lassitude. Also, against amenorrhœa and dysmenorrhœa, from portal congestion; GOULLON used it successfully against amenorrhœa with dropsy of the feet; LOBETHAL against scanty and painful Menstruation, when the difficult irruption of the menstrual flow finally produces a scanty discharge, which generally soon ceases again. KNORRE recommends it from personal experience, against scanty and infrequent Menstruation, when it occurs irregularly, only every 8 or 10 weeks, and then lasts but a few days, with a scanty discharge of thick, black blood. LOOMIS recommends it when suppression occurs very soon after the flow commences, attended with cutting pains in the bowels, painful swelling in the region of the ovaries, a sensation as if everything was forced down towards the genital organs, headache, nausea, pains in the chest, a peculiar and characteristic white leucorrhœa, as liquid as water, especially if the patient be also troubled with herpetic or erysipelatous eruptions.

**Dose.**—The 12th dilution was used in 2 cases; the 30th in 5 cases. TRINKS recommends 1, 2, or 3 grain doses of the 1st, 2d, or 3d trituration; ALTSCHUL has seen excellent effects from the 2d dilution; LOBETHAL was very successful with the 1st and 2d potencies.

#### SEPIA.

This remedy is only reported as having been used in 7 cases, although it is given, perhaps, more frequently in *chronic* amenorrhœa, than any other homœopathic remedy. LOOMIS says, that it is appropriate in chronic amenorrhœa occurring in weakly females, with a delicate and tender skin, sallow complexion, and predisposition to melancholy and sadness, especially if they are also annoyed with a yellowish, or greenish-red, watery leucorrhœa, or a purulent, fetid, and corrosive discharge. Sepia-patients are subject to frequent attacks of nasal catarrh, suffer much with nervous debility, and tendency to weakening perspirations, with headache, nervous toothache,

throbbing in the head, dizziness, bearing-down pain in the womb, pains in the loins and small of the back, and in the limbs, as if they had been bruised or beaten.

TIETZE recommends it in those amenorrhœas which arise slowly out of an affection of the assimilation, and the whole bearing of the patient expresses the presence of an obstinate and deep-seated affection, the skin being pale, dingy, or sallow, the frame delicate, and the features marked with traces of frequent suffering. For Sepia to be useful, a dyscrasia should always be present, attended with obstinate and deep-seated nervous derangement. It is almost specific in cases attended with *sudor hystericus*, or a peculiarly sweetish-smelling perspiration of the arm-pits and soles of the feet.

**Dose.**—Same as recommended for Graphite.

#### SULPHUR.

This remedy was used more or less successfully in 11 cases. It is supposed to be a resolvent remedy which acts principally upon the skin, liver, mucous membranes of the bowels and lungs. It acts so beneficially upon the lungs and air tubes, that GRAVES always adds it to his cough prescriptions, and even in old times it obtained the name of "Balsam of the Lungs." SUNDELIN says, that it operates quite specifically upon the mucous membrane of the rectum, and thereby promotes critical hæmorrhoidal secretions; this action may be extended to the uterus, for ALTSCHUL says, that it exerts a specific influence upon the venous vessels of the abdomen, rectum, and pelvic organs; it causes congestion of blood to the womb, a pressing-down pain, and inflammation of the vulva, attended with too easy and too copious a flow of the menses, so that it probably cures amenorrhœa antipathically.

LOOMIS says, that it is most useful in the amenorrhœas of lymphatic and bilious females, predisposed to eruptions and enlargements of the glands; KNORRE recommends it in suppressed Menstruation, when followed by congestion of blood to the head, especially when there is pain and heaviness in

the occiput, extending down into the nape of the neck; also, when the patient's face is pale and sickly, with red spots or blotches upon the cheeks, and livid circles around the eyes; when the stomach is deranged, and there are sour eructations, with heaviness, fulness, pressure, and spasms in the stomach and bowels, loose and slimy stools, with straining, and inclination to piles; also, when there is pain in the loins, itching of the genital organs, and a yellowish, corrosive leucorrhœa. It is very useful when the suppression is preceded or followed by irritation or disease of the chest, marked by cough, more or less pain and soreness, shortness of breath, and expectoration of blood.

It is also particularly suitable in the amenorrhœas of bilious and rheumatic females, and when suppression is caused by a check of perspiration, from exposure to a current of air, or from getting wet, or washing in cold water.

**Dose.**—The tincture was used in 2 cases; the 1st trit. in 2; the 30th dilut. in 2; the 12th in 1 case. TRINKS recommends the 1st or 3d trituration, or 1 or 2 drop doses of the tincture. ALTSCHUL prefers the 1st or 6th dilution.

#### CALCAREA

Was given in 5 cases, although HAHNEMANN says it will never be given with benefit when there is a deficiency of the menstrual flow. It ought to prove far more homœopathic to amenorrhœa and diminished secretions from various parts, than either Pulsat., Graphite, Sepia, or Sulphur, for it not only diminishes the secretions of the gastro-intestinal mucous membrane, and thereby occasions thirst and constipation, but with the exception of increasing the quantity of urine, when this is highly acid, it does not, like the other alkalies, promote the action of the different secreting organs, but rather diminishes it, and has, in consequence, been classed among the astringents.

It is thought to be most suitable for persons of a rickety, scrofulous, or lymphatic constitution, either with delicate frames from poor nutrition, or else with a great predisposition

to grow large and fat. It will be treated of more fully under the head of chlorosis.

**Dose.**—HAHNEMANN found the 6th dilution most useful in robust persons. ALTSCHUL, who generally prefers the higher potencies, says that the latest experience of the best homœopathic physicians has proved, that the fear of the low dilutions is founded on imagination only. TRINKS prefers the 1st, 2d, or 3d trituration, or like dilutions of the *Spiritus Calcareae*.

#### KALI CARBONICUM

Is frequently used by homœopathic physicians against amenorrhœa, although its principal action is to cause increased activity of the different secreting organs, and of the absorbing vessels and glands; it acts as a liquefacient and solvent, renders the blood thinner and darker colored, and causes it to lose its power of spontaneous coagulation when drawn from the body, and hence predisposes to hæmorrhage, and finally causes a state precisely similar to that of scurvy. It is one of the best antipathic remedies against that form of amenorrhœa which arises from an excessively fibrinous state of the blood, for it combines with fibrine and albumen, forming soluble compounds, or the so-called *fibrate and albuminate of potash*; gelatine is also readily dissolved by it. Dr. BLAUD, of Beaucaire, supposing that Ferrum does not exert all its curative properties, unless so modified as to be readily absorbed into the system, hit upon the plan of combining it with equal parts of the Kali sub. carbonicum, thinking thus to bring the Iron into a state of extreme division, rendering it more readily absorbed, while it acquires greater activity from its chemical combination. The great probability is, that the Kali modifies the blood, and diminishes the quantity of fibrin so much as to predispose the patient to hæmorrhage.

**Dose.**—Same as for Calcarea.

#### NUX VOMICA

Was used more or less successfully in 10 cases, although it has already been decided (see pages 328, 329, and 330) to be homœopathic to profuse Menstruation. It exerts a most power-

ful antagonistic action in debility of the nervous and muscular systems, and probably will relieve many cases of amenorrhœa attended with such defects. On the other hand, it, like *Secale*, is preëminently homœopathic to amenorrhœa from spasm, or tonic contraction and condensation of the womb, the muscular coat of this organ being so densely and rigidly contracted, that no secretion from it can take place. According to *LOOMIS*, it is useful when there is swelling of the womb, with great tenderness to touch, cramp-like and contracting pains, burning heat in the organ, and painful pressure towards the external parts. The action of *Nux* is very similar to that of Electricity. *Strychnine*, the active principle of *Nux vomica*, was first used as a remedy against amenorrhœa, by *Dr. BARDSLEY*, of Manchester; out of 12 cases, 10 were cured and 2 relieved. *CHURCHILL* can add several cases in which the cure was permanent and complete. Although *BARDSLEY*'s cases were of suppressed Menstruation, there is no reason for doubting its efficacy in simple amenorrhœa. *NAUCHE* has also used it successfully. *ASHWELL* gave it in 4 cases, in delicate females, without success; *CHOLMELEY* used it in several instances unsuccessfully.

**Dose.**—*Nux*, 10th dilut., in one case restored the menstrual flow, after a cessation of 9 months; in 2 cases, the tincture was given every night and morning, at first 1 drop was given per dose, then the quantity was increased by 1 drop every day; the menses appeared on the 4th day in 1 case, on the 8th in the other. In most cases, the same doses as recommended for *Ignatia*, may be given. (See p. 357.)

#### ELECTRICITY.

To *DE HAEN* is supposed to belong the credit of first advocating the electric treatment of amenorrhœa, as early as 1758; he remarks that it always promotes the catamenial discharge. *BIRCH*, in 1779, published his *Considerations on the Efficacy of Electricity in female obstructions*, and from this time down to the present day, the value of this agent has been more or less recognised. *BENERT BOGIN*, was the first to use Galvanism in amenorrhœa; his first case was a girl, aged 18, and not yet regulated; she was galvanized 6 days, and on the

7th Menstruation sat in, and was soon followed by a perfect recovery of health. BOGIN cured several other cases. SCARPA also insisted particularly upon the emmenagogue properties of Electricity. ROGNETTA was not very successful with it, but found it more useful when applied to the hypogastrium and back, than when conveyed directly to the womb through the vagina. RAYER cured a suppression of several months' standing, at the 3d sitting. He also used Electricity in a female, subject to serious attacks of vomiting of blood, followed by amenorrhœa, which had been uselessly treated by various remedies, for 8 months; electro-magnetism was applied, once a day, for 10 or 15 minutes, strong enough to produce painless contractions; after the 5th sitting, the menses reappeared scantily, for 1 day only, but the vomiting of blood did not occur afterwards; Electricity was used again the next month, for several days previous to the expected period, and the menses then sat in more copiously, and the patient gradually recovered.

Lately, GOLDING BIRD has distinguished himself by his successful use of electricity in amenorrhœa; in 1843, he reported 24 cases treated by it; the youngest patient being 15 years old, the oldest 25, all unmarried.

Of these, 4 were chlorotic,  
                   6 slightly so,  
                   12 not at all so,  
                   2 complicated with hysteria.

Of these, the remedy succeeded in all except the four chlorotic girls.

BIRD says: "In electricity, we possess the only direct emmenagogue which the experience of our profession has furnished us with. I do not think I have ever known it fail to excite Menstruation where the womb was capable of performing this function. Disappointments, however, will almost certainly result at times, if we have recourse to electricity merely because a girl does not menstruate; and we must never lose sight of the fact, that, after all, the large majority of cases of amenorrhœa depend upon an anæmic, or bloodless condition

of the patient, who does not menstruate simply because she has no blood to spare. Nothing can be more ridiculous than applying Electricity, or any other local irritant or stimulant, to the womb, when chlorosis exists; the first great indication will be to restore the general health; give Iron to make up for the previous deficiency of that element in the blood, [or give Kali carbonicum, or some other remedy, to reduce the excess of fibrin which prevents the hæmorrhage; or give Graphite, Sepia, or Sulphur, to remove the peculiar dyscrasias against which they are so specific; or use Nux vomica, to restore the tone of the digestive system, and remove excessive debility and irritability of the nervous and fibrous systems,] and then, and not before, think of stimulating the womb. It is true that, in a large proportion of cases, the menses will appear as soon as the chlorosis, [hyperinosis, dyscrasia, or general debility] is cured, and, of course, in such cases, there will be no need of the employment of Electricity; but still a large number will occur, in which, even after the complete relief of the chlorotic, anæmic [dyscratic, fibrinous, or debilitated] condition, the womb will remain torpid and refuse to act. In such cases, a few shocks of Electricity, transmitted through the pelvis, seldom, if ever, fail in effecting Menstruation. I have repeatedly known the menses, although previously absent for months, to appear almost immediately after the use of Electricity; and in more than one case the discharge actually appeared within a few minutes. About a dozen shocks should be transmitted through the pelvis, one director being placed over the lumbo-sacral region, the other just above the pubes, [or alternately over each ovarian region.]

Dr. McDONNELL says, that the practitioner often meets with instances where females have suffered for months, or even years, from complete arrest of Menstruation, or from its being secreted scantily, and with difficulty and pain, or where the discharge comes on irregularly, being abundant and without pain at one time, whilst at the next period the patient may suffer exceedingly, scarcely any discharge being present; in another class of cases, severe dysmenorrhœa, or painful Men-

struation may have existed for years before the physician is consulted. There are not, perhaps, any diseases in which the ordinary [allopathic] courses of treatment are more unsuccessful; for long before we are consulted, the usual effects of such derangements have become well marked upon the system; the constitution has become reduced and debilitated, and the ordinary features of chlorosis and hysteria have become well established. In other instances, the constitutional symptoms may have preceded the uterine derangements, and it often happens that the disease becomes more and more confirmed, and little or no benefit being derived from the advice of the regular [allopathic] physician, the patient resorts to quack medicines and nostrums, and after a waste of time, money, and health, a physician is again applied to. It is under such circumstances, and in such cases, that electro-galvanism acts with the greatest success, inducing a return of Menstruation when arrested, or producing an easy and abundant secretion, when the function has been scantily and painfully performed, perhaps for many years previously; and this change is soon followed by an amelioration of all the distressing symptoms under which the patient has labored.

McDONNELL applies one button to the os pubis, the other is passed slowly along the spine, from the occiput to the os coccygis, four or five times, and then is kept applied to the sacrum for 5 or 6 minutes, and the Electricity is thus passed in an uninterrupted current through the uterus. It is by no means necessary to put the patient to great torture by increasing the strength of the shocks, as more benefit will be derived from an uninterrupted and steady transmission of a moderate quantity of electro-galvanism, than by occasional shocks of great intensity. The author reports several cases, which place the efficacy of electro-galvanism, in various uterine derangements, in a very favorable light.

The internal use of electrical remedies, such as Zinc and Cuprum, Zinc and Argentum, Zinc and Platina, 1 dose of each, to be given at an interval of  $\frac{1}{4}$  or  $\frac{1}{2}$  hour, then allowing

an intermission of 4 or 6 hours, and again repeating them in the same way, may be used with great benefit, in connection with the external application of Electricity.

## SECALE

Acts specifically upon the nerves and muscles of the womb, almost in the same manner as *Nux vomica* and Electricity act upon the nerves and muscles in general. Although it is but rarely recommended in homœopathic works, it ought to prove one of the very best homœopathic remedies against painful, scanty, and suppressed Menstruation. It has been frequently used in the old school, notwithstanding its homœopathicity; CHURCHILL says: that Ergot of Rye will increase, if not originate, uterine contractions, is known to all, and also, that it will restrain inordinate discharges from the womb; we should, however, scarcely expect it to be useful in exciting the menstrual secretion, and it is difficult [easy] to determine upon what principle it does so. As to the fact, we have the evidence of DEWEES, who recommends its use; of Dr. LOCOCK, who has tried it with success; and of ROCHE, NAUCHE, and PAULY.

**Dose.**—In scanty or suppressed Menstruation, *Secale* should be given in quite small, or homœopathic doses; it often fails in the hands of old school physicians, because they administer it in 5 or 10 grain doses, several times a day. In *profuse* Menstruation, however, in which it is antipathic, it should be given in full doses. I have been to the habit of relying upon it, almost exclusively, in menorrhagia, and have rarely or never known it to fail. In suppressed or scanty Menstruation, the 1st, 2d, or 3d dilution may be given once or twice a day, during the interval, and every 4, 6, or 8 hours, during the menstrual period. Or, from 2 to 4 granules may be administered as often as above directed.

## BRYONIA

Was used in 4 cases, although it has already been decided to be homœopathic to profuse and frequent Menstruation. (See pages 328, 329, and 340.) It is probably homœopathic to amenorrhœa, when the menses are delayed or suppressed by the counter-irritant action of rheumatism of the chest, joints,

or limbs; and homœopathic to profuse Menstruation from rheumatism of the womb or ovaries.

**Dose.**—See pages 340 and 341.

## BELLADONNA

Was used in 3 cases, although it also has been said to be homœopathic to profuse Menstruation. See page 339.

**Dose.**—See pages 339 and 340.

## ACONITE

Was also used in 3 cases; it, too, has been recommended as an emmenagogue. See page 336.

**Dose.**—See page 336.

## OPIUM

Was only used in 2 cases, although it is decidedly one of the most homœopathic remedies to scanty, suppressed, or absent Menstruation, although PEREIRA says that the menses, lochia, and secretion of milk, are not checked by it, and that its use in the female is not likely to be attended with suppression or retention of the uterine or mammary secretions. It is most homœopathic when amenorrhœa is attended with congestion of blood to the head, obstinate constipation, and scanty urine.

**Dose.**—Same as for Aconite.

## CONIUM

Is also one of the most undoubted homœopathic remedies for amenorrhœa. DIERBACH says, that it exerts an especially depressing action upon the genital organs, preventing pollutions, relieving satyriasis and nymphomania, and repressing ordinary sexual inclination to such a degree, that in olden times the Hierophantes and priests of Cybele, were obliged to use Conium juice internally, and also to wash themselves with it, in order to keep down all lustful emotions. ANDRY, ANDREE, and GREDING, assert that it causes suppression; LIN-

NÆUS knew it to cause impotence in one instance; HAHNE-MANN says, that it causes suppression of the menses, with pains in the back and sacrum, also scanty menstrual flow, and barrenness. It also exerts an equally depressing effect upon the breasts and testicles, to that which it induces in the womb and ovaries; DOSCORIDES says, it suppresses the milk in women, and prevents the development of the breasts in virgins, and causes a wasting away of the testes in boys. PLINY gives a similar account of its action, and says that it reduces all tumors. AVICENNA praises it as a remedy for tumors of the breasts and testicles, while, more recently, PEREIRA has heard of 2 cases in which it caused atrophy of the female breasts. It is homœopathic to amenorrhœa from atrophy and torpor of the ovaries and womb.

**Dose.**—Same as for Belladonna.

#### BARYTA

Was used in 1 case only, although it is almost as homœopathic to amenorrhœa, as *Secale* or *Conium*; it produces atrophy of the womb, ovaries, and breasts, and diminishes the sexual feeling more decidedly than any other remedy.

**Dose.**—Same as for *Calcarea*. See page 348.

#### KREOSOTE.

My friend, Dr. BOLLES, cured 1 case of amenorrhœa, of 1 years' standing, with *Kreosote* 30.

#### EMMENAGOGUES.

In those cases of amenorrhœa in which strictly homœopathic remedies fail to effect a cure, or else, as they frequently do, restore the general health without bringing on the menstrual flow, it may be allowable to use moderate doses of emmenagogue remedies. If WHITEHEAD'S opinion is correct, that Menstruation is merely a flow of blood from the womb and its appendages, and not a peculiar secretion, then there

are many remedies well calculated to favor the excretion. Of these :

## SABINA

Is the most certain and powerful. (See page 365.)

Stramonium, Ferrum, Aloes, Cantharides, Crocus, Borax, Ruta, Nux vomica, Potash, and others, are well-tryed and efficient remedies. As the same blood vessels and nerves furnish branches to the bladder, kidneys, womb, ovaries, and rectum, some German physicians have hit upon the idea of giving Aloes, which acts specifically upon the rectum; Sabina, which operates especially upon the womb; and Cantharides, which effects the bladder so decidedly, in order to draw down the blood from the upper parts of the body, to all of the pelvic viscera. But this treatment will fail entirely, unless anæmia has been previously removed by the use of Ferrum or Manganum; excess of fibrin by means of Kali carb., Kali nit.; deficiency of nervous energy, by Phospor. or Nux; deep-seated dyscrasias, by Sepia, Graphite, Carbo animalis, etc.

In some cases all these remedies will fail, and even the most bigotted theoretical physician will at times be glad to resort to some empirical remedy.

## PRUNUS LAUROCERASUS.

Dr. KASTNER, first tried the efficacy of this drug upon a strong, plethoric girl, aged 16, in whom the symptoms of Menstruation had appeared a year before, but latterly had almost entirely ceased. She suffered at times, however, with considerable distress, such as congestion to the head and chest, and also violent colics; these symptoms becoming much increased, Dr. K. tried many of the usual remedies, but without effect; he at length became acquainted with the use of this bark, and 6 days before the next periodic return of the symptoms, she was ordered to use it daily. On the expected day the usual disagreeable symptoms came on, viz., loss of appetite, rumbling in the bowels, frequent desire to pass water, with a burning sensation during micturition, dragging sensation in the pelvis, with rush of blood to the head; two

days thereafter a mucous discharge appeared from the vagina, and on the third day a diarrhœa, along with the menstrual flow, which continued moderately for 4 days. The next period was 2 days too late, and the next again 3 days too early, but after this she became quite regular.

Two other similar cases were treated with an equally favorable issue; and lastly, a case of suppression, in a girl, aged 18, in whom, after using the medicine for two separate periods of 8 days each, the discharge was reëstablished.

#### CHENOPODIUM OLIDUM.

Dr. HOLTON has had frequent opportunities of watching the curative action of this remedy, and is perfectly convinced that it is a very safe and important medicine in many cases in which Menstruation is not duly performed; he generally gave it for a fortnight previous to the expected menstrual period, and repeats the same treatment if the first course of it does not effect a cure. It will cure cases in which restoration of the general health is not followed by Menstruation, and the womb itself requires assistance.

#### MAMMARY IRRITATION.

Dr. CORMACK says, that warmth und stimulants applied to the breasts often act powerfully as emmenagogues; in the ordinary treatment of amenorrhœa, the first indications of the womb being roused from its torpor are turgescence and tingling of the breasts; phenomena which also usually precede natural Menstruation. It is equally true, though not so familiarly understood, that measures which act directly and primarily upon the breasts, such as warm clothing to the breasts, and the application of ordinary or stimulating poultices, not only cause them to swell and throb, but likewise stimulate the ovaries and cause the menses to flow. The practice of applying leeches to the breasts in amenorrhœa, owes its efficacy to the fomentations used, and the irritation of the bites.

Drs. CORMACK and PATTERSON give 1 case, in a woman, aged

24, in whom the menses had been suppressed for  $2\frac{1}{2}$  years, cured in 2 days by the application of a large mustard poultice to one breast. Also, another case, in a girl, aged 19, with suppression for 5 months, cured in 3 days by a mustard poultice to one half of one breast.

The emmenagogue effects ascribed to the application of the leaves of the Castor oil plant, by Drs. McNILHAM and TYLER SMITH, can easily be understood, when we remember their irritating character, and the consequences which have been found to follow irritation of the breasts by other stimulants. A good deal may be effected by the mere application of warm poultices.

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#### SUPPRESSED MENSTRUATION.

Two great varieties are generally admitted, viz., *Sudden* or *Acute* suppression, and *Gradual* or *Chronic*;—*temporary* suppression also deserves attention.

Sometimes the suppression is very simple and temporary in its nature, and merely requires time to remove it. TILT says, that mothers should be made aware of the fact, that without any detriment to a girl's health, Menstruation may be suppressed by any great change of abode, or circumstances; that when a girl leaves the country and goes to school in town, the flow will be very likely to stop for 3 or 6 months, and then proceed regularly, even without medical treatment; and *vice versa*, when a girl is accustomed to a town residence, she will be apt to have a cessation for a short time, if she passes the summer in the country, although the suppression may not come on until she returns to the city again.

TILT says that this fact is so little known by women, that he was scarcely surprised at being informed by Dr. JULIUS, of Richmond, that in a school which he attended professionally, where the number of boarders generally averaged from 80 to 90 girls, this *retard* or delay in the regular appearance of Menstruation, occurred so frequently soon after the arrival of the girls, that the lady presiding over the establishment, felt

convinced that it depended on the unwholesomeness of the situation, and she intended to urge the removal of the institution to another locality, had not Dr. JULIUS succeeded, with some difficulty, in convincing her of the real state of the case.

That this *temporary suppression* depends on change only, and not on a change from agreeable to less agreeable circumstances, is proved by the fact, that when the courses have proceeded regularly in town, they sometimes stop for several months when a girl returns to her home in the country.—TILT. The suppression probably depends upon the same causes which so frequently induce obstinate constipation, when a change from city to country, or *vice versa*, has been made, coupled with a more or less great change in diet, water, hours of eating, &c., all aided by the powerful excitement to the brain and nervous system, induced by the novelty of the new mode of life. This view is corroborated by the similar effects of a sea voyage, especially upon those who are not familiar with the beauties and terrors of the sea, and are unaccustomed to the motion of a vessel. Menstruation is almost always arrested and suppressed during a sea voyage, and seldom recommences until several months after an arrival in a strange land. This is observed to take place as frequently with ladies arriving in India, after a long sea voyage, as it is with the poor Irish emigrant to America.

COLOMBAT asserts, that suppression, which occurs in the year following the first appearance of the menses, is rarely of much importance, as it is scarcely ever due to a seriously morbid state of the womb. TILT has noticed that those girls who attain to puberty very early, are seldom quite regular before the age of 18, and says, if these facts were to be carefully instilled into the mother's mind, there would be much less mischief done by the injudicious administration of forcing medicines to promote the return of what, in fact, ought not to have appeared so soon.

Suppressed Menstruation may be produced by *moral, physical, unknown* causes, or by those symptomatic of some dis-

order of distant organs, or acute irritation of any part of the body.

BRIERRE DE BOISMONT, in 190 cases of suppression, found it produced by

Moral causes in	. . .	92 instances.
Physical “	. . .	68 “
Unkown “	. . .	30 “

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190

Among the *moral* causes may be mentioned anger, disappointed love, jealousy, excessive joy, sudden reception of bad news, fright, extreme fear, or sudden disappointment. From the report of BAUDELOCQUE, we learn that 62 women were attacked with hæmorrhage or suppressions on the occasion of the explosion of the powder magazine of Grenelle; HUSSON witnessed a case in which menstrual suppression had been caused at several different times by the mental shock, at hearing loud claps of thunder; COLOMBAT observed in July, 1830, that the report arising from the platoon-firing and cannon shot, produced the same effect on several women; ROSTAN had a patient whose “monthlies” became suddenly suppressed on learning that a seton was to be applied to her chest; one of COLOMBAT’S relatives, whose Menstruation was ordinarily very regular and abundant, was attacked with sudden suppression, in consequence of a frightful dream and kind of night-mare; CHURCHILL says, that almost all the women who are sent up to the Richmond Penitentiary, labor under suppression of the menses, in consequence of the mental agitation and distress they have undergone; GOOCH relates, that a patient of his consulted him long after the entry of the Cossacks into Paris, for suppression, which was solely produced by the alarm she then suffered. The influence of the brain and nervous system in producing suppression, is perhaps more generally acknowledged, and more adroitly treated by homœopathic physicians than by any others; they regard it as far more important to allay the derangement of the nervous system, and then to allow the blood and vital energies to be directed

to their proper channels by nature, than to attempt to force Menstruation.

Aconite, Lycopod., Kali c., Coffea, Opium, or Veratrum, will be suitable when suppression is caused by fright, or sudden mental emotion.

Acon., Bell., Coloc., Ignatia, Platina, Puls., or Staph., are recommended when it is caused by mortification of mind, or contradiction.

Bryonia, Cham., or Colocynth, when caused by a fit of passion.

Coffea, or Opium, if by excessive joy.

Ignatia, Hyos., Phos. ac., or Hellebore, if produced by disappointed love, etc.

Among the *physical* causes of suppression, the application of cold is the most common and dangerous; such as sudden exposure to cold and damp air, immersion of the feet and hands in cold water, cold hip-baths, sitting upon the grass, or ground, use of ice cream or very cold drinks, when the body is over-heated, or the leaving off of an accustomed garment; PULTE says, that he has found the wearing of thin-soled shoes to be the most fruitful source of the decay of female beauty, and the decline of female health; the injury of tight lacing, although considerable, is nothing in comparison with the fatal habit of appearing in all kinds of weather in thin-soled shoes and gossamer stockings. There is a very large class of young girls who are apt to have "a check" from the slightest chill or exposure during the monthly period, yet they will obstinately persist in trudging out in snow or rain storms, to church, or school, or to places of amusement, or will loiter in cold rooms while dressing or undressing, or will walk about in their bare or stocking feet, etc. Happily or unhappily, the effect of several of these causes may be diminished by the frequency of their occurrence, so that bathing women go into the sea, during Menstruation, with perfect impunity, and the habitual exposure to the casualties of life, necessarily diminishes their injurious impression. It would be a useless task for a physician to attempt to reform the evening dresses of ladies; TILT

truly says, that rich young ladies suffer as much from insufficient clothing as the daughters of the destitute; for poverty and fashion are two inexorable tyrants, which exact the same things and often bring on the same diseases; enough has been said against the exposure of the upper part of the chest, and the "diaphanous attire" of young ladies; they at least do not yet fully rival the belles of Axim, on the coast of Africa, it being a positive fact, that some of the Axim girls wear merely the bustle, without so much as the shadow of a garment. The Axim mothers, however, have a reason for wearing a *tournure* which does not exist elsewhere, for their little children ride astride of the maternal "tarb Roshe," which thus becomes useful, as well as ornamental.—BRIDGE.

Among other physical causes of suppression may be mentioned, the use of purgatives or emetics about the time of Menstruation, large doses of chincona, the action of strong odors, particularly, according to HALLER's assertion, of the herb Pennyroyal; DE BOISMONT says, that Copaiba and Cubebs are very apt to produce amenorrhœa; Opium, Plumbum, and Secale, would be likely to produce the same effects, also many of the styptic remedies, and those employed in the old school against menorrhagia.

According to ASHWELL, sudden suppression in stout, plethoric, and ruddy females, will be followed by active congestion, if not by inflammation; the patient immediately feels a sensation of heat, weight, and pain in the pelvis, more or less violent uterine colic, and a disagreeable fulness and tension in the groins, and loins, and upper part of the thighs; the abdomen and breasts become enlarged; there is an indescribable feeling of *malaise* and lassitude; extreme loathing, nausea, vomiting, headache, dizziness, noises in the ears, oppression of the chest, frequent palpitations, and in many, a burning pain while urinating. Suppression, accompanied by such symptoms, is far more immediately dangerous than any of the other derangements of Menstruation.

*Treatment.*—LOOMIS recommends Aconite when the pulse is rapid, or full and sluggish; a rush of blood to the head, pro-

ducing pain; giddiness and drowsiness, with flushing of the face; weight in the loins, especially if there be heat, thirst, and a general feverish state.

**Dose.**—See page 336.

#### BELLADONNA

May be given, if the head be hot, the face alternately pale or flushed, the limbs cold, and there be shiverings alternating with heat, and attended with confusion of the head; or if there be dizziness, trembling of the hands, sparkling before the eyes, with aching pains in the eyeballs and sockets; shooting pains about the womb and ovaries, with heat and dryness of the vagina.

**Dose.**—See page 340.

#### BRYONIA

Is recommended when there is congestion to the head or chest, with vertigo, bleeding of the nose, stitches in the sides of the chest, and dry cough, attended with constipation, severe pressing pain in the stomach, or by colic and irritability of temper.

**Dose.**—See page 340.

#### NUX VOMICA

May be given when there is swelling of the womb, with great tenderness to touch, cramp-like and spasmodic pains in the womb, with burning heat in, and painful pressure towards, the external parts.

**Dose.**—Same as Ignatia. (See page 357.)

#### OPIUM

May be useful in recent cases, when there is great heaviness of the head, dizziness, lethargy, and drowsiness, or excessive desire to sleep without the ability to accomplish it, the pulse being full and slow; especially if there also be obstinate constipation, and retention of urine.

**Dose.**—Same as Crocus. (See page 355.)

When suppression occurs in delicate and spare women, who are highly nervous and irritable, inflammation may occur; but in the majority of such attacks, the pain and other symptoms are not inflammatory, although it is sometimes difficult to distinguish the aggravated neuralgia and spasm of the different abdominal organs, and of the womb and its appendages, from real inflammation. In these cases, the pain is rarely fixed, but attacks first one organ, then another, changing its locality without the use of remedies; it is often remarkable, how quickly the pain may be transferred from the womb to the head, from the head to the chest or heart, or again from these parts to the bowels; the patient is also apt to have hysteric, or fainting fits.

*Treatment.*—*Pulsatilla* may be given when the prominent symptoms are languor, pain across the small of the back and lower part of the bowels, palpitation, nausea, vomiting, sensation of fulness in the head and eyes, and disposition to general coldness, especially if there be alternate crying and laughter, or sadness and melancholy; the pains being particularly inclined to shift their location rapidly and repeatedly.

**Dose.**—See pages 364 and 395.

#### COCCLUSUS

Is indicated, when there is great derangement of the nervous system, violent cramps in the bowels and womb, the patient being very weak, and agitated, with sighing and moaning.

**Dose.**—Same as *Ignatia*. (See page 57.)

#### VERATRUM

Is indicated, if the suppression be the result of fear, fright, or vexation, attended with, or followed by anger, especially if hysterical affections set in, or nervous headache, the face being pale and earthy, the hands, feet, and face cold, followed by extreme debility and fainting, or nausea and vomiting, with acidity, or by diarrhoea.

**Dose.**—Same as *Bryonia*. (See page 341.)

## NUX MOSCHATA

Is said to be adapted to acute suppression, when caused by a chill from being in the water, or exposure to cold and damp air, especially when it occurs in persons of a nervous and mobile constitution, and is attended with spasms or other nervous affections, or by great drowsiness, or inclination to faint, with sense of great fatigue and exhaustion, and pain in the loins.

**Dose.**—Same as Chamomilla. (See page 343.)

## CUPRUM

Is indicated when there is a pressing pain on the top of the head, rush of blood to the head and face, with redness of the face and eyes, or else paleness of the face with livid circles around the eyes, nausea and vomiting, cramps of the stomach and bowels, convulsive movements of the limbs, spasms of the chest, and palpitation of the heart.

**Dose.**—Same as Ignatia. (See page 357.)

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 CHRONIC SUPPRESSION.

This disease will be treated of fully under the head of Amenorrhœa, or absent Menstruation.

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## VICARIOUS MENSTRUATION.

COLOMBAT says, among the most curious phenomena following suppression of the menses, should be ranked the hæmorrhages and other vicarious discharges. They take place more frequently from the mucous membranes, especially of the lungs, stomach, and bowels, than from other parts, although they have been met with from almost every region of the body. Thus, GARDIEN observed a girl who, after suppression of Menstruation, had a periodical discharge of blood: 1st, for 6 months from small ulcers on the legs; 2d, for a year,

from ulcers upon the arms; 3d, for 6 months, from the opening of a felon on the left thumb; 4th, for 2 years, from ulcers at the angle of the eye, in consequence of erysipelas of the face; 5th, for 5 months, from the navel, where another erysipelas had made its appearance; 6th, for 4 months from the inner side of the left ankle; 7th, and finally, for 2 months, from the left ear. In this case, when the blood ceased to flow from a given point, the patient was seized with attacks of bleeding from the nose or lungs, preceded by convulsions, headache, and dizziness.

Dr. CHATELAIN had a patient, who, in consequence of derangement of Menstruation, had discharges of blood successively from the arm-pit, nipple, left flank, back, pit of the stomach, and the thigh.

BEGIN had a young person, whose fore-finger of the left hand, swelled, and was covered with an acute herpetic eruption, from the surface of which blood flowed at a certain period every month. The eruption and the discharge, which only lasted 3 or 4 days each time, were accompanied by a disagreeable itching. Three years after, the womb returned to its natural functions, and the health of the patient was reëstablished.

ROUSSEAU states, that a woman had suppression in consequence of the shock from the extraction of a molar tooth, and a discharge, which was renewed every month, was established from the socket of this tooth. RAYMOND, also, speaks of a woman who had a bleeding once a month from the socket of a tooth which she had lost; the discharge of blood, which lasted 3 days, amounted to 3 ounces per day, or 9 ounces per term. PECHLIN had a case of vicarious Menstruation from an ulcer on the foot; KERCKRING cites the case of a girl who was periodically regulated from a wound in the right hand. MERCATUS had a woman with suppression, whose cheeks became of a very deep red color every month.

—COLOMBAT.

LEADAM had a young lady under his care, who was subject to oozing of blood from the upper surface of all the toes, a few

days before Menstruation, which was always scanty. Also, a young married woman, who had never been pregnant, and whose Menstruation was very irregular, who, every 3 or 5 weeks, first had serum, then blood, ooze out of the right nipple. And a third patient, with attacks of bleeding of the lungs for a year or two, with suppression of the menses, who had, before the occurrence of the blood-spitting, an oozing of blood from the scalp, just above the forehead; this was repeated 2 or 3 times, and so alarmed her friends, that they ran off with her to a physician, with the blood trickling down her forehead.

The general impression of the profession seems to be, that no serious results follow these bleedings, even when delicate organs are the seat of it; on the contrary, they are said to prevent in a great measure the occurrence of those severe and fatal diseases, which sometimes follow upon amenorrhœa. Sooner or later, the womb resumes its functions, and this disagreeable succedaneum subsides.

LOOMIS, with mingled gravity and modesty, asks what are the causes of this disorder? He says, suppression of Menstruation cannot be the cause, because suppression is not always followed by Vicarious Menstruation. He, again, boldly assumes, that plethora or congestion cannot be the cause, because these are met with in thousands of cases, without any vicarious discharge. And finally concludes, that it is better to say that we "do not know the why"!! But, as Menstruation is a simple but periodical hæmorrhage from the womb, it is not at all strange, when it is suppressed, that we should meet with periodical discharges from any part more irritated than the uterus. Thus, according to STAHL, an indigestion or pulmonary catarrh, occurring during Menstruation, will suffice to provoke the flow of blood towards the stomach or lungs. We also find that bleeding from the nose, stomach, lungs, and bladder, are the most common forms of vicarious hæmorrhage, just as they are the most frequent varieties of accidental hæmorrhage. Again, in young females, the vicarious bleeding generally takes place from the nose, stomach,

or chest; later in life, the hæmorrhoidal vessels and bladder are apt to be the seat of the flux. We have already seen (see page 391,) that irritations of distant organs invite and provoke the flow of blood from the womb to the irritated part, and thus frequently cause suppression; the irritation may be great enough to produce a discharge of blood; and, finally, the periodicity of Menstruation will impress a periodical character upon the vicarious bleedings, in the same way that it impresses a regular type upon the headaches, colics, and what not, which so frequently attend Menstruation.

*Treatment.*—LEADAM recommends *Ferrum* as the homœopathic remedy for most of these cases; *Millefolium* may often prove useful. He cured one case of vicarious bleeding from the nipple, with *Lycopodium*.

LOOMIS suggests *Ferrum*, *Mur.*, *Lachesis*, and *Lycopod.*, when the bleeding is from the *skin*.

If from the nose, *Bryon.*, *Puls.*, *Sepia*.

If from the eyes, *Bell.*, *Carb. v.*, *Cham.*, or *Nux vom.*

If from the ears, *Bryon.*, *Cicuta*, *Graph.*, *Merc.*, *Petrol.*, *Puls.*, *Rhus*.

If from the mouth and gums, *Arnica*, *Bell.*, *Cham.*, *Ferrum mur.*, *Kreosot*, *Ledum*, and *Lycopodium*.

If from the lungs, he suggests 30 remedies, all of which have some little reputation against simple bleeding from the lungs.

If from the stomach, one or the other of 16 remedies, which are commonly recommended for *Hæmatemesis*.

If from the bladder, 14 of the most common remedies for *hæmaturia*.

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## CHLOROSIS.

### GREEN SICKNESS.

Several entirely different disorders may be combined with and mistaken for simple chlorosis, viz.:

1st. *Anæmia*, or deficiency of blood;

2d. *Hydræmia*, or watery condition of the blood;

3d. Leucocythemia, or excess of white cells in the blood.—  
BENNETT.

It is exceedingly difficult to separate chlorosis distinctly from these other affections; in fact, as already stated, several of them often occur in varying degrees of combination.

In 1149 cases of uterine disease, ASHWELL met with 89 examples of chlorosis, and TILT asserts that the frequency of chlorosis is greater than is generally believed; for although physicians are only consulted for it in extreme cases, two-thirds of all women residing in large towns are more or less tinged with this complaint.

According to COLOMBAT, no disease inspires more tender interest, or more touching compassion, than the state of paleness, suffering, and languor, observed in a young chlorotic girl; like some delicate plant deprived of the beneficent rays of the sun, she is a flower which withers and droops away, even before its blossoming.

The approach of chlorosis is marked by a state of habitual inertia and melancholy (Ignatia); the patient becomes sombre and taciturn, weeps without cause, and sighs involuntarily (Puls., Aurum); the face may become bloated, and the expression, as it were, veiled (Arsen. Plumbum); the eyes are sad and languishing; the eyelids, which may be swollen, especially in the morning, are encircled by blackish rings, contrasting strongly with the pearly color of the whites of the eyes, and the pallor of the lips; the skin, particularly of the extremities, is dry and cool; the pulse frequent, rather large, and easily compressed; the breathing difficult; digestion deranged; the alvine dejections become white and hard (Plumbum), but sometimes are fluid; palpitations, and creeping chilly turns, make their appearance, while debility, lassitude, a desire for sleep, or rather for repose, augment from day to day.—COLOMBAT.

The patient feels a frequent inclination to make deep and very strong inspirations, which is increased by walking, ascending, or even by very slight exercise, and finally, by any mental emotion; the impulse of the heart is stronger, and the carotid

arteries, which beat with great force, are the seat of certain peculiar and unnatural sounds. Sometimes we have the simple or double bellows sound; at others, a prolonged vibration, and a kind of humming, like that produced by a humming-top.

As the disease progresses, the functions of the stomach become deranged; the strangest and most depraved appetites may manifest themselves, and it is not uncommon for chlorotic patients to prefer the most sapid substances, such as salt, vinegar, or green fruits, while they often seek with avidity indigestible substances, such as charcoal, chalk, plaster, earth, ashes, spiders, flies, and other equally disgusting objects. The appetite may gradually diminish, or be increased beyond measure, while the ingestion of food is followed by a sense of weight at the pit of the stomach, and sometimes by vomiting. The tongue is generally large, and covered with a mucous coat; acid regurgitations, and frequent nausea, occur, especially in the morning; a feeling of heat and weight in the pit of the stomach, and sometimes nervous pains in the course of the gullet, and extending through to the shoulders, make their appearance. Finally, the patients experience alternations of constipation and watery diarrhoea, the passages being white, while the urine is small in quantity, pale, and limpid, as in by many nervous affections.—COLOMBAT.

The nervous system participates in the general languor of all the functions; the patient becomes sad, melancholic, and indifferent to all enjoyment; she seeks solitude, sighs involuntarily, and weeps without cause; she is often tormented with sinister ideas; her temper is capricious, odd, and irascible; for her, all thought and hope of happiness is gone, and in her despair she often speaks of suicide; her nights are disturbed broken slumbers and frightful dreams.—COLOMBAT.

Various nervous symptoms may be added, such as noises in the ears, dizziness, partial loss of sight, tremors of the limbs, neuralgic pains in the head, neck, or teeth, peculiar palpitations in the pit of the stomach, and hysterical symptoms. When the progress of the disease is not arrested, the symp-

toms become more and more aggravated; the head becomes the seat of severe pain, felt especially in the back of it; the skin assumes a greenish or earthy hue; the stomach and bowels become hard and tumid, thirst sets in; the difficulty of breathing, faintness, and palpitations, are increased; diarrhoea and hectic fever gradually creep in; daily aggravations occur, and emaciation makes rapid progress. Finally, the presence of slight general dropsy, extreme debility, invincible repugnance to all kinds of exertion, marked alteration of the features, and a pale violet color of the lips, forebode approaching death, which comes at last without shock and without pain.

The disease is supposed to depend upon one or more of three or four causes, viz:

1st. Debility of the digestive organs.

2d. Weakness of the genital organs, with amenorrhoea from debility.

3d. Debility of the circulatory system, with a depraved state of the blood.

4th. General debility of the nervous system, especially of the nerves which preside over the circulation, digestion, nutrition, and genital functions.

COLOMBAT decides that atony of the digestive organs ought not to be considered as the starting-point of the disease, as chlorosis sometimes precedes the derangement of the digestive organs, and even the stomach at times retains its natural condition. He also asserts, that debility of the ovaries and womb, with absence of Menstruation, cannot be regarded as the primary cause of the chlorotic condition, for this sometimes makes its appearance in well-regulated girls, who do not cease to be so throughout the disease; it has also been observed in women who menstruate abundantly and perfectly, and in pregnant females. But it is very true, that a profuse leucorrhœal discharge often takes the place of Menstruation; that the menses generally fail, or become suppressed; and even when they persist and last longer than usual, the excreted fluid is apt to be pale and watery, to separate upon the napkin into

two distinct portions, and form spots which lose all their color by drying. He also rejects the theory which supposes the chlorotic condition to depend upon debility of the blood and blood-vessels, producing a depraved state of the composition of the blood, marked by *excess* of serum, and of the white particles of the blood, including the fibrin, and a *deficiency* of coloring matter, blood globules, Iron, and even of Manganese, which latter is now regarded as a natural and invariable ingredient of the blood. However this may be, the alterations in the composition of the blood are among the earliest and most characteristic features of the disease. Thus, in 8 cases of slight chlorosis, observed by ANDRAL, the water of the blood was *increased* from the natural standard of  $\frac{7.9.0}{1.0.0.0}$  to  $\frac{8.0.1}{1.0.0.0}$ ; while in 18 confirmed cases of the disease, the water was increased to  $\frac{8.5.3}{1.0.0.0}$ , and in a few cases even to  $\frac{8.7.0}{1.0.0.0}$ , giving rise to a serous plethora of great importance, *i. e.*, to the so-called *Hyperhædræmia*, which is attended with signs of blood-fulness, and turgor lymphaticus, the blood actually being in excessive quantity, although it is watery, pale, and thin.

Again, the natural quantity of fibrin in healthy blood, is 3 parts in 1000, while in chlorosis it often rises to  $\frac{3.6.0}{1.0.0.0}$  or to  $\frac{3.5.0}{1.0.0.0}$ , and even to  $\frac{5.3}{1.0.0.0}$ , and as the coagulability of the blood depends in a great measure upon the quantity and quality of the contained fibrin, we can readily see that hæmorrhage will not be apt to take place in chlorosis.

The coloring matter and blood globules are greatly *diminished*; in ANDRAL'S 8 cases of slight chlorosis, the blood globules were diminished from the natural standard of  $\frac{1.2.7}{1.0.0.0}$  to  $\frac{1.0.6}{1.0.0.0}$ , while in the 18 severe and confirmed cases, they were further lessened to an average of  $\frac{0.0}{1.0.0.0}$ , and in exceptional cases they were decreased to  $\frac{4.0}{1.0.0.0}$ , and even to  $\frac{3.0}{1.0.0.0}$ , forming a class of cases in which the amount of blood globules fell so far below the natural standard, that we can scarcely comprehend how life could still have been maintained.

Finally, according to LECANU, from  $\frac{3.0}{1.0.0.0}$  to  $\frac{6.0}{1.0.0.0}$  of Iron are found in the blood of healthy females, while only from  $\frac{3.0}{1.0.0.0}$  to  $\frac{5.0}{1.0.0.0}$  are present in that of chlorotic persons.

The quantity of Manganese in the blood in health and in this disease has not yet been determined.

This will, perhaps, be the most proper place to point out the difference between Anæmia, Hydræmia, and Leucocythemia.

#### ANÆMIA.

##### *Deficiency of Blood.*

The analogy between anæmia and chlorosis is so great, that ANDRAL regards them as one and the same disease. Among the symptoms common to both, are: paleness and discoloration of the skin, whites of the eyes, lips, and mucous membrane of the mouth; shrinking and disappearance of the subcutaneous veins; muscular debility; fainting from the slightest exertion; dropsical swellings; derangement of the stomach and bowels; and similar sounds in the heart and arteries. But the progress of chlorosis is generally slow; it occurs almost exclusively in women at the period of puberty, and often takes its rise without known cause. Anæmia, or simple deficiency of blood, generally commences rather suddenly, and is usually owing to spontaneous or secondary losses of blood; in short, in anæmia, we have simple diminution of the mass of the blood, while in chlorosis there is also a change in the chemical composition of that fluid.

*China* is the principal homœopathic remedy.

#### HYDRÆMIA,

##### *Or, Watery Condition of the Blood.*

This causes a peculiar kind of plethora or fulness of blood; although the patient is pale, languid, and dyspeptic, yet she has many of the symptoms which belong to plethora, such as dizziness, dazzling of the eyes, ringing in the ears, headache, difficulty of breathing, palpitations of the heart, throbbing of the arteries, flushing of the face, and drowsiness. The apparent superabundance of the blood is nothing more than an increase of the serous or watery parts of the blood, which fluid is actually impoverished and deprived of its nu-

tritive qualities. Even BOERHAAVE regarded some cases of chlorosis as the result of an excess of serous blood; he says: the fluids are in excess over the solids, and their motion is retarded, because the mass to be moved is augmented, while the moving force is diminished; the body soon becomes inactive; the young girl becomes swelled and grows pale; for, to speak truly, she does not lose the red portion of her blood, but acquires more of the white than is necessary in proportion to the red.—BERNER, BUCHNER, and BEAN, have maintained the same view.

Arsenicum, Hellebore, Graphite, and Marsh Marigold, are the principal homœopathic remedies.

#### LEUCOCYTHEMIA,

#### *Or, White Cell Blood.*

The blood contains colored or red globules, and colorless globules, corpuscles, or cells. BENNETT has given the name Leucocythemia, or white cell blood, to a peculiar form of disorder, very much resembling anæmia and chlorosis, and in which these white or colorless globules exist in great excess in the blood. He thinks that the blood globules, especially the white ones, are formed in the lymphatic glands; in short, that the lymphatic glands secrete the blood corpuscles in the same manner as the testes secrete the semen and spermatazoa, the female breasts the globules of milk, or the salivary or gastric glands form the cells of the saliva or gastric juice. He repeats, that the blood corpuscles are originally formed in the lymphatic glandular system, and that the great majority of them, on joining the circulation, become colored by the addition of Iron, and by exposure to the oxygen in the lungs, and assumes that, in certain diseases and enlargements of the lymphatic glands, their cell elements are multiplied to an unusual extent, and find their way into the blood, causing a great increase in their white or colorless cells. *This is Leucocythemia.* The easiest way to detect the disease is, to obtain a drop of blood by pricking the finger of the patient with a needle, and then examining it under the microscope;

the yellow and colorless corpuscles are at first seen rolling confusedly together, and the excessive number of the latter is at once perceived; sometimes they are five times as numerous as in health.

This disease is very important, as it is rebellious to all allopathic treatment; BENNETT says, in no one instance has the condition of the blood been observed to undergo any marked improvement after the excess of white cells has been discovered in it.

Leucocythemia resembles chlorosis in some marked particulars:

- 1st. The fibrin is in excess, 7 times out of 9, varying from  $\frac{3.2}{1000}$  to  $\frac{9.0}{1000}$ , while the natural standard is only  $\frac{3}{1000}$ .
2. The serum or water is in excess, varying from  $\frac{8.01}{1000}$  to  $\frac{8.81}{1000}$ , while the natural and healthy quantity is only  $\frac{7.9}{1000}$ .
3. The blood globules are diminished from the natural standard of  $\frac{1.27}{1000}$  to  $\frac{1.0}{1000}$ , or even to  $\frac{.67}{1000}$ , and in some few cases to  $\frac{.4}{1000}$ .

The distinctive characters of the disease, are: enlargement of the spleen, and disease of the lymphatic glands; in 19 cases of leucocythemia, the spleen was found to be more or less enlarged in 16; in the same 19 cases, the lymphatic glands were more or less diseased in 11.

It is probable, however, that disease or disorder of the spleen also exists in chlorosis, and even that this may be the principal cause of the alteration in the blood; at least, ECKER and BECLARD have come to the conclusion that the blood globules are incessantly disintegrated or destroyed in the spleen. They base their opinion upon the following facts:

- 1st. The blood returned by the splenic vein, prior to its junction with the vena porta, contains a smaller proportion of blood globules than arterial blood, and even all kinds of venous blood; thus, the blood of the splenic vein contains only  $\frac{1.2}{1000}$  of globules and fibrin, while that of the external jugular has as much as  $\frac{1.41}{1000}$ , the mammary artery  $\frac{1.59}{1000}$ , and the vena porta as much as  $\frac{2.27}{1000}$ . The deficiency of globules in the splenic vein can only be accounted for by the supposi-

tion that the blood globules are destroyed or disintegrated in the spleen.

2d. The quantity of albumen in the splenic vein is much greater than in any other blood-vessel; there are only  $\frac{7.0}{1000}$  in the blood of the vena porta,  $\frac{7.0}{1000}$  in that of the external jugular,  $\frac{9.0}{1000}$  in that of the mammary artery, and as much as  $\frac{12.4}{1000}$  in the blood of the splenic vein. BECLARD very justly concludes that the disappearance of the blood globules in the spleen can be conceived of with difficulty, without their principal element (albumen) being thus found to be present *in excess* in the splenic vein.

These facts render it very probable that excessive action of the spleen causes the diminution of the blood globules, and consequent pallor of the surface, in chlorosis, leucocythemia, and even in the paludal cachexia of fever and ague; all allied diseases. This supposition, that the spleen is involved in chlorosis, will account for the frequency, obstinacy, and severity of the chlorotic and hysterical pain in the left side, just under the left breast. Leucocythemia, then, would differ from chlorosis, principally in the additional disease of the lymphatic glands and system, which attend the former disease.

The principal homœopathic remedy against simple chlorosis is Plumbum; against leucocythemia, are, Natrum muriaticum, Iodine, Iodides of Iron and Lead, and Conium, or Belladonna.

*Treatment.*—TILT says, that chlorotic patients are notoriously fond of ease, and all they want is to be allowed to remain in a state of muscular quietude; but this desire must no more be listened to, than that of travellers yielding to the soporific effects of intense cold; for the habitually cold skin of chlorotic patients causes a half-poisoned state of the blood, by the retention of what should be excreted, and the imperfect oxygenation it undergoes; with this vitiated, and lymphatic, and venous blood, the internal organs are overloaded [especially the spleen]. They should, therefore, be urged and enforced to exert themselves, so that the blood may circulate more rapidly, and thereby absorb that due quantity of oxygen

which is necessary to impart to it those vital properties which excite all the organs to perform their proper functions. The limbs and body should be rubbed briskly once or twice a day, in order to solicit the blood to the surface; Dr. HOLLAND recommends the exercise of respiration, to invigorate the system and improve the blood, by a more perfect oxygenation of it, for, in chlorosis, the chest in general is scarcely seen to rise, and breathing must be very imperfectly performed. The use of an inhaling-tube is entirely unnecessary; the patient need only take long, and full, and deep breaths for several minutes, or 10 minutes in succession, several times a day. Reading aloud and singing are excellent exercises for the lungs.

#### PLUMBUM.

This is undoubtedly the most homœopathic remedy for chlorosis. To Dr. F. C. WINTER, of LUNENBURG, is due the credit of introducing this remedy into homœopathic practice. ANDREAL says, that the prolonged use of lead induces the same conditions of the blood as those we see in chlorosis; an interesting case, reported by TANQUEREL, shows how deceptively the disease produced by lead simulates chlorosis: A man, aged 21, of strong constitution, came under treatment for chlorosis, and great palpitation of the heart, following exposure to lead for 18 months. WINTER used it with success in cases of chlorosis marked by difficulty of breathing, constipation, dropsy of the feet, and unusual debility, in which the ordinary means, both homœopathic and allopathic had been tried without benefit; the obstinate, and almost invincible constipation, led him to use Plumbum, which proved of great service, not only in this, but against almost all the other concomitants of chlorosis. DRYSDALE has also used it, with marked benefit, in cases of chlorosis, after the more active state of disorder of the digestive organs has been subdued by other medicines, and the chief, or only symptoms which remain are: difficulty of breathing, obstinate constipation, muscular debility, and scanty or suppressed Menstruation.

According to WINTER, Plumbum is homœopathic when the

patient has a peculiar, pale, often waxy, greenish-yellow complexion, with a yellowish tinge of the whites of the eyes ; when the eyes are deeply sunken and surrounded by dark, or blue circles ; when the pulse is frequent, small, and soft ; the patient being very dispirited, anxious, and despairing ; also very feeble, with bewildering confusion and pain in the head ; when the lips, gums, and inside of the mouth, are very pale, or bluish-gray, in color ; when there is a want of appetite, or desire only for particular things ; thirst, with burning in the stomach ; eructations, nausea, vomiting, aching in the stomach, cramps in the bowels, obstinate constipation, alternating with diarrhœa ; diminished secretion of urine ; laborious or sighing respiration, with more or less oppression and tightness of the chest, with anxiety and palpitation of the heart ; pains in the back, loins, and limbs, with great weariness and languor ; coldness of the body, dropsy of the feet, and frequently a general and uniform dropsical swelling of the whole body.

It has also proved useful when there are intense headaches, noises in the ears, suppressed, scanty, or irregular Menstruation, with insurmountable indolence, great drowsiness, frequent yawning, great debility, softness and flaccidity of the muscles, and trembling of the limbs, sadness, love of solitude, absence of mind, and melancholy, the patient being shy, depressed, and indifferent to all things.

WINTER used it, with surprisingly good effects, in 7 cases.

#### NATRUM MURIATICUM.

According to PIORRY, this remedy, given in doses of from 4 to 8 drachms, effects very rapidly what no other succedaneum of Quinine, that he has tried, ever does, viz., a diminution of the size of the spleen. PIORRY promptly cured 6 out of 8 cases in which he tried it. Bathing with salt and water over the region of the spleen, or wearing a salt-bag there, or the use of warm or cold salt water baths, may also be useful. It may also prove useful in scrofulous cases, and in true leuco-

cythemia. (See DUNSFORD'S 15 cases of scrofula, cured by a trituration of sea salt: Brit. Jour. of Hom., vol. 3, p. 37.)

#### PULSATILLA

Is the most homœopathic remedy when the blood becomes deprived of many of its red globules, not by disease of the spleen or lymphatic glands, but by simple or scrofulous irritation of the mucous membranes and follicles of the stomach, bowels, air-tubes, or of other organs.

It has been recommended in many disorders of females, when attended with chills, or a persistent coldness, especially of the limbs, even when the temperature of the atmosphere is warm; under these circumstances, it will prove useful in chlorosis, menstrual colics, and in cramps of the stomach and bowels.

FLEISCHMANN gave it with success to a girl, aged 17, who had not yet menstruated, but was feeble, with a pale and puffed countenance; complained of fatigue of the whole body, especially of the legs and feet; whose appetite was diminished, tongue furred, taste in the mouth bad, with frequent eructations; breathing short and oppressed, especially after exercise, with strong pulsations of the heart, and distinct *bruit de diable* in the carotid arteries, the pulse being feeble and slow. She improved after 14 days' use of Pulsatilla, 4th decimal dilution, and seemed well in a month.

GUERARD gave it to a girl, aged 14, not yet menstruated, who was slightly chlorotic, had emaciated, was troubled with colics and constipation, nausea, loss of appetite, coated tongue, slight fever every evening, and with cramps in the feet and legs. *Pulsat* 30 was followed by an erysipelatous eruption upon the legs, and by Menstruation at the end of fifteen days, when she soon recovered her natural color and health. Pulsatilla 18 was also given by Dr. GUERARD, to a chlorotic young lady, aged 24, who was pale, sallow, and languishing, with uncertain and irregular Menstruation, troublesome bloating of the stomach and bowels, burning in those parts, and in the throat, vomiting after each meal, preceded by acrid risings. Bellad.

30, allayed the vomitings, and Pulsat. 18 then removed the rest of the complaint, so that she recovered her healthy color and strength, became free from acidity, and her digestion was good.

HENDERSON treated a lady, aged 27, of pretty full habit, with sallow complexion, whose menses had first been scanty and irregular for 6 months, then totally suppressed for 3 months, but finally had appeared scantily about a month before; she had taken Iron for 5 months without improvement, was rarely free from headache for more than a day or two, was very feeble, especially on attempting to walk, subject to difficulty of breathing and palpitation from the most ordinary exertion, and even while at rest; her lips were very pallid. She then spent 9 months in the country without medical treatment, and improved but little in health; the menses appeared only for 1 day at a time, at long intervals, and very scantily; she was last unwell about 9 weeks ago, scantily for the whole of 1 day, and a part of 2 others; her difficulty of breathing and palpitation were worse; the headaches recurred every 2 or 3 days; she slept badly, had very little appetite; her feet swelled at night; there was evident pulsation of the carotids, and a strong continuous chlorotic murmur in the right side of the neck; bowels regular.

*Treatment.*—Pulsatilla 12, twice a day; in 4 days she became unwell, and continued so for 3 days, with more discharge than she had had for 2 years, with some improvement to her general health. At the end of a month, *China* 12, and *Graphite* 30, morning and evening, were given, followed in 1 day by Menstruation more profuse than for years, and her headache left her, strength and appetite improved; but her breathing and color remained as before. *Ferrum* 18, and *Graphite* 20, morning and evening, at the end of 2 weeks more, when she still continued free from headache and was able to employ herself actively within doors. Then, Pulsatilla 6 was given, twice a day, with still greater improvement, so that she menstruated 4 entire days, with abundant secretion, and dyspnoea and palpitations finally lessened. Fifteen days after she commenced the use of Graphite 12, twice a day, for 20 days,

when Pulsat. 6, twice a day, completed the cure. She was under treatment 5 months in all.

**Dose.**—See pages 364 and 395.

#### FERRUM.

This is the most decided and useful antipathic remedy, yet KNORRE says, that he has used it successfully in chlorosis, with vertigo, painful aching in the head and stomach, loss of appetite, sluggish bowels, paleness of the face and whole of the body, also of the lips and tongue; the menses being very scanty and resembling serum; emaciation, excessive weakness, especially of the knees; swelling and bloating of the face, hands, and especially of the feet; frequent chills and constant coldness; weak pulse.

The allopathic experience with the use of Iron is abundant and conclusive; most physicians agree in stating that a cure of chlorosis may generally be effected with it, in from 2 to 6 weeks; it has a peculiar power of increasing the richness and redness of the blood, and produces the effects which are most wanted in this disease, viz., an augmentation of the proportion of red corpuscles, and a diminution of the quantity of fibrine. The use of some preparation of Iron is the more required, as there is a positive deficiency of Iron in the blood in chlorosis. Thus, BECQUEREL and RODIER, in 1000 grammes of calcined healthy blood, found  $\frac{1}{2}$  a gramme of *Iron*; this 1000 grammes of healthy blood contained 141 grammes of blood globules. On the other hand, the proportionate quantity of Iron in 31 cases of chlorosis was also  $\frac{1}{3}$  of a gramme; but then there were only 91 grammes to the 1000 of blood globules, whence it has been assumed that the deficiency of red globules stands in a close relation and proportion to the diminished quantity of Iron in chlorosis.

In scrofulous cases and in chlorotic *Hyperhydræmia*, when there is considerable fulness of the system and a diminished proportion of blood globules, from retention in the blood of its watery parts, owing more to a deficient excretion from the skin and kidneys, than to an absolute diminution of the globules, the

*Iodide of Iron* has been found serviceable, as it seems to promote the secretions more than any other preparation of Iron, and sometimes acts as a diuretic. It is also useful when there are enlargements of the glands and tonsils; and is said to have brought on Menstruation when other preparations of Iron have been used for a considerable time without effect. WILLIAMS, from many comparative trials, thinks the Iodide the most speedily useful preparation; he has cured chlorosis with it in 3 weeks, and replaced extreme pallor with the rosy hue of health.

The young practitioner may easily be deceived in reading the glowing accounts of allopathic physicians, of the effects of Iron in chlorosis, into the belief that it is only requisite to give Iron in these cases, in order to effect a prompt and certain cure. But PETREQUIN has observed many cases of chlorosis, which have resisted Iron as obstinately as does the anæmia connected with cancer, or organic disease; other cases, again, after deriving a certain amount of benefit from Iron, remain stationary; and others again appear cured by it, but the cure is not permanent. The remedy required in these cases, according to PETREQUIN, is *Manganese*; he has proved that Manganese is a normal constituent of animal and vegetable tissues, and believes that, wherever Iron exists in appreciable quantity, Manganese co-exists with it. Hence he infers that Iron alone will not succeed in some blood-diseases, but requires the aid of Manganese.

**Dose.**—See page 357.

#### CARBON.

It is unnecessary to enter into a dull detail of the great homœopathicity of the carbonaceous remedies, viz., Sepia, Graphite, Carbo animalis, and Carb. vegetabilis, to chlorosis. In homœopathic practice, the remedies which act upon the carbon of the body, and the venous system are most relied upon in chlorosis; in allopathic practice, those remedies which act upon the oxygen and the arterial system are the favorites. In proof, however, of the homœopathicity of the carbonaceous

remedies, we add the following: chlorotic anæmia affected universally the workmen in a coal-pit near Valenciennes, but only those who worked in a particular gallery or pit; all who had ever been in it suffered, although, perhaps not for 3 or 4 months after the exposure; the gallery was strongly impregnated with sulphuretted hydrogen, and *carbonic acid*. They had symptoms resembling those of menstrual colic in females, and abdominal congestion; viz: severe colics, tightness of the chest, palpitations, debility, and prostration; the colic pains lasted for 10 or 12 days, then the skin became blanched and sallow, the pulse quick and feeble; profuse sweats and great weakness finally set in. The illness often lasted for several months, and even for a year; and the colics sometimes returned frequently.

#### SABINA

Is the specific homœopathic remedy against menorrhagic-chlorosis, although Dr. WATZKE has used it successfully against chlorosis with amenorrhœa.

CASE 1. A girl, of strong constitution, aged 17, had had suppressed Menstruation and chlorosis, for 6 months; she suffered with violent giddiness, especially in the morning, and from exertion, so that she sometimes fell down; pressing pain in the forehead, singing in the ears, greenish-yellow acrid leucorrhœa, shortness of breath, palpitations of the heart, great tendency to perspire, heaviness and painful weariness of the limbs; her skin was pale, and appearance leucophlegmatic; she had a great desire for sour things, and for burnt coffee.

*Treatment.*—Pulsatilla was given for 3 weeks without benefit, then 1 drop Ol. Sabina in a drachm of sugar, was given in 1 or 2 grain doses, with rapid relief.

CASE 2. A girl, aged 16, not yet menstruated, had suffered for 3 years with headache; cachectic appearance, with dark circles around the eyes, toothache, tendency to nausea and vomiting, heartburn, dragging and gripping pains in the abdo-

men, pressure downwards upon the genitaliæ, shortness of breath, palpitations, oppressive pain in the chest, weight in the legs, with pain in the thighs when walking, dragging and tearing pains in the limbs, particularly at night, debility, great drowsiness, and laziness.

*Treatment.*—Puls., Sepia, Kali, Ferrum, and Silex were given for 2 months without benefit; she then recovered under the use of Sabina, as directed for Case 1.

**Dose.**—See page 370.

#### CHINA

Is also homœopathic to anæmia and chlorosis from excessive lactation and Menstruation, although WATZKE gave it with success in

CASE 1. An unmarried lady, aged 30, of strong constitution and phlegmatic temperament, had complained for several months with oppression and heaviness of the head, loss of appetite, tightness and distension of the belly, pain in the sides, short and difficult breathing, pressure upon the chest, frequent palpitations, swelling of the legs up to the knees, great weakness, so that she could only walk with great difficulty; the menses were scanty and pale; she had some leucorrhœa; the patient, who had previously always been in good health, with a blooming complexion, had become pallid and bloated, and she, who had formerly been sprightly and good-humored, had become very cross and lachrymose.

*Treatment.*—The alternate use of Ferrum and Helleb. nig., 1st dilution, followed by China, 3d dilut., permanently restored the patient in 9 or 10 weeks.

CASE 2. Miss A., aged 21, of delicate frame, menstruated at 16, accompanied with intolerable headaches, for which she was repeatedly and profusely leeches; finally, all the signs of confirmed chlorosis set in.

*Treatment.*—Ferr., Puls., Coccul., Hep., Ignat., and Nux were given without benefit, for 2 months; then she was cured

in 2 months by China 3, and she remained well for at least 3 years afterwards.

**Dose.**—See page 345.

## DIFFICULT AND PAINFUL MENSTRUATION.

### DYSMENORRHOEA.

In 300 cases of uterine disease, BENNETT met with 123 instances of painful Menstruation. MADDEN, in 180 cases, with 34; ASHWELL, in 810 cases, found only 10 with dysmenorrhœa, 19 with irritable uterus, and 74 with hysteria.

Several varieties of the disease are described by authors, viz. :

1. From stricture or narrowness of the canal of the neck of the womb.

2. Spasmodic stricture of the sphincter at the os internum, which is formed by a strong band of the circular muscular fibres of the cervix, and destined to close the uterus during the latter stages of pregnancy.

3. From croupous or dysenteric inflammation of the internal surface of the womb, leading to the formation of false membranes, which are expelled with great pain and difficulty.

4. From simple or rheumatic inflammation of the womb, especially of its neck.

5. From a nervous and spasmodic action of the muscular fibres of the womb. And,

6. From congestion of the womb.

Of BENNETT'S 123 cases of painful Menstruation, 2 commenced at 10 years of age; 8 at 11 years; 17 at 12 years; also, 17 cases at 13 years; 22 at 14 years; 20 cases at 15 years; *only* 9 cases at 16; 11 at 17 years; 8 at 18 years; 5 at 19; and 1 at 20. Hence it would seem as if painful Menstruation is more frequently connected with an early appearance of the menses, than with a delayed. COLOMBAT even asserts, that the subjects of dysmenorrhœa are generally of a nervous or bilious temperament, of ardent feelings, and greatly addicted to coitus, although constitutions precisely the op-

posite of these are not exempt from it ; and during an attack of the disease, they generally feel a sensation of heat in the neck of the womb, a kind of pruritus of the vagina, and spasmodic constriction of the vulva. It is but right to add that COLOMBAT often seems to take a blackguardly pleasure in making similar assertions, which are generally unfounded.

1. *Dysmenorrhœa from Stricture, or Narrowness of the Canal of the Neck of the Womb.*

Dr. MACKINTOSH was the first to draw attention to this form of the disorder ; as early as 1823, after having frequently met with much difficulty and embarrassment in the treatment of some cases of dysmenorrhœa, he thought that he perceived the signs of stricture of the canal of the neck of the womb, and imagined that dilating it with the bougie might prove a method of relieving the pain of the patient. In the course of a few years, from 1826 to 1832, he met with 20 cases of dysmenorrhœa, which he treated in this way, 18 of them with the most marked success, and only 2 without benefit ; 10 of the 18 were barren married women, of whom, 7 afterwards became with child ; 8 were unmarried, or widows.

In some of these cases, the stricture is very great, the aperture of the mouth of the womb being so small as scarcely to admit a hog's bristle, others being just large enough for the introduction of a small silver probe. Dr. MEIGS cannot boast of success equal to that of MACKINTOSH, but the treatment has certainly been productive of advantage in several instances, especially in the persons of 2 married ladies, who were not only relieved of their painful Menstruation, but, though they never before had been pregnant, soon became with child.

RIGBY has, however, given the best description of obstructive dysmenorrhœa. He says, that the chief feature of this species of the disorder is, that the pain precedes the discharge ; it varies in different individuals, sometimes coming on but a few hours before Menstruation ; at other times, the patient may begin to suffer for days or even a week before the menstrual flow commences. These differences probably

depend on the slowness or rapidity with which the secretion comes on, and somewhat upon the amount of irritability which the womb manifests on becoming distended with the menstrual fluid. Hence, when the secretion flows fast, and the uterus resents the accumulation within its cavity, there will probably be a sharp, but short attack of pain, for the rapid distension of the uterus, and its contractions, will cause severe suffering, while they will quickly produce the requisite amount of dilatation which will allow the fluid to pass out of the womb, and thus relieve the pain. In mild cases, a moderate amount of distension is sufficient to effect the necessary degree of dilatation of the mouth of the womb, and the accumulated fluid is discharged, with complete relief to the patient; but where the obstruction is greater, and produces greater resistance, the accumulation goes on, the pain becomes more severe, and then, as the womb is roused to contract upon the retained fluid, the patient will experience exacerbations of intense suffering, similar to the severe pain which is often seen in bad cases of abortion and early miscarriage, until after a long and agonizing struggle, the obstruction is surmounted, and the discharge takes place.—RIGBY.

In cases of obstructive dysmenorrhœa of this severe character, the uterine system, as well as the general health, is apt to suffer considerably; the womb becomes enlarged by this periodical distension, so that the ordinary internal measurement of its cavity may increase from  $2\frac{1}{2}$  inches to 3, or even more; and this enlarged cavity will often not clear itself entirely of the menstrual fluid, more or less of which is apt to be retained; after a time, the thinner portions are absorbed, leaving what remains, of a dark, thick, molasses, or tar-like consistence, which may only be evacuated at the next monthly period. Hence it is, that in passing the sound, or dilating the neck of the womb, a quantity of dark, brown, and slimy fluid frequently besmears the instrument, and the patient has a discharge of a similar character for a day or two afterwards, with much relief. The stomach, liver, and bowels are apt to become deranged, with more or less hæmorrhoidal con-

gestion and loaded urine, and the tongue soon displays that dry, rough, short-napped, brownish fur, which so invariably attends uterine irritation.—RIGBY.

Obstructive dysmenorrhœa seldom continues for any length of time, without producing more or less ovarian irritation. The ovaries are well known to present a considerable degree of irritation and congestion at these times, even in a state of health; but, under such circumstances as those above mentioned, the congestion assumes more the character of inflammation, with great aggravation of the patient's sufferings. There is severe pain in the groin, above Poupert's ligament, darting down the thigh; the part is very tender on pressure, and frequently feels to the patient as if swelled; finally, chronic inflammation of the ovary may be set up, and then is not unfrequently attended with severe menorrhagia.

RIGBY also says, that there is no doubt, that a large number of cases of obstructive dysmenorrhœa are due to an originally contracted state of the mouth of the womb, or of the canal of the neck of the womb, and accordingly we find, that in many or most of these cases, the patient has suffered at her menstrual periods, from their first commencement. In some cases, the pain and difficulty do not come on until some years after the first establishment of Menstruation, and in others, not until after marriage; in these cases, the principal part of the pain is owing to a congested or swollen state of the lining membrane, obstructing still farther an orifice or canal, which, though originally contracted, had nevertheless at one time allowed the discharge of the menstrual fluid without any peculiar difficulty. RIGBY also thinks that there can be but little doubt that dysmenorrhœa, in females with rheumatic-gouty constitutions, arises from a similarly congested, swollen, and irritated state of the mucous membrane lining the mouth and canal of the neck of the womb.

BENNETT says, that extreme dysmenorrhœa, from *congenital* contraction of the neck of the womb, is of rare occurrence, but admits that dilatation is sometimes the only means we have of remedying an extreme amount of suffering at the

menstrual period. He gives the case of a young female, aged 22, who had suffered in the most excruciating manner at every menstrual period since the menses first appeared at the age of 18; the pain always continued without intermission, throughout the 3 days and nights that Menstruation lasted, and was of so severe a character, that she never closed her eyes, and was confined to bed the whole time. She had been almost constantly under medical treatment, without the least relief from antispasmodics, anodynes, or sedatives; even large doses of Opium were given without the slightest benefit.

*Mechanical Treatment.*—Dilatation was effected to a considerable extent in the course of 3 weeks, preceding the next menstrual period, by means of small sponge tents; the very next Menstruation was more abundant than usual, and she was entirely free from pain; the next period was also free from pain and she remained well. MEIGS prefers the use of a flexible block-tin bougie; if the instrument be somewhat curved, its apex will enter without difficulty, and should be passed slowly upwards to the distance of  $1\frac{1}{2}$  to 2 inches, and allowed to remain for a minute or two, and then withdrawn, to be followed by one of a larger size. If the instrument be too large, the patient will complain of a sense of aching in the womb; it is undesirable to cause any pain. This mode of treatment is evidently proper in some cases; the cause of the pain is evident and should be removed, for the cavity of a non-pregnant healthy womb will not contain more than 10 or 12 drops of fluid, and as soon as the menstrual secretion commences from the lining membrane of the womb, unless the blood finds free exit, it will distend the the uterus and give rise to great pain; as soon as the obstruction is overcome, the blood will escape freely and the pain ceases. RIGBY prefers the use of a peculiar dilator, the blades being made of well-tempered steel, and opened after being introduced into the canal of the cervix, and allowed to remain so for about a minute, thus rapidly effecting a considerable degree of dilatation, often with very striking relief, even when used but a short time before a menstrual period, the discharge appearing freely, with but little pain.

## 2. *From Congestion.*

BENNETT says, in those females in whom the womb is naturally predisposed to congestion, and in whom Menstruation is very abundant, and often preceded and followed by a white leucorrhœal discharge, Menstruation is apt to be painful, either for the first day, or throughout the entire period. In such women, the dysmenorrhœa is evidently functional, and the result of the distension caused by the excessive congestion, combined perhaps with a peculiar susceptibility of the uterine nerves.

WHITEHEAD has paid most attention to congestive dysmenorrhœa; he says, it consists essentially in a state of vascular hypertrophy of the womb and its appendages, and is associated, to a greater or less extent, with a similar condition of the portal circulation generally. The whole, or a considerable portion of the womb is found to be large and weighty, attended with some prolapsus; the neck of the womb is tumid, occasionally excoriated, or presenting a granular surface, and generally less firm than natural; some retroversion or anteversion is apt to be present, causing frequent desire to empty the bladder, or pain and difficulty in evacuating the bowels, while it increases the pain of Menstruation by narrowing the canal of the neck of the womb, owing to the bent state of the part in this displacement. The walls of the vagina are apt to be relaxed, and the vulva may be swollen and marked with venous distension; the upper part of the thighs may also be marked by enlarged veins, and piles may be present. This form is more frequent in the married than in the virgin state, and it often exists in the barren, and in those who have experienced frequent abortions.

Bellad., Stramon., Sabina, and Borax are the principal remedies.

## 3. *From Spasmodic Contraction.*

This may arise from a spasmodic contraction of the whole of the womb, or merely of that kind of muscular sphincter,

which exists at the os internum, formed by a strong band of the circular muscular fibres of the neck of the womb. In some cases, this may merely be a nervous or muscular affection, but very frequently the spasm is caused by congestive, inflammatory, or rheumatic irritation of these parts.

Nux, Ignatia and Secale are the principal homœopathic remedies.

#### 4. *From Inflammation and Ulceration of the Neck of the Womb.*

BENNETT is, of course, the enthusiastic advocate for the frequency of this form of the disorder. He says it generally exists when Menstruation which was originally easy, or but slightly painful, finally becomes extremely so; such a change does not take place without a cause, and that cause is, generally speaking, inflammation and ulceration of the neck of the womb; dysmenorrhœa being one of the most prominent and most ordinary symptoms of that disease. This remark, he insists, applies to the virgin as well as to the married female, and is of extreme importance, as affording a key to those extreme cases of dysmenorrhœa, accompanied by spinal irritation and hysterical convulsions, which appear to resist every form of allopathic treatment, and are alike distressing to the patient, her friends, and medical attendant. Since he has ascertained this fact, nearly all the cases of *extreme* dysmenorrhœa in the unmarried female, that have come under his notice, have proved to be of this description, and, however impracticable before, have yielded as soon as proper treatment has been adopted. These cases, he says, are easily distinguished from those caused by contraction of the neck of the womb; for in the latter, the patient is free from pain, except at the menstrual period, but when there is inflammation and ulceration, there is not the same immunity from pain during the interval.

The principal homœopathic remedies are Arsenicum, Aurum muriaticum, Borax, used both locally and internally, and the Chloride of Platina.

### 5. *From Ovarian Irritation.*

LOOMIS adopts TILT's ovarian theory of many uterine diseases, and of dysmenorrhœa among the rest, with considerable enthusiasm. The subject is now so hackneyed, that I merely refer to it here, in order to point out the most homœopathic remedies, when the ovaries are decidedly involved.

*Argentum nitricum* is indicated when the menses are profuse and painful, with pains especially in the small of the back, groin, and ovaries.

*Granatum*, when Menstruation lasts but a short time, is profuse, with colic, and pressing pains in the small of the back, groins and ovaries.

*Borax*, when the menses are attended with spasmodic and lancinating pains in the groins and ovaries.

*Kali hydriodicum*, when there are aching pains in both groins and ovaries, and small of the back.

Cantharides, Graphite, and Staphysagria also deserve attention, when the ovaries are disordered.

### 6. *Pseudo-membranous Variety.*

This has generally been regarded as owing to a peculiar or croupous inflammation of the lining membrane of the womb; but POUCHET states, that in all females, even in virgins, a delicate decidual membrane or cast is formed in the cavity of the womb at every Menstruation, and is thrown off about the 10th day. If this be so, the deciduous pseudo-membranes of dysmenorrhœa may be considered as merely an exaggeration of a natural condition, which, however, may be still further increased by the superaddition of croupous inflammation. BENNETT, of course, believes, or rather assumes, that the formation of these membranes coincides almost invariably with the present or past existence of uterine inflammation; he, doubtless, can see further into a mill-stone, or the womb, than anybody else, but that does not prevent him from being as absolutely ignorant of the appearances of inflammation as was BROUSSAIS. Still, he has grace enough to admit that the removal of the inflammatory disease does not always free the

patient from the liability to the formation of pseudo-membranous casts.

The presence of these false membranes aggravates the patient's distress considerably; their expulsion is always preceded by an increase of the uterine pains, and not unfrequently by tormina similar to labor-pains, which are evidently occasioned by the violent efforts of the womb to get rid of the membranes and casts formed in its cavity; that the difficulty of expulsion is partly the cause of the severe contractions and pains, is proved by the fact that they have repeatedly been relieved by dilating the canal of the mouth of the womb during the interval of Menstruation, and this in females who still continued to expel false membranes, even after all visible disease of the womb had disappeared.

*Treatment.*—It is evident that mechanical and general treatment will not remove this peculiar disorder; as we know of no homœopathic remedies for pseudo-membranous irritation, or croupous inflammation of the uterus in particular, it may be allowable to use the true croup remedies; thus, we will at least use remedies which are homœopathic to the nature of the disease, even if they have no specific relation to the locality. Bromine, Bichromate of Potash, Ammonium causticum, and Cantharides may be used with much prospect of success, especially as the latter also act specifically upon the uterine organs.

In the cases reported by BEAUVAIS, Pulsatilla alone cured 3 cases; Puls. and Nux, 1 case; Puls. and Cocc., 1 case; Puls. and Sulph., also 1 case; Cocculus alone, 2 cases; Coccul. and Puls., 1 case; Graphite and Lycopod., 1 case; Graph. and Baryt. c., 1 case; Nux was used in 3 cases; Veratrum, Secale, Calcarea, Lachesis, Ignat., Conium, Platina, and Crocus, each in 1 case; Sulphur in 2 cases.

#### ACONITE.

LOOMIS recommends this remedy when the dysmenorrhœa arises from an inflammatory condition of the womb or ovaries, with violent fever, dry and burning heat of skin, excessive

thirst for cold drinks, redness and heat of the face; distension of the abdomen, with tenderness to touch. It may also be suitable in alternation with Colchium, Bryonia, or Guaiacum, where painful Menstruation arises from a rheumatic affection of the womb.

**Dose.**—See page 336.

#### AMMONIUM CARBONICUM

Is also recommended by Loomis as most adapted to the inflammatory variety; the Ammonium causticum, we have already seen, is homœopathic to the pseudo-membranous form. It is said to be most indicated when painful Menstruation is attended with swelling, itching, and burning of the sexual organs, or excoriation of these parts, especially when the menses occur too soon, and are too copious, dark in color, and acrid; or if there be pain in the loins and colic, with pressing-down pain, &c. COLOMBAT recommends the Acetate of Ammonia; he says that it produces a rapid sedative action upon the womb, and relieves the painful tormina which attends the discharge; but if too much of it be given, it is apt to cause scanty Menstruation.

**Dose.**—Same as for Iodine and Phosphor. (See page 381.)

#### BELLADONNA

Is said by Loomis to be indicated in the inflammatory variety, although it may prove useful in some cases of the neuralgic form; it is, however, best suited to the congestive and spasmodic varieties. In fact, he proceeds to recommend it, when there is congestive enlargement of the womb, or falling of that organ, with menstrual colic and spasms, with labor-like pains. It is not generally known, that the so-called bearing-down pains are often merely a tenesmus of the os and cervix uteri; it is in these cases that Bellad. is so useful. HOLMES, of Mississippi, thinks that *Bellad.*, if rightly used, never fails to relieve the pain of dysmenorrhœa, and render Menstruation regular, free, and healthy; he thinks that it acts specifically upon the womb, relieves its pains and spasms, increases the

flow, dilates the canal of the neck, and thus permits coagulæ and membranes to pass without the least inconvenience to the patient; but he uses  $\frac{1}{3}$  grain doses of the extract.

**Dose.**—See page 340.

#### BRYONIA

Is a valuable adjunct in the rheumatic variety, especially if the symptoms of rheumatism of the womb be well marked, in addition to rheumatic pains about the head or chest, with short, dry cough, and frequent bleeding from the nose, or rheumatic pains and swellings of one or more joints or limbs.

**Dose.**—See page 341.

#### CALCAREA

Is recommended when the breasts are apt to be swollen and painful during Menstruation, with headache, colic, cramp-like pains in the region of the kidneys, acidity of the stomach, high-colored and acid urine, with chronic inflammation and swelling of the womb.

**Dose.**—See page 348.

#### BORAX

Has long been used in Germany to produce uterine contractions, and to facilitate the excretion of the lochia and menstrual fluid; it is the principal remedy against that aphthous and granular affection of the mouth and neck of the womb, which has led to so much abuse of the speculum and digital examination by BENNETT and others. BENNETT has lately found out that it is homœopathic and curative to membranous dysmenorrhœa. He gives the case of a woman, aged 26, subject for two years, since marriage, to painful Menstruation; the menses were regular as to time, but usually lasted a week, and were attended with such great suffering that she had always been compelled to lie down for the greater part of that time; the discharges were generally very dark in color, and mixed with clots of blood and numerous flakes of whitish membrane; in the intervals, there was more or less leucorrhœa,

with dull aching pain in the lower part of the back; her tongue was redder than natural; pulse 96, and sharp. She had never conceived, and had been subjected to a great variety of treatment, with very little advantage. After taking the Biborate of Soda for 20 days, Menstruation occurred with very little pain, and was unmixed with either shreds or flakes; during the whole period she had been able to pursue her usual avocations, and had enjoyed a degree of comfort to which she had been a stranger for years; the next month she also menstruated without material suffering, the aching in her back had also disappeared, together with a chronic cough, which had persisted for several months.

It is thought to be especially adapted when there is slight fever, pain in the loins, and the expulsion of shreds and flakes of lymph.

**Dose.**—Same as for Calcarea. (See page 348.)

#### CROCUS,

Coffea, and Chamomilla, are admirable palliatives when frequent and profuse Menstruation is attended with great pain.

**Dose.**—See pages 343 and 355.

#### COCULUS

Is generally regarded as the principal homœopathic remedy against menstrual spasms and colic; Loomis thinks it is more appropriate in the neuralgic than the inflammatory variety; but it, like Nux and Ignatia, is probably more homœopathic to the spasmodic form than any other. It is especially indicated when there is menstrual colic with cramps in the womb, early and profuse Menstruation with much pain, and followed by a sanious leucorrhœa during the interval. The indications for Nux and Ignatia are too well known to require repetition here.

**Dose.**—See page 357.

## PHOSPHORUS

Is most homœopathic when there is excessive ovarian and sexual irritation, with inflammation of the ovaries and neck of the womb, the menses being profuse, and long continued, preceded by an acrid leucorrhœa, and accompanied with colic and cutting pains in the bowels, back-ache, and pains extending from the vagina up into the womb. Platina is recommended under nearly the same circumstances.

**Dose.**—See page 381.

## PULSATILLA

Is used very frequently in dysmenorrhœa, especially when the menses are scanty or suppressed, the patient being rheumatic, or subject to a leucorrhœa of a corrosive and burning nature, and thick like cream.

**Dose.**—See page 393.

## SECALE

Is decidedly the most homœopathic remedy in spasmodic dysmenorrhœa; it has been very rarely used, however, especially by those who pride themselves much more upon giving infinitesimal doses of some inert remedy, than upon always giving the most homœopathic remedy.

**Dose.**—See page 404.

## SEPIA AND SULPHUR

Have been used in dyscratic and rheumatic cases.

**Dose.**—See pages 397 and 398.

## UNNATURAL OR DEPRAVED MENSTRUATION.

I apply this rather rude name to that class of cases in which there is a decided alteration in the color, consistence, and odor of the menstrual secretion.

In 181 cases of uterine disease, MADDEN met with 19 in-

stances in which the menses were too pale, and 8 in which they were too dark.

*Dulcamara* is said to be indicated when Menstruation is retarded, and the discharge is watery; *Ferrum acet.*, when menses are delayed, with a scanty discharge of watery blood; *Sulphur*, when the menstrual discharge is too pale; *Stramonium*, when it is watery; *Pulsatilla*, when pale and watery.

*China* is said to be homœopathic when there is a discharge of clots of black blood; *Ignatia*, when menses are black, scanty, and fetid; *Nux juglans*, when premature Menstruation is attended with pressing pain in the womb, and expulsion of blackish coagulæ; *Cantharides*, when menses are too profuse, early, and dark; *Pulsatilla*, when the blood is viscid, thick, clotted, and black; *Ignatia*, when lumps of coagulated blood are expelled; *Conium*, when the discharge is brownish in color; *Ammon. carb.*, when it is black.

*Sulphur* has been recommended when menses are profuse, with an acrid smell; *Bellad.*, in profuse Menstruation, when the blood smells badly; *Ignatia*, when menses are scanty, black, and fetid; *Sarsaparilla*, when they are scanty and acrid, so as to excoriate the inner side of the thighs; *Kreosote*, when menses occur too soon, with a discharge of acrid-smelling, bloody ichor; *Phosphor*, when the menstrual discharge has an offensive odor; *Sulphur*, when it is thick and acrid; *Rhus tox.*, when the menstrual blood is so acrid as to cause a severe smarting pain in the vulva; *Kali carb.*, when it is acrid and pungent, making the thighs sore; *Carb. veg.*, when it is acrid and corrosive.

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## LAST MENSTRUATION.

### CHANGE OF LIFE.

The most common time for the cessation of the menses and change of life is between the 40th and 50th years; but, like the first appearance, so the cessation of Menstruation varies in different females, and is in subordination to the tempera-

ment, constitution, climate, and habit of life of the female ; as a general rule, however, there is a certain relation between the periods of the first and last Menstruations, for the cessation occurs at a later period in proportion as the first appearance was less precocious.

BRIERE DE BOISMONT, in 183 cases, found two instances in which Menstruation ceased at 21 years of age ; 1 case each at the 24th, 26th, 27th, 28th and 29th years of age ; 3 cases at 31 years ; 2 at 32 years ; 4 at 34 ; 6 at 35 ; 7 at 36 ; 4 at 37 ; 7 at 38 ; 1 at 39 ; 18 at 40 years ; 10 at 41 ; 7 at 42 ; 4 at 43 ; 13 at 44 ; 13 at 45 ; 9 at 46 ; 13 at 47 ; 8 at 48 ; 7 at 49 ; 12 at 50 ; 4 at 51 ; 8 at 52 ; 2 at 53 ; 5 at 54 ; 2 each at 55, 56 and 57 years ; and 1 at the 60th year of age. Hence, of 183, in 7 it occurred between the 55th and 60th year of age ; in 31 cases between the 50th and 55th years ; in 50 cases between 45 and 50 ; in 52 cases between the 40th and 45th year ; in 25 cases, from the 35th to 40th year ; in 9 cases from the 30th to 35th year ; in 7 cases from the 20th to the 30th year.

ROBERTON in 77 females, found 1 case to cease Menstruation at 35 years ; 4 at 40 years ; 1 each at 42 and 43 ; 3 at 44 ; 4 at 45 ; 3 at 47 ; 10 at 48 ; 7 at 49 ; 26 at 50 ; 2 at 51 ; 7 at 52 ; 2 each at 53 and 54 ; 1 at 57 ; 2 at 60 ; and 1 at 70 years of age.

ROBERTON also gives 13 instances of late Menstruation in Hindoo women, viz. : 2 cases still menstruated at 56 years of age ; and 1 case each at 57, 58, 59, 60, 63, 64, 65, 67, 68, and 80 years of age.

In 2 Hindoo women, who commenced to menstruate at 11 years, menses ceased at 37 and 42. Of 6 women who commenced at 12 years, 2 ceased at 38, and 1 each at 40, 46, 49 and 52 years. Of 15 females who commenced at 13 years of age, 1 ceased at 40 ; 2 at 41 ; 1 each at 43, 45, 46 and 47 ; 4 at 48 ; 1 each at 50, 52 and 54. Of 18 cases which commenced at 14 years of age, 1 each ceased at 34 and 37, 40 and 41 years ; 2 at 42 ; 1 at 43 ; 2 at 44 ; 1 at 47 ; 4 at 50 ; 1 each at 51, 54 and 58 years. Of 5 cases which commenced

at 15 years, 1 ceased at 30 ; 1 at 40 ; 2 at 41 ; and 1 at 45. Of 2 cases which commenced at 16 years, 1 ceased at 45, the other at 46. Of 4 cases commencing at 17, 1 each ceased at 41, 43, 44 and 48 years. Of 2 cases commencing at 18, 1 ceased at 46, the other at 47.

BENNETT met with 2 females who commenced their menstrual life at 11 years, one of whom ceased menstruating at 47 years, the other between 40 and 50 ; 1 who began at 13 was still regular at 47 ; 1 at 14 ceased at 44 ; of 3 at 15, 1 each ceased at 48, 49 and 54 years ; 1 at 16 ceased at 50 ; 5 at 18 ceased, 1 each at 41, 45 and 48, and 2 at 50 years ; 2 at 19 years ceased, 1 at 44, the other at 50 ; of 2 at 20, 1 ceased at 50, the other at 53. On the other hand, BENNETT met with 1 case which commenced Menstruation at 11 years, and was still menstruating at 50 ; of 3 at 12 years, 1 each was still regular at 47 and 49, and the other at 56 ; of 7 beginning at 13 years, 3 were still menstruating at 47 years, and 1 each at 45, 50 and 52 years ; of 2 commencing at 14, 1 was still regular at 45, and the other at 48 ; of 4 cases at 15, 2 were still regular at 47, and 1 each at 45 and 48 ; 1 case at 17 was still regular at 49 ; and 2 cases at 18 still menstruated at 46 and 51 years.

ROBERTON assumes that Menstruation always continues as late as the power of conception, and gives a table of 10,000 pregnant women, 436 of whom were over 40 years of age, viz. : 101 in their 41st year ; 113 in their 42d ; 70 in the 43d ; 58 in the 44th ; 43 in the 45th ; 12 in the 46th ; 13 in the 47th ; 8 in the 48th ; 6 in the 49th ; 9 in the 50th ; 1 each in their 52d, 53d, and 54th years. He also met with 3 women who had children at advanced ages, one in her 50th, another in the 51st, and the 3d in her 53d year ; in all of whom Menstruation continued up to the period of conception. COLOMBAT mentions some curious cases of late pregnancy and Menstruation, viz., 1 case in which a woman was delivered in her 62d year ; another in her 67th. HALLER mentions a woman still regular at 70, and brought to bed with child at that age. COLOMBAT saw a female who was very regular, and

confined at 61 years of age; another who commenced Menstruation at 18, and continued regular up to the 73d year; while ORFILA gives the case of a woman who became pregnant with her first child at the age of 47, then had 7 children, the last when she was 60, remained regular until she was 99, and died at the age of 114.

Menstruation ceases abruptly in some women; gradually in others. TILT thinks that it terminates gradually in about 39 per cent.; by a succession of floodings in 19 per cent.; by a terminal flooding in 14 per cent.; by alternations of slight and considerable discharges in 10 per cent.; by a sudden stoppage in 18 per cent.

The gradual termination is the most frequent, and is, of course, attended with the least disturbance of health. A terminal flooding is often mistaken for miscarriage, and the sudden stoppage of the function deserves more attention than it has received, because it happens more frequently than is commonly supposed at an early period of life, and then is often mistaken for accidental suppression, and treated as such. Sudden cessation is also not unfrequently mistaken for pregnancy, especially if there is some amount of swelling of the abdomen and breasts, with secretion of milk, and other sympathetic disturbance, of which time only can show the fallacy.—TILT.

*Sudden cessation* often takes place thus: the person having arrived at the usual age, the expected Menstruation is prevented by cold, fright, or some illness; these accidents would have been followed, earlier in life, by a return of Menstruation after their removal; but it is not so now; nature seizes this opportunity to put an end to the function altogether, and many patients are thus dealt with, without experiencing any inconvenience. In *gradual* extinction, one period is missed, and then there is a return; a longer time elapses, and there is, perhaps, an excessive flow; afterwards, some months may pass away without any reappearance; then there may be a scanty secretion, followed perhaps by flooding; and finally the secretion becomes so scanty and so slightly bloody as scarcely to attract notice, and then disappears forever.—ASHWELL.

After a long period of cessation, the flow may reappear and return regularly for months and years, without, however, always indicating a return of procreative power. In some women, after cessation, the stock of vital productivity is fairly exhausted; but in most there is a superabundant nervous energy, or an excess of blood; for that supply, which was formerly sufficient for the maintenance of both mother and offspring, can now only be expended on the woman's frame.

TILT also thinks that it is an important point to be remembered by women, that in proportion as their sufferings were protracted previous to the healthy establishment of Menstruation, so may they, in general, expect its cessation to be attended with a corresponding period and intensity of suffering. But it must not also be inferred, that those who have suffered little or none at its establishment, have no illness to expect, and therefore need take no precautions. Another fact, equally interesting and important to be known, is, that, in general, those diseases which precede the first appearance of Menstruation may possibly precede its cessation. Thus, ALBERT has observed some skin diseases to appear twice only in life, viz.: before the first appearance of Menstruation, and again at its cessation. SIR HENRY MARSH noticed, that women, in whom the establishment of puberty had been preceded by repeated nose-bleedings, experienced the same accident as a prominent symptom of cessation. TILT has several times seen both *first* and *last* Menstruation preceded in the same person by an abundant eruption of boils, frequently by continued diarrhoea, and still oftener by a great amount of pseudo-narcotism and hysteria.

TILT also regards it as another indication useful to women, that, whenever irregular Menstruation is attended with a sinking feeling at the pit of the stomach, with flushes of heat and perspirations, even though their age may only be between 30 and 40, it is a warning of the commencement of the change of life. The usual concomitants of Menstruation are variously affected in different cases; in 64 cases out of 100, the patients generally had headache, sick headache, hysteria or pseudo-

narcotism, at each menstrual period; and these symptoms were aggravated in 36 per cent. at the change of life; they remain unchanged in 18 per cent., were diminished in 10 per cent.

TILT often refers to a train of symptoms, which he terms pseudo-narcotism; in the young girl, just before Menstruation, it consists of headache, dizziness, heaviness, dulness of intellect, tendency to sleep, &c. With a wonderful uniformity of language, changing girls will speak of a heaviness in the head, stupid feeling, stupid headache, feeling heavy for sleep; of being drowsy; of the possibility of sleeping anywhere, while at work, or standing; of feeling lost or bewildered; of losing their wits or memory for a time; of dimness of the eyes, or momentary loss of sight; of falling down while stooping; of involuntarily dropping any article which they may have in their hands; of forgetting, when sent on an errand, what they were sent for, and then being obliged to stand still and make an effort to recollect. Similar signs of pseudo-narcotism are apt to appear at the change of life; some women acquire an habitual giddiness, an uncertain and tottering gait, a vacancy of feature, a dull and drowsy expression of the eye. The more ordinary symptoms are: a great tendency to sleep, an uneasy sensation of weight in the head, a feeling as if a cloud or cobweb required to be brushed from the brain, disinclination for any exertion, and a diminution in the powers of memory, and of the mind. Some become exceedingly depressed and melancholic, sit in an indolent posture, look gloomy, hardly speak at all, and live under the impression that some evil is about to befall them; they are apt to be suspicious and undecided in all their movements.—TILT.

The same author also places much stress upon the feelings of sinking or depression at the pit of the stomach, not an actual pain, but an irritating and tormenting sense of a want of support, or of emptiness; these feelings are associated with hot flushes, burning heats, and, in fact, are the harbingers of flushes and suffusions of the cheeks; on the subsidence of the

heats, the skin breaks out into perspirations, either gentle or drenching, sometimes hot, at others cold and clammy.

TILT met with these sensations of faintness, exhaustion, and sinking at the pit of the stomach, in 26 cases out of 100;

With heats and flushes in	38	“	“
“ perspirations in	30	“	“
“ sweats	16	“	“

These flushes and perspirations are the means by which nature relieves the system of the fluids, which used to be discharged every month; the heats, flushes, and gentle perspirations often prevent internal disease; in about 16 per cent., the sweats, by their amount, form a disease of themselves, without relieving the patient as well as a more moderate exhalation; these heats, flushes, and perspirations have been known to continue to appear several times a day for 10 or 16 years after the cessation of Menstruation. TILT has known the perspirations to become so profuse that the drops accumulated as fast as they were wiped off the face, and the clothes were always wet; and when in bed the sufferer was afraid of turning, for fear that she should be chilled by the damp cold in the immediate vicinity of the body.

After cessation, it is not uncommon to have a continuance, or even an augmentation of the pains, by which Menstruation was usually attended, and the patients need not fancy from this circumstance alone that serious disease is impending. These pains are, in a large proportion of cases, merely nervous, and doubtless are meant to warn women that a certain degree of prudence is necessary while they last.

Pains in the back existed in	70	per cent.;
“ “ were increased in	46	“
“ “ remained the same in	17	“
“ “ were lessened in	7	“

Pains in the lower part of the body, of a bearing-down character, were present in 51 per cent.; which were increased in 30, remained unchanged in 10, and were lessened in 9.

Flooding occurred in 27 cases out of 100 about the time of the change of life; this symptom, which at other times would

be considered pernicious, is not so alarming at this period, and need not be interfered with, unless it is too much for the patient's strength ; but if these profuse flows occur too often, or are too abundant, and last very long, the woman should not allow her health to be completely ruined by this constant drain, but should apply for relief.

At the change of life, the blood, instead of being directed to the skin, as shown by the flushes and perspirations, or to the womb, as proved by the occurrence of floodings, or profuse leucorrhœa, may be turned towards the internal surface of the body, the stomach, liver, or bowels. BUTLER LANE says, it is very common to find severe biliary derangement at, or about the change of life ; the patient is apt to have a bitter, oily taste in the mouth, a sensation of burning in the throat, frontal headache, nausea, and even vomiting, high-colored urine, bilious passages, furred tongue, and bilious tint of the skin. Diarrhœa is apt to come on, either irregularly, or quite regularly every month. Piles are also apt to come on, for the first time, about the change of life, or to be increased if they have already been present. Still, diarrhœa is much less frequent at the time of cessation, than as a symptom of regularly established Menstruation. TILT met with it in only 8 per cent. in the former case, while it occurred in 88 instances out of 161 regularly menstruating women ; in those cases in which it was present, it preceded the menstrual flow in 45 cases, accompanied it in 31, both preceded and attended it in 10, and in 2 cases it followed the monthly flow for 2 days. As a general rule, however, when diarrhœa has habitually accompanied Menstruation, there is at the change of life a gradual diminution of both discharges, the cessation of one marking the termination of the other.

On the other hand, CORFE, of the Middlesex Hospital, thinks that there is no organ in the female economy which so readily partakes of disturbance from uterine irregularities, as the liver ; and the instances are not few, where protracted bleeding from the womb at the change of life, which has resisted all other treatment, will yield to remedies directed to the

liver. In such cases, the womb takes on a vicarious action for the liver; and so long as this organ is allowed to remain in its torpid condition, so long will the womb continue to pour out an undue quantity, or an altered quality, of dark, venous fluid, and the patient becomes enfeebled, harassed, and distressed; piles, also, are not unfrequently induced. But, oftentimes, no sooner do the remedies tell upon the hepatic branches of the portal system, than the uterine portion of the same system becomes relieved from its congested state, and the uterine discharge is quickly subdued. The alvine evacuations are usually offensive, fetid, and so dark, that CORFE has known them to partake of the character of the motions of a patient with malæna for several days together; and he is inclined to think that it is from the fact that physicians so rarely look at these excretions themselves, that many cases of this disorder are misunderstood, and therefore mismanaged. Whenever the urine ceases to deposit lithates, and becomes of a pale canary color, and the evacuations from the bowels present a healthy appearance, and cease to emit a penetrating fetor, then there will be a corresponding amelioration in the state of the patient; her spirits will become more buoyant, her mind less distressed, her appetite more equable, and her whole frame less heavy and weary.

*Treatment.*—ASHWELL says, that no more serious mistake can be made than to attribute any of the symptoms of this period to debility rather than to repletion, without the most accurate inquiry. Let it be remembered that an accustomed evacuation is about to cease, or has finally disappeared, and that hence the probability is that the system is oppressed, and that the weakness is apparent, rather than real. If, for instance, because there is languor and inactivity, a slow pulse, torpid bowels, and depression of mind, stimulants and generous diet be allowed, some important organ will be sure to suffer. A light and nutritious, but not a full diet, should be allowed, with little or no wine, and no malt liquors. Owing to the distressing sensations commonly felt at this time, small quantities of spirits are sometimes prescribed, and are always gladly

taken by the patient; but their good effects are only temporary, while their permanent influence is most mischievous. Veal, pork, salt meat, fried and boiled fish, tea, pastry, and made dishes, or ragouts, wine, bottled beer, or any liquid containing free acid, or gaseous matter, seem to aggravate the disorder in a marked degree. Beef, mutton, roast or boiled, boiled fish, fresh game, or cocoa, form the best diet; and CORFE is quite enthusiastic about the benefits to be derived from taking half a dozen oysters, without any other food or additions, such as pepper, vinegar, &c., or even bread, upon an empty stomach, as for luncheon, for instance; their alkaline character often removes the morbid acidity of the stomach, and restores its tone and vigor.

In accordance with these views, LEADAM recommends Aconite as the most soothing of all medicines at the climacteric period, especially if the patient be robust or plethoric, and if there be any evidence of local or general increased action. PULTE recommends Pulsatilla and Lachesis as the most important remedies.

When there is great nervous irritability, Aconite, Coffea, Ignatia, and Pulsatilla are recommended.

If there be congestion of the head or abdomen, with fulness, tension and pressure internally, attended with lumbar and sacral pains, LEADAM suggests the use of Belladonna, to be followed in some cases by Hepar. sulph., and Sulphur. TILT has hit upon the use of *Sulphur* during the climacteric period; he says, that it owes its chief value, in diseases of cessation, not to its laxative properties, but to another action, much more difficult to understand, and which has long rendered it so valuable both in hæmorrhoidal affections, where there is an undue action of the intestinal capillaries, and in affections of the skin, marked by a morbid activity of the cutaneous capillaries. Whether Sulphur cures by acting on the nerves, or on the blood-vessels, or by modifying the composition of the blood itself, TILT finds it difficult to decide, but it certainly cures many of the affections of changing women. It forms

part of many popular remedies for the infirmities of old age; it has been recommended by HUFELAND, and is lauded by Dr. Day, in his work "On the Diseases of Old Age"; but its utility is not generally known, except to the homœopathist, in many of the derangements of the menstrual function, at whatever period of life they may occur, and particularly at the change of life, where, if required, its action may be continued with impunity for months and years. It is particularly serviceable against bilious derangements, piles, sweats, and flushings.

If there be a burning sensation in the head, with bleeding from the nose, *Crocus* and *Carb. veg.* may be required.

If there has been menorrhagia from congestion of the womb, and great debility has ensued, the remedies for profuse Menstruation (see pages 336 to 373) should be used, among which, *Aurum*, *Aloe*, *Chamomilla*, *China*, *Calcarea*, *Crocus*, *Ferrum*, *Kreosote*, *Platina*, *Sabina*, *Secale*, and *Sulphur*, deserve most attention.

If nervous faintness and exhaustion are present, *Valerian*, *Veratrum*, *Nitric acid*, *Kali carb.*, and *Moschus* are recommended by LEADAM.

*Cocculus* is also recommended as of use in the spasmodic attacks, seated either in the uterus or ovaries, especially when attended with bilious vomiting, or nausea.

*Ruta* is supposed to be particularly useful against the pains in the small of the back, sacrum, and os coccygis.

*Nux*, *Pulsat.*, and *Bryon.* are the chief remedies against the dyspeptic symptoms.

*Aloe* is one of the best remedies against long continued flowing, and against bleeding piles. TILT says, he has never seen hæmorrhoidal affections caused by the frequent use of *Aloes*, but he has seen them relieved by it, and his experience is corroborated by that of GIACOMINI, AVICENNA, STAHL, and CULLEN. I have made frequent and successful use of *Aloes* and *Iron*, against profuse and long continued flowing, and against bleeding piles.

The profuse perspirations and flushings may be treated by Aconite, Opium, Sulphur, Arnica, &c.

Sudden suppression should be met by the remedies for the suppression of the menses, (see pages 412 to 416).

Arsenicum and China are the best remedies against chills and sweats.

Sabina and Bovista, against profuse leucorrhœa.

Sabina, Cuprum, and Phosphor., against the tendency to chronic bilious derangement.

ON THE DISEASES  
OF  
PREGNANCY, PARTURITION, AND LACTATION.

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ON MARRIAGE.

WE take it for granted that, in civilized countries, marriage only takes place between persons of proper age, and from the dictates of reason and personal affection. From 18 to 25 years of age may be considered the most proper period for females to contract marriage; from 25 to 30 years for males.

Interest, superstition, and still more unworthy motives, have, however, in all ages, led to earlier marriages. According to ROBERTON, marriages of interest were, perhaps, more abused in England, up to the year 1660, than in any other country; and that not always for the interest of the contracting female; but, on the contrary, frequently to her great detriment in person and estate. Then, almost all the property of the English realm was, by the policy of the laws, supposed to be granted by, dependent upon, or holden of some superior chief or lord; even wardship and marriage were under the control of these grasping freebooters. The right of wardship meant, that the lord had the guardianship of his tenant during his minority, by virtue of which right he had both the care of his person, and reserved to his own use the profit of the estate, except the ward's sustenance and clothing, the amount of which lay much at the mercy of his lord. Further, by a gross abuse of this custom in England, this right of wardship was often, by the lord, assigned over to strangers; or it was put up to sale, or bequeathed

by will, like any other kind of disposable property. But, besides the profit of the estate during the minority, the lord had another perquisite connected with his guardianship, viz., the right of disposing of his ward, whether male or female, in matrimony. If the lord did not make over or sell his right, he soon set about finding matches for his wards, either by uniting them, if that were thought advantageous, with members of his own family, or of the families of relatives, or by selling the marriage, *i. e.*, if the ward, for example, were a female, disposing of her hand to the best bidder, provided he was of suitable rank; for the law forbade disparagement. The marriage, in most of these cases, instead of being delayed to the period of legal consent for the female, which was 12 years, were often contracted at an age considerably earlier, with a view to its being consummated when the parties should arrive at puberty, or before that period. But it often happened that the lord, instead of exercising the right of guardian, sold it to a stranger, one prompted by every pecuniary, or baser motive, to abuse the delicate and important trust of education; without any ties of blood or regard, to counteract the temptations of interest; or any sufficient authority to restrain him from yielding to their influence. Thus, William, Bishop of Ely, gave 220 marks for the custody of Stephen de Beauchamp, and the right to marry him to whom he pleased; John, Earl of Lincoln, gave 3000 marks to have the marriage of Richard de Clare for the benefit of his eldest daughter, Matilda, &c., &c. But the most curious thing, says ROBERTON, connected with the treatment of this species of property, is the extremely cool manner in which wards were bequeathed, along with ordinary goods and chattels; thus, Sir John Cornwallis, in his will (1554), after a very devout and pious exordium, says: I bequeath to my daughter, my wife's gown of black velvet; to my son Henry, my own gown of tawny taffeta; to my son Richard, my ward Margaret Lowthe, which I bought of my Lord of Norfolk, to marry her himself, if they will be so contented; but, if not, I will that he shall have the wardship and marriage of her,

with all the advantages and profits. Sir Reginald Bray says, in his will : " Whereas, I have in my keeping Elizabeth and Agnes, daughters and heirs of Henry Lovell, Esq., I will that Elizabeth be married to one of my nephews, son to my brother, John Bray, and the said Agnes to another son of my said brother."

The dread of this unrighteous slaveship, that of wardship and marriage, often operated with parents in marrying their children at a tender age. Thus, Maurice, 4th Lord of Berkeley, was knighted at 7, and married at 8 years old, to Elizabeth, daughter of Hugh, Lord Spencer, then but 8 years old. This early marriage prevented wardship, the payment of a large fine to the King, and assisted the party's own affairs with family interest and powerful connections. In fact, the Lords of Berkeley, some years ago, differed but little in their marriages from the customs of the most lascivious, depraved, and mercenary of savages, or slave-holders. The majority of the Berkeleys were contracted in marriage at 7 or 8 years of age, and in their family records more than a dozen instances occur of paternity before the age of 14. Throughout all England such precocity was once unblushingly encouraged, assimilating the people of a Christian country, in this revolting feature, to the Pagan inhabitants of the tropical regions.—ROBERTON.

GRAFTON, however, a faithful chronicler in the reign of Elizabeth, gives the following extremely curious display of humane and patriotic feeling :

" It is to be much lamented, that wards are bought and sold as commonly as are beasts ; and marriages are made with them, that are many times very ungodly ; for divers of them, being of young and tender years, are forced to judge by another man's affections, and to see with another man's eye, and to say yea with another man's tongue, and finally consent with another man's heart. For none of these senses be perfected to the parties in that minority, and so the election being un-free, and the years unripe, each of them, almost of necessity, must hate the other, whom yet they have had no judgment to

love. And, certainly, the common bargaining and selling of them is to be abhorred, for besides being stript out of almost all the property they have, they are handled, as the common saying is, like wards. Who seeth not, daily, what innumerable inconveniences, divorces, yea, and some murders, have proceeded from such marriages, or rather no marriages."

—ROBERTON.

According to the same author, the most curious instances of early marriages, *from superstition*, still occur among the Hindoos. Upon an ancient theory of generation, much resembling the latest modern ovarian theory, early marriages seem to have been instituted in India. It was said, that if an unmarried girl has the menstrual secretion in her father's house, he incurs a guilt equal to the destruction of the fœtus; for the girl is capable of conceiving, and should be allowed to conceive; menstruation being the loss of the ovum, which is equivalent to the loss of a fœtus. According to the law of the Shastras, females must be given in marriage *before* the occurrence of menstruation; and that, should consummation not take place until after this event, the marriage is a sin. Accordingly, it is the custom in Lower Bengal to send the girl, at the age of 9 years to the house of her contracted husband; and, in the opinion of Hindoo sages, if marriage is not consummated before the first appearance of the menses, the girl also becomes degraded in rank, and is contemptuously placed in the order "*Brisalee*."

Another order of Hindoos do not marry until soon after puberty and first menstruation; but they have a disgusting custom of marking this event in a girl's history, in the most public manner. The poorer classes wear flowers in their hair at the back of the head; and the richer give a feast on the occasion; then, if the girl has been betrothed, she goes to live at the bridegroom's house. In fact, all Hindoo girls of this class, are married as soon after as possible.

Finally, in some European countries, *late* marriages are enforced by law, and the laws against early and improvident marriages are extremely strict. In Wurtemberg, no man is

allowed to marry, under the age of 25, unless permission has been especially obtained or purchased; in Saxony, a man liable to serve in the army, may not marry under 21; in Mecklenburg, men do not generally marry until 25 or 30, and the women not much earlier, etc. In Bavaria, the clergy are held responsible for the support of those poor persons whom they marry without permission of the authorities, besides being fined. In Norway, no one can marry until he has satisfied the clergyman that he is able to maintain a family.—ROBERTON.

The consequences of these stringent laws are not always good; for illicit intercourse is almost necessarily at a premium, and it is a lamentable truth, that in the whole of South Germany, more illegitimate children are born, than legitimate.

With great show of justice, it is asserted, that a girl is hardly fit to receive attention in view of a future Marriage relation, before her 18th year; at which time her understanding and discrimination are fully awake to guide her to a proper selection. If she then has been sufficiently in the company of men, and has perhaps tried her heart and hand a little with a few innocent flirtations, she may be able, with her parent's assistance, to appreciate understandingly the character of those who approach her, and make a wise selection. It is his firm conviction, that the female constitution is only sufficiently consolidated and established at 21 years of age, to allow of Marriage, without injury to health and comfort. A few exceptions to this rule may be found, in which girls of 18 have acquired the mental and physical perfection, which the majority only attain some years later. But then some naively say, a young lady of proper age and health of body and mind, ought to marry as soon as she and her parents are firmly convinced that she has found a worthy partner; and no trifling cause should be allowed to divert her from the path of duty and happiness which nature intended her to follow and enjoy. No petty selfishness, no fear of hardships or troubles, should influence or agitate the mind to such an ex-

ent as to suppress the kindlier feelings of her nature, at a time of life, when it is naturally the most capable of exciting and reciprocating love. They take this ground because it is also assumed that a greater degree of health generally attends wives and mothers, than those who remain unmarried.

#### CONCEPTION.

The monthly development of ovules or germs of future beings, in the ovaries of the female, has been sufficiently dwelt upon in my book upon the Disorders of Menstruation. (See pages 2 and 3). As a matter of course, the most proper period for conception, or fecundation, will be that immediately before or after the flow of the menses; in fact, RACIBORSKY has actually ascertained that conception took place a little before or after menstruation, in 15 females, all of whom could designate precisely the period of exposure. CAZEAUX truly says, it is very evident that everything seems admirably prepared at this period for the reproduction of the species; still he does not believe that the aptitude for fecundation in the human race is always limited to a few days, either preceding or following the menstrual periods; because he thinks that the excitement during intercourse may communicate itself to the ovarian vesicles, and cause changes in them altogether similar to those experienced at the menstrual period. Still, those persons who are anxious to increase their families, had better select the periods comprising a few days before and after the monthly period, as the most proper time for that purpose. While those, who for the various reasons of health, poverty, &c., are necessarily obliged to have as small a family as the exigencies of life will permit of, should at the very least exert self-control at these times.

CAZEAUX says, it is extremely difficult, if not impossible, to fix a precise period at which the fecundated ovule actually reaches the cavity of the womb; in fact, it is extremely probable that the time varies, and in the present records of science there is no proof that such ovules have been seen in the uterus of a woman, prior to the 10th or 12th day after concep-

tion. This period coincides with that of the formation and expulsion of the delicate decidual membrane or cast, which, according to POUCHET, is found in the cavity of the womb at every menstruation, even in virgins.

All these facts agree with the latest scientific assumption, that the periodical monthly returns of ovarian activity and congestion, tend to the growth, development, and expulsion from the ovaries into the womb, of the ovules or germs of future beings, one of which is sacrificed at each monthly period, unless conception take place; while the simultaneous periodic activity and congestion of the womb tends to the production of the envelopes or membranes, which should enshroud the germ, and if conception take place, to the proper supply of it with blood, and materials for growth and development.

It is almost always desirable to ascertain the exact date of conception. CAZEAUX thinks that the woman is apt to experience an emotion of painful pleasure, and a shuddering, preceding from the spine, pain in the region of the navel, sometimes a sensation of motion in the abdomen, and uneasy feelings in the region of the hips, followed by languor, fatigue, and sleepiness, and the next day, by a sense of fulness, warmth, and heaviness in the abdomen. With the aid of some such signs, CAZEAUX says, that some females, especially those who have already had children, are able to distinguish a prolific intercourse; he has met with too many women who are thus adept, not to believe there is some truth in their assertions.

#### PREGNANCY.

This state commences at the instant of fecundation, and terminates with the expulsion of the child from its mother's body; it is supposed, on an average, to continue from 270 days, or 9 solar months, to 280 days, or 10 lunar months; some authors think the labor is particularly apt to set in at the exact time of what would be the 9th or 10th monthly period after the "suppression of Pregnancy." We will say a

few words here on this point, as a woman scarcely imagines that she has conceived, before she begins to calculate when her Pregnancy will probably end. We are sorry to say that there is a great variety in the length of gestation; there is, in fact, according to MERRIMAN, often a difference of 56 days between the two extremes of natural, but early delivery, and natural, but retarded labor; he thinks that nearly 5 per cent. of all women overrun the average term of 9 months, by as much as 10 or 12 days.

MERRIMAN has furnished a summary of 150 gestations, in each of which he noted the precise day of the menses' last appearance. Of these,

5 women were delivered in the 37th week, *i. e.*, in from 252 to 259 days.

16	in the 38th week, or in from 262 to 266 days.
21	" 39th " " " 267 " 273 "
46	" 40th " " " 274 " 280 "
28	" 41st " " " 281 " 287 "
18	" 42d " " " 288 " 294 "
11	" 43d " " " 295 " 301 "
5	" 44th " " " 303 " 306 "

In my book, on the Disorders of Menstruation, it has been shown, (see pages 16, 17, 21, 22,) that the period of regular menstruation varies in many females; only from 61 to 71 per cent. following the 4-weekly, or lunar monthly, or 28 day type. Hence, if the time of delivery is a multiple of the menstrual period, those women who follow the 3-weekly menstrual type will probably have a delivery differing in time from that of those who follow the 4-weekly, or 6-weekly type.

Again, as many women conceive just before an expected menstrual period, which is then unexpectedly suppressed, they are apt to commence their calculation from the period before, and thus make their preparations for delivery, 2 or 3 weeks too early.

As soon as conception takes place, the consequent increased flow of blood towards the womb sensibly increases, first the volume of the uterine walls, and subsequently dilates their

cavity. This increase of size and volume is also kept up and soon augmented by the deposit of some plastic and coagulable lymph, probably merely an increase of the delicate deciduous membrane, or cast, which we have seen is formed at each menstrual period; but long before the arrival of the impregnated ovule from the ovaries and fallopian tubes, a kind of pouch or vesicle has been formed in the womb for its reception, and to which ovologists have given the name of caducous membrane. As soon as the ovule has arrived in the womb, the uterus begins to develope, and its volume continues to increase until the end of Pregnancy; but this progression in the size of the womb is not uniform, for, according to the observations of DESORMEAUX, it is much slower in the earlier months, and much more rapid in the later. According to CAZEAUX, an accurate idea of this increase of the womb may be formed from the following table, which represents the usual dimensions of the womb, at the principal periods of Pregnancy.

	Vertical diameter.	Transverse.	Antero-posterior.
3d month	$2\frac{3}{4}$ inches	$2\frac{3}{4}$ inches	$2\frac{3}{4}$ inches.
4th "	$3\frac{3}{4}$ "	$3\frac{3}{4}$ "	$3\frac{3}{4}$ "
6th "	$8\frac{3}{4}$ "	$6\frac{1}{4}$ "	$6\frac{1}{4}$ "
9th "	$12\frac{1}{2}$ to $14\frac{1}{2}$ "	$9\frac{1}{2}$ "	$8\frac{3}{4}$ to $9\frac{1}{4}$ "

During the first three months, the womb, from its increase or weight, settles or sinks lower down into the body; its base or upper part is tilted a little backwards, and its neck is advanced slightly forwards; besides, the presence of the large bowel (rectum) on the left side, generally obliges the body of the womb to lean over towards the right, and its neck is consequently directed a little to the left. About the 3d month and a half, or the 4th month, the womb, no longer finding sufficient room below, begins to rise or grow upwards; in doing this, it leans towards the right side, at least 8 times in 10. There are sufficient anatomical reasons for this right lateral obliquity, but most old women think, that the sex of the child exerts a decided influence upon the position of the womb. As the womb rises, the bladder is also gradually

pushed upwards, and its neck is more or less compressed, so that an annoying vesical tenesmus is often produced by the pressure exercised upon its neck and body by the womb, the female being tormented by frequent ineffectual efforts to urinate; these demands are always very urgent, and are satisfied with the discharge of a few drops of urine, but are again reproduced, with equal intensity, some minutes after. It is proper to add, that the quantity of the urine is not generally augmented, although some persons, judging from the frequency of the discharges, have thought that it was. It is also right to state, that the irritability of the bladder, in the earliest stages of Pregnancy, proceeds from secondary congestive swelling of the neck of the bladder, rather than from any pressure of the womb. Pregnant women are also habitually costive, so that a voluminous tumor is apt to be formed by the rectum, when distended with fecal matters, whereby the whole intestinal canal is compressed, and often gives rise to colics, and troubles in digestion. The ovaries, too, being adherent to the womb, are gradually carried upwards, and as they are more sensitive than in the non-pregnant state, and are less protected by the soft walls of the abdomen from external injury, than when low down in the bones of the pelvis, and perhaps also rather more exposed to the influence of cold, we are apt to have attacks of ovarian congestion and inflammation occur, which may be the more readily overlooked and maltreated for colic, as these organs, in the latter months of Pregnancy, are to be found as high up as mid-way between the navel and hip-bones.

As the nerves and sensibilities of the womb are rapidly enlarged and increased during Pregnancy, so are all the distant sensibilities or sympathies of the womb speedily aroused. Among these, those of the stomach are among the earliest and most common; in fact, nausea and vomiting is so common a symptom, that most females are afflicted with it, and it frequently commences in the very earliest stages; whence many women, taught by their feelings in former Pregnancies, recognize it as an almost certain sign of a new gestation. At

times, however, it does not appear till the 3d or 4th month, though seldom later than that; but it is not at all uncommon to see it reappear near the end of Pregnancy, in some who have been frequently tormented in this way, at the beginning.—CAZEAUX.

The breasts, which must be considered as appendages of the uterine organs, quickly commence those changes preparatory to the accomplishment of the great function to which they are destined soon after delivery; thus, in the very commencement, most women find their breasts to become tender and swell up, and with some, this is so constant a sign, that they do not hesitate to consider themselves *enciente* as soon as it is perceptible. The enlargement is frequently attended by certain pricking sensations or positive pains, sometimes even by engorgement or enlargement of the glands of the arm-pits. About the end of the 2d month, according to MONTGOMERY, but a little later, in the opinion of CAZEAUX, the nipple begins to swell, becoming more erectile, more sensitive, and forms a more marked eminence: its color is also deeper. The surrounding skin becomes the seat of a larger afflux of blood and fluids, it becomes discolored, exhibiting at first a bright yellowish tint, but soon becomes much darker colored. MONTGOMERY, SMELLIE, and HUNTER, thought that the changes which take place in the areola or circle around the nipple, were positive evidences of Pregnancy; and the latter celebrated surgeon, in one extraordinary instance, did not hesitate when examining the dead body of a young female in the dissecting room, to pronounce her pregnant from this sole indication; as the examination proceeded, the hymen was found still intact, but even this had no influence in changing his opinion, and when the womb was opened, its correctness was fully confirmed.—CAZEAUX.

As these changes about the nipple are very important, and easily verified by the woman herself, or at the very least, do not compel a very disagreeable examination on the part of the physician, it is but right to give them in detail. The light, rosy circle around the nipple becomes darker in color, vary-

ing in depth of shade according to the complexion of the individual, being generally darker in those who have dark hair and eyes, and in brunettes, than in blonds, or in feeble and delicate women. The circle is from  $\frac{3}{4}$  of an inch, to 1 inch and a quarter in extent; the color grows darker and darker, as Pregnancy advances, and affords anything but an agreeable change to the eye, from the delicately colored areola of the virgin. On the surface of this dark ring, but more especially at that portion of it which surrounds the base of the nipple, a number of small, immature, wart-like elevations, or granules, varying from 12 to 20 in number, soon appear, and attain an elevation of 1 or 2 lines above the surface of the skin. These little knobs are formed by the enlargement of the sebaceous glands about the nipple, and apparently have an excretory duct, because, by pressing upon them, a serous, or serolactescent liquid may be made to ooze out.

At a later period, say about the fifth month, some small, irregularly circular, freckle-like spots begin to show themselves upon the breast, immediately around the dark and warty areola just described, and resembling the stains caused by the sprinkling of a colored liquid, thus constituting another, but spotted and stained areola, which is not so well defined as the first and smaller, darker and granular one, and in fact, it not unfrequently affects a greater part of the skin covering the breast, and then resembles the so-called "moth," or liver spots, which so often appear on the face, neck, and hands of some pregnant women, resembling large freckles. About the same period of time, a number of large veins are seen distributed over the surface of the breast, and send numerous small branches towards the small, dark areola around the nipple, and some of the smaller veins even traverse it. Along the course of these veins, we may *occasionally* observe some brilliant lines, closely resembling those found on the skin of the abdomen of pregnant women, though they are more marked in those females whose breasts were but slightly developed before conception, but had experienced a sudden and rapid increase of size. These silvered threads, or hairs, remain for

a longer or shorter period after delivery, and are sometimes serviceable in a medico-legal point of view, in proving that the female has had a child, although they cease to be of any value as a diagnostic sign of her subsequent Pregnancies. These changes about the nipple usually persist during lactation, though when the woman does not suckle her own child, they soon diminish after delivery, but do not wholly disappear; hence they are more conclusive about the first child, than of the others. Whenever they are found, they constitute *an almost certain sign of Pregnancy*, and the physician may pronounce with great confidence the existence of Pregnancy in a young woman who has never borne children, and whose breasts present both a brownish colored areola around the nipple, the granules, or small warts, or tubercles upon this areola, and the freckled appearances around it, just described.

—CAZEAUX.

There are also important changes in the *urine* of pregnant women, and probably connected with and dependent upon the changes in the breasts. These changes in the character of the urine are also very important, as they occur at a very early period of Pregnancy, and with a little instruction, may very easily be verified by the woman herself, or if needs be by the physician, without any great encroachment upon the modesty of any sensible married woman. CAZEAUX says: for several years past, the attention of a number of physicians has been directed to certain changes exhibited by the urine of pregnant women, but to NAUCHE is due the principal share of the honor of this discovery; according to this accoucheur:

If the urine of a pregnant woman be received in a wine-glass, and then permitted to settle in a light airy place, a number of little white bodies, or corpuscles, will be found in suspension, but soon subside in the form of cloudy flakes, either on the bottom or sides of the glass, the urine in the meantime becoming more limpid and transparent. This primary deposit does not always occur, and is not absolutely peculiar to the pregnant state; but in the course of 18 or 24 hours, a number of small, brilliant, crystalline granules appear on the

surface of the urine; at first, these granules are irregularly isolated, and in some instances unite, so as to form a thin transparent layer, or pellicle, upon the surface of the water, which may only be observed when the glass is held obliquely. The urine may remain in this state for several days, though it may soon begin to manifest still more peculiar signs of the presence of Pregnancy. On the 2d, or during the course of the 3d day, the whole of the urine becomes clouded, and a decided scum or pellicle may be discerned, forming at first like a nebulous train, but soon acquiring larger dimensions and greater thickness; all these characteristics are still more evident on the 3d and 4th days, when small particles begin to fall from the scum or pellicle, to the bottom of the glass; by the 5th or 6th day, the first pellicle is almost entirely destroyed, and has settled to the bottom of the vessel, forming a white crust there, but a new pellicle again begins to form on the surface of the urine, less white than the first one, and studded with little brilliant points, having a crystalline lustre, and a greenish tint, in place of the previous milky appearance. In the few succeeding days, the urine evaporates more and more, and becomes thicker and greener; finally, only at this late period putrefaction begins, and the second pellicle is destroyed in turn, to make room for a third, which is not nearly so characteristic in its appearance as the second, and in fact resembles more or less closely that formed on ordinary urine. The characteristic pellicle resembles the layer of fat that floats on the surface of cold broth, and it retains these characters for a long time, and gives off, especially when thick, a strong cheesy odor. The substance forming the pellicle has been denominated *Kiesteine*, (from  $\kappa\upsilon\eta\sigma\iota\varsigma$ ,  $\epsilon\omega\varsigma$ , gestation,) by Dr. NAUCHE, signifying the product of Pregnancy; it rarely fails to develope itself in the urine of pregnant women; in 85 cases, it was perfectly distinct in 68; slightly but not very well marked in 11 more; and only absent in 6, in most of whom there were causes sufficient to account for its absence.

The urine of healthy women, who are not pregnant, ex-

hibits nothing similar to this, and if it any time furnishes a pellicle, it has not the distinctive characteristics of Kiesteine. The pellicle, which occasionally forms on the urine of persons affected with consumption, affections of the joints, catarrh of the bladder, or metastatic abscesses, does not appear before the 5th or 6th, and is the product of putrefaction, whereas the true Kiesteine-pellicle appears on the 2d day, is then developed slowly, and is quite independent of putrefaction; its specific gravity is also greater than that produced by any disease whatever. The formation of Kiesteine in the urine is intimately associated with the formation of milk in the breast; Drs. KANE and GOLDING BIRD attribute it to an admixture of milk with the urine, and think that as soon as the least quantity of milk is formed in the breast, it will appear in the urine. Dr. KANE has frequently proved the presence of Kiesteine in the urine, at different periods of Lactation; thus, in 44 suckling women out of 94, the perfect Kiesteinic pellicle was developed, with all the characters it exhibits during Pregnancy, and it was nearly always in those cases where the flow of milk was limited, or rendered difficult by some particular circumstance, and in which the breasts were consequently more or less gorged, that Kiesteine appeared in the urine, but it was found much more rarely after delivery, whenever the mother nursed her infant, or her breasts were properly drawn. In short, the existence of Kiesteine during Pregnancy, and even after delivery, up to the establishment of suckling, and its rare existence during Lactation, and its reappearance when suckling is suspended or impeded, at the time of weaning, for instance, serve to establish an intimate relation between the functions of the breasts, and the Kiesteinic urine.—CAZEAUX. The prevalent theory is, that soon after conception a small quantity of milk is formed in the breast, and as it is not yet wanted for the child, it is absorbed into the system, and thrown out of the body through the agency of the kidneys; in proof of this, it is well known that one of the earliest signs of Pregnancy, is the formation of a small quantity of milk in the breasts, which

either oozes from, or may easily be forced from the nipples. TANCHOU has observed Kiesteine in the urine of women who had failed but once in their menstruation; KANE once detected it before the expiration of the 4th week, and again, just prior to the 5th; the peculiar characteristics habitually appear in the second month of Pregnancy, and acquire their greatest development from the 3d to the 6th month.—

CAZEAUX.

But the sign upon which most women rely is: *Suppression of the menses*. Most females cease, it is true, to be regular during Pregnancy; and, in fact, this is a law of such general truth, that whenever it occurs in a healthy married woman, without known cause, and is not attended with or followed by disease, it is justly regarded as one of the most certain signs of Pregnancy; but it is not generally known how frequently one profuse menstrual flow occurs soon after conception, and thus obscures the calculation as to the time of delivery. Again, it is not uncommon in some young married women, who had hitherto been quite regular, for the menses to become at once suppressed, and to continue so for several months, without other known cause, than that the suppression has probably resulted from the fatigue and excitement of the preparations for marriage, or from the derangement produced by the natural shrinking and fear of modest women, from close contact with man. This accidental and temporary suppression may, or may not, soon be converted into the suppression of Pregnancy; but in both cases, it is frequently accompanied by an augmented volume of the abdomen, together with increased sensitiveness of the breasts, and as the mind so readily believes what it either most ardently desires, or especially dreads, nothing more is wanted in some cases, to found a hope or fear of commencing Pregnancy. Hence the physician must exercise a little discretion, when consulted for an opinion on such a delicate subject. The menses may also continue during the earlier months, or through the whole term of Pregnancy. This subject will be treated of more fully hereafter.

Most women quickly look for some alteration in their size

and shape, as soon as they imagine themselves pregnant ; but so many circumstances may cause an augmentation in the size of the abdomen, that but little value can be attached to this sign, unless corroborated by others. In fact, unless there is, as is commonly the case, an increased formation of wind in the stomach and bowels, the lower part of the belly is *flatter* during the first month after conception, than it was before, probably because the womb settles down lower into the hips, from its increased weight. But generally, there is a peculiar, but transient enlargement of the lower part of the abdomen, soon after conception ; but this is owing to a collection of wind in the bowels, excited by the neighboring irritation of the womb, and disappears after the lapse of a few weeks, when the bowels have become accustomed to the unwonted stimulus ; hence the actually pregnant woman often seems smaller at the end of the 2d month, than during the first. But at the beginning of the 3d month, or at 3 months and a half, the lower part of the body suddenly becomes more prominent, and the enlargement is thenceforth regular and always increasing, up to the full term of gestation.

In the earlier weeks of Pregnancy, the *navel* is also supposed to appear more depressed, or sunken than natural ; its base seems to be drawn downwards and backwards, caused probably by the sinking down of the womb into the pelvis, which draws down the top of the bladder with it, and consequently drags upon the urachus, which extends from the bladder to the navel. The circumference of the navel is apt to become the seat of a distressing feeling of weight, and is more sensitive to touch and pressure, and this increased sensibility sometimes extends over a considerable portion of the belly. But at the end of the 3d month, *i. e.*, as soon as the womb begins to rise, the navel resumes its natural condition, and finally becomes decidedly more prominent.

Finally, when Pregnancy occurs, it is generally attended with some slight constitutional disturbance ; there is necessarily local congestion, or determination of blood to the womb, for the support of the embryo contained within it. The consequence

of this increased local action in so important an organ, and one so liberally supplied with blood-vessels, nerves, and absorbents, is, that various symptoms arise affecting the system at large; it is impossible for one part of the system to suffer without some other being almost simultaneously affected. In addition to this local congestion of the womb during Pregnancy, we have for the most part, though not invariably, a state of moderate general plethora: there being, under the circumstances, a greater demand for blood, there is also a tendency to the formation of an increased supply of that important fluid. The whole nervous system is also affected, and in consequence of these two causes combined, an irritable (in ordinary healthy cases, we cannot call it febrile) state of the system is induced. The general circulation is more active in pregnant women than in others, and this increased activity manifests itself by a greater frequency of pulse; in fact, it is often harder and more full than in the non-gravid state. The blood drawn from a vein generally exhibits a buffy coat, similar to that in inflammatory diseases, its clot being both more voluminous and more consistent than usual; sometimes, however, it contains a great deal of serum, the clot being small, but still covered with a whitish crust. This condition, which may be considered as the normal one in gestation, is occasionally aggravated, and then general full-bloodedness, or fever may set in.

Pregnancy is also apt to be attended with *changes of moral temperament*, and these changes, for convenience of description, may be divided into, 1st, despondency, 2d, irritability, 3d, hysteria, and 4th, mental derangement.—ANDERSON.

It not unfrequently happens, that women, previously of a happy, cheerful disposition, become low and desponding, and possessed of the most gloomy apprehensions as to the result of their expected delivery. This condition undoubtedly depends upon the peculiar state of the system, existing during Pregnancy, but may be induced in some instances by hearing of, or seeing unfortunate cases occur in friends, or by reading books on midwifery, and fancying that all the worst events therein related must of necessity happen to themselves. For-

tunately, this condition often passes off before Parturition occurs.

Sometimes *irritation* of mind predominates, and the patient becomes excited and irritable, and although perfectly conscious of this temporary change in her disposition, has little or no control over its demonstrations; hence every allowance should be made for a misfortune, which is too often considered as *a fault*, and erroneously regarded as perfectly under the control of the patient.

An opposite, and certainly more desirable state occasionally shows itself, for the naturally morose and irritable female may, for a time, assume that mild and happy state, which should be her natural one.

Finally, women who have already had children, have signs, which indicate more or less certainly for them, individually, the commencement of Pregnancy; thus, some always have toothache, styes on the eyelids, or dark spots on the face, neck, and hands, like "moth," or freckles; others are taken at once with salivation, or have strange desires, or longing for unusual articles of food, or sudden fainting fits. HIPPOCRATES thought, that immediately after conception, the eyes become more sunken and languishing, and surrounded by bluish circles, while the face seemed altered and thinner, and reddish spots, or blotches made their appearance.

The more serious changes of body and mind will be treated of among the disorders of Pregnancy.

#### MANAGEMENT OF PREGNANCY.

TICKNOR'S rules are:

1. That the woman should avoid all unnecessary, and especially violent exercise, or exertion; such as too fast walking, running, dancing, &c.
2. To avoid all situations which may subject her to unpleasant sights, or seeming dangers.
3. To shun over-heated rooms, and stimulating liquors of every kind.
4. To avoid all substances that have a tendency to produce

a costive state of the bowels, or those which give rise to indigestion, as rich food, late suppers, &c.

5. To take no substances, or drug, that shall give too frequent and too severe motion of the bowels, or such as too severely constipate them, and especially not to disregard the calls of nature, when they may be successfully attended to.

6. To remove from the chest, waist, abdomen, and limbs, every compression or restraint, lest undue pressure should be made upon them.

7. To avoid all substances that may have a tendency to increase the irritability of the system, such as strong tea, coffee, opium, and the too long indulgence in bed.

8. To shun all severe study, and night-watching.

9. To avoid the indulgence of all inordinate appetites.

10. Not to fear that her child will be marked, because certain longings have not been gratified.

11. Not to be apprehensive of evil consequences to her child, because she has been disappointed, or frightened.

12. To guard against any sudden gust of passion.

13. To solicit and attain, as far as possible, tranquility and equanimity of mind.

14. To turn a deaf ear to all tales of disaster, or horror, which purport to have happened to a pregnant woman; for, on investigation, they surely will nearly all prove to be false.

15. Not to indulge in gloomy forebodings, or unreasonable fears for the event; nor to forget how rarely death happens, during, or after a well-conducted labor.

16. Let her make up her mind to bear with manifold inconveniences during her Pregnancy, and some pain at the time of her confinement; and, above all, to feel convinced that the safety of labor does not depend upon the celerity with which it is performed.

17. Let her be passive and obedient, feeling assured that her friends and physician understand and feel for her situation and pains, and will faithfully relieve her of all that can safely be spared her.

18. To examine carefully whether the nipples are of the

proper size and shape ; for there is much more danger of suffering with sore nipples, and broken breasts than any more serious affection after confinement. In many instances the nipple is naturally deficient, or has been so thoroughly compressed during girlhood, married life, and Pregnancy, by tight clothing, that after confinement there will be nothing that can properly be called a nipple to be found. The suffering then endured by the mother, if she attempts to nurse her babe, is often dreadfully severe. TRACY suggests a very simple and efficient plan in these cases ; it consists in winding a bit of woollen thread or yarn two or three times around the base of the nipple (which has previously been drawn out sufficiently), and tying it moderately tight, but not so tight as to interfere with the free circulation of the blood. Thus, the nipples may be kept permanently and sufficiently prominent ; the woollen threads may be worn constantly for many days without the least inconvenience, and with permanent good results.

From the very commencement of Pregnancy a state of mental tranquility is indispensable for the woman. Most women believe that a strong impression upon the mother's mind may communicate itself to the foetus, producing marks, deformity, &c. ; it would be far better for them to believe equally strongly, that anger, jealousy, unfounded repinings and griefs, excessive irritability of mind and temper, &c., may be impressed upon the unborn baby's brain and nervous system, rendering it weakly or nervous, passionate or morose, mischievous or unhappy, &c., &c. It is of the greatest importance that sincere and well-directed efforts should be made, and steadily persevered in, by pregnant females, to keep down those injurious and degrading feelings and irregularities of temper, especially when the exciting causes of them cannot be entirely avoided. Apart from those more serious accidents which are often held up in terror to fractious and obstinate women, the functions of the stomach, liver, &c., are strongly influenced by the mind, and debility, indigestion, jaundice, and various other functional disorders, may be added to the burthen of troubles which almost every pregnant woman is called upon to en-

dure as best she may. It is true, indeed, that accidents and misfortunes often bring grief, sorrow, and distress, with a force and pungency that no human heart can altogether resist; but fretfulness and moroseness of temper, envious and jealous feelings, peevishness, hatred, discontent, obstinacy, and perverseness of disposition, are to a certain degree under the control of reason, and a sense of propriety; although every woman and physician knows, that, owing to the unusual irritability of the physical system, induced and maintained by the state of Pregnancy, the difficulty of controlling the feelings often becomes peculiarly great; but, by resisting with constancy and firmness, the indulgence of any thoughts calculated to give rise to any, and all unhappy emotions (for the emotions are in a great measure dependent upon the thoughts), very much may be done to secure both health of body and peace of mind.—

TRACY. When the woman has done all that lies in her power, the province of the physician commences. Much may be done by means of remedies addressed to the stomach, liver, bowels, kidneys, or nerves, if these be disordered; still, more may be accomplished by remedies which act directly upon the brain and nervous system.

*When there is anxiety, as if from some pending misfortune,* Niccol., Kali hyd., Iod., Helleb., Verat., Mezereum, Anacardium, Clematis, Agaricus, Alumina, Baryta, or Arsenicum, may be indicated.

Those ladies who are exceedingly sensitive about their situation should use Baryta; for, according to Hempel's Complete Repertory, this remedy is indicated when a woman fancies, while walking in the street, that people are laughing at her, and are criticising her, to her disadvantage, so that she dares not look at anybody, and breaks out into a profuse perspiration from shame and fear. This remedy is peculiarly suitable for those mothers who, according to Guernsey, attempt to conceal the rotundity of their form, either from shame or some other reason, with tight dresses, large shawls, or corsets tightly laced.

When there is *anxiety about the future*, CICTUA may be used,

especially if the patient is extremely fearful that something dangerous will occur. If she is exceedingly apprehensive of future suffering, *Laurocerasus* may be given. When there is great anxiety about the future, with sadness and weeping, *Digitalis*. If the patient is apt to become vexed, angry, and impatient, when thinking about the future, *Spigelia*. If she is apprehensive, and thoughtful when thinking about her present state and future destiny, *Anacardium*. When the apprehension amounts to anguish, followed by severe headache, *Aethusa cynapium*.

When *there is a fear of dying*, DIGITALIS and NUX. If she wishes to be alone, and imagines that she will shortly die, *Cuprum*. When she has frequent thoughts of death, *Conium*; with sadness, *Graphite*. When she imagines that she will soon die, although she is not sick, *Nitric acid*. When there is apprehension of death, with difficulty of breathing, *Lobelia*, although *Ledum*, *Rhus*, *Sulph.*, *Carb. an.*, *Agnus castus*, *Ammon. c.*, *Ars. Asaf.*, and *Baryta* also deserve attention.

When the patient is apt to have strong antipathies against many *persons*, *Conium*, *Cicuta*, *Aurum*, *Ammon. mur.*, and *Calcarea* may be used. When there is an antipathy against many things, *Camphor* and *Pulsat*.

If she is apt to get *angry* at trifles, *Bell.*, *Ipec.*, *Cham.*, *Aurum*, *Nux*, *Petroleum*, and *Sepia*.

When all her ailments seem very distressing, and she is very dissatisfied, *Sepia*, *Petroleum*, *Puls.*, and *Aurum*.

If she is inclined to find fault with everything, *Arsen.*, *Borax*, *Verat.*, and *China*.

If the patient and physician do their part, according to the best of their abilities, the husband must also do his. He must never forget the mutual love which should exist between husband and wife, and that indulgence and charity for all natural defects, tempers, inconveniences, and infirmities of life, with which his wife is now peculiarly beset. No man can form an adequate idea of the manifold inconveniences and annoyances to which a woman is subject while pregnant; and it is incredible how much a wife often has to bear, when she

can least endure it, from a husband who is thoughtless, capricious, selfish, haughty, choleric, or dyspeptic, and intractable.

Still, however great the trial, the woman should never forget the importance of maintaining a proper state of the mind and feelings; the effects of the contrary course descend to the infant, and often seriously affect, if they do not absolutely determine the general disposition and many of the mental characteristics of the child. Many parents will, unfortunately, have plain and unmistakable illustrations of the truth of this assertion in their own families; it is against the production of mental, rather than physical deformities in their offspring, that pregnant women should be on their guard. The mental state of the mothers of Napoleon and James the First of England, just previous to their confinement, may be cited as apt proofs of the above assumption. Napoleon's mother partook of the dangers of civil war, and is said to have accompanied her husband on horseback on some military expeditions, shortly before being delivered of the future emperor; but the mind of Napoleon's mother appears to have risen in proportion to the danger to which she was exposed, braved it, and triumphed over it; while the circumstances in which Queen Mary was placed were calculated to inspire her with fear alone. The murder of Rizzio was perpetrated by armed men, with many circumstances of violence and terror, in the presence of Mary, Queen of Scotland, shortly before the birth of her son, afterwards James the First, of England; and the constitutional liability of this monarch to emotions of fear, is recorded as a characteristic of his mind; thus, he often started involuntarily at the sight of a drawn sword, while Queen Mary herself was not deficient in courage, and the Stewarts, both before and after James I., were distinguished for their valor, so that his cowardice was an exception to the family character.—RYAN.

Although the popular traditions which render many women exceedingly solicitous lest their infants should suffer some *physical deformity*, through the influence of their own minds, has but little truth in it, still it may be expected that

some remarks should be made upon this point. TICKNOR says, it is rather singular that women almost universally believe that a strong impression upon the mother's mind, may communicate itself to the foetus, producing marks, deformities, &c., while a majority of medical men, ridicule the idea as a great absurdity. To set the matter at rest, fairly, the late Dr. WILLIAM HUNTER, of London, investigated this point at the Lying-in Hospital, to which he was attached. In every one of 2000 cases of labor, as soon as the woman was delivered, he inquired of her whether she had been disappointed in any object of her longing, and if she replied in the affirmative, what it was;—whether she had been surprised by any circumstance which had given her an unusual shock, and what that consisted of;—whether she had been alarmed by any object of an unsightly kind, and what that was. Then, after making a note of each of the declarations of the women, either in the affirmative or negative, he carefully examined the child; and affirms, that never in a *single instance* of the 2000, did he meet with a coincidence. He met with blemishes, when no cause was acknowledged, and found none when it had been insisted on.—BULL. But too generally the minds of women are made up upon this subject, and their faith cannot always be shaken by any argument which can be used. The best safeguard against any bad consequences to the mother, is to make a full and candid confession of her fears to her husband, physician, mother, or some judicious friend; but many allow the idea to haunt their imaginations night and day, and become wretched and miserable, because, ashamed of their weakness, they will impart their secret to none; they will hardly confess it to themselves, yet does the impression deepen upon their minds, and they look forward to the period of confinement with the greatest dread and apprehension. Thus, the whole period of Pregnancy is made a season of needless trial, and suffering; and nothing pacifies their minds, or can remove their long-cherished fears, except the birth of an unblemished and healthy child.—BULL. TICKNOR shrewdly advises, if any woman happen to be surprised by an unex-

pected sight, not to allow her mind to dwell upon it, but to strive to eradicate the impression made, and substitute another in its place; for the power ought to act both ways; so that if it can *mark* it also ought to *unmark*.

TICKNOR also says, that all necessary advice in regard to EXERCISE may be comprised in a few words. Every kind of exercise, or occupation that fatigues, or excites the circulation should be avoided; so also, long walks, lifting, ascending stairs, particularly in a hurry, dancing, riding on horseback, or in a carriage, over rough roads. But care must also be taken not to run into the opposite extreme, that of being too inactive. If the custom has been to take considerable exercise before Pregnancy, let it be continued afterwards; only let it be in moderation, such as riding in an easy carriage, walking moderately, and the like. TRACY says, there is an impression in some parts of the country, and more in England than here, that pregnant women should carefully avoid exercise during the *early months*, and take more and more as the time advances. But this is altogether erroneous, for during the first few months, active exercise should be taken daily, to the full extent of the powers of the individual, short, however, of producing such fatigue as to interfere with quiet rest. The exercise taken should be of such a character as will keep the mind interested, and the body in more or less constant motion; gentle fatigue should be induced by continued moderate action, and not by violent exertion. Such exercise as this, will operate most favorably as a preventive of a multitude of the bad feelings which are apt to attend this state, and on that account should never be omitted, unless for such reasons as are connected with some peculiarity of the individual; as for instance, a state of disease which renders active exercise impossible without injury to the general health, or a tendency to abortion, when the patient may be obliged to keep very quiet; but even then she should be in the fresh and open air as much as possible. As the time advances beyond the fifth month, the amount of exercise should be diminished, but gradually, until the expiration of the eighth month at least,

if not longer; but generally during the last two weeks, the patient feels brighter and easier, and feels more disposition to move about than for some time previously; there are no objections to an increase of exercise then.—TRACY.

The DIET should also be well regulated. Notwithstanding the morning sickness and vomiting during the early periods of Pregnancy, the appetite is frequently very craving, especially after the morning sickness has subsided, and an improper indulgence in rich and high-seasoned food, is among the most common errors of females during this period. This error is the more apt to be committed from the incorrect idea entertained by many that, as the child draws its nourishment from the mother's system, a greater quantity of food is required during Pregnancy, than at other times. But there is in many women a strong tendency to a plethoric, or full-blooded state of the system during Pregnancy, which, if not counteracted, either by nausea or vomiting, or a properly regulated and light diet, is very apt to produce unpleasant consequences, such as headache, dizziness, a feeling of fulness, or pressure within the head, and in the veins over the whole system, swelling of the feet and limbs, piles, restlessness, sleepless nights, and numerous other evils arising from the taking of too much, or too nutritious food, and the consequent production of too much blood in the system. There can certainly be no propriety in using such an increased quantity of food that the system becomes oppressed by it. But it sometimes happens that the woman feels best after having eaten more heartily, and then some latitude in diet may be allowed, always doing so with caution, however, and restraining it upon the first occurrence of any of the symptoms of over-feeding.—TRACY. The appetite and taste are generally altered by Pregnancy, and the vulgar attach great importance to the different tastes and longings, and these, as a general rule, may be gratified whenever wholesome aliments are desired. TICKNOR goes even further, and says he has no hesitation in saying, that when the longing is really urgent, the risk of danger from indulging it is much less than it

would be from disappointment; provided the craving is not for anything absolutely disgusting, or injurious. It is a fact, though a remarkable one, that, in many cases where the stomach craves really unwholesome articles, they may be taken with impunity. This is well understood by most people; and it is generally believed that ill consequences never result. But this is a great mistake, for TICKNOR has seen the worst effects from this unnatural indulgence; and it must not be forgotten, that when craving for unwholesome articles is to be gratified, it must be done with the greatest caution, and in moderation. When there is an appetite for charcoal, clay, and other articles of this character, the case is one which requires medical advice. A voracious appetite will require a greater quantity of food than ordinary, but never so much as to be injurious; a variable appetite may be satisfied by frequent slight repasts; and a diminished appetite may be stimulated by such food as the woman desires; but it is not necessary for the growth of the foetus, that the mother should take more food than usual; she may take it to satiety. Every description of high-seasoned food, and the excessive use of wines, liquors, ales, tea, and coffee, are highly injurious, both to the mother and infant. These liquors injure the pregnant woman, and expose her to danger during Parturition, and to fever and inflammation afterwards, while they arrest the growth, and destroy the health of the infant. The simple aliments, of the easiest digestion, and containing the most nutriment in a small volume, are those most appropriate for pregnant women. They should take light repasts, and never overload the stomach. The vulgar prejudice of advising them to take more food than in a state of health, is highly pernicious, and induces indigestion, flatulency, spasms, diarrhoea, and vomiting. As before said, the appetite is capricious, and hence the woman often fancies foods she disliked before conception, and dislikes those she always preferred. Thus, the sight of animal food often disgusts some women for some months. In short, the diet should consist of wholesome articles, such as beef, mutton, lamb, fowl, &c., either roasted

or boiled, in preference to broiled or baked; and all salted, spiced, or smoked aliment ought to be taken sparingly, or not at all, if the stomach is delicate, as they generally derange it. The flesh of young animals, as veal, lamb, chicken, and certain kinds of fish, are less nutritious than the other articles mentioned, and are therefore considered lighter. Fatty food, as pork, duck, eel, butter, oil, &c., generally disagree with nervous, bilious, or dyspeptic persons, and those who suffer from indigestion, flatulency, and lowness of spirits, and especially during Pregnancy, when there already is more or less tendency to nausea and vomiting. Farinaceous food, such as bread, rice, potato, beans, peas, sago, arrow-root, tapioca, and salep, are highly nutritious, though they may in some cases induce heartburn, flatulency, and indigestion. Mucilaginous aliments, as carrots, turnips, parsnips, cabbages, and asparagus, ought to be taken but sparingly by pregnant women, and those who suckle their infants, and then a little pepper should be used with them. Sweet foods, as sugar, dates, fruits, &c., should be used in moderation. Finally, as the stomach is irritable and delicate in most pregnant women during the first months, it is highly necessary, both that their food should be cut small, and then well masticated, to render it more fitted, and more easily acted upon by the stomach; and drink, too, should be used sparingly while eating, for if the gastric juice be too much diluted, it cannot act upon the food in an efficient manner.—RYAN. Most writers, and among them BULL, are very decided about the propriety of moderation in eating; they assume that most persons habitually take more food than is strictly required for the demands of the body, in fact use a superfluity amply sufficient for the wants of the child, for which only a very small quantity is necessary. Nature corroborates this opinion, for almost the first evidence of Pregnancy is the morning sickness, which would seem to declare that only a small quantity of very choice food should be taken. If the appetite in the earlier months is variable and capricious, the woman should not be too readily persuaded to humor and feed its waywardness, for

she will very soon bring her system into such a state that it will require a larger supply than is compatible with her own health, and that of her little one. One marked exception may be made to these general rules, viz., when the general health was delicate and feeble before Pregnancy, but becomes invigorated in consequence of this state, and the powers of digestion increase, then a larger supply of nourishment will be demanded and may be met without fear; for instead of being injurious, it will be useful. Finally, the female, toward the conclusion of Pregnancy, should be particularly careful not to be persuaded to eat in proportion of two persons, for it may not only bring on vomiting, heartburn, constipation, &c., but will contribute to the difficulties of labor, by the accumulation of impurities in the lower bowels.—BULL.

Some of the alterations in the tastes and appetite of pregnant women require medical treatment. *Cocculus* will be found useful when there is an aversion to food and drink, although the patient is hungry. *Colchicum*, when the repugnance is so great that she shudders even when looking at food, and still more when smelling it. *Cyclamen*, when food becomes repulsive after swallowing a little of it, followed by nausea. *Gratiola* and *Manganese*, when there is an aversion to food, although it tastes well. *China*, *Arsen.*, and *Sepia*, when the thought of food causes nausea. *Sulphur*, when the patient has appetite, but aversion to food sets in on beginning to eat. *Moschus*, when the sight of food makes one sick.

When there is an aversion to *meat*, Alumina, Bellad., Merc., Mezer., and Muriatic acid may prove useful. *Causticum* and *Sulphur*, when fresh meat causes nausea. *Ammon. carb.* and *Zincum*, when there is no desire for meat, or boiled food. *Kali carb.*, when food, especially meat, is repulsive. *Graphite*, when meat and fish are repugnant, although the former tastes well.

We have already alluded to the fastidious tastes, and capricious appetites of pregnant women; some will consider raw oysters a great relish, though, previously to gestation, they could not bear them; others cannot take cheese, although

previously fond of it; and some express a vehement desire for fruit out of season, although they never longed for it when it could be procured. One lady always knew when she was with child, by feeling a violent antipathy to wine and tea, which at other times she took with pleasure. Many have a strong aversion to butcher's meat, but one lady has rendered herself celebrated, by a fancy to bite a baker's shoulder, nor could she be satisfied, until the baker's consent was purchased. DEWEES had a patient who was in the constant habit of eating chalk during her whole Pregnancy; her calculation was three half-pecks for each gestation; she finally became nearly as white as the substance itself, and it eventually destroyed her; if she had been well dosed with *Cicuta virosa*, her life might probably have been saved. Another lady took a fancy to gin and water, which she drank in large quantities; her child, when born, was small and lanky, its voice was weak, its face wrinkled and ghastly, and its belly collapsed; its skin was mahogany colored, and hung in folds all over its body; it finally died in convulsions; Arsen., Mosch., Silen., Hepar., or Sepia, might have saved the baby's life, and mother's conscience.

The effects produced on the health of both mother and child, are quite sufficient to show that the mother should come under careful medical treatment, and that, in yielding to these extreme fancies and caprices, we are incurring a mischief, instead of avoiding it. Still the denial should be made with gentleness and moderation, for these caprices generally discover themselves by an air of pensiveness and dejection in the mother; they are often very injurious and absurd, but entirely involuntary, and the woman generally continues anxious and uneasy, till she has obtained her wishes. Frequently, whilst women are under the influence of these desires, all reasoning is thrown away upon them, and, if the proper homœopathic treatment will not remove them, it may be proper to gratify them with the wished-for object, as abortion has often been the consequence of a disappointment. The success which is said to attend the gratification of their desires, often renders

it difficult to deny them, and TULPIUS boastingly cites the case of a woman who devoured 1400 salt herrings during her Pregnancy, and her infant was born equally fond of them, and yet there was not a single mark of a herring, either salt or fresh, upon its body.—CHURCHILL.

In many cases it is evident that the morbid tastes depend upon disorder of the stomach, for the tongue is apt to be coated, or even loaded, the mouth filled with viscid saliva, and there are frequent eructations of glairy fluid, while the patient is languid and dejected.

When there is a repugnance to *milk* or *butter*, Carbo veg., Arsen., China, Natrum carb., Puls., Ignatia, Phos., or Bellad., may prove useful.

When there is an aversion for *sweet things*, Zincum, Sulph., Causticum, and Nitric acid, deserve attention.

When there is aversion to water, Bromine, Tobacco, and China.

Aversion to fish, *Zincum*.

Aversion to vegetables, with desire for meat, Magnesia carb.

Many unnatural desires may be overcome by the aid of medicine. Thus, *Cicuta* is said to remove a great desire to eat coal. *Argen. nit.*, may overcome an urgent desire for strong and acrid cheese. *Sabadilla*, when there is a ravenous desire for sweet things, honey, dishes made of flour, especially when alternating with aversion to meat. *Gratiola*, when the patient relishes bread only. Sabina, Staphysag., Rhus, Chelidonium, Bryon., and Phos. acid, are all said to give a person a great desire and relish for milk. *Hepar. sulph.* may remove a depraved taste for sour, and strong tasting food. *Conium* may be of benefit when the patient only desires coffee, or sour, or salt things. *China*, *Lycop.*, or *Rhus*, may remove the excessive craving for dainties. Arsen., Mosch., Silenium, Hepar, or Sepia, may aid in removing a depraved taste for brandy, wine, or spirits. Menyanthes and Graphite may help in bringing about a healthy appetite for meat. Silex and Verat. may eradicate the craving for raw, cold

things, such as cucumbers or pickles, while Opium, Graph., Mosch., or Petrol., may remove an excessive craving for beer, &c.

*Dose and Administration.*—The same doses and directions, as given for the management of morning sickness, (see page 498), may be followed.

It would seem hardly necessary to make any remarks upon the subject of *DRESS* during pregnancy; but who has not seen ladies in the sixth or seventh month of pregnancy, so tightly laced for the sake of attending a ball or party, as to give but little evidence of their size, or situation; and we must at least enter a protest against this.

It is very important also, to keep the feet and stomach warm, as allowing these parts to be habitually cold, predisposes to colics, abortions, headache, &c.

#### MORNING SICKNESS.

IN the early periods of pregnancy, most women experience more or less of this; and the first intimation of it will most likely be experienced upon rising from bed. Before getting up the patient may feel as well as usual, but while dressing begins to feel nausea, followed by retching, and perhaps by vomiting before leaving the room. Perhaps, it may not occur until some little time after leaving the bed-room, or not till after breakfast, which may be eaten with a good relish and almost immediately be thrown up again, with but very little nausea; after which the patient may feel as well as usual until the next morning. This symptom may be present almost immediately after conception, but more frequently it does not commence until after the lapse of two or three weeks, and continues more or less constantly and severely for several weeks, and in some instances, till near the time of quickening, or even until confinement. In some rare instances it does not occur before the last weeks of pregnancy and then is apt to be severe; in other cases it is altogether absent during the whole period of gestation.—TRACY.

In ordinary cases, it is not exceedingly violent and subsides spontaneously about the time of quickening; but sometimes it is excessively severe, continuing for a longer time than usual,

the irritability of the stomach being excessive; so much so that all food as soon as taken is rejected, and great weakness and emaciation are the result.

Sometimes the vomitings are easy, and without much pain; but at others, they are preceded by such violent and long-continued retchings as to throw the patient into a state of suffering, and extreme agitation; often leaving behind them a distressing pain at the pit of the stomach, which is increased by pressure, and which may at first be mistaken for a symptom of inflammation; but it gradually wears away, and finally disappears sometime after the vomiting has stopped. These shocks and severe strainings are felt at times in the lower portion of the abdomen, and they may give rise to pains in the bowels, or to true uterine contractions, followed by abortion. But in general, such vomitings are only painful and fatiguing to the patient, and should cause no serious alarm. In fact, as CAZEAUX also says that it must not be supposed that these vomitings, even when prolonged, and oft-repeated are necessarily disastrous.

*Cause.*—The morning-sickness evidently seems due to the sympathetic action of the womb upon the stomach, and does not proceed from derangement of the stomach itself; but when there is undue activity of the liver, there may be more or less bile thrown up with the contents of the stomach. CAZEAUX thinks that in many cases the womb is distended with difficulty, and likewise suffers from this distention, either at the beginning or end of gestation, especially when the enlargement is rendered greater by the presence of twins, or of a large quantity of waters. In the latter stages of pregnancy, it is supposed to be owing to the pressure of the womb upon the stomach. But as the nerves of the womb increase seventy-fold in size from the beginning to the end of pregnancy, the majority of cases are owing to the increased nervous susceptibility of the womb, and the well-known sympathy of the stomach with that organ.

*Treatment.*—Among the simpler modes of treatment, are: the regulation of the diet, and a change in the times of eating to those hours when the stomach is least apt to be sick. Cold food will sometimes be retained when other kinds are rejected; acid drinks, mineral waters, and swallowing small pieces of ice, have arrested some obstinate cases. CROSERIO recommends

*Nux vom.* so confidently, that he asserts that a single dose of the 30th dilution in a glass of water, a tea-spoonful, two or three times a day, will ordinarily remove as if by enchantment, all these discomforts, so that the woman will pass through the remaining part of her pregnancy without perceiving them. Still, he gives directions for the use of other remedies in the more severe cases. KROYHER of Presburg, asserts, that what he calls *minute?* doses of Tincture of *Nux vomica*, are specific against the troublesome vomiting in the early months of pregnancy; in order to ensure success the bowels must be kept gently open, but not purged. He says that *Nux* will certainly cure the vomiting if it is the sympathetic effect of pregnancy alone; but he advises one or two drops per dose, of the Tincture, gradually increased until ten or more drops are taken every morning in bed, and again in the evening. In many cases it cures in a week, or shorter time; in others it must be used longer. RUECKERT gives five cases cured by *Nux*; in one case,  $\frac{1}{2}$  grain doses of the powder were used; in another, the 3d dilution, and in a third, the 30th dilution.

DEBREYNE thinks the *Colomba* possesses a sort of specific virtue against vomiting, nearly as great as Bark does in agues; but he uses from fifteen to twenty grains per dose, before meals.

TICKNOR recommends *Kreosote*, a few drops in a tumbler full of water, a swallow or two to be taken every half, one, or two hours. WAHLE has cured very obstinate cases with the 6th dilution, with improvement after the second spoonful. CORMACK of Dublin, says it is worthy of notice that *Kreosote* though excellent in allaying vomiting, often excites nausea and vomiting when they do not exist. Still, he says it is one of the best remedies for stopping vomiting, and seldom fails in the vomiting of pregnancy; he advises from one to three drops, to be taken from five, to ten or fifteen minutes before getting out of bed, and thinks that one dose is often sufficient; but in the more troublesome cases in which nausea and vomiting occur at intervals during the day, a dose should be given every two, three, or four hours. In the vomiting of hysterical persons it is particularly useful; CORMACK used it in ten cases, not only

relieving the vomiting, but also calming the general nervous excitement in every case but one.

*PULTE* recommends *Tabacum*, if with nausea there is fainting and a deadly paleness of the face, relieved by being in the open air; also when the patient loses flesh very fast, and vomits water, or acid liquids, and mucus.

*Sepia*, if the nausea has lasted a great while, and appears mostly in the morning, and there is a painful feeling of emptiness in the stomach, with burning and stinging. *Sepia* and *Pulsat.* are among the few remedies which act specifically upon both the stomach, and the womb, and hence ought to prove particularly serviceable.

*Veratrum* was used successfully in four cases; in two cases the 1st dilution was given, in repeated doses; in one case, the 7th dilution; and in another, the 9th potency. It is recommended when there is excessive sensibility of the nerves of the stomach, and vomiting is excited by the least quantity of water, by moving, or by setting up, and withstands all other remedies; also when the nausea is attended with great thirst, the patient vomiting after drinking ever so little, and having sour eructations, with great debility, and tendency to diarrhœa.

*Cuprum* and *Zinc.* when there is little nausea, but severe spasmodic vomiting, and cramps in the stomach or chest set in during the paroxysms of vomiting.

Dose.—1st, 2d, or 3d dilution, every two, four, six or eight hours.

*Camphor* in small doses will often relieve, when a cold perspiration breaks out, the head being hot, and the feet cold.

Dose.—From one to three drops, every one two or four hours.

*Secale* is recommended when the severity of the vomiting brings on labor-pains, and abortion threatens to set in.

Dose.—From one to three drops of the 1st to the 3d dilution, every five, ten, or fifteen minutes, in severe cases; every one, two, or four hours in milder attacks.

*Conium* is recommended by *CROSERIO* when there is decided derangement of the womb; and *TROUSSEAU* accidentally learned the value of *Belladonna* lotions applied over the region of the womb, in the vomiting of pregnant women, by applying it to a patient who was also suffering with violent uterine pain, with

the effect of relieving both pain and vomiting; in subsequent cases the *Bell.* proved equally serviceable, although no pain was present. They are thought to be particularly serviceable in those cases where there is rigidity of the womb, which dilates and enlarges too slowly for the rapid increase in the size of the child, and thus causes uterine irritation, and sympathetic derangement of the stomach.

*Aconite*, in drop doses of the Tincture, relieved according to RUECKERT the vomiting of an hysterical pregnant female; she had nausea, retching and vomiting early in the morning; violent colic, and renewed vomiting after every meal, and headache. CHAILLY places great stress upon the presence of inflammation of the decidua, or other uterine membranes, in causing severe and long-continued, and even fatal vomiting in pregnant women. In one of his cases, the patient died in the fourteenth week of pregnancy and had vomited incessantly for three months; the stomach was healthy, but the decidua was evidently inflamed. A second case, also proved fatal in the fourteenth week, vomiting having persisted from the very commencement of pregnancy; there was evident inflammatory engorgement of the decidua and womb, with softening and thickening of the latter. In these cases, *Aconite* may be applied locally over the region of the womb, in the same manner as above recommended for *Bellad.*; a mere symptomatic treatment of the vomiting will not suffice; the remedies for inflammation of the womb, must also be used.

*Ipecac.* is recommended by CROSERIO when the vomitings are almost continual, and the woman rejects all, or the greater part of her food, and when she vomits bile, pure or mixed with mucus. He prefers the 6th dilution, repeated three times a day. On two other cases, *Ipec.* 1st dilution was used; and the 2d potency in two more.

DR. ELLIS is in the habit of using *Ipec.* in doses not to exceed one-eighth of a grain, for nausea and vomiting, and rarely fails to quiet the stomach with it.

*Aethusa cynapium* proved useful in three cases, in which milk could not be borne, but was vomited off, as soon as taken. It was given in the 3d dilution.

*Ferrum* is thought to be specific when the vomiting occurs after eating, and at no other time.

Dose.—One or two grains of the 1st, 2d, or 3d dilution.

*Sulphur* was used in four most obstinate and chronic cases, occurring in scrofulous and psoric individuals.

Dose.—The 1st dilution was used in two cases, and repeated six or eight times; the 9th dilution was used in one case.

*Hydrocyanic acid* is another homœopathic remedy which has become domesticated in allopathic practice; it is supposed to be most indicated when there is great irritability of the stomach, while *Nux* and *Ferrum* are conjectured to be most suitable, when there is a weak and bloodless state of the stomach owing to the vital energies, nervous and vascular activities being concentrated upon the womb, and hence diverted from the stomach.

Dose and Administration.—The most successful potencies and quantities have already been alluded to in most instances. Of the liquid medicines, such as *Nux*, *Kreosote*, *Tabacum*, *Veratrum*, *Camphor*, *Secale*, *Conium*, *Belladonna*, *Aconite* and *Ipecac*, from one to five drops of the proper tincture, or dilution may be put in a wine-glass or tumbler half full of water, and from one to three teaspoonsful given every night and morning only, when the vomiting and nausea only occur in the morning; and then the morning dose should be given while the patient is still lying down in bed, and as long before rising as convenient. When they occur after every participation in food and drink, a dose should be given from one quarter to half of an hour before each indulgence. When they recur frequently and irregularly at almost any time of the night or day, a dose may be taken whenever the symptoms are most urgent, or after every paroxysm of severe nausea or vomiting.

The dry medicines or powders, such as *Sepia*, *Cuprum*, *Zincum*, *Ferrum*, and *Sulphur* may be taken in doses of one or two grains of the proper potency, as often as above directed.

#### SALIVATION.

THIS symptom occasionally takes the place of the morning-sickness; it sometimes appears almost at the commencement of pregnancy, and before the time for the expected menses to appear, previous to the fact of their suppression being known;

then the woman is apt to feel as if she had taken a slight cold, and as these feelings are often unaccompanied by nausea or any other more common sign of pregnancy, the patient is apt to suppose that her menses have been suppressed by cold. But if she is also troubled with a choking sensation which induces cough, particularly in the morning, and finds her throat and mouth lined with a mucus or saliva of a very peculiar character, she may dismiss the cold-theory from her mind and prepare for something more or less agreeable, as the case may be. This mucus or saliva is very difficult to expel from the mouth; it is extremely white and a little frothy, and when ejected assumes a round shape, about the size of a shilling piece; hence the expression so common in some parts of the country, that "Mrs. So and So, is spitting English shillings, or cotton." When this state of the saliva occurs, it points very certainly to the presence of pregnancy.—TRACY. At other times the salivation is very profuse and severe, so as to resemble the mercurial salivation, but differing from this in the absence of fetor, although the taste may be exceedingly mawkish and disagreeable. It is generally of short duration and disappears of its own accord.

*Treatment.*—DESORMEAUX says that some candied sugar, or a little gum arabic held constantly in the mouth, will render it less distressing. *Mercurius* is generally regarded as the principal homœopathic remedy.

*Dose.*—The 1st or 3d dilution may be taken from two to four times a day according to the profusion of the flow of saliva. *Iodine*, is perhaps more homœopathic to this peculiar form of the disorder than Mercury, for the Iodine salivation is without fetor.

*Pulsatilla* is said to be indicated when it is accompanied with nausea and disgust for food.

*Veratrum*, when the patient is inclined to be cold and weak, and to be troubled with diarrhœa.

*Sulphur* will sometimes remove the most obstinate cases.

*Digitalis* and Nitric acid have also been recommended.

*Dose and Administration.*—Same as for Mercury. (See above.)

## TOOTHACHE.

THIS may arise from a variety of causes :

1st. And frequently, it and a variety of erratic pains in the face and teeth are induced by the increased irritability of the nervous system, resulting from the new action which is going on in the womb, and in these cases as there is no decay of any particular tooth, the extraction of any tooth for its cure is entirely out of the question.

2d. And also frequently it may arise from decay. A large number of females already have unsound teeth before they become pregnant ; and an equally great number are unusually predisposed to rapid caries of the teeth while carrying their children ; and in both instances, the above mentioned increased irritability of the nervous system will render them exceedingly subject to frequent and severe attacks of suffering. TRACY says : "There is an impression somewhat prevalent that the extracting of decayed teeth is liable to induce a miscarriage, and it is but just to say that some eminent physicians have this impression." But he is fully satisfied that there is little, if any foundation for it. Excepting in cases where the patient is in very feeble health and her nervous system extremely excitable, he has no more hesitation about extracting them during pregnancy, than at any other time. He believes that in nearly every instance when a miscarriage has followed their extraction, it would have occurred from other causes if the tooth or teeth had not been removed. He has no doubt but that more abortions take place from the irritation caused by decayed teeth, which are allowed to remain for fear of the results of their extraction, than occur from their removal. This is certainly the result of his experience, and some experienced dentists are of the same opinion ; they have every year, for many years, extracted a large number of teeth under these circumstances, and so far as they have learned, the operation has resulted unfavorably in no one case. Every danger of abortion may be prevented by the use of a judicious anodyne given one or two hours before the time appointed for the operation.

If the teeth be not too far decayed, the cavities should be cleaned and filled with gold, if possible. In those cases in

which the cavity cannot be filled with gold, and it is not advisable to extract the tooth, OSTERMANN'S filling may be used—the cavity is to be well cleaned and dried; then forty-eight parts of flocculent Anhydrous phosphoric acid, obtained by burning Phosphorus under a basin, is to be mixed with fifty-two or fifty-eight parts of pure unslaked lime, and the necessary quantity gently pressed into the tooth. If the tooth be not well dried the mass will become heated, and in expanding will be forced out of its place; and the application must be quickly effected, for the mixture becomes quite hard and useless in the course of two or three minutes. Thus, the cavity will be filled with bone-earth, or Phosphate of lime; and if the filling be coated over with a few drops of a solution of two drachms of pure Mastich, solved in two drachms of absolute alcohol, and thickened with a proper quantity of powdered silex, a filling will be made which approaches as nearly as possible to the natural structure of the tooth and its enamel.

There are other very good temporary fillings, such as one made by dissolving one scruple of Tannin and five grains of Mastich in two drachms of Ether, then wetting a bit of cotton with it and pressing it into the tooth. Or, powdered West Indian Gum Copal may be dissolved in pure alcohol, by the aid of exposure to moderately warm air, and to this viscid alcoholic solution powdered Asbestos may be added, in place of using cotton. Or, two drachms of picked Mastich, two drachms of absolute alcohol, and nine drachms of dried Balsam of Tolu, may be solved in a stoppered bottle by the aid of gentle heat, and frequent shaking; when the Balsam is dissolved the whole should be placed in a warm situation, to allow the crude particles to deposit. This mixture is viscid and forms a firm mass, when exposed to the air, which is neither acted upon by the saliva, or other liquids. In order to apply it thoroughly the tooth should be cleansed and dried carefully, and a bit of cotton dropped in the balsam should be put into the cavity; or powdered Asbestos, or powdered Phos. Lime, or powdered Silex may be used in place of the cotton.

If it be absolutely necessary to extract the offending tooth, great care should be exercised in selecting the right one, for the pain sometimes extends sympathetically to a perfectly sound

tooth, and is felt but slightly or not at all in the diseased one; and toothache is very often removed by the extraction of a different tooth from the one pointed out as the offending one. TRACY thinks that the diseased tooth will almost invariably be found upon the same side with the painful one, and generally in the same jaw, but not always; an under tooth is often diseased when the pain is seated in a corresponding upper one; and an upper one, when the pain is in the corresponding lower tooth.

3d. The toothache is often secondary to an inflammation of the gum, or :

4th. It may be the result of a general catarrhal affection.

The period of the commencement of the toothache, of course varies; certain women suffer with toothache as soon as they have conceived, and even recognize their condition by this symptom; and generally speaking it is a complaint of the earlier months of pregnancy, but some patients have attacks of it throughout the whole period; and sometimes it never occurs until within two or three days of the commencement of labor. The pain varies in degree, and at different times; sometimes it is dull and aching, and ceases at intervals; at others, it is acute and piercing and may continue night and day, so that sleep is lost, the appetite may diminish, the digestion become impaired, the patient become feverish and abortion occur.

*Treatment.*—This of course will vary according to the nature and seat of the disease. RUECKERT thinks that *Bell.*, *Calc.*, *Magnesia* and *Sepia* have proved most useful in the toothaches of pregnant women.

#### ACONITE.

is recommended by KREUSSLER against piercing and throbbing pains in the teeth, when attended with heat and redness of the face, from congestion to the head. Also when the pain is so severe as to drive the patient almost frantic; when the toothache has been excited by exposure to sharp east winds, is attended with fever, quick, hard pulse, mental and bodily restlessness, violent and throbbing pain, generally occupying one side only of the face, but then involving the whole side of one

jaw, and attended with redness of the face.—In short, it is a principal remedy in many neuralgic, rheumatic and inflammatory toothaches; I have long been in the habit of applying a small part of a drop of Tinct. of the Root of Aconite, on a bit of cotton to the cavity of aching and decayed teeth, generally with almost immediate relief; I could easily recall a dozen instances in which the pain has been relieved in a very few minutes.

It is often equally successful in purely neuralgic affections of the face and teeth, when the latter are perfectly sound; it must then be applied to the outside of the cheek, or to the gums of the affected part; WATSON speaks very highly of Aconitine ointment in neuralgia of the face; in one case of eight years standing, of very acute neuralgia of the mental branch of the fifth pair of nerves, after exhausting almost every expedient that ever has been recommended for the disease, a permanent cure was effected in six days, by the application of Aconitine ointment, one grain to the drachm of cerate, once or twice a day; in this case no relapse had occurred at the end of six years, although formerly the pain was excited by the slightest causes, such as gentle friction of the hand, or a current of cool air; the patient was soon enabled to face any wind or temperature with impunity.

RUECKERT infers that Aconite is most useful against *throbbing* pains, with congestion to the head, and heat in the face.

*Dose.*—See treatise on Headaches, page 4; do. on Apoplexy, page 72; Do. on disorders of Menstruation, page 36. In one instance, in a pregnant female, Aconite 200th, quickly relieved a violent and throbbing toothache.

#### ANTIMONIUM CRUD. ET TARTAR.

MALY found it useful in many intermitting rheumatic toothaches, occurring regularly every evening, and not yielding to small doses of Quinine.

*Dose.*—MALY used one grain doses of the 2d trituration of Antim. Tart., repeated every twelve hours, and always he says with rapid and permanent relief.

#### ARNICA

of course is used most frequently in pains of the teeth and gums excited by mechanical injuries.

*Dose.*—One or several drops of the tincture, or of the 1st, 2d, or 3d decimal dilutions may be given every two, four, or six hours.

## ARSENICUM,

has a wide-spread reputation against neuralgic and catarrhal toothaches; it is thought to be most useful when the sockets of the teeth are inflamed, the teeth are loose, seem to project from their sockets, and chewing or biting them together produces the sensation as if they were forced into some sore or ulcerated place, the pains being throbbing and piercing, the gums reddened and painful, and all the pains increased by touching, or lying on the painful side, by rest, and cold applications, and relieved by setting up, by restless moving about, and by warm applications; it is still more indicated when the pains quickly produce great debility and exhaustion, the patient being feverish, with coldness of the hands, and especially of the tips of the fingers.

*Dose.*—The 1st, 2d, or 3d dilution may be given every two, four, six, or eight hours.

## AMMON. MURIAT.

WATSON says that this remedy is very useful in a very common, very distressing form of face-ache, which is sometimes quite intractable under ordinary treatment; it is often called a rheumatic pain, and is probably seated in the periosteum of the jaw, as the extraction of bad or suspected teeth does not remove it; it occupies the lower part of the face, the jaw principally, and the patient cannot say where the pain is most intense. If it does not yield after four doses, no good need be expected from the remedy.

*Dose.*—WATSON advises half drachm doses, three or four times a day; the 1st, 2d, or 3d dilutions would probably prove equally successful in appropriate cases.

## BARYTA,

Was found useful by GASPARY when a pale red swelling of the gum projected into the hollow of decayed teeth, attended with swelling of the cheek, pains extending to the nose, eyes, and temples, and with violent throbbing in the ear.

*Dose.*—Baryta, c. 8th dilution, one drop per dose, cured a case in four days.

## BELLADONNA.

The indications for the use of this remedy are too well known to require a minute enumeration of them. It is most indicated in feverish, congestive and inflammatory toothaches, both in sound and decayed teeth, when in addition to the excitement of the vascular system there is also great irritability of the nervous system; when there is thirst, dryness and slight redness of the throat and erysipelatous redness of the cheeks; when the pains are much aggravated in the evening and at night, are rending, digging and piercing in their character, and are apt to occur in alternation with intense headache, which almost renders the patient delirious. GARDINER, however thinks Stramonium more useful than Bellad.

Dose.—The 18th or 30th dilutions have been used most frequently.

*Hyosciamus* is indicated under nearly similar circumstances.

Dose.—The 9th and 12th dilutions have been given successfully.

## BRYONIA.

Many of the indications for the use of this remedy are antagonistic of those pointed out for Arsenicum; thus, Bryonia-pains are increased instead of being relieved by warmth and warm applications, and by lying on the sound side; and they are relieved by cold water, free air, and by lying on the affected side. It is perhaps most useful in rheumatic and catarrhal toothaches, especially when pains in the limbs and chest are also present; when sound teeth are affected in preference to decayed ones, and the pains are apt to shift their locality.

Dose.—The Tincture in solution, the 1st, 3d, 24th and 30th dilutions have all been used with good effect.

## CALCAREA CARB.

Is thought most useful in the tooth-affections of women and children, but especially in those of pregnant females; is serviceable both when the pains are seated in sound or decayed teeth, and when they are exfoliations or growths upon the bone, with more or less disease of the gums. It will relieve, even when there is congestion of blood to the head, and the pains are increased by cold applications, but especially by exposure to a

draught of cold air, and when the teeth are unusually sensitive to cold.

Dose.—In one case, a coffee-spoon full of lime water was given several times a day; in 3 cases complicated with fistulous ulceration, the 30th dilution, was given successfully; and in 1 case the 200th potency.

CARBO VEGETABILIS,

Has been used successfully when Merc., and Arsen., seem indicated, but do not effect a perfect cure; especially when the gums become ulcerated, bleed easily, retract from the teeth, and the teeth become loose. Its principal action seems to be directed to the gums.

Dose.—The 9th dilution has been used successfully.

CAUSTICUM.

WEBER says he has cured innumerable cases of toothache with this remedy; it has proved more successful in his hands than any other, even when the pains were felt in all the teeth, or extended over the temples into the forehead. BÖNNINGHAUSEN thinks it most useful against chronic throbbing toothache, when the gums are painful and bleed easily, and the pains extend to the muscles of the face, or to the eye and ear. HERING assumes that it is most serviceable when there is painful looseness and lengthening of the teeth, with fistulæ, suppuration, painful sensitiveness and swelling of the gums.

Dose.—WEBER preferred the 30th dilution; Gross succeeded in one case with the 400th potency.

CHAMOMILLA,

Is an admirable palliative remedy in the most violent attacks of toothache, which seem insupportable and almost drive the patient to desperation; especially if the cheek of the affected side be swollen and red. *Coffea* and *Ignatia* are useful against equally intense pains, without inflammation or swelling, occurring in hysterical women, who are either very quiet, or still and sad. *Dulcamara* is sometimes efficacious against toothache, caused by taking cold and attended with diarrhœa, especially if much saliva collects in the mouth, and Chamomilla seems indicated but does not relieve.

## CHINA,

Is said to be the best remedy when toothache is attended with excessive irritability of the whole body, and sleep is disturbed by anxious and frightful dreams; when there is congestion to the head, or excessive paleness and emaciation of the patient, attended with diarrhœa, night-sweat and lassitude.

Dose.—The 1st, 2d or 3d dilution may be given.

## COLCHICUM,

Is most useful against rheumatic toothache, when the teeth are sensitive to pressure, and there are rheumatic pains about the jaw and in the maxillary joints, the pains being most severe at night.

Dose.—Same as for Bryonia.

## CYCLAMEN.

My friend DR. BELCHER has used this remedy most successfully against pains in decayed teeth, when there is a dull constant ache, with burning in the cheek, followed at times by severe paroxysms of pain, which may drive the patient almost frantic. In some instances the relief was so decided that the patients thought they were more benefitted than they had been by almost any prescription in any other disease. In some cases the relief was very prompt; and in one instance a dull toothache which had lasted a whole night, ceased in a few minutes.

Dose.—The tincture in solution, has been used most frequently.

## EUPHORBIIUM,

Has been found very useful when the teeth are apt to crumble and break off; also in toothache from decay, when the tooth feels as if it were screwed, or forced into its socket, and is painful to touch, even when gum-boils form, and the cheek is red, swollen and inflamed. Phosphor and Phosphoric acid deserve attention even when the bones of the jaw are involved.

Dose.—The 15th dilution has been used successfully.

## FLUORIC ACID,

Has cured fistulæ about the teeth and gums, even when they had lasted as long as three years, and were attended with

frequent and violent attacks of pain, with suppuration about the roots of the teeth, with persistent tenderness to pressure.

Dose.—The 3d and 30th dilutions have been used.

KREOSOTE,

Is said to have been used successfully, in the 3d dilution, or even the 24th, when applied to the cavity of decayed teeth, especially when the gums are spongy and ulcerated.

MAGNESIA CARB.,

Has been found very useful by LOBETHAL in those toothaches which occur during the first months of pregnancy; HAHNEMANN also advises it against the toothaches of pregnant women. GUTMANN thinks that it will cure those *chronic* cases in which Chamomilla seems indicated, but fails to afford relief; while RUECKERT thinks it most serviceable against those toothaches in which the pains extend over the whole side of the face, especially when the most violent paroxysms occur at night when the patient is in bed, and force him to rise. It has cured cases which had already lasted for several, or as many as six nights in succession, on the very first day on which it was administered.

Dose.—The 26th and 30th dilutions have been used most frequently.

MERCURIUS.

The indications for the use of this remedy are too well known to require repetition here; suffice it to say that it is not only the most homœopathic remedy against many affections of the teeth and gums, but also has been used more frequently and successfully than any other homœopathic medicine.

Dose.—It has been used in the form of an ointment applied externally; also in the 2d trituration; in the 6th, 9th, 12th and 30th, given in repeated doses; while the 8th and 12th dilution have also been used successfully in solution, in divided doses.

MEZEREUM,

Is most indicated when the periosteum of the sockets of the teeth is most involved, especially when the patient is very apt to feel chilly, and the whole affected side of the head feels cold.

Dose.—The 1st, 12th and 30th dilutions have been used with success.

## NUX VOMICA,

Ignatia, and the North Pole of the Magnet are admirable remedies in nervous and spasmodic toothaches.

Dose.—The 30th dilution has been used successfully in three cases.

## PULSATILLA,

Is decided by RUECKERT to be most indicated in the tooth-affections of gentle, quiet, bashful and lachrymose women, especially when the pains are confined to the left side of the face, are of a catarrhal-rheumatic nature, and more apt to attack decayed than sound teeth; also when they extend to the whole of one side of the face, to the ear, neck or head. Pulsatilla-toothaches are apt to be attended with chilliness, paleness of the face, heat, congestion and pain in the head, suppression of the menses, menstrual cramps in the abdomen, anxiety and great restlessness; they are excited or aggravated in the evening or at night, by the warmth of the bed, in a warm room, by warm food, and by sitting or lying down. *Nux-vomica-toothaches* on the contrary are most severe in the morning, are excited or aggravated by exposure to the free cold air, by inhaling cold air, by cold drinks and food, and by mental exertion, and walking about. And vice-versa, Pulsatilla-toothaches are relieved by exposure to the open air, and by holding cold water in the mouth, while Nux-tooth-affections are relieved by warm applications.

Dose.—The 3d, 6th, 7th, 9th, 14th and 15th dilutions have all been used successfully.

## RHODODENDRON,

Has not been used as frequently as one would suppose from its undoubted beneficial effect. It is most beneficial against rheumatic and gouty toothache, when excited by rough, cold and damp weather.

Dose.—In one case the 3d solution relieved in a few hours a toothache which had lasted for fourteen days, in spite of the use of many apparently indicated remedies, in another case it proved equally useful after the pains had persisted for several weeks, with only partial relief from Nux and Merc.

## RHUS TOXICODENDRON,

Besides the well known indications for its use, has been found an excellent remedy against caries of the teeth in general, but especially against that form which has received the name of

*crusted-carries*, and which is usually connected with herpetic eruptions.

Dose.—The 3d dilution has been used most frequently.

SABINA,

Is homœopathic to the toothaches excited by metastasis of gout from the toes, and also, in those which arise in women who menstruate during pregnancy.

Dose.—The 1st, 2d, or third dilution.

SECALE AND SEPIA

Are suitable against toothaches from sudden suppression of the menses; in chronic throbbing toothaches in women who are annoyed during pregnancy with large yellowish spots over the face, arms and neck; with oppression of the chest, swelling of the face, cough, and enlargement of the glands of the neck. Sepia is also said to be an invaluable remedy against pains in the teeth, in pregnant women, especially when there is great congestion to the head at night.

Dose.—Sepia 30, has been used most frequently.

SILEX,

Has cured enlargement of the bones of the jaw, and inflammation and suppuration about the sockets of the teeth, especially when these parts are more affected than the teeth themselves.

Dose.—Silix 30, has been used most frequently.

SPIGELIA,

Is most indicated against nervous toothaches, especially when burning and rending pains about the zygoma are also present, or pains about the eyes, pressure upon the bladder, palpitation of the heart, and rattling in the chest; or when there are also pains in the eyes and ears, heat in the mouth, and oppression of the stomach.

Dose.—The 3d, 15th, and 30th dilutions have been used successfully.

STAPHYSAGRIA,

Is suitable against caries of the teeth, and inflammations about the periosteum, similar to those in which Cyclamen,

Mezerium and Rhus, are indicated; but more especially when the teeth become very black, are inclined to crumble off, the gums being white, retracted and swollen, with apthæ, ulcers, and tubercles upon them.

Dose.—The 24th, and 30th dilutions have been given most frequently.

#### SULPHUR,

Is most indicated against chronic abscesses of the gums, when coupled with considerable growth of proud-flesh, and exuberant granulations.

Dose.—The tincture has been used most frequently; the 30th dilution occasionally.

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#### ACIDITY OF THE STOMACH AND HEARTBURN.

THESE are very distressing and common symptoms of pregnancy, often occurring very soon after conception; sometimes, however, not until the fourth month; occasionally they are absent altogether, although commonly most troublesome in the latter half of pregnancy.

It is sometimes dependent upon simple irritation of the stomach, attended with a great sense of heat there, at others, by the formation of an acid, which rises into the throat, and from the sensation it causes is called Heartburn. In some cases it is a quite simple affection, and almost every female knows that she may find transient relief by taking a little Magnesia, or chalk, or lime water, with or without milk. But at other times it is a much more complicated affection, which withstands the efforts at relief suggested by ordinary physicians. The acids in the normal gastric juice are:

Muriatic,

Lactic, and

Acetic,—the former predominating, although in varying states of the stomach, either may be in excess and require peculiar treatment. The chyme which is made from the fibrine of meat, and coagulated albumen, contains much muriatic acid; that which is made from quite fresh meat and milk, contains an excess of lactic acid; while that which is made from starch,

farinaceous substances, and vegetables, contains much acetic acid. Hence, some kinds of acidity are aggravated by a meat and milk diet, and relieved by vegetables and fruits, while the more common variety is increased by a vegetable diet.

In some states of the system quite new and unusual acids are formed, or get into the stomach, such as :

Phosphoric acid,

Uric acid,

Oleic, or Butyric acid, and even

Fluoric acid.

The presence of these, of course, calls for quite peculiar treatment. Phosphoric and Uric acids are apt to form in the stomach of those who eat a great deal of meat, and are subject to gout, rheumatism, or nettlerash. Oleic, or Butyric acid is most common in the stomachs of those who indulge in the use of made dishes, hashes, cheese, gravies and fatty food ; thus, in the Arctic regions, where the inhabitants live in winter almost exclusively upon seal-fat, fat sea-birds and rancid tallow, a most violent kind of pyrosis, or heartburn, is very common, and doubtless arises from the rancid Butyric acid, which is liberated, or generated in the stomach.

The presence of Fluoric acid is rendered evident by the rapidity with which it attacks the enamel of the teeth, causing caries, especially of the front teeth.

All these different kinds of acids require their specific and peculiar antidotes. The best antidotes for Muriatic acid are Zincum, Ferrum, Argentum and Ammonia, while Soda, Plumbum and Baryta are the best antidotes for Phosphoric acid. The tendency to the formation of Uric acid is best antidoted by Cuprum and Colchicum ; while that of Lactic acid is best treated with Zincum.

Again, an *alkaline* stomach is often mistaken for an acid one ; for *alkaline dyspepsia* or pyrosis, as it has frequently been termed, is more common than is generally supposed, at least Dr. Thompson, out of 40 to 50 patients seen daily at the Blenheim Dispensary, generally met with one or two cases per day. There is generally some bilious derangement present, at least the patient is apt to have thirst, or bitter taste in the mouth, an aversion for meat, a craving for sour things, a dirty yellow, or yel-

lowish brown tongue and a dingy sallow skin; it may also be attended with a putrid taste in the mouth, eructations like those from spoiled eggs or oysters, and consisting of sulphuretted- or phosphoretted hydrogen. In the *acid stomach*, there is said to be a burning sensation at the pit of the stomach, with acid eructations which do *not* alleviate the pain. In the *alkaline stomach*, there is violent pain in that organ, frequently attended with headache and faintness, and a sensation of spasm or constriction of the stomach; this sensation increases until it becomes intolerable, and at last when the agony is complete, the patient is suddenly aroused by a determination to the mouth of a large quantity of fluid, which must be immediately evacuated, to give place to a succession of similar occurrences; at last, however, the flow of fluid becomes so abundant as to constitute an actual stream, and it continues to flow from time to time, but gradually diminishes in quantity, and at length ceases, with complete relief to the pain in the stomach. This relief is characteristic of alkaline indigestion.

*Treatment.*—PULTE says, that *Nux* and *Pulsatilla* are the principal remedies for dyspepsia, heartburn and acid stomach. For an acid stomach he recommends frequent, but small quantities of Lemonade, or a mixture of one drop of *Sulphuric acid* in a tumbler full of water, and says, that it will sooner and more lastingly correct the acid in the stomach, than lime water or magnesia, which at best only neutralize the acid already in the stomach, without preventing its re-formation. LEADAM recommends *Nux* ʒ.iii., three globules to be put in six teaspoonsful of water, and one teaspoonful to be taken three or four times a day, until relieved; but LINNÆUS gave ten drop doses, three times a day with much success. *Pulsatilla* may prove useful when there is an excess, or tendency to an excess of Butyric acid in the stomach. *Sulphur* and *Phosphor* may prove homœopathic when there is acidity and flatulence, with an excess of sulphuretted- or phosphoretted hydrogen in the stomach. *Phosphoric acid* has proved more successful than Sulphuric acid in some cases; and a trituration and potency of Gunpowder has often proved more useful than Sulphur, Carbo and Nitrum used singly.

Arsen., Bell., Kali and Calc. have also been recommended.

Several Old School physicians have accidentally hit upon the use of *Acids* in heartburn. *Dr. Todd* says, that Heartburn, which is habitual, or of long-standing is sometimes more effectually relieved by *acids*, than alkalies. *Pemberton* mentions having seen it subdued by the juice of half a dozen lemons taken daily, and recurring on the remedy being omitted. *Todd* recommends 5 drop doses of dilute Sulphuric Acid, to be taken every 4 hours; and has also used the dilute Phosphoric Acid successfully. *Billings* says, that alkalies relieve acidity of the stomach for a time, but in order to cure it effectually, an *Acid* should be used, such as dilute Sulphuric Acid. *Prout* says, that the injudicious use, and abuse of alkaline remedies, by old school physicians, in acidity of the stomach is often a source of great mischief. Alkalies exert no curative effect; that is, they will not prevent future acidity; on the contrary, when taken in large doses, and at improper times, they cause an absolute increase of acid. Thus, when a large quantity of alkali is taken into an empty stomach, the immediate effect is that this organ in endeavoring to return its natural condition, will throw out an additional quantity of acid in order to neutralize the redundant alkali. When alkaline remedies, therefore, are injudiciously persisted in, a daily contest ensues between the stomach and the self-styled regular doctor. If the constitution be sound, the stomach in spite of the so-called regular doctor, usually gains the ascendancy, but at the expense of extraordinary exertion in the secretion of an excessive quantity of acid. If, on the contrary, the vital process of the stomach be weak, the regular doctor may gain an easy and triumphant victory over the poor stomach, but at the risk of still further enfeebling the vital powers of that organ; and in both instances the general result will be, that the diseased function of the stomach producing acidity will be *augmented*, rather than improved. In Braithwaite's Retrospect, Part 10, we learn that *Dr. TRACY's* experience with the vegetable acids, as correctives of acidity has been considerable; he has prescribed them in a large number of cases, and in nearly all with decided benefit. *DR. T.* himself was subject to repeated and severe attacks of inflammation of the eyes, accompanied by acidity of the stomach, which he had attempted to correct by the long and free use of Soda, but in vain; it had

only a very slight and temporary effect. He had for months abstained from acids, under the impression that they were not suited to his state of health, but was once induced to take a glass of Lemonade, and almost immediately experienced a very copious eructation of gas, with great alleviation. The remedy was again and again repeated with relief to the acidity, and the threatened affections of the eyes were always effectually prevented. TRACY has found the vegetable acids uniformly and entirely successful in removing the disposition to attacks of acidity of the stomach in persons subject to them; and his impression is, that in all such cases they can be relied upon with more confidence than any other remedies. In cases of acidity from pregnancy, he has found the sub-acid fruits of great service, while those that are tart could not be borne, and the mineral acids were decidedly injurious, while the whole range of alkalies and absorbents were of little or no avail.

BRAITHWAITE says, this may seem a very unscientific (and equally homœopathic) mode of procedure, but facts seem to corroborate the value of the practice in some cases. DR. CHAPMAN, of Philadelphia, experienced relief from the same treatment, and Professor Wistar informed him, that he had for a long time ineffectually endeavored to relieve an opulent merchant, "in the regular way," who was very speedily cured by drinking copiously of sour beer, such as had been utterly condemned by the brewers as spoiled and unsaleable. DR. CHAPMAN also had under his care, in consultation, during nearly a whole winter, a most distressing case, which proved utterly intractable to the "regular remedies," which promptly disappeared the next summer as soon as the patient began to subsist upon the sour pie-cherry. Nor is this the only instance in which Dr. C. has heard of cures of acidity of the stomach ascribed to tart, and perhaps unripe fruits of several kinds, and one especially from Professor Hodge, to apples; he also attended a case with DR. RHEA BARTON, which yielded immediately to wheaten mush and vinegar, largely and eagerly consumed.

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#### PAINS AND CRAMPS IN THE STOMACH AND DUODENUM.

UNDER this title BURNS has described an affection not very uncommon with pregnant females; it consists of a cramp-like

pain in the region of the stomach and duodenum, occasioning considerable suffering; it may be caused by errors in diet, cold, or by mental emotion, and in some few cases it would appear to be connected with the passage of a gall-stone, and may then give rise to jaundice. Occasionally it is a less simple affection, being complicated with congestion to the head, threatening convulsions, and attended with tenderness of some portion of the spine. (CHURCHILL.)

Pain in the stomach, or *Gastrodynia*, though generally speaking more transient, is far more severe in its symptoms, and is commonly termed spasm or cramp of the stomach. It is often sudden in its access, and its exciting cause may frequently be traced to some irregularity of diet; the action of cold will also induce it. There are violent neuralgic pains darting through from the breast-bone to the back and shoulders, and not generally confined to the stomach; there is great distension of the stomach and flatulence, and the patient is very restless and anxious. It generally passes off speedily under proper treatment, but occasionally it is somewhat obstinate, and the attacks are particularly apt to be renewed; the severity of the suffering is so great that it requires speedy and energetic treatment.

#### CONSTIPATION.\*

NOTHING is more common, than for pregnancy to change altogether the habit of the bowels; in cases where, previously they were quite regular, or even relaxed, they often become so constipated as to require constant care and attention. The degree, to which the constipation may be carried, varies much; in ordinary cases three or four days intervene between each evacuation; but if the patient be careless about herself, one, two or three weeks, or even months may elapse. This state does not always require that very active treatment, which some physicians consider necessary; the experienced DENMAN says, he was formerly much more assiduous in preventing costiveness than at the present time, having observed, that all women who go on properly, especially in the early part of pregnancy, are liable to this state of the bowels, which may have some relation to the increased action of the womb at that time. Costiveness, may therefore, he assumes, be considered as a state of the bowels

corresponding to the increased action of the womb, and will often not prove injurious, as it is a common consequence, and almost necessary result of pregnancy.

Still it is not at all safe to allow it to proceed to the extent which some careless women and prejudiced physicians have fallen into the habit of doing. The most frequent consequences of obstinate constipation are, continued headache, anxiety, giddiness, sleeplessness, distressing dreams, vomiting, displacement of the womb, swellings of the veins of the legs, tedious labor, painful, irregular and inefficient pains, obstruction to the passage of the child, and great danger of child-bed fever subsequent to delivery. It also commonly induces general uneasiness, nervous and febrile excitement, loss of appetite, restless nights and erratic pains in the bowels, while abortion may be brought on by the severe efforts and straining required to relieve a loaded bowel of its hardened contents. DENMAN says, that there is reason to believe, that this complaint is often overlooked in practice, for it sometimes happens that the mass of indurated and impacted fæces may be enormous, although a small quantity in a liquid state may escape through the free spaces left by them, so that no suspicion of the real state of the case may enter the mind of the woman, or her doctor, unless particular inquiries be made, and the stools be inspected.

By inattention to the state of the bowels some women get themselves into very unpleasant and awkward predicaments; I once attended a newly married lady, who had been over two weeks without any relief from the bowels, till finally the rectum and colon became so loaded, that the womb was pushed downwards, and the vagina so much compressed, that the usual social intercourse of married people was entirely out of the question, and both husband and wife came to the conclusion, that some congenital malformation existed. A few doses of Castor oil, aided by copious emollient injections soon removed all obstacles. CAPURON met with cases where the fæcal matters were so hardened by their long retention in the bowels, that they had to be extracted by the fingers and by instruments. CAMPBELL had a case in which the bowels were so overloaded, that after the birth of the child, the attendant thought the woman had another child to bear; the rectum was found distended to the size of a

quart bottle, and the woman died of inflammation of the bowels; fourteen pints of fæcal matter were removed after death from the small bowels, after the colon and rectum had been relieved during life. CHURCHILL once attended a labor, in which the hollow of the sacrum was nearly filled up with a hard mass, giving to the finger the sensation of a large growth upon the bone; but a more careful examination proved it to be the lower bowel filled up with hardened fæces; great difficulty was experienced in emptying the bowels, and not until then did labor progress favorably. ASHWELL has known very serious delay during the act of parturition to arise from this cause, and has more than once been obliged to empty the rectum mechanically before the head of the child could be propelled into the world.

Hæmorrhoids, or piles are also a frequent consequence of the obstruction offered to the return of blood by this local pressure.

ANDERSON places much stress upon the frequency of occurrence of *rhagades*, or fissures about the anus, combined with spasmodic constriction of the sphincter ani muscle, caused by constipation. Although it occurs in both sexes it is always more common in females than males, owing to the greater neglect with which they treat their bowels, and it is still more common in pregnant females, as constipation is a powerful predisposing cause. It commences insidiously with an irritable itching and burning, and pain confined to one point of the circumference of the anus; the movement of the bowels is attended with excessive pain, which persists for some time afterwards; the sphincter, or closing-muscle of the anus is spasmodically contracted; and the most excruciating pain is experienced on introducing the finger, or a bougie. All these symptoms not only persist obstinately, but increase; the pain becomes more and more severe, lasts longer, and occurs at other times besides during the act of defecation; the contraction of the sphincter becomes more powerful, until finally it is almost impossible to force anything through it; and the patient shrinks from the pain of having her bowels moved; finally, the general health begins to fail, and her life is rendered wretched by such severity of suffering. The fissures are readily discovered on examination.

*Causes.*—The constipation of pregnant women is generally referred to the effect of the pressure of the enlarged womb upon

the bowels ; but frequently it is owing to torpor of the bowels, induced by the preponderating current of nervous and vascular energy towards the womb. IMBERT doubts very much whether this compression, which is so much thought about, exists in ordinary cases, for while the womb is seated in the pelvis it is not large enough to compress, much less obliterate the rectum ; and when it rises above the cavity of the pelvis, the bowels are behind the womb, and unless the walls of the belly are unusually rigid, they cannot be compressed so as to obliterate their canal. Still, SIEBOLD has mentioned a mode in which the womb exerts pressure on the bowels, which has not been alluded to by other authors, viz, where the vertex, or top of the head of the child, is directed towards one or the other hip, or sacro-iliac synchondrosis, i. e. in the 3th or 4th position of NÆGELE.

Other causes are : the sedentary and indolent habits of many women ; cramps of the bowels, arising from increased irritability, and thus retaining the fæces spasmodically ; deficiency of bile, caused by frequent and copious vomitings of that fluid.

*Treatment.*—CROSERIO with characteristic simplicity, thinks that constipation may be generally remedied by a proper diet, by increasing the proportion of vegetables and fruits, or adding the use of a glass of pure fresh water after rising in the morning, and by proper exercise. In those numerous cases in which these means do not suffice, he advises the use of a homœopathic injection of three ounces of water, for the purpose of relieving the rectum of a few small scybalæ, and leaving the rest of the bowels loaded. Still, he and TICKNOR place much stress upon the habit of giving nature a chance to perform her office, by regular attendance every morning at the temple of cloacina, whether they experience an urgent call to do so, or not.

When constipation has been allowed to proceed so far as to produce heat in the lower part of the stomach, weight and pressure upon the lower bowel, CROSERIO advises the decidedly inadequate means of giving *Nux-vom.* 30th dilution, in the evening, and awaiting its action four or five days ; if the effect is not then produced he recommends the use of *Sulphur* 30th, one dose every evening for fifteen days more ; and finally in the most rebellious constipation, *Bryonia* 30th dilution, in a glass full of water, a spoonful to be given every two hours, commencing

in the morning, until the effect is experienced; in many cases this will probably require fifteen days more. PULTE recommends the alternate use of *Nux*, *Opium* and *Platina*, one dose of six globules, every three or four hours; until an evacuation is produced; but if many days elapse, or the evacuation be insufficient, he shrewdly observes that a full injection of cold water will probably aid the effect of the medicine. *Bryonia* and *Ignatia* are recommended if the bowels feel painful, and irritation or inflammation is about to set in from procrastinating and insufficient treatment; while *Lycopod.* and *Sulphur* may be tried, if the constipation has already lasted a long time, notwithstanding the above treatment.

*Nux-vomica* is the remedy most frequently used by homœopaths against constipation, even old school physicians are beginning to use it, claiming it however as an antipathic remedy, on account of its tonic action upon the muscles and motor nerves, thus giving tone and vigor to the muscular coat of the stomach and bowels, and necessarily in creating peristaltic action, while it directs again towards the bowels some portion of that nervous energy, which has been drawn in preponderating proportion towards the impregnated womb. BONET says that he has used *Nux-vomica* alone with but slight effect, but has ascertained that an aperient scarcely able by itself to produce a single evacuation, caused active purgation when combined, or alternated with *Nux*; and thinks that it possesses not only the power of stimulating the muscular fibres of the bowels, but also the property of increasing the activity of medicines that affect the secretions; thus, when added to a single grain of *Mercurius*, it will cause two or three bilious motions; and when combined with a fraction of a grain of *Aloes* or *Rhubarb*, it will cause one, or perhaps two full evacuations. He has used *Nux-vomica* as above, for months together and not only experienced no bad consequences, but found the disposition to costiveness materially lessened, while daily relief has been produced during the whole time.

*Alumina* is another homœopathic remedy against habitual constipation, which old school physicians are beginning to use. ALDRIDGE says it will allay colic, cause alvine evacuations, and promote the secretion of urine, when almost all other remedies

fail. PEREIRA says that *Alum* has proved more successful against lead-colic and constipation than any other agent or class of remedies; it allays vomiting, abates flatulence, mitigates pain, opens the bowels more certainly than any other remedy, and frequently succeeds in these desirable results, when other powerful drugs have failed.

I have frequently used *Plumbum-aceticum*  $\frac{1}{100}$ th, or  $\frac{1}{1000}$ th, with very marked benefit; a dose given once or twice a day for a few days, and then every one, two, four or more days will often overcome the most obstinate and chronic constipation, and the bowels will continue to perform their functions regularly for months without further aid from medicine. But some little adroitness and astuteness is requisite to enable the physician to use this and similar remedies successfully; for constipation may arise from an irritable and spasmodic state of the colon, and a superficial homœopathist may be led to give *Opium*, when he should give *Nux* or *Ignatia*; or it may arise from unusual sluggishness of the muscular coat, or from a sub-paralytic state of the muscular fibres and motar nerves of the bowels, and the routinist will probably give *Nux*, in place of giving *Opium* or *Plumbum*; or it may be caused by, or be connected with a deficient secretion of bile and intestinal fluids, causing a dry state of the bowels, and the mere symptomatologist will be as apt to give the antipathic remedies *Bryonia*, *Mercurius* and *Sulphur*, as the homœopathic remedies, *Calcarea*, *Alumina*, *Plumbum*, or *Opium*.

According to HEMPEL'S complete Repertory, *Ferrum-aceticum* is indicated when there is constipation, with piles, and painful pressure while at stool. *Ferrum* and *Plumbum* are both homœopathic to constipation from great dryness of the bowels, but *Ferrum* is homœopathic to the constipation of ruddy and plethoric persons, while *Plumbum* is homœopathic to that of pale, anæmic, chlorotic, and feeble persons with weak backs, and half paralyzed legs.

*Kali-bichrom.*, is indicated in periodical or habitual constipation, when there is pain across the loins, foul tongue, headache and cold extremities.

*Capsicum* when the constipation proceeds from a heated state of the abdomen.

*Moschus* is homœopathic to that singular form of constipation

which is induced or increased every time one takes Coffee ; this article generally exerting or stimulating a laxative effect upon the bowels.

*Veratrum*, when constipation is caused by an excessive flow of urine, which diverts the fluids from the bowels.

*Belladonna*, *China* and *Phosphor* are indicated when there is constipation, with heat in the head, great distension of the abdomen, pressure in the pit of the stomach and dizziness.

*Zincum-sulph.*, has been used very successfully by Dr. GEO. STRONG ; he gives a dose four or five times a day, for one or two days, and then omits the medicine for one or several weeks ; three weeks is the shortest period of time within which he has known flatulence and costiveness to return after their disappearance under the use of the *Zinc*. The medicine operates a little singularly ; at first there is an increase of flatulence upwards and downwards, but in a day or two the patient who may have been so bloated after meals as to be obliged to loosen his waist-band, finds himself less bloated, and his wind better for walking, or going up-stairs ; soon regular, large, but rarely loose evacuations make their appearance, preceded by a peculiar sensation in the belly, not amounting to griping ; occasionally a tingling like the pricking of pins and needles is felt over the body, and even along the limbs, from a vivifying action upon the nerves.

The *Fel-Bovinum-inspissatum* is a most invaluable, natural and non-medicinal palliative remedy against morbid irritability of the stomach, when accompanied by vomiting soon after meals ; in acidity of the stomach, with acid and curdled vomitings, gripings and restlessness ; and especially against the most obstinate constipation. It prevents milk and other food from turning sour, and immediately dissolves milk again, when it has already coagulated ; and is the most rapid solvent of hardened fæces that has yet been discovered ; it will soon produce copious motions from the bowels, without the least sickness, or slightest sensation of pain, or even the common feelings of uneasiness or commotion in the bowels. Its efficacy is much increased by giving it in alternation, or combination with *Nux-vomica*. It is peculiarly serviceable in obstinate constipation of seven, ten or fourteen days' standing ; in which a few grains of it will produce

as much effect as ten or twelve ounces of Castor oil, or from twenty to thirty common purgative pills. Finally, in those very troublesome and serious cases where an immense mass of hardened fæces has become indurated and impacted in the rectum, so that it cannot be moved off by any exertion of the patient, without intense suffering, and which is entirely rebellious to all ordinary injections, so that it generally has been obliged to be dug out with a spoon, a small injection of three or four ounces of ox-gall and water will soon solve and expel the hardened masses pleasantly and effectually.

According to DR. MADDEN (see Brit. Journ. of Hom., Vol. 7, p. 310) the rival systems of Homœopathy and Allopathy stand exactly opposed to each other in the treatment of constipation; thus, while Homœopathy abounds in direct means for ultimately curing constipation, it possesses but few resources for palliation; Allopathy has a countless array of remedies which temporarily remove the difficulty, but scarcely one direct mode of effecting a permanent cure. It is beyond doubt true in the abstract, that laxatives and cathartics ultimately tend to increase the evil which they are given to remove, and that homœopathic remedies which act slowly but directly in restoring natural function, have no such counterbalancing defect. Arguing from these abstract facts, many physicians have uniformly condemned cathartics, and extolled the value of homœopathic remedies; but it not unfrequently happens, that the benefit gained by an immediate unloading of the bowels more than compensates for the subsequent increased tendency to constipation; which in fact may be entirely prevented by using homœopathic remedies in alternation or combination with the aperient. MADDEN is convinced, that it not unfrequently happens that a judicious aperient will at once remove a state of things, which if treated otherwise, would entail an illness requiring several days to overcome. There is much unreasonable prejudice among homœopathic practitioners upon this point; they will unhesitatingly condemn the use of the mildest medicinal aperient, and yet will order their patients to eat prunes, figs, roasted apples, green vegetables, brown bread, &c., in hopes of producing the same result. Now, where is the difference? a dose of Castor oil, for example, produces an increased action of the bowels, in virtue of its being an indiges-

tible oil, which passes through the whole intestinal tube, almost unchanged, and perhaps exerts a slightly irritating effect upon the mucous membrane, whereas the aliments above named produce the same results in virtue of their having either a large indigestible residuum which irritates by its presence, as is the case with green vegetables and brown bread, or by their containing vegetable acids which directly and specifically irritate the mucous membrane, as is the case with the sub-acid fruits. The result, therefore, is the same in both cases, but in the latter is accompanied with conditions, which render it highly unsuitable in many important cases. It is, however, always objected by the rigid followers of HAHNEMANN, that the one great point to be borne in mind, is that all laxative drugs interfere with the action of our remedies, and hence must be eschewed, however useful they might otherwise be considered; but I (MADDEN) trust, I shall be enabled to prove, that both practically and theoretically this interference has been greatly over-rated.

Again, in deciding upon the most suitable treatment for constipation, we must remember that the natural functions of the bowels depend upon various circumstances, all of which must be in operation ere the natural action can be performed. For example, appropriate diet and regular exercise are essential in most instances to produce the desired effect; in spite of this, we often hear of homœopathists refusing any additional aid to patients in whom the confined state of the bowels depends solely upon the absence of these conditions; *e. g.* a person naturally inclined to costiveness, but who by dint of a careful diet and regular exercise has maintained his health, meets with an accident, (breaks his leg, for instance, and hence is confined to bed) and the sudden cessation of his accustomed exercise, checks all tendency to natural action of the bowels, and it frequently happens that the best-selected homœopathic remedies will produce no result. What then is to be done? A rigid homœopathist will answer, wait patiently and be guided by the symptoms, and no matter how long time shall elapse without a movement of the bowels, you need not interfere till there is distinct evidence of constipation producing injurious results. In this way, I, (MADDEN) have heard of six weeks being allowed to elapse without any effort to relieve the patient, and when interference was at

length imperative, the poor patient had to be delivered of his load, by having it scooped out. Is this justifiable? We may no doubt be told, that cases of nearly as long lasting constipation, have frequently occurred which were not followed by any evil results; but this surely does not warrant our voluntarily permitting a patient to remain in such a condition; for to do this, the advocates of the let-alone system, must be able to prove that it never does harm, which is quite out of their power. The real question to be answered is this: Do mild aperients do any harm in cases such as above described? all experience proves that they do not, and hence, I, (MADDEN,) believe it to be our duty to resort to them as soon as any necessity for interference exists, provided the homœopathic remedies, fail in producing the desired result. I believe it, as a rule, much safer to secure an action of the bowels, at least every two, three, or four days, even at the expense of administering some mild aperient, than to allow the patient to continue so long in a condition which may at any time become fraught with danger, and which at all times produces much anxiety of mind, in himself and those around him.

There are many other conditions of occasional occurrence, in which homœopathic remedies will fail to relieve constipation, such as some cases of pregnancy, of congestion of the abdominal veins, of retro-flexion of the womb, and other cases where the cause of the constipation is somewhat mechanical. I, (MADDEN) have met with so many evils resulting from the neglect of the proper regulation of the bowels, by rigid homœopathic practitioners, that I cannot avoid directing very especial attention to this point. About a year ago I was consulted by a lady who had been long an invalid, and had latterly been treated according to our system; her attendant, however, was among the most rigid adherents to all the dogmas of our great master, and accordingly allowed no other means, besides an occasional lavement, to be employed to overcome the great tendency to constipation under which she labored. By degrees the enema lost its effect, and she was then directed to increase the quantity and the frequency of its employment; a number of pelvic symptoms which at this time manifested themselves were attributed by her physician to uterine congestion. When I,

(MADDEN) first saw her, she was exceedingly weak, complained of constant dragging pains in the back, which prevented her taking almost any exercise, and the bowels never showed any symptoms of acting, unless she took two or three enemas of a quart each. The lady herself had often thought that the lower bowel was greatly distended; but her physician assured her that her sufferings were uterine; on examination the rectum was enormously distended, extending entirely across the posterior wall of the pelvis, and being fully three times its natural diameter. MADDEN.

I, (PETERS) have witnessed several similar cases; one old lady, between 70 and 80 years of age, had been allowed to go several weeks without any movement from the bowels; finally her sufferings became so severe, that she felt compelled to take an anodyne, for which she was severely reprimanded by her strict homœopathic attendant; but many days after she was obliged to resort to the same means in order to obtain a little sleep and cessation of suffering, and the physician immediately abandoned her. When I first saw her she had fever, dryness of the tongue and mouth, great tenderness of the abdomen to touch, and almost agonizing pains in the bowels, most severe at night; the abdomen was so much distended, hard and knotted, that my first impression was, that she had a number of hard malignant tumors of the liver, and mesentery; but equal quantities of Aloes and Hyosciamus, aided by laxative injections, brought away almost fabulous quantities of fæces, followed by complete relief and rapid recovery, so that I was only obliged to visit her three times in consultation.

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#### DIARRHŒA.

THIS often depends simply upon the nervous irritation induced by pregnancy; at other times it may arise from cold, to which pregnant females are very subject, owing to defect of dress; or from disease of the mucous membrane of the bowels. It sometimes follows conception so closely, that the patient has her attention first drawn by it to her situation, and it may return regularly every month, as though it were vicarious of the menses. CHURCHILL gives the case of a lady who was always seized immediately after conception by diarrhœa, which returned with unfailling regularity every month during the

whole of her pregnancy, and was often accompanied on its return by violent pains in the stomach. The occurrence of this periodical diarrhœa, was always considered by the lady herself as an indubitable sign of pregnancy; it continued for seven or eight days each month, and on each day she had from fourteen to twenty-five copious discharges, and yet enjoyed a moderately good state of health and spirits. Although we have seen that constipation is most common during pregnancy, yet examples of diarrhœa are very numerous; in fact, however, many of these attacks are caused by previous constipation, and alternate with it; or both diarrhœa and constipation may coexist, for we occasionally find fluid stools discharged while hard fœcal matter is accumulating largely in the bowels. ANDERSON places great stress upon this point, and emphatically urges, that it must not be forgotten that diarrhœa frequently depends upon the presence of extreme constipation; the bowels having been neglected, their mucous membrane becomes irritated by the hardened fœces, over which the watery discharge passes, the indurated masses being unable to come away on account of their size and solidity. In such cases it becomes necessary to break down the scybala by means of injections, or still more mechanical means, such as a spoon, gouge or other instrument.

In the severe cases in which there are inflammation and ulceration of the mucous membrane, the pain is great, often with a sense of internal burning, the pulse is quickened, the tongue dry, skin hot, with much thirst, the appetite is diminished, and vomiting occasionally occurs; these cases are apt to prove fatal, or cause abortion, about the third month.

#### PULSATILLA,

Is recommended, if the stools are slimy, greenish and watery, preceded by colicky pains, the mouth being clammy and bitter, without thirst, especially if the patient has chills, and the evacuations occur principally at night.

Dose.—The 12th dilution has been used most frequently, according to Rueckert.

#### SECALE,

Is also suitable against diarrhœa, when connected with derangement of the uterine organs and suppression of the menses,

especially when the passages are slimy and mucous, and the patient's tongue is coated with mucus, with a pasty taste in the mouth, and much rumbling in the bowels.

Dose.—The tincture in water; the 1st trituration; and the 3d and 30th dilutions have all been used successfully.

#### PHOSPHORUS, AND PHOSPHORIC ACID

Are still more important remedies, when the diarrhœa of pregnant females proves obstinate and chronic, when the passages are painless and half liquid, occasioning general nervous weakness, with some or great emaciation, and progressive undermining of the health.

Dose.—Phosphor. 30 was used successfully in four cases; the tincture in several. Phosphoric acid undiluted, in large and frequent doses, and the 1st to the 9th dilutions have effected cures.

#### DULCAMARA,

Is indicated when the diarrhœa is caused by taking cold, the passages being greenish or yellowish in color, more or less mucous and acid, being preceded by colic and followed by debility, and generally taking place in the evening.

Dose.—The extract, tincture, 1st, 21st and 30th dilutions have been used successfully.

#### BRYONIA,

Is recommended when the evacuations are almost involuntary, have a fetid smell and brown color, with much flatulence, especially if caused by taking cold and attended with cough, pain in the side, or rheumatic pains in various parts of the body.

Dose.—The 5th dilution has been used most frequently.

#### RHUS;

When the passages only occur after midnight.

Dose.—The 1st and other dilutions.

#### CHINA,

Has proved useful when the passages contain undigested food, and take place soon after a meal, or at night.

Dose.—The tincture, and 12th dilution have been given with success.

#### ARSENICUM AND SULPHUR

Are often useful in intractable and chronic cases.

Dose.—Ars. has been given in doses of  $\frac{1}{30}$ th of a grain; and in the 6th, and 30th dilutions.

## JAUNDICE AND LIVER SPOTS.

SOME females acquire a dark, almost yellow color of skin during pregnancy, which must be carefully distinguished from jaundice. Others are often subject to yellow or dingy stains, which occur in patches over the face, or on the forehead, or cheeks.

*Treatment.*—Sepia, Sulphur, Lycopodium, Phosphor and Arsenicum are the principal remedies.

True jaundice may occur either in the early, or in the later months of pregnancy; in the former case it is probably owing to that sympathy which all the digestive organs have with the impregnated womb; or it may be connected with congestive enlargement of the liver, which continues during pregnancy and terminates with it; or it may arise from inflammation of the liver, occurring accidentally, from cold or mental emotions, such as chagrin.

*Symptoms.*—In most cases it will be found that the patient has been suffering from a disordered state of the stomach and bowels previously; it often happens that irritation or inflammation of the pyloric orifice of the stomach, and of the duodenum is propagated along the biliary ducts to the liver, and then jaundice is apt to set in after a fit of vomiting, accompanied with tension and weight about the pit of the stomach and region of the liver;—the dyspeptic symptoms are apt to increase after the appearance of the jaundice. In many of these cases the liver will be found enlarged and projecting for one or several inches below the edge of the ribs.

When inflammation of the liver is present, there will be shiverings and flushings, cough, loss of appetite, pain in the right side, with quickness of the pulse, high colored urine and torpid bowels.

When jaundice occurs during the latter months of pregnancy it generally arises from the pressure of the enlarged womb upon the gall duct.

*Treatment.*—The more simple forms are easily removed by a few doses of Mercurius and Chamomilla, in alternation, every two, four, six or eight hours; more obstinate and torpid cases require Sulphur and Nux in alternation every night and morning.

When there is irritation and inflammation of the duodenum, Colchicum is the most homœopathic remedy. When there is congestive enlargement of the liver, Mercurius, Sabina and Aloes are the principal remedies; when the liver is decidedly enlarged, the physician may be rendered anxious about the case, but it is well known, that jaundice and decided enlargement of the liver will often subside spontaneously a few days after delivery. When there is well marked inflammation of the liver, the region of that organ may be freely bathed with the tincture of the root of Aconite, every two, four or six hours according to the severity of the pain, fever and other symptoms, while Aconite, Bellad. and Mercurius should be used internally; in chronic and obstinate inflammation of the liver, Phosphorus is the most homœopathic remedy, although Sulphur and Cuprum may be required in alternation.

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#### HÆMORRHOIDS, OR PILES.

FEW women bear children without becoming in some degree affected with piles. *External* piles rarely give rise to bleeding to any great extent, while *internal* piles are very apt to bleed profusely. Both varieties are apt to become inflamed, and the inflammation may go on to suppuration; when the matter is discharged the abscess may close, and the pile or dilated vein may become obliterated; occasionally the opening remains fistulous, or ulceration of the inner surface of the pile may occur, attended with rather severe and burning pain, lasting for an hour or two after a movement of the bowels, and the sitting posture is often very painful; but the suffering is not nearly so great as that occasioned by an irritable ulcer of the rectum. The patient is also apt to suffer severely at times from the protrusion of the piles, not only after stool, but in a lax state of the sphincters the piles may come down, even when the patient stands or walks about, so as to prove exceedingly troublesome, and interfere with walking exercise. The irritation of piles frequently extends to the urinary organs, the patient being occasionally troubled with a frequent desire to pass water, and even with difficulty in voiding it, from spasm of the membranous portion of the urethra. Although piles in pregnant females are generally caused or

aggravated by the pressure of the enlarged womb upon the vessels of the lower bowel, still many females frequently suffer no great inconvenience from them, until irritated by an unusually costive motion, or by the occurrence of an acrid diarrhœa, or from feverish excitement, when the pile becomes congested and inflamed, and then they have what is termed "an attack of the piles,"—that is to say, they suddenly experience a sensation of heat, weight and fulness just within the rectum, followed by considerable pain at stool, and sometimes by irritation about the bladder. These symptoms, which are often attended with fever, arise from inflammation and swelling of the piles.

When internal piles of some size protrude, they are liable to be constricted and strangulated by the external sphincter; the contracted muscle impedes the return of blood, and occasions inflammatory swelling of the piles, until at length they become strangulated and mortify; an occurrence of this kind is attended with a good deal of pain and suffering, but is generally free from danger.

One of the most common symptoms of *internal* piles is the bleeding, which occurs when the bowels are evacuated. The bleeding varies greatly in amount; sometimes there are only a few drops of blood; in other instances several ounces may be voided. The bleeding may also be irregular, occurring only after costive motions, or in certain states of the health; or it may take place daily, producing the usual symptoms of derangement from continued losses of blood; the complexion may become blanched, and the lips appear waxy; the patient may lose flesh and strength, have a quick and small pulse, suffer from throbbing in the temples, palpitations and difficulty of breathing on making the slightest exertion, and at length finds her legs and feet swollen from œdema. The bleeding may be venous, or arterial in character; it often unloads the congested and inflamed vessels, and affords the patient much relief; but the bleeding which most commonly occurs from *internal* piles is undoubtedly arterial, taking place from arteries enlarged by the disease. An artery of some size in the sub-mucous tissue may be exposed by ulceration, and continue for some time to pour out blood, weakening the patient, and giving rise to the symptoms above described. On examination the surgeon may discover a red,

fungous looking mass, from which the bleeding is seen to proceed, and sometimes a small artery may be observed pumping out blood; the blood then has a bright red color, and it is quite a mistaken notion, that bleeding of this character is good for the health of the patient.—(CURLING).

Attacks of piles are most common about the middle, and end of pregnancy, but they may occur at any period. Some women are severely attacked with them immediately after delivery, owing probably to the pressure on, and forcing down of the bowel during labor.

*Treatment.*—In cases of internal piles, half a pint of cold water thrown into the bowel in the morning, after breakfast, has a very beneficial effect on the piles by constringing the blood vessels, and softening the motions before the usual evacuations. CURLING says, that the relief afforded by this simple treatment, combined with care in the living, is often remarkable; persons who have suffered more or less from piles for years have assured him, that they have been quite free from all annoyance since they have regularly used the cold water lavement. Those who suffer with severe pain for one or several hours after each movement of the bowels, should either lie down for some time after stool, or else change their habit of evacuation to the night, just before bed time, so that they may have entire rest in the recumbent posture.

In many cases there is a slimy discharge and an evidently unhealthy state of the mucous surface of the piles; *Pulsatilla* may be given when there are discharges of blood and mucus, with pains in the back, tendency to diarrhœa and difficulty of urination. *Capsicum*, when there is great irritability of the gastric and intestinal mucous membrane, with burning heat and itching at the anus, with pain and heat during urination. *Copaiba* and *Cubebs*, when there is a profuse discharge of pus, or muco-pus from the bowel. Although *Capsicum*, or *red-pepper* is most relied upon by homœopaths, yet in the old school the confection of *black pepper*, better known as *Ward's paste*, has long been in great repute as a remedy for piles, and CURLING says, there can be no doubt, that it exerts a beneficial influence upon the complaint; this preparation is supposed to pass through the alimentary canal but little altered, and on reaching the rectum

to act directly upon the piles as a stimulating application; the *Cubebs pepper* taken internally seems to relieve piles much in the same way as the confection of black pepper.—(CURLING). In cases where there is much irritation about the mucous membrane of the rectum, great relief may be obtained from the *Balsam of Copaiba*.

When there is much inflammatory irritation with or without discharge of blood, *Aconite* is the most appropriate remedy. *Belladonna* and *Stramonium* are regarded as peculiarly suited for females, when there is hæmorrhoidal constipation from congestion, swelling, or inflammatory irritation of the piles, attended with violent pains in the small of the back, discharge of blood for several days, urgent tenesmus and spasmodic contraction of the anus, with constant pressure and bearing down of the bowel.

*Nux* and *Ignatia* are most homœopathic when there is much spasmodic irritation of the lower bowel; they are admirable palliatives, when there is a lax state of the sphincters, allowing the piles to protrude when the patient stands or walks. *Ignatia* is most indicated, when the stools are soft; *Nux*, when they are hard and constipated; while *Sulphur* is the most important remedy where there is alternate constipation and diarrhœa.

When there is profuse bleeding from the piles, *Sabina*, *Millefolium* and *Aloes* are the most important remedies.

Where there is ulceration of the rectum, *Arsenicum*, *Acid-nitric* and *Acid-muriat.* are the most useful remedies.

In the majority of cases, the alternation of *Nux* and *Sulphur*, one dose every evening, will soon produce a most marked alleviation of all hæmorrhoidal sufferings; if the constipation be very obstinate, *Ignatia* and *Opium* should be given in alternation every two or three hours until relief is obtained. But I regard *Aloes* as by far the most homœopathic and useful remedy; it may be given in alternation with *Ferrum*, if the loss of blood has already been very great, and a certain amount of Anæmia has been produced. TILT says, that he has never seen piles produced by the frequent use of *Aloes*, but he has often seen them relieved by it, and his experience is corroborated by that of GIACOMINI, AVICENNA, STAHL and CULLEN.

*Sulphur* and *Aloes* in alternation are almost specific against

piles, when attended with marked bilious derangement, or torpor of the liver.

*Calcarea* and *Sulphur* have been given successfully against the consequences of suppression of piles, such as continual vertigo, even when so severe, that the patient is apt to fall down unconscious; congestion of blood to the head, constant aching in the back of the head, palpitation of the heart, great excitability of the whole vascular system, pulsations throughout the whole body, violent, oppressive, stupefying headache, and weakness of memory, with anguish and oppression of the chest from slight physical exertions or moral emotions.

Doses.—*Nux* has been used successfully in repeated doses of the tincture; also in the 3d and 30th dilutions. *Sulphur* has been most useful when given in the tincture, or 1st trituration, or in doses of  $\frac{1}{20}$  of a grain. *Muriatic acid*, in the 1st dilution; *Nitric acid*, in the 5th potency; *Arsenicum*, in the 30th dilution; *Aconite* and *Belladonna* in the tincture, or 1st, or 3d dilution.

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#### INCONTINENCE OF URINE.

THIS inconvenience has already been alluded to, (see page 470). During the early months of pregnancy it generally arises from irritability of the neck of the bladder, or of the entire organ, in consequence of its sympathy with the womb. The patient is tormented with a constant and painful desire to make water; and often, if this desire be not instantly gratified, it is discharged involuntarily. The irritation is sometimes extended to the vulva, and is greatly aggravated by the passage of the urine; the patient may suffer intensely, especially in the night, from scalding, itching and pain of the external genital parts.

It may also arise from pressure of the womb upon the neck of the bladder, giving rise to a partial and temporary paralysis of it. At a later period of gestation, the incontinence is owing to the pressure of the enlarged womb upon the base and body of the bladder, diminishing its capacity, and hence rendering the calls to urinate frequent, be they voluntary or involuntary. This pressure may cause a tedious paralysis of the bladder, so that it may be some time after delivery before its functions are perfectly restored. The incontinence will be much increased, if the pa-

tient has a cough, as each paroxysm will be apt to let the urine escape.

In some cases the condition of the patient is very distressing ; the constant discharge of urine excoriates the vulva more or less, and the upper part of the thighs, so that the patient cannot move without pain, and the urinous odor may be extremely offensive.

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#### RETENTION OF URINE.

THIS seems to be an opposite condition from incontinence, or inability to retain the urine, yet both are apt to arise from very similar causes. Irritation of the neck of the bladder may give rise to frequent evacuations of urine, or if it proceed to a greater degree, may cause spasmodic constriction, and consequent retention. Pressure upon the neck of the bladder may irritate, or completely compress and obliterate it ; pressure upon the body of the bladder may cause paralysis of this, and leave the neck either naturally, or spasmodically contracted. An attack of piles, or swelling of the urethra, may also cause retention of urine.

It is scarcely necessary to describe the symptoms of retention of urine, although a few words may be said about its consequences ; these are : difficulty, or inability to evacuate the bladder ; great distention of the bladder, so that it presses back upon the womb, and may retrovert, or tilt it backwards ; if relief be not afforded, the pain and tension of the bladder may increase to agony, the abdomen become tender, and ultimately the bladder may burst, and the urine be effused into the cavity of the abdomen.

Should retention occur at the commencement of labor, the consequences may be very serious ; for the bladder may be forced down into the cavity of the hips by the descent of the child's head, and if it be not ruptured, which is very likely, the bladder will receive such a serious compression and contusion as will doubtless excite inflammation, sloughing and perforation subsequently, and all the horrible consequences of vesico-vaginal fistula.

*Treatment.*—*Nux vomica* is recommended both against re-

tention of urine from paralysis of the bladder, and against incontinence of urine from morbid irritation of the neck of the bladder, with frequent calls to urinate, with pain or urging, without any particular change in the character of the urine. The South Pole of the Magnet has also removed a kind of paralysis of the bladder. *Cicuta*, 3d dilution has cured paralysis of the bladder, with involuntary urination. *Conium* 30, has relieved a painful retention of urine. *Cannabis* has relieved obstinate retention of urine, when accompanied by obstinate constipation.

*Cannabis* has also relieved the most violent irritation of the bladder, with violent desire to urinate and discharge of a few drops only of bloody and acrid urine. *Cantharides* is homœopathic to a very similar state to the above; also *Capsicum*. *Staphisagria* also relieves painful micturition, when the urine is only passed drop by drop. *Rhus* has cured incontinence of urine, the urine being passed involuntarily unless the desire to pass it is satisfied immediately. *Pulsatilla*, Bellad., Cina, Magnes.-carb. and Antimon.-crud. also deserve attention in obstinate cases. *Dulcamara* is efficient against tenesmus of the bladder brought on, or aggravated by taking cold. *Sulphur* is said to have cured urinary fistula.

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#### SPASM OF THE URETERS.

PREGNANT females are occasionally subject to accessions of severe pain in the course of the ureters, leading up to the kidneys, and this CHURCHILL says, DR. BURNS attributes to spasm of the ureters, probably owing to pressure upon these canals as they pass into the cavity of the hips; the attack consists of severe and sometimes intermitting pain, with distressing strangury, which may cause abortion if not relieved. Change of position will sometimes relieve the pain by removing the pressure; if *Cannabis*, Pulsat. or *Cantharides* do not afford relief, Opium should be resorted to, as it is not only anodyne, but also homœopathic to irritation of the bladder and ureters, and to difficulty or retention of urine. *Camphor* is a useful palliative. These attacks may be mistaken for colic, and for congestion or irritation of the ovaries. (See page 470).

## ITCHING OF THE VULVA,

is not an uncommon accompaniment of pregnancy, owing probably to the increase of fluids in this part during gestation; at times it is owing to an aphthous or cankered condition of the mucus membrane of the vagina.

*Treatment.*—Sulphur, Sepia, Opium and Borax are the most important remedies.

## CEDEMA OF THE LABIA,

is rather rare during the early months of pregnancy; it is most common during the seventh, eighth and ninth months. In many cases it is the result of pressure on the veins by the enlarged womb, and is most common in those females who have such large hips that the womb can settle down into the pelvis. In another class of cases it appears as part of a general disposition to dropsy. It is attended with a sensation of fulness, with more or less stiffness of the parts, and difficulty or pain in moving. (See Dropsical affections).

MAURICEAU has described a variety in which there is always considerable itching. Aphthous inflammation may set in, and erysipelas may even occur. Still the whole affection generally disappears soon after delivery.

*Treatment.*—Arsenicum, Digitalis and Apis-mell. are the most important remedies.

WHITE-WEAKNESS,  
or VAGINAL LEUCORRŒA;

is an extremely frequent accompaniment of pregnancy, so much so, that few females entirely escape, although it is rare for it to produce serious effects. It is worse before the womb rises from the pelvis than subsequently, as it is frequently caused by the gravid womb producing irritation, and by the slow return of the blood from the vagina, owing to the pressure of the womb, coupled with the increased flow of blood to all the sexual parts, which takes place during pregnancy. The state of the patient's

constitution has also much to do with the frequency and severity of leucorrhœa during gestation.

When excessive it causes much debility and aggravates the aching in the back, of which pregnant women so often complain; but at the end of gestation it is said to render the labor more easy, by lubricating and relaxing the passages.

Frequently, the discharge is merely an excess of natural mucus, transparent, colorless and bland; occasionally it is thicker and yellowish and greenish, but rarely acrid; sometimes it is attended with acute inflammation.

*Treatment.*—*Bovista* is one of the most important remedies; *Sulphur* is said to cure many chronic cases; *Pulsatilla*, when the discharge is thick like cream, and causes itching and irritation; *Sepia*, if the discharge is yellowish, greenish, fetid or corrosive, and attended with bearing-down-pains. *Cocculus*, if it is reddish and attended with much colic and flatulency; *Calcarea*, when it is white and corrosive.

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## DISCHARGE OF WATERY FLUID FROM THE VAGINA.

### HYDRORRHŒA, OR FALSE WATERS.

PREGNANT females are occasionally attacked with a fluid discharge from the vagina, quite distinct from the leucorrhœa, which has been described. It may occur, once or several times during pregnancy, and continue for a week or two, or it may persist for several months.

These discharges are neither preceded or followed by any pains or contractions of the womb; their nature is such as to interfere but slightly with the pregnancy, the latter advancing as usual to its natural term, and at the time of delivery the true bag of waters is regularly formed.

Most generally the female enjoys her usual health before the discharge comes on, when she unexpectedly finds herself wet, the fluid escaping drop by drop, or else she hears the peculiar sound caused by the sudden discharge of a considerable quantity of waters. In most cases she suffers no pain either during or after the discharge, though slight uterine contractions may set in; but if the patient keeps perfectly quiet, the pains soon cease

and everything resumes its natural order again. The discharged waters are usually a little yellowish, very limpid, and at times tinged with blood, leaving stains upon the linen, and having a well marked spermatic odor. The discharge is much influenced and increased by mental emotions and bodily excitement; on the other hand it augments in quantity during the most perfect quietude, as for instance, at night during sleep. In one case, observed and treated by myself, the discharges only took place at night, during rest or sleep, and then often amounted to one or several pints.

CAZEAUX supposes, that the fluid is formed outside of the membranes, between the internal surface of the womb and some portion of the external surface of the membranes, which becomes detached; that is to say, the fluid is secreted from the internal surface of the womb, gradually detaches the membranes, thereby forming a pouch for itself, until its constantly increasing quantity succeeds in separating them as far as the neck of the womb; when a discharge of the fluid takes place. He thinks, that this is the only supposition, which will account for the frequency and abundancy of the discharges, without rendering the true waters less abundant than usual at the time of confinement, and without there being any marks of laceration of the membranes from careful examination after delivery.

*Treatment.*—Although this is generally not a serious affection, still it is a very annoying one. CHURCHILL thinks, that nothing can be done except to keep the patient dry, quiet and clean. Arsenicum and Digitalis deserve attention. I once relieved a case with Arsenicum in which there were sudden, frequent and profuse discharges of waters from the vagina.

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## EXCESS OF WATERS, WITHOUT DISCHARGE.

### DROPSY OF THE AMNION.

IN this affection the principal suffering is mechanical, from the pressure of the excessive quantity of Liquor amnii upon the neighboring parts. The womb is much larger than usual, and proportionably more weighty, rendering the patient very uncomfortable in the upright position and in walking; if the walls

of the abdomen be flaccid and weak, the womb may fall forwards, causing what has been called pendulous belly, and adding greatly to the distress. In most cases considerable inconvenience is felt from the increased pressure on the bladder, and upon the stomach and bowels. It would naturally be supposed, that the greater size of the womb and belly would more decidedly obstruct the various veins and blood-vessels of the legs, and cause them and the feet to swell more than usual; but this does not appear to be the case.

The patient's urine is generally scanty; and the infant is very apt. to be enfeebled or diseased, or even to die before delivery.

The great distention of the womb sometimes occasions delay in labor, from the too great stretching of the muscular structure of the uterus, and flooding afterwards, from a kind of paralysis from previous over-distention, which interferes with the due contraction of the womb.

*Treatment.*—The scanty secretion from the kidneys may be increased by the use of Arsenicum, Digitalis, Scillæ, Apis, or Apocynum. (See Dropsical affections).

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#### MENSTRUATION DURING PREGNANCY.

BLOODY discharges are not very uncommon during pregnancy—some females menstruate once or twice after conception; in others the discharge returns for four, five or six months, or even during the whole period of gestation. In a few very rare cases the menses appear for the first time during pregnancy, or only during gestation. Churchill thinks that there is not any risk of abortion or premature labor, but these cases should be carefully and anxiously distinguished from those of placental presentation.

CHURCHILL thinks, that they are cases of vicarious menstruation, and that it is neither more or less difficult to account for a monthly discharge of apparently menstrual fluid from the vaginal mucous membrane, than from the mucous membrane of the gums, eyes, ears, or from the surface of an ulcer. (See my Book on Disorders of Menstruation, p. 116). The discharge or secretion may also take place from the internal surface of a

portion of the womb, in the same way as suggested, when treating of False waters, or Watery discharges from the Vagina during Pregnancy, see page 538).

WHITEHEAD, however, gives a different and probably very satisfactory explanation; he says, all his patients had leucorrhœa in greater or less degree, accompanied by the train of sympathetic disturbances usually attendant upon these affections. This product communicated yellowish stains to the linen upon which it was deposited, and exhibited alkaline properties; evidences of a conclusive character as to its purulent character.

On examination with the speculum, inflammation or ulceration of one or both labia, or of the neck of the womb, complicated in some instances with warty excrescences growing from the neck, or from some part of the vaginal membrane, or inflammation of the vagina, &c., was met with in every case, without an exception. Fifteen cases were submitted to vaginal examination while the blood was flowing. In not one of these did any fluid whatever escape from the interior of the womb; the orifice being completely occupied at the time by a plug of transparent mucus. On removing the accumulated secretion by means of a piece of lint, the parts were immediately afterwards covered by a coating of blood, which was distinctly seen issuing from innumerable pores on every part of the diseased surfaces, and soon collected in sufficient quantities to trickle down into the speculum. WHITEHEAD thinks, that his experience is sufficiently ample to establish as a general rule, that the blood discharged in cases of alleged menstruation during pregnancy is not furnished by the lining membrane of the womb, or by any healthy secreting surface, but by the lower extremity of the womb, external to its cavity, or by the neighboring portions of the vagina, one or the other being in a state of ulceration or suppurative inflammation.

*Treatment.*—Arsenicum, Cantharides, Argentum-nitricum and Sabina, or Crocus, are the most important remedies, although Cocculus, Kali, Phosphor and Rhus have been used successfully. Where there is decided ulceration of the neck of the womb, weak injections of Nitrate of Silver, Bichromate of Potash, Nitrate of Mercury, or of Aurum-, or Stannum-muriaticum may be carefully used.

Mercurius, Nitric-acid, Thuja and Sepia deserve attention, also Kreosote and Sulph.-acid.

### UTERINE HÆMORRHAGE.

#### BLEEDING FROM THE WOMB.

THIS is an entirely different and much more serious affection than menstruation during pregnancy. It is almost always either a precursor of abortion, or else is a sign of placental presentation. This can only be decided by carefully watching the case, or by a vaginal examination. In the mean time, the patient should be put to bed immediately, and preserve the horizontal position not only until the complete cessation of the discharge, but until all danger of its return is past. Cold drinks and spare diet should be given; the body kept cool; the bed covering light, and the room moderate in temperature.

*Treatment.*—According to CROSERIO and LEADAM, if the bleeding should occur in consequence of a muscular effort to raise or carry anything, a violent exertion of the body, of a mis-step, or fall, or blow upon the stomach or back, Arnica should be given, either in the tincture or 3d dilution, and repeated every five, ten or fifteen minutes, according to the urgency of the case.

*Ipecac.* should be used if the flow of blood is copious, and comes in a continued stream, attended with pains at the navel, bearing down efforts, and pressure upon the womb, and lower bowel, with chills, or general coldness, but heat of the head and face, general lassitude and inclination to lie down.

*Dose.*—Either sufficient of the tincture or powder should be given produce slight nausea, or else the 3d or 6th dilution may be used every ten or fifteen minutes until relief ensues.

*Chamomilla* may be used, when nearly the same symptoms are present as those mentioned as indicating the use of *Ipecac.*; especially if the pains are like labor-pains.

*Platina*, when the blood is black and thick, but not coagulated or grumous; when there is a dragging sensation from the back to the groins, and the internal genitals are exceedingly sore and tender to the touch.

*China* and *Ferrum* may be given, when the profuseness of the discharge has caused great debility.

*Crocus*, when the blood is very black, clotted and viscid.

*Sabina*, when the discharge is bright and red, occurring in jets, followed by the expulsion of clots.

*Secale*, when the blood is black, tar-like and liquid, and the patient is feeble, and has trembling or cramps of the limbs.

*Belladonna*, *Hyosciamus*, or *Stramonium*, when there is great agitation, excessive vicacity, dimness of vision, some delirium, twitching of the tendons, headache, &c.

N.B. For further information see my book on *Disorders of Menstruation*, p. 36 to 72, and the Chapter on Abortion in the present work.

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#### RHEUMATISM OF THE WOMB.

THIS may arise from the general causes of rheumatism, such as exposure to cold and wet, inadequate clothing, constitutional tendency, &c.; but besides these, there is a peculiar susceptibility of the womb to the impression of cold under the attenuated integuments of the abdomen during the latter months of gestation; for the abdomen is only covered at that particular point by very light clothing, and the back, or sacro-lumbar region is often but imperfectly protected by the short jacket, worn by the patient.

*Symptoms.*—According to CAZEAUX this disease exhibits some well marked peculiarities, by which it can be easily recognized. The principal symptom is pain, or a distressing sensation, which involves the whole, or a part of the womb; its intensity varies from a simple feeling of heaviness to the most painful dragging sensation. When the rheumatism is seated at the top or base of the womb, the pain is particularly apt to be felt about the navel; it is increased by pressure, by the contraction of the walls of the belly, and sometimes even by the weight of the bed clothes; and in many cases the patient is unable to bear any movement whatever. If seated somewhat lower, she suffers from acute dragging sensations that run from the loins towards the lower part of the belly, thighs, external genital organs, and the back along the ligaments of the womb. Finally,

where the lower portion, or neck of the womb, participates in the affection, the seat of it can be detected by vaginal exploration, which, however, gives rise to the most acute sufferings. But, of all the causes which may aggravate these pains, there are none more distressing than the incessant movements of the child.

Like all rheumatic pains, those of the womb are wandering, and they occasionally pass rapidly from one part of the organ to another; often, indeed, they disappear at once, and pass off to some other part of the body.

They offer frequent and variable exacerbations in their duration and intensity, followed by remissions during which the patient only experiences a vague sensation of heaviness. The womb-pains are usually accompanied by pains in the lower bowel and bladder (recto-vaginal tenesmus), which are the more distressing, the more the rheumatism is located in the lower part of the womb. The patient is then tormented by a continual desire to empty her bladder; the discharge of urine is attended by a smarting sensation, and sometimes by acute suffering, while at others it is even wholly impossible; and in many cases the attempts to move the bowels are equally painful and ineffectual.

The attacks may be attended with chills, fever, extreme agitation and restlessness; towards the end of the paroxysms, a profuse perspiration generally breaks out, which seems to be the prelude of a decided improvement. Then the general and feverish symptoms become moderated together with the pain in the womb; but they reappear with the latter, after a variable period ranging from a few hours to several days.

*Influence of Rheumatism of the womb over the progress of Pregnancy.*—The paroxysms are apt to be followed by pains and contractions of the womb, and may bring on premature delivery. The patient feels some acute and tensive pains, but this feeling of tension is not uniform; for it increases to an extreme degree, and then becomes weaker. At first the womb becomes hard and contracted, the mouth of the womb may dilate, though its dilatation is at first slow and difficult; abortion is then imminent, but it is far from being so frequent as might be supposed; and when it does occur, it is most common when there is decided fever present. The mouth of the womb has been known to dilate to the extent of an inch in diameter, and then the bag

of waters, gradually retreated, the womb closed up again, and the abortion did not take place. Consequently, as long as the dilatation of the mouth of the womb does not amount to two inches, we may reasonably hope to prevent labor from setting in. These uterine rheumatic pains may simulate those of parturition, and thus lead the practitioner to suspect, that labor has regularly commenced, when in fact such is not the case. The character of the rheumatic pains will aid in preventing such an error. It is probably to some mistakes of this kind, that we must refer those pretended instances of prolonged gestation, as well as those cases, where the genuine travail of parturition was developed, and afterwards suspended during several weeks or months. The influence of this disease over the Labor, and the Puerperal functions will be treated of in a subsequent chapter.

*Treatment.*—The local application of the tincture of the Root of Aconite over the region of the womb is the most important part of the medical treatment. Aconite may also be used internally, or Bryonia, Pulsatilla, Colchicum, or Mercurius, according to the several and well known indications for the use of these remedies in rheumatic affections.

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#### INFLAMMATION OF THE WOMB.

THIS is much more frequent during pregnancy than in the unimpregnated state, though less so than after confinement. It very seldom attacks the whole of the womb, except in the early months; the more advanced the pregnancy, the more limited is the affection. It is generally seated in some portion of the body or fundus of the womb, often in that part to which the after-birth is attached; the muscular tissue is most frequently involved.

*Symptoms.*—The patient complains of a severe and constant pain or stitch in some part of the enlarged womb, limited generally to a small space; there is tenderness on pressure, increased by walking and by the movements of the child; the pain, unlike that of rheumatism of the womb, does not come on in paroxysms. The bladder and rectum may be sympathetically affected. There is a quick pulse, hot skin, thirst and vomiting.

It may terminate in resolution and the woman go to the full time and be safely delivered; it may terminate in effusion of lymph, firmly uniting the after-birth to the womb, requiring manual assistance to remove it after delivery; it may cause softening of a portion of the womb, followed by rupture during the period of labor; or an abscess may form.—CHURCHILL.

*Treatment.*—The frequent and free application of the tincture of the Root of Aconite over the region of the inflamed part, is all important.

*Nux-vomica* has proved a most efficient remedy in HARTMANN'S hands, when the fundus, neck, anterior or posterior surface of the womb was the seat of inflammation;—when there was much fever, he gave *Aconite* previous to the use of *Nux*.

*Belladonna* and *Mercurius* are also suitable in severe and obstinate cases; while *Bryonia* and *Rhus* may be useful, when the serous surfaces are also involved.

*Chamomilla* and *China* are useful after the acute symptoms have been subdued, and great nervousness and debility remain.

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#### IRRITABILITY OF THE WOMB,

DEPENDS upon an excited and irritable state of the nerves of the womb, and is nearly allied to hysteria. The symptoms consist of pain in the region of the womb, constant, but occasionally increased in severity, especially after exercise. There is some tenderness to pressure over the pubes, and the womb itself is tender on being touched per vaginam.—ANDERSON.

*Treatment.*—*Agaricus* and *Stramonium* are the most important remedies.

*Cicuta-virosa*, *Cocculus*, *Conium*, *Ignatia*, *Magnesia-muriatica*, *Nux* and *Pulsat.* are reliable remedies; also *Argent.-nit.*, *Bryon.*, *Caust.*, *Cham.*, *Hyosc.*, *Natrum-m.*, *Platina*, *Sepia* and *Stannum*.

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#### SPASM AND INFLAMMATION OF THE WOMB.

THE womb in some cases is affected with pain of a spasmodic character, attended with inflammation; the symptoms are similar to those of irritation of the womb, but far more severe. The

pain is evidently spasmodic, and is felt in the back, hips and groins, as well as in the region of the womb; there is great tenderness on pressure, and some fever, and occasionally vomiting.

The result to be feared is abortion, after which in some cases the patient may sink.

*Treatment.*—Aconite, Belladonna, Stramonium and Secale are the best remedies. Ignatia, Kreosote, Nux-vom. and Thuja also deserve attention.

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#### CRAMPS AND PAINS IN THE ABDOMEN, BACK, AND LOINS.

PREGNANT women are very subject to pains in the loins—the bearing of the trunk backwards—the efforts made to support the weight of the abdomen, and to maintain the equilibrium of the body, &c. are sufficient to account for these sufferings.

Cramps, spasms, or irregular pains in different parts of the lower half of the body, are a source of frequent and great annoyance to pregnant females. There are various situations in which the cramp or pain is felt, and the effects vary accordingly.

1. *In the abdomen.*—The patient may complain of pain or stitches in one side or the other, generally the left, between the false ribs and the crest of the ilium, or along the line of the superior insertion of the abdominal muscles. Again, the inferior insertions may be similarly affected; in both cases it appears to be owing to over-distension, which throws some of the muscular fibres into spasmodic action. The pain may be very severe, effectually preventing the patient's taking exercise. It is influenced by the state of the stomach, more than cramp in any other situation, and is often combined with heart-burn or water-brash; but it is easily distinguished from pain in an internal organ, by its spasmodic character.

CHURCHILL has seen this kind of cramp fix itself about the symphysis pubis, and extend down into the labia pudendi, probably depending upon pressure, congestion, or dragging upon the round ligament.

2. *In the back.*—The lumbar muscles are sometimes the seat

of cramp; and when it is severe, it greatly impedes the movements of the patient, especially the assumption of the upright position.

Occasionally, the distress is extended from the crest of the ilium to the sacrum, affecting the origin of the muscles. It may be the result of distension, or of pressure upon the nerves.

*Treatment.*—*Nux-vomica* is thought to be generally the best medicine, especially if the severest pains occur just when the patient is going to bed.

*Rhus* is best suited, when lumbago has been caused by some muscular effort, or by fatigue.

*Arnica*, when the pains are principally felt when coughing, or walking about.

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#### FALSE PAINS.

SOME women are affected at the latter part of pregnancy with pains somewhat resembling those of parturition, but in reality quite unconnected with it. The causes of these pains are various; they may depend upon flatulence or irritation of the bowels, accompanied either with constipation or diarrhœa, spasm of the bowels, ureters, or biliary ducts, or possibly of the womb itself, and they may be the result of inflammation with accompanying fever. They may be distinguished from true labor pains by their situation and character, the irregularity of their recurrence, and in some instances by their being permanent. On placing the hand over the womb it is not felt growing hard and contracting, as during a true labor pain, and a vaginal examination finds the mouth of the womb closed; or should it by chance be a little open, it does not dilate any more.—ANDERSON.

*Treatment.*—*Pulsatilla*, *Scalæ*, *Belladonna* and *Stramonium* are the most important remedies.

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#### RIGIDITY AND LAXITY OF THE ABDOMEN.

IN first pregnancies we occasionally meet with great rigidity of the abdomen; the womb increases in size, but the abdominal walls do not give way in equal ratio, and a considerable amount of distress is the result. The greatest danger is, that such a

degree of pressure will be exerted upon the kidneys as to cause an interference with their functions, followed by dropsy and albuminaria.

Laxity of the abdomen generally occurs in women who have borne many children; in these the abdominal walls are so loose, that they are incapable of affording proper support to the enlarged womb, which consequently may fall in any direction.

*Treatment.*—In *rigidity* of the abdomen frictions with Sweet Oil, or Glycerine, or the application of a Conium- or Belladonna-plaster, coupled with the internal use of Conium, Bellad., or Stramonium will generally suffice.

For laxity of the abdomen, Colocynth and Sepia internally, or dry frictions, or frictions with tincture Nux-vomica, Angustura or Ignatia, together with the internal use of one or the other of these remedies, or of Cuprum and Zincum, Cuprum and Argentum in alternation may prove beneficial.

#### FALLING OF THE WOMB.

In the early months of pregnancy, when the womb begins to increase in size and weight, falling, or prolapsus is apt to occur; this is attended with a sense of bearing down pain and uneasiness in the lower part of the back, and very frequently in the lower part of the abdomen. This symptom can almost invariably be alleviated and eventually cured by keeping the patient in a recumbent posture. Finally the womb increases so much in size, that it must rise above the brim of the pelvis, there rests, and is of course unable to sink or fall down again during this pregnancy. Sometimes, however, in a more advanced stage of pregnancy, where the hips are unusually large, and the pelvis consequently extremely capacious, a sudden prolapse may occur during some act of unusual exertion.

Both these cases require attention; for in the first, the womb having descended, and the patient continuing to go about, it enlarges within the pelvis and gradually becomes impacted therein;—in the 2d instance, the womb becomes at once impacted on account of its larger size.

*Treatment.*—The bladder must first be emptied by means of

the catheter, and the fallen womb then carefully replaced in its proper situation above the brim of the pelvis; the recumbent position must be persevered in, until the womb is sufficiently enlarged to maintain its location.

Aurum, Bellad., Calc., Kreosot, Merc., Nux-mosch., Nux-vomica, Sepia and Stannum are the principal remedies.

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### FALLING BACK OF THE WOMB.

#### RETROVERSION.

THE fundus or top of the womb becomes tilted backwards, dropping below the promontory of the sacrum, while the neck of the womb is pushed forwards and upwards, frequently rising above the symphysis pubis, and dragging the vagina up with it. It is most common during the third or fourth month of pregnancy. The rectum or lower bowel is pressed upon by the base of the womb, and the neck of the bladder by the mouth and neck of the uterus; the discharge of urine and fæces being thus interfered with.

*Symptoms.*—These consist in retention of urine, which frequently sets in somewhat suddenly, and may be either partial or complete. Defecation is performed with difficulty, the fæces being flattened, and coming away in small quantities. When the retention of urine is not complete, only a small quantity is passed at once; there is frequent desire to pass water, but the bladder is never completely emptied; the urine eventually dribbles away involuntarily, and the bladder becomes enormously distended, to a sufficient extent to cause rupture if left to itself; or chronic inflammation of the bladder may set in, even if relieved after the retention has existed for any considerable length of time. There is pain in the small of the back, thighs and pubis, with a sensation of bearing down; and these symptoms coupled with the fact of the patient being in the third or fourth month of pregnancy, should lead one to suspect the nature of the case.

If there be much obstruction of the bladder, fluctuation may be felt above the symphysis pubis. After the bladder has been emptied by the catheter, the womb will not be felt in its natural position in front of the abdomen, above the symphysis pubis.

On examination per vaginam, the base of the womb will be felt as a large tumor, lying between the vagina and rectum, and below the promontory of the sacrum; the mouth of the womb can scarcely be reached with the finger, but is found directed upwards and forwards above the symphysis pubis. This, however, is not invariably the case, for the neck of the womb is occasionally very flexible, may be doubled upon itself, and thus leave the mouth in its natural situation while the fundus and superior part of the neck are alone retroverted.

A large pelvis, and wide hips may undoubtedly act as predisposing causes to this accident, but they are not by any means essentially necessary; for the womb not having attained a sufficient size in the early months of pregnancy to prevent the possibility of its falling below the promontory of the sacrum, is capable of doing so in a pelvis of ordinary dimensions. A distended bladder may be the immediate cause; this is particularly apt to be the case, when there is torpor of the bladder, the urine being retained for a longer period than natural, and finally voided in large quantities. This torpor is of course a more serious disorder than irritability of this organ, as it is apt to give rise to retroversion. A loaded rectum may also cause tilting back of the womb; sudden contraction of the abdominal muscles, other circumstances being favorable; in fact any thing which can tend to tilt the heavy body and base of the womb backwards, where there is sufficient room for the force of gravity to carry it below the brim of the pelvis.—ANDERSON.

*Treatment.*—Restoration of the womb to its natural location and direction should be attempted as soon as the nature of the case is made out; the bladder should be emptied at once, and occasionally as soon as this is done, the displaced organ will return spontaneously to its natural position. The rectum should also be thoroughly emptied, and then, if necessary, one or two fingers should be introduced into the rectum and pressed against the retroverted fundus of the womb; at the same time, two fingers of the other hand should be introduced into the vagina, and the neck of the womb should be carefully and steadily depressed, while the fundus is elevated. This manipulation may generally be done in the usual obstetric position on the left side; in some rare cases the patient must be placed on her hands and knees,

in order to get the influence of the force of gravity; in others, the uterine-sound must be used.

Nux, Ignatia, Bellad., and Aurum are all serviceable remedies. The patient should learn to lie upon her face, always at night and frequently during the day time.

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#### ANTIVERSION.

IN this, the body of the womb is thrown forwards; it is exceedingly uncommon during pregnancy. The symptoms are similar to those of retroversion, but the signs on examination are entirely different. The enlarged womb may be felt above the pubis, and the neck of the womb is found directed backwards towards the promontory of the sacrum.

*Treatment.*—The patient should practice lying upon the back, with the knees drawn up. The bladder and lower bowel should be regularly and methodically emptied. A bandage and compress over the pubes may be serviceable; the fundus of the womb may be pressed back, and the neck pushed forwards by the physician.

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#### FCETAL TURBULENCE.

THE motions of the unborn child are generally felt at four months, or four and a half months; \* frequently these movements are exceedingly feeble, at first only producing a kind of tickling, or rather a sensation analogous to that which a spider's claws excite in crawling; at other times they are veritable shocks, which may be violent enough to elicit cries from the mother; occasionally they become so violent as to be truly distressing, causing a sense of nausea, often attended with local pain, and much general nervous agitation. ANDERSON thinks that this affection may depend upon some preternatural sensibility of the womb itself, but more frequently it arises from a

\* Of seventy cases the motions of the child were felt at the end of the third month in nine cases; at three and a half months in eleven cases; at the fourth month in twenty-one cases; at four and a half months in sixteen cases; not until the fifth month in eight cases; at five and a half months in one case; in the sixth month in four cases.

state of general nervous irritation, which is from time to time determined to the womb.

*Treatment.*—Mechanical compression by means of an abdominal bandage will frequently prove of much service. Agaricus or Stramonium may remove the morbid sensibility of the womb; while a general nervous condition may be alleviated by Chamomilla, Sumbul, Cannabis-Indica, Coffea, &c.

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#### PALPITATION OF THE HEART.

CHURCHILL says, that almost all females suffer from attacks of palpitation at some period or other of their pregnancy, especially those of a weakly, delicate body, or nervous temperament. By some it is felt immediately after conception, and some even have attacks after ordinary intercourse; by others it is only felt at the period of quickening; and by a third class towards the end of pregnancy.

Among the exciting causes may be enumerated mental emotions, disordered stomach and bowels, especially errors of diet and flatulency; the motions of the child often give rise to it.

*Symptoms.*—The attack may come on suddenly, or be preceded by some nervous or gastric disorder; the patient feels the heart strike violently against the ribs, so as to shake the whole body; in general the heart's action is regular, although excessive; but in some cases a marked and frequent intermission may be observed. If asleep when the attack occurs, she starts up suddenly; and if walking is obliged to stand still; the breathing becomes hurried or impeded, the nervous system may be disturbed by headache, giddiness, dimness of vision, noises in the ears, and sensation of approaching apoplexy.—CHURCHILL.

It is not dangerous, although often distressing; for the hard and increased action the heart may be either very sudden, and violent, or persist night and day, for many days.

*Treatment.*—As it may be produced by excitement of the mind and derangement of the digestive organs, the diet should be carefully regulated, and the mind kept at rest; some severe attacks only subside after full, free and spontaneous vomiting; if it arises from indigestion accompanied with much flatulence and acidity, almost immediate temporary relief may be obtained

by the administration of an alkali. *Sarsaparilla* is useful when there is painful palpitation; *Zincum*, when there is a painful palpitation, with sharp stitches at every beat of the heart; also *Agaricus* and *Hepar-sulph.* *Veratrum* and *Nitric-acid*, when there is diarrhœa, anxiety, and hurried breathing. *Aurum* and *Asparagus*, when there is anxiety and oppression of the chest, with lowness of spirits. Nitrate of Silver, when there is palpitation with faintness and nausea. *Ammonia-carb.*, when there is a weak and sinking feeling at the pit of the stomach. *Gratiola*, when there is such violent palpitation, that the whole body is shaken; also *Crocus* and *Secale.* *Spigelia* and *Sabadilla*, when there is palpitation, with throbbing in the abdomen, and over the whole body. *Mercurialis*, when there is an undulating and throbbing motion in the stomach and abdomen, with pulsation of the abdominal aorta, and dizziness.

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#### FAINTING,

Is not a frequent occurrence during gestation, except perhaps at the time of quickening, and in the weakly, and delicate. It is ordinarily of no great importance; when organic disease of the heart is present, it is very serious. Towards the end of pregnancy, fainting is regarded with great suspicion, not so much for the immediate consequences, as for its effect upon the convalescence after parturition. It is also a very unpleasant occurrence at the time of labor; it sometimes follows each pain, causing great alarm, but without apparently retarding the progress of delivery; but after delivery, from slight over-exertion, or from too active aperient medicine, fatal fainting may set in.

Ordinary fainting after confinement may easily be distinguished from fainting in consequence of internal hæmorrhage; the latter is more prolonged, accompanied with fulness and tension of the abdomen, dull weight and pain in the pelvic region, permanent blanching of the surface, and after a short time by escape of blood from the vagina.

*Treatment.*—When there are repeated fainting fits, *Cuprum* and *Hyosciamus.*—*Arsenicum*, *Camphor*, *Ammonia*, *Cocculus*,

*Moschus*, *Veratrum*, *Stramonium*, *Laurocerasus*, *Ferrum-acet.*, *Nux*, *Petroleum* and *Opium* all deserve attention.

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#### DIFFICULTY OF BREATHING,

MAY occur during the early months from a nervous affection and sympathy with the womb; it is also often connected with the nervous palpitations already treated of; the attacks are generally, short, sudden, and not attended with plethora, congestion or fever.

In the middle of pregnancy it is more frequently owing to plethora, and the face is apt to be flushed, the pulse quick, head heavy, &c.

In the latter months it generally arises from the pressure of the enlarging womb; it is then apt to be most severe in first pregnancies, owing to the resistance afforded by the abdomen in expanding for the first time to so great an extent.

The attacks are not serious unless complicated with congestion, inflammation, or organic disease of the lungs.

*Treatment.*—*Moschus*, *Ipecac.* and *Aconite* are the most important remedies.

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#### COUGH.

THE cough, which is peculiar to pregnancy only, occurs in the earlier and latter months; it is either constant, short and teasing, or recurs in violent paroxysms, causing great distress and inconvenience.

In the earlier months it is generally nervous, spasmodic and sympathetic; there is rarely any expectoration, and no evidence of catarrh, or disease of the lungs. In the latter months it is owing to a mechanical cause; the aorta is compressed, the circulation through the lungs somewhat arrested, and the lungs irritated and rendered uneasy.

*Treatment.*—*Conium* is the principal remedy. *Ipecac.*, *Drosera*, *Ferrum-acet.*, *Pulsatilla*, *Petroleum*, *Plumbum-acet.*, *Ruta*, *Mezereum*, *Cina* and *Sepia* all deserve attention.

## SPITTING OF BLOOD.

THIS formidable disorder is fortunately very rare ; in the earlier months the attack may be simple, consisting of a secretion of blood from the mucous membrane of the air tubes, owing probably to the sudden suppression of menstruation.

In the middle or latter months it may arise from congestion of the lungs ; or more frequently from consumption, which often runs its course quietly, and unnoticed during pregnancy.

*Treatment.*—*Aconite*, *Stibium* and *Ipecac.* are the principal remedies ; although *Phosphor*, *Kreosote*, *Hamamelis* and *Millefolium* deserve attention. *Mercurius-solubilis*, *Arnica*, *Arsenicum*, *Zincum*, *Digitalis*, *Ferrum-aceticum* and *Hepar-sulph.* have been used successfully.

## H E A D A C H E .

CHURCHILL says, that next to disturbance of the stomach, headache is probably the most common complaint of pregnant women. In the early months it is generally of a nervous character ; at a later period it most frequently arises from plethora.

In nervous headache there is seldom any quickness of pulse, suffusion of the eye, or flushing of the face ; in headache from plethora the pulse is full, quick and strong, the face flushed, the eyes bright or suffused, the eyelids heavy and closed, and there may be intolerance of light and sound. In some congestive headaches, however, the face is pale.

Either variety may arise from constipation ; or from scantiness of the urine.

*Treatment.*—*See Treatise on Headaches.* *Pulsatilla*, *Stramonium*, *Sepia*, *Aconitum*, &c. deserve attention.

## S L E E P L E S S N E S S .

CHURCHILL says, there is scarcely a more distressing complaint to which pregnant women are subject, than sleeplessness. It is not uncommon, and appears chiefly to attack females of a delicate constitution, or of a nervous temperament. It may oc-

cur at an early period of pregnancy, though it is more common during the latter months, and may persist for a considerable time.

It generally seems to be a purely nervous affection, excited by want of exercise, excessive motion of the child, or uneasy sensations in the womb; sometimes, however, it arises from a plethoric and feverish state of the system.

If it persist long, the patient will suffer severely; become restless, feverish, agitated, peevish and fanciful; her appetite will diminish, the bowels and secretions generally become deranged; the skin get hot and dry, and the pulse quick; she will complain of great weakness and misery, and ultimately her judgment and mental faculties will become impaired.

Sometimes the patient will sleep well in the day; but not at night. At other times the rest is disturbed by frightful dreams.

*Treatment.*—Air and exercise are very important; a draught of cold water just as the patient steps into bed, or wrapping a wet towel around one hand, or bathing the feet at bedtime, will often calm the nervous irritation.

*Rhus* is the best remedy, when the patient cannot sleep before midnight. *Ranunculus-scel.*, when she always wakes after midnight. *Plumbum*, for obstinate sleeplessness for weeks together. *Moschus*, when there is no sleep all night, or only momentary losses of consciousness. *Mercurius*, when she sleeps much in the daytime, but cannot sleep at night. *Ledum* and *Hyosciamus*, when sleep is constantly interrupted by starting. *Causticum*, when she wakes every morning at four o'clock, *Aconite*, when there is sleeplessness from pain. *Veratrum*, when there is an intolerable feeling of heat, and restless tossing about. *Ambra* and *Agaricus*, when there is sleeplessness from great activity of mind and nervousness; also *Chamomilla*. *Graphite*, when she cannot sleep before two o'clock at night. *Fluoric-acid*, when there is no sleep until towards morning, and then a very little slumber is sufficient to refresh the patient. *Bryonia* and *Causticum*, when there is sleeplessness from vascular excitement, and dry heat. *Digitalis*, when there is uneasy sleep, from constant desire to urinate. *Cuprum*, when there is much vomiting. *Laurocerasus*, when there is loss of sleep from excitement and attacks of heat. *Nitric-acid*, when

icy coldness of the feet prevent sleep. *Borax*, when sleep is disturbed by thirst and coldness of the body. *Anacardium*, when there are severe pains in the abdomen.

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#### HYPOCHONDRIASIS.

Has been sufficiently treated of at p. 482.

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#### PLETHORA,

Has been alluded to on p. 478. Acute serous plethora is not uncommon during pregnancy, and is apt to be attended with bloating not only of the legs and feet, but also of the face, arms and hands; it then is a most serious disorder, being often complicated with albuminuria and retention of urea in the system, to be followed by severe headache, violent vomiting, and pain at the pit of the stomach, and is too often succeeded by convulsions.

*Treatment.*—*Aconite*, *Sulphur*, *Aurum*, *Digitalis* and *Kalicarbonicum*.

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#### DROPSICAL AFFECTIONS.

##### DROPSY OF THE LEGS.

ACCORDING to CHURCHILL during the latter months of pregnancy we frequently find patients complaining of a swelling of the feet or legs, increasing towards evening, and occasioning a certain amount of inconvenience. This dropsical swelling may be confined to the feet and legs, or it may involve the thighs, vulva, and hips. In the majority of these cases the swelling is caused by the pressure of the gravid uterus simply. When the effusion is the result of pressure, there are none but mechanical symptoms; the limb is swollen, and of a semi-transparent, pearly appearance; it feels heavy, and the patient cannot walk as well as usual. These inconveniences are much aggravated if the swelling extends to the thighs; the patient may not be able to approximate them, and may find it as distressing to sit, as to stand, or walk. But little additional distress is occasioned during pregnancy by the swelling of the labia; but if

very large they may prove a very serious impediment to the exit of the child during labor. Change of posture has a great effect upon the swelling of the legs; in the morning it is but slightly perceptible, but during the day it increases, and towards night it arrives at its maximum. After delivery the effusion disappears quickly; but previously it may be unpleasantly varied by an attack of erysipelas, or by phlegmonous inflammation of the cellular tissue.

GENERAL DROPSY OF THE SKIN. (*Anasaraca*).—In a few cases the dropsy is more general and extends to the upper part of the body, and to the hands and face. If the urine be scanty or albuminous the case should be narrowly watched. Albuminuria, or Bright's disease, according to DEVILLIERS and REGNAULT is not a frequent complication of pregnancy, but when it is present, œdema and eclampsia are the most frequent indications of its presence. Albuminuria and its effects are more common in first than in later labors, and then generally disappear after delivery. Dropsy of the face and hands, going on occasionally to general anasarca, is one the most frequent accompaniments of albuminuria in the pregnant female. Albuminuria, when present during the last months of pregnancy, denotes a marked tendency to puerperal convulsions. Every case of puerperal convulsions seen by M. BLOT was accompanied by albuminuria. The Albuminuria of pregnancy is generally attended with dropsy of the face and hands, and lumbar pains; it is almost always unattended by fever; is in most cases the result of a simple functional hyperalimia of the kidneys, and disappears a few hours after delivery; this condition of pregnancy is free from danger as long as it is uncomplicated with congestion of the brain; but if severe headache and a peculiarly severe pain in the pit of the stomach be attended with profuse bilious vomiting in a pregnant female, in the latter months of gestation, albuminous urine also being present, then we may almost certainly expect an attack of puerpual convulsions.

*Treatment.*—*Arsenicum* is useful against elastic swellings; also when there is swelling of the face and feet, with dryness of the mouth and lips, distension of the abdomen, diarrhœa, colic and vomiting; or swelling of the right side of the body

down to the hip, with swelling of the left foot and leg; or swelling of the face and body.

*China*, when there is swelling of the limbs. *Ledum-palustre*, when there is œdematous swelling of the whole body. *Lactuca-virosa*, when there is a dropsical swelling of the whole body, with asthmatic complaints, heaviness of the head, difficulty in lying down, chills, shortness of breath, hacking cough and small slow pulse. *Sepia*, in chronic cases, when there is a swelling of the wrist, elbow and ankle joints in the evening; or swelling of the whole body, face, belly, legs and arms, extending down to the wrist-joints, with shortness of breath, fever, and alterations of chills and heat; also when there is swelling of the labia, followed by a moist and itching eruption upon the inner surface. *Digitalis*, when there is an elastic and painful swelling of the legs, followed by a similar state of the arms and forearms, slowly passing off, after some months, without increased secretion of urine; or when there is an elastic, white swelling of the whole body, with painfulness to the touch, followed after many weeks by anasarca, with great softness of the swelling. *Rhus-toxicodendron*, is most homœopathic against acute inflammatory œdema, especially of the face and eyelids; but it has also been used successfully in large doses, against torpid and chronic anasarca. *Apis-mell.*, is indicated under almost similar circumstances to those which call for *Rhus*, *Mezereum* or *Cantharides*. *Hellebore* is also useful in chronic dropsy. *Secale-cornut.*, is homœopathic to watery, soft and painful swellings. *Crotalus* in swellings of the whole body.

HARTMANN regards *Digitalis* and *Scilla* as mere palliatives in dropsy; he thinks, that *Cantharides* may prove useful, when there is much irritation of the bladder; *Kali-carb.* is pronounced indispensable, when Anasarca and Ascites are consequent upon suppression of the menses. *Zincum-metallicum*, when there is great distress in the region of the kidneys. *Colchicum*, when dropsy has been caused by suppressed perspiration, from exposure to cold, damp and foggy weather, or from getting wet through to the skin; *Dulcamara* deserves attention under the same circumstances; and *Colchicum* is peculiarly homœopathic to the severe pain in the stomach and violent bilious vomiting, which is apt to precede an attack of convulsions,

during the progress of dropsy during pregnancy; also *Bryonia* and *Hellebore*. The indications for the use of *Arsenicum*, *China* and *Hellebore* are too well known to require repetition here. *Aurum-muriaticum* cured a case of dropsy of one year's standing, first causing a copious secretion of fine clear urine; while *Ononis-spinosa* caused a secretion of turbid urine, of an ammoniacal odor.

**Dose.**—According to RUECKERT, *Arsenicum* has been used successfully in six cases of dropsy, generally in the 30th dilution. *Bryonia* in two cases, in the 5th dilution. *Cainca*, in two cases, in the 4th dilution. *Camphor*, in two cases, in the tincture. *China*, in eight cases, in the 4th dilution. *Convolvulus-arolus*, in the 30th potency, is said to have been found very useful in œdematous swellings of all kinds, in dropsy with abdominal obstructions, derangements and debility; it causes liquid stools and profuse flow of urine. *Digitalis*, has been given successfully in the tincture, 4th and 10th dilutions. *Dulcamara*, in two cases, in the tincture, and 7th dilution. *Hellebore*, in twelve cases, in the tincture, 3d, 4th and 30th dilutions. *Kalicarb.*, *Lactuca-virosa*, *Ledum* and *Lycopodium*, each in one case. *Mercurius*, in two cases, in the 1st and 3d dilutions. *Phosphor*, in two cases. *Rhus*, 30th dilution in several cases. *Sambucus-cort.-int.*, in one case. And *Stannum-muriat.*, in drop doses of the tincture.

A few words must be added on the treatment of Bright's disease of the kidneys in pregnant females. I claim the credit of being the first to point out a truly homœopathic and specifically curative remedy, viz: *Mercurius-corrosivus*, against at least one variety of Bright's disease of the kidneys, (see Homœopathic Examiner, New Series, Vol. 1, p. 285), as long ago as the year 1846; (also, see my Treatise on Apoplexy, p. 42). I am sorry to be obliged to admit that *Mercurius-corros.* will not cure all cases of Albuminuria in pregnant females; perhaps because the disease, in them, often arises from a mechanical cause, viz: from the pressure of the gravid uterus upon the kidneys, aided somewhat by the unyielding and rigid state of the walls of the abdomen in primiparæ. Emollients applied to the walls of the abdomen, viz: Sweet-oil, Glycerine, aided by the frequent use of warm baths, warm clothing, light diet, &c., &c. may aid in relaxing the abdominal walls, and take off some of the pressure of the womb upon the kidneys. Position may aid somewhat; if possible the anasarctous pregnant female should learn to lie upon

her face, or at least upon one or the other side, and never upon her back, at least not for any length of time.

If there be a deficiency of Urea in the urine, *Colchicum* should be used in alternation with *Mercurius-corrosivus*.

FREERICH'S has lately given an entirely new explanation of the occurrence of convulsions and coma in Bright's disease in general, and in the dropsical affections of pregnant women. It is well known, that the most sudden and serious attacks of coma and convulsions may occur, when there is but little dropsy, and that there may be a great degree of dropsy, without even drowsiness, much less a tendency to convulsions; yet it very often happens, that drowsiness and dropsy commence and increase together, until complete coma ensues. FREERICH'S is even of opinion, that the symptoms of blood-poisoning are not immediately due to the accumulation of urea, or to that of any other of the solid constituents of the urine in the blood, but that they are occasioned by the *Carbonate of Ammonia*, which results from the decomposition of urea within the blood vessels. He supports his opinion by observation and experiment. He states that the air expired by patients who are laboring under symptoms of Uræmic poisoning, (coma, convulsions, &c.) contains an appreciable amount of *Carbonate of Ammonia*, as shown by the restoration of the color of reddened litmus paper, which has been moistened and placed before the mouth and nose; and by the fumes which appear when a rod dipped in Muriatic-acid is placed in the current of expired air. The quantity of *Carbonate of Ammonia* in the expired air bears, he says, a proportion to the intensity of the symptoms. He also states, that the *blood* in the same circumstances contains Carbonate of Ammonia, which is sometimes so abundant as to be detected by the sense of smell, and to produce effervescence on the addition of Muriatic-acid.

In addition to these observations, FREERICH'S gives the result of some experiments, which he performed on dogs. After injecting *Urea* into the veins of dogs, whose kidneys had been previously extirpated, he found that the animals remained free for some time (an hour, or more) from the symptoms of poisoning. But after an interval, varying from one hour and a quarter to eight hours, they became restless and vomited, and then were seized with convulsions, followed by drowsiness and stupor

*Ammonia* was detected in the expired air *simultaneously* with the commencement of the convulsions; and after death, the blood and the contents of the stomach contained large quantities of *Ammonia*.

In another series of experiments, a solution of *Carbonate of Ammonia* was injected into the blood of the dogs; Convulsions came on immediately, and often were very violent, but they were soon succeeded by drowsiness and stupor. The expired air was at the same time charged with *Carbonate of Ammonia*, and continued so for more than an hour, when the *exhalation* of *Ammonia* gradually ceased, and consciousness was restored. A fresh injection of *Carb. Ammon.* during the period of stupefaction brought on a recurrence of convulsions with vomiting, and an involuntary passage of urine and fæces. After the lapse of five or six hours the *Ammonia* again disappeared, and the dog's consciousness and vivacity returned.

JOHNSON says, these experiments are certainly in favor of FRERICHS's notion that the *Carbonate of Ammonia, which results from the decomposition of Urea, is the poisonous agent in producing stupor, coma and convulsions, and not the urea itself*; and this being the case, it ceases to be surprising, that a large accumulation of urea in the blood may sometimes be unassociated with any symptom of Uræmic poisoning. In order to account for the decomposition of *Urea* in some cases of Bright's disease, and not in others, FRERICHS assumes the presence of some peculiar ferment in the former cases, which is not present in the latter; but he has no knowledge of the nature of this supposed ferment.

If these suppositions of FRERICHS be true, the use of Harts-horn and smelling salts should be rigidly kept from those females, especially when in their first pregnancy, who have any dropsical symptoms or tendencies. The antidotes of *Carb. Ammonia* may also prove useful, such as Vinegar, Lemon- and Orange-juice and Citric-acid, which convert the *Carbonate* into the non-poisonous citrate of *Ammonia*. Or the fumes of *Muriatic-acid* may be inhaled, which will convert the *Carbonate* into the non-injurious *Muriate* of *Ammonia*; or dilute *Muriatic*, or *Nitric-acid* may be given internally, to convert the free *Carbonate* into the *Muriate* or *Nitrate* of *Ammonia*.

The conversion of urea into Carbonate of Ammonia is quite easy; according to LEHMANN, if organic matters, either putrefying, or capable of undergoing putrefaction be mixed with an aqueous solution of Urea, the latter is soon converted into Carbonic-acid and Ammonia. Also, on heating Urea very slowly it becomes converted into a white glistening body, Carbonic-acid and Ammonia being evolved during the process.

Again, at a temperature a little above 120°, Urea begins to develop Ammonia and to change into Cyanonic-acid; when rapidly heated it yields Cyanic-acid. Hence, in some stages of Bright's Disease, Hydrocyanic-acid may be formed in the blood, and the antidotes for this poison be required.

**DROPSY OF THE BELLY.**—These cases are almost always examples of acute or inflammatory dropsy; they seldom occur till the latter months of pregnancy; the pulse is apt to be quick, with some fever and pain, but there is often very little tenderness; fluctuation is soon very evident, and there is unusual enlargement of the abdomen for the period of pregnancy; the stomach is sometimes disordered, the skin dry and the urine scanty. It is generally preceded by some swelling of the feet and ankles; it is apt to be followed by troublesome cough, difficult respiration, restless nights, frequent starting during sleep, unpleasant dreams, and inability to remain long in the recumbent posture.

*Treatment.*—HARTMANN regards *Hellebore* as the most important remedy; next *China*; also *Ferrum-aceticum*. Also *Digitalis*, *Colchicum*, *Scilla* and *Dulcamara*. He has seen good effects from *Euphorbium*, *Cyparissius* and from *Solanum-nigrum*; *Prunus-spinosa*, *Ledum* and *Arsenicum* deserve attention.

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### CONVULSIONS.

THESE are generally supposed to be of three kinds, 1st: the nervous or hysteric; 2d, the epileptic; and 3d, the apoplectic.

The *Hysteric convulsions* are most common during the early months of pregnancy; they may be brought on by want of sleep, excessive fatigue, disordered digestion, or in fact by any irritation of body or mind.

The *Epileptic convulsions* are rare; seventy-nine cases only occurred in 38,306 of labor, or 1 in about 485. The majority of these cases are connected with albuminuria; they are apt to be preceded by a peculiar and intense pain in the forehead, severe pain in the stomach, and by a tumid state of the face and hands. Under allopathic treatment forty-two mothers were lost out of one hundred and fifty-two cases, or more than one-fourth.

*Apoplectic convulsions* seldom or never occur except towards the termination, or after the conclusion of labor, they are generally caused by the stress upon the blood vessels of the brain during the severe forcing labor-pains; they differ from the other varieties by there being but little convulsion; the body and limbs are thrown about for a short time, and then the patient lies in a comatose state; there is little or no distortion of the face, and no frothing at the mouth; the muscles are flaccid and powerless; the breathing stertorous; there is no return of intelligence, and rarely any repetition of the paroxysm.

*Treatment.*—DR. WIELOBYCKI reports eleven cases; viz: one case treated successfully by bloodletting, cold to the head, calomel, enemetas and blisters; another by bloodletting, Morphine, brandy and Ammonia; a third, by cold to the head, and weak coffee; a fourth, by Hyosciamus 3d dilution, Coffea 3d and Opium 2d; a fifth, by cold to the head, Nux 4th dilution, and Aconite 5th; a sixth, by Chamomilla 1st dilution, Aconite 4th and Bellad. 6th; a seventh, by a cup of black Coffee, Cicuta 9th and Aconite 6th; an eighth, by Chamomilla 2d and Hyosciamus 3d; a ninth, by Opium, Secale, Coffea and Hyosciam.; a tenth, by Ignatia and Mercurius-solubilis; the eleventh, by Pulsat., Secale and Opium.

He advises warm injections, and *Nux* if the convulsions are connected with obstinate constipation; *Aconite*, if the skin be hot and dry; *Bryonia*, if the abdomen be tender, with full pulse and perspiration; if there be flatulence, and diarrhoea with tenesmus, *Chamomilla*, *Mercurius* and *Hyosciamus*; if there be difficulty of urination, with coldness and pallor of the face, *Pulsatilla*; if the face be livid, purple and warm, *Belladonna*; if there be a tendency to stupor, with stertorous breathing, or a state of incoherent wandering, *Opium*, which will render the mind clear and calm, with a corresponding improvement of the

other symptoms. *Hyosciamus*, when there is an agitated or ruffled state of the nervous system, with an over-active state of the vascular; it acts like a charm, soothing and stilling the nervous system, while the labor goes on progressively. If the labor pains are deficient, they may be aroused by *Secale* or *Pulsatilla*. (See Brit. Journ. of Homœopathy.)

HARTMANN recommends *Opium*, *Laurocerasus*, *Stramonium*, *Bellad.*, *Hyosciamus* and Aconite as the principal remedies.

*Laurocerasus*, when the convulsion comes on very suddenly, either before or during parturition, attended with tetanic spasms and loss of consciousness, interrupted by violent convulsions, every ten or fifteen minutes, with feeble, hurried and scarcely perceptible pulse.

A few strong doses of *Opium* will often postpone the attacks, and thus afford time for the vital powers to react effectually against the disease. It acts very promptly after bloodletting, and must be repeated not only after every attack of convulsion, but also when there is the least indication of a return.

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#### VARICOSE VEINS.

A dilatation of the veins of the legs, followed by a thickening of their coats, consequent upon the arrest of the ascending column of blood, is a very frequent accompaniment of pregnancy.

They are most frequent on the leg below the knee, but the veins of the thighs are apt to be involved; more rarely the veins of the labia majora, the vagina, and even of the os-uteri become varicose. When the womb is more inclined to one side of the body than the other, then one limb will be affected, whilst the other retains its natural condition.

*Treatment.*—*Arsenicum*, *Pulsatilla* and *Ferrum-aceticum* have been recommended. *Lycopodium* has improved the varices of pregnant females; and *Fluoric-acid* has reduced by one half, the numerous varicose veins of some aged persons.

## PAIN AND TENSION OF THE BREAST.

SOME patients complain of a pricking, or of acute pain in one or both breasts; the pain may be constant, or recur in paroxysms, or even periodically; in most cases there is no fever, the skin is cool and pulse quiet, although the excess of pain may cause sleeplessness and want of appetite; but in others, the pulse becomes quick, skin hot, and even delirium may set in, when the agony is great.

*Treatment.*—*Bryonia* is regarded as the most important remedy; if there be erysipelatous redness, heat and hardness, *Bellad.* and *Hepar-sulph.* will be required, or *Mercurius*.

## ABORTION.

WHEN this happens before the twentieth day, it has been termed, *Ovular abortion*; before the sixth week, *Miscarriage*; before the third month, *Embryonic abortion*; from the third to the sixth month, *Fœtal abortion*; any time after the sixth month, *Premature birth*; moles hydatids, &c., are called *False births*.

Abortions are much more frequent during the first two or three months of pregnancy, than at any other time, owing to the feeble attachments of the embryo to the womb; women with profuse menstruation, and those with dysmenorrhœa, are very apt to abort, at what should be a regular menstrual period; especially those females who are subject to severe pain and suffering during the menstrual period, continual bearing-down, and a sense of weight and dragging during menstruation, and also during urination and defecation, particularly if they also have pains about one or both ovaries.

Another cause of abortion is too great *rigidity* of the uterine fibres, and an *unyielding* state of the walls of the womb, thus opposing too great a resistance to the dilatation, which the organ ought to experience; this is apt to lessen after several abortions; and hence in the *postponing* type of abortion, after it is repeated several times at an advanced period, the woman finally goes her full time after the fourth or fifth pregnancy.

A third cause of abortion is feebleness and relaxation of the neck of the womb; a state which DESORMEAUX has frequently

found to exist in some females—this, especially if connected with excessive contractibility and irritability of the womb, is apt to lead to the *anticipating* type of abortion, in which miscarriage occurs each time at an earlier, and still earlier period of time.

WHITEHEAD places great stress upon disease of the neck of the womb as causing abortion; in three hundred and seventy-eight cases, there was disease of the neck in two hundred and seventy-five; the cause was obscure in twenty-nine cases; there was vascular congestion in fifteen cases; constipation of the bowels in three cases; retroversion of the womb in three; placenta prævia in eight, &c. In the majority of these cases, purulent, yellowish, or sanious leucorrhœa was present, as a symptom of ulceration of the neck of the womb.

Abortion is chiefly dangerous from the flowing, which may not only take place at the time, but which may become constant and exhausting even after the delivery of the fœtus, owing to the irritation exerted by the retained membranes, and after-birth. They should be carefully examined for, and removed.

*Treatment.*—*Calcarea* has been recommended, when the patient is plethoric, subject to profuse menstruation, leucorrhœa, pains in the breasts, colics, pains in the loins, sick-headache, rush of blood to the head and chest, &c.

*Belladonna* is the best remedy, when the above symptoms become more urgent, and immediately threatening, especially if bearing-down-pains set in.

*Sabina*, is the most homœopathic remedy, when females naturally subject to profuse menstruation, have the premonitory symptoms of abortion, and a little bright red blood has even made its appearance.

*Sepia* is best suited, when there is an abundant leucorrhœa, the patient being feeble, sad, melancholic, inclined to perspire easily, and being very subject to uterine colics.

*Secale* is the most homœopathic remedy, when the patient has previously been subject to painful menstruation, and severe forcing pains have already set in.

## DISEASES OF PARTURITION.

## FALSE LABOR.

WHEN called to a woman apparently in labor, the accoucheur should first endeavor to ascertain whether she has really attained her full time, so as not to encourage a premature labor, which might be prevented. If the neck of the womb is not entirely effaced but still retains a certain degree of length, and is hard and resistant; if the intervals during the pains are not regular in their course, duration and return; and the belly has not yet sunk down, then the physician should endeavor to arrest this premature or false labor by rest of body and mind, and soothing treatment.—CAZEAX.

There is another occurrence sometimes witnessed in the latter weeks of gestation, which may place the most skilful practitioner in default, viz, what has been designated as *False labor*, in which some women after having nearly reached their full term experience the true pains and contractions; the pains are regular, the membranes bulge out, and the mouth of the womb dilates; at times these pains last from four to six hours, and then go off; in others, the false labor is kept up for several hours, then passes off, and returns again every evening perhaps for one, or two weeks.

*Treatment.*—Pulsatilla and Opium are the principal remedies; but constipation, flatulence, acidity, &c. should be obviated.

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TREMBLINGS, AND CHILLS.

SOME nervous women are troubled with trembling and chills in the very commencement of their labor, and which are sometimes sufficiently severe to cause much inquietude. These symptoms often coincide with an unusual rapidity in the dilatation of the neck of the womb, and a speedy delivery. Sometimes these shiverings are renewed during, or immediately after labor, but they rarely or never merit serious attention.

*Treatment.*—Aconite, Cannabis-indica, and Sumbul are important remedies. Opium, when there is trembling, as if from

fright, with quivering or distortion of every muscle, with coldness all over. Agaricus, Cuprum, Ammon.-carb., and Cocculus, deserve attention. Gentiana-lutea, when shuddering like electric shocks proceed from the back, through the whole body, followed by great languor. Veratrum, when there is trembling with anguish about the heart and inclination to faint.

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#### DERANGEMENT OF THE STOMACH, &c.

NAUSEA and vomiting are not uncommon during, or at the commencement of labor; they are regarded as good signs, as their presence is said to indicate that the mouth of the womb is rapidly dilating.

Irritability of the bladder, and of the lower bowel, causing the patient to have an almost constant desire for their evacuation are not uncommon in the beginning of labor. And during the last moments of childbirth, the pressure on the lower part of the rectum, produced by the child's head, creates an urgent desire to empty the bowels; and many women yielding to a mistaken modesty, then wish to rise and retire to the water-closet; others, may seize that opportunity to let the child drop upon the floor in the hopes of sacrificing its life. It would of course be exceedingly imprudent to comply with their demands, especially as the desire is often illusory, particularly in those cases in which the bowels have been fully emptied shortly before the commencement of labor. CAZEAUX once had a patient who was delivered upon the close-stool, without being able to rise, and he not able to afford any assistance to mother or child.

As is well known, a small quantity of fæcal matter often escapes from the rectum during parturition; but if meconium escapes from the child during labor, in any other presentation, than a breach one, it is always an unfavorable sign, as it usually indicates a state of suffering of the child, generally from compression of the cord, and consequent congestion of the brain and lungs, followed by relaxation of the sphincters.

*Treatment.*—Ipecac., Pulsat., and Hydrocyanic-acid are the best remedies against excessive nausea; Bellad., Opium and Stramonium, or Ipecac. against tenesmus of the bowel; Can-

nabis, against irritability of the bladder. Pressure on the cord should be removed, when there is expulsion of meconium.

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### NERVOUSNESS.

MANY women suffer excessively from nervous agitation and excitement during some one, or all the stages of labor; they feel their pains acutely; lose their self-control, and lament in the most heart-rending manner.

*Treatment.*—In these, and in very difficult and tedious cases, *Chloroform* is the only reliable remedy. It unquestionably diminishes the duration of labor, by relaxing the parts, soothing the nervous system, and checking the irregular and spasmodic pains which retard the proper expulsive efforts. It takes away the anguish and distress which often proceed from an extremity of suffering almost beyond human endurance; and saves the practitioner and friends from witnessing those struggles and that agony which often almost unnerves them. It diminishes the shock of labor upon the system in general so that the patient often appears quite refreshed, and almost unaffected by the powerful efforts she has made.

With the aid of Chloroform the duties of the practitioner become easy; every manipulation and assistance can be rendered promptly and efficiently, as his feelings and attention are not occupied by cries and groans, struggles and agonies which time alone can relieve, without the aid of Chloroform.

A severe and prolonged fainting fit is the only serious evil to be expected from the use of Chloroform; but that must be attended to in the most prompt and effectual manner; those women who are very apt to faint, especially if their health is naturally delicate, should not insist upon the use of Chloroform.

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### SLOWNESS, OR FEEBLENESS OF THE CONTRACTIONS.

ACCORDING to CAZEAUX a slowness or feebleness of the contractions of the womb may occur at the very commencement of labor, and persist throughout its whole course.

*Treatment.*—According to Cazeaux we generally can only

encourage the patient to have patience, and support her strength with broth, claret or some other weak wine and water. Zincum and Cuprum in alternation, at intervals of five or ten minutes; or Zincum and Argentum, or Platina may prove useful. Many homœopathic physicians place great reliance upon Pulsatilla; while Secale, Nux, Ignatia and Angustura deserve attention. Pressure should also be made upon the vaginal surface of the Perinæum.

A. In some cases the feebleness of the pains is owing to excessive distention of the womb, either from the presence of an unusually great quantity of waters, or from the presence of twins. This over-distention renders the walls of the womb much thinner than usual, and lessens their power of contraction; consequently the pains though feeble and only returning at distant and irregular intervals, leave the patient in a state of anxiety and continual suffering.

*Treatment.*—In these cases an early and artificial rupture of the membranes is the most important step; to be followed by the use of proper medicines, if necessary.

B. In other cases the slowness and feebleness of the pains may depend upon general plethora, or local congestion of the womb. The pains are at first quite energetic, but soon diminish both in frequency and intensity; the womb and vagina are fuller and more heated than common; the breathing may be labored; the pulse hard and full; the face flushed; and the pains very irregular both in force and frequency.

*Treatment.*—Aconite is the most important remedy; Veratrum-viride and Digitalis, deserve attention.

C. Or there may be debility or inertia of the womb itself, though the patient may otherwise be perfectly healthy, and the other muscles of the organism be endowed with their usual energy.

*Treatment.*—*Secale* is supposed to be the only reliable remedy. In all these cases the method of my friend DR. BOLLES, consisting in making decided pressure upon the inner surface of the perinæum, in imitation of the pressure of the child's head, is a most efficient and valuable mode of relieving feebleness of the contractions, and inertia of the womb.

## RELAXATION, OR SUSPENSION OF THE PAINS.

IT is not at all unusual to find a labor which has been progressing favorably, to become at once arrested, and the pains which had been strong and frequent, diminish or even cease altogether.

A. Any vivid moral impression; the reception of exciting news; injudicious remarks, or discussions in the lying-in chamber; or the presence of a disagreeable person may produce this effect.

*Treatment.*—*Pulsatilla*, *Secale*, and pressure upon the perinæum are the most important agents; tickling, or irritating the os-uteri may be employed; or frictions over the region of the womb; and the patient may be allowed to get up and walk about.

B. The occurrence of some other and violent distress or pain may suspend the uterine contractions, such as distressing and repeated vomitings; sharp pains or cramps in the muscles of the back, belly or legs; gripings in the bowels; pains and cramps from the pressure of the child's head on the sacral nerves.

*Treatment.*—*Ipecac.*, *Bellad.*, *Colocynth*, &c. may be used with advantage.

## IRREGULARITY OF THE PAINS.

ACCORDING to CAZEAUX, the pains may be irregular in their progress, or they may be partial in their operation.

In the *first* variety there is no complete and perfect interval between the pains; they are continuous, but much increased in paroxysms, during which the sufferings are intolerable.

In the *second* variety only a portion of the womb contracts; sometimes it is only the fundus, or one of the angles, or some part of the body of the womb contracts spasmodically, while the remainder scarcely does so at all; but still, the pains are no less severe than if the whole organ were involved; on the contrary, they are often more so, although it is easy to ascertain by ventral and vaginal examinations that the child does not advance at all.

After a while the woman is apt to fall into a state of extreme

agitation; she weeps and becomes despondent; very often her pulse becomes frequent and feverish; her face red and flushed; skin hot; mind confused, and the limbs convulsively contracted; the whole forming a state, which has been termed *Uterine tetanus*.

*Treatment.*—Opium is the most reliable remedy, although *Secale*, *Nux*, *Pulsatilla*, and *Ignatia* are more homœopathic.

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#### TOO RAPID DELIVERY.

OCCASIONALLY we meet with cases in which the child is delivered too rapidly, and such excessive rapidity of labor is apt to be repeated at each successive confinement. This peculiarity has been found to be hereditary in certain families for three or four generations in succession; and it has been supposed to be most common in those females whose menstruation is difficult and painful, the patient being tormented every month with violent colicky pains; it is supposed that this irritability of the womb, will render her liable to excessive and energetic contractions during child-birth.

In these cases the pains are quite strong at the commencement of labor, they are very painful, last a long time, and are separated by short intervals; the patient can not resist the inclination to bear down, and forcibly contract the muscles of her body; she is excited and irritable, her head hot, face red and puffed up; pulse full and quick.

In many instances one pain has scarcely terminated before another begins, and sometimes the womb seems in a state of almost permanent contraction until the child is born.

*Treatment.*—*Secale* is the most homœopathic remedy, but *Bellad.*, *Conium*, *Strammonium* and *Chloroform* deserve attention.

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#### CONTRACTION AND RIGIDITY OF THE VULVA.

THE rigidity of the external parts of generation is frequently observed in women who do not become pregnant until late in life, and also in very muscular girls who are stout and plethoric.

Most commonly the narrowness and rigidity gradually give way; but often there are some slight or severe lacerations of the vagina, or posture commissure.

It is not at all unusual in muscular women, in their first child-bed, to find the labor progress very regularly at first, the head of the child passing out of the mouth of the womb, and descending well down upon the perinæum, where its farther progress is at once arrested by the excessive rigidity of that part.

In some instances the uterine pains grow weaker and weaker, and finally cease altogether; in others, the pains are kept up as strong and vigorous as at the commencement of labor, and yet they are unable to overcome the resistance of the perinæum.

*Treatment.*—Stibium, Conium and Tabacum are the remedies most frequently used. The application of cloths wrung out in hot water, may be tried; also the free use of Sweet-Oil, Glycerine, simple Cerate, Mutton-suet, &c.

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#### CEDEMA OF THE LABIA AND THROMBUS.

DROPSICAL swelling of the external genitals has already been alluded to (see page 558). It can be relieved speedily by making one or several punctures with a lancet into the swollen parts.

*Thrombus* is the effusion of blood into the external genital parts; the vaginal veins are apt to become enlarged during pregnancy, and one or the other of them may give way during the latter months, or during labor, especially when the head or breach of the child is about to clear the vulva.

The development of such a bloody tumor is generally announced by severe pain in the affected part, followed by the rapid formation of a more or less voluminous tumor of one or the other labia. This tumefaction may attain a considerable size, and the quantity of effused blood may be sufficient to weaken the patient.

*Treatment.*—Arnica, and Millefolium may be used to stop the hæmorrhage; or some styptic application, such as Tannin, Perchloride of Iron, Ice, &c.

## RIGIDITY OF THE NECK OF THE WOMB.

IN some cases the fibres of the neck of the womb seem to possess an extraordinary degree of resistance, especially in very young girls, or in middle aged women in their first labors, and in premature confinements.

In some cases the neck of the womb is only more irritable than usual; it is then thin, resistant, tough, hot, dry and painful.

Rigidity of the neck is generally attended with severe pain in the loins.

Spasmodic contraction of the neck may be present at the commencement of labor; may be overcome in part, until the waters are discharged, when the neck is apt to contract again spasmodically; even after this is again overcome and the head of the child has passed through the mouth of the womb, the neck may again contract rigidly around the neck of the child, and has to be dilated anew to allow the child's shoulders and body to pass.

*Treatment.*—Stibium, Stramonium and Belladonna are the most important remedies; the latter remedies may be applied locally to the mouth of the womb.

## OBLIQUITY OF THE ORIFICE.

THE neck of the womb is usually directed somewhat backwards; besides the posterior lip dilates more rapidly than the anterior; hence any excess of these natural procedures will cause the mouth of the womb to look directly towards the sacrum, and in the progress of labor the dilatation of the neck will be very slow, because the expulsive efforts will be directed against the anterior portion of the cervix, rather than against the mouth of the womb.

*Treatment.*—The woman should lie in bed even during the early stages of labor; it will also be better for her to lie upon her back, than upon her side; at the proper time the accoucheur should hook the anterior lip with his finger, carefully bring it to the centre of the vagina, and retain it there until a new contraction comes on; the head of the child will then probably be

forced down into the opening and no longer permit the lip to return to its unnatural position. The labor will then terminate several hours sooner than it otherwise would.

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#### SWELLING OF THE ANTERIOR LIP.

It is not unusual to find the head descending into the cavity of the pelvis, long before the complete dilatation of the mouth of the womb, whereby the anterior lip is necessarily compressed between the head of the child and the symphysis pubis, and considerable tumefaction may occur.

*Treatment.*—The lip should be pushed back during the intervals of the pains if possible; if this cannot be accomplished, and the swelling be very great, tense and black, a number of punctures may be made for the purpose of evacuating the infiltrated liquids. At times, the progress of the child's head may be aided by introducing the finger into the rectum, and pressing against it.

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#### MOLES.

By mole is meant an organized, fleshy, insensible body, generally softish, sometimes hardish, of variable and indeterminate shape, always the result of depraved conception, which after having been begun and developed within the womb, instead of a foetus, is sooner or later expelled.

These bodies have been called *false germs*, or *embryonal moles*, when they do not remain in the womb more than two or three months, and are covered with the usual envelopes or membranes of the foetus, within which a transparent or bloody fluid is enclosed, together with some traces of an embryo.

*Hydatid moles* consist in a degeneration of the placenta, or after-birth, within which there is developed a greater or smaller number of cysts, either separate or united, like the fruit of a bunch of grapes. This kind of mole is very common; often attains a great size; remains for a long time in the womb; and finally is expelled either in mass, or in broken pieces.

The *fleshy mole* does not require particular description.

The recognition of the presence of a mole within the womb is extremely difficult during the early months, because the symptoms are equally characteristic of true pregnancy; in both cases we find: suppression of the menses, swelling of the breasts, enlargement of the figure, disgust, nausea and general derangement of various functions. At a later period, the size of the abdomen is apt to be greater than it is at a corresponding stage of real pregnancy; it is generally more painful, harder, and more equally distended; there is no *balottement*, and no motion of a child; the weight of the womb seems greater and more fatiguing than when it contains a foetus; the woman suffers more from pain in the loins, difficult urination and lassitude than she does in an ordinary pregnancy, and often feels something like a ball falling about within her as she turns from side to side. The breasts enlarge at first, then shrink and shrivel up; and frequent and irregular attacks of bleeding from the womb are apt to occur. After the lapse of the first five months we can generally decide upon the nature of the case from the absence of the signs of true pregnancy, the presence of local uneasiness, and the recurrence of floodings.

*Treatment.*—We should generally wait until nature expels the foreign body, and then use the same care and precautions as in ordinary labor. In some cases the use of *Secale* is necessary; in other cases the mouth of the womb must be dilated with the hand, or with the aid of *Belladonna*-ointment, and the foreign body removed with the fingers, or instruments. Carbo-vegetabilis, Sulphur, Sabina and Bovista may be used to prevent the growth of moles.

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#### EXTRA UTERINE PREGNANCY.

THE commonest form is tubal pregnancy. The abdominal tumor rises out of the pelvis earlier than usual; is found far over to one or the other side; is irregular and modulated in form; and while the motions of the foetus are readily detected, we find the size and weight of the womb but slightly increased, and the neck of the womb but little shortened. It generally terminates spontaneously before the fifth month, by the rupture of the fallopian tube and escape of the child into the cavity of

the abdomen, marked by the occurrence of sudden and acute pain, rapid exhaustion, paleness and syncope; although these may be preceded by labor-pains, dilatation of the mouth of the womb, discharge of bloody and glairy mucus from the vagina, and evident contractions in the womb and tumor.

*Treatment.*—In some cases it may be justifiable to resort to the operation of Gastronomy (CAZEAUX); in case of rupture of the tube, the only hope is in the judicious use of large doses of Opium, as in cases of rupture of the bowels and womb.

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#### DELIVERY OF THE AFTER-BIRTH.

IN a large number of cases, immediately after the birth of the child, the after-birth will be found lying high up in the vagina, but completely within the reach of the accoucheur. In a certain number of other cases the detachment of the after-birth and its ejection from the womb into the vagina is effected in the course of fifteen, twenty, or twenty-five minutes; but having passed into the vagina, it sometimes remains there for several hours without causing the least irritation by its presence, nor the least bearing-down effort; on the contrary, the walls of the vagina will often gradually contract around it and retain it there for an indefinite period.

In all these cases, and they form the greater number, the accoucheur should make but little traction upon the cord, but carefully and gently pass his fingers up until he reach sufficient of the placenta to grasp it and bring it down. If he cannot reach it, some traction may be made upon the cord, pressure should be made on the inner surface of the perinæum, or posterior wall of the vagina, and frictions to the hypogastric region with a cool or cold hand. Some practitioners regard these procedures as unjustifiable; but although the delivery of the after-birth may generally be left to the powers of nature without any serious inconvenience, yet it is equally true that it will be delayed a long time in a large number of cases. Now, such delay will not only force the patient to remain in an uncomfortable situation, but so long as the delivery is not completed, she will still consider herself exposed to numerous dangers, and her fears may have an unfavorable influence over her condition.

If the after-birth be entirely retained within the womb, the accoucheur may make pressure on the posterior wall of the vagina, irritate the mouth of the womb gently, use pressure and frictions over the lower part of the belly, and allow at least one full hour to elapse after the child is born, before proceeding to more active measures, such as the introduction of the hand into the womb, and the use of Ergot.

Retention of the after-birth from irregular or spasmodic contraction of the womb; or from spasmodic contraction of either the external or internal orifice, hour-glass contraction, or from spasmodic contraction of the whole organ may be relieved by the use of Nux, Ignatia or Secale, or if these fail, by Opium, Bellad., or Stramonium, aided by the usual manipulations of overcoming the stricture by careful introduction of the hand.

Adhesions of the placenta must be carefully overcome by mechanical means; the after-birth should be peeled off, and then removed by the hand. The details are given in every book on midwifery.

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#### HÆMORRHAGE BEFORE, DURING, OR AFTER THE DELIVERY OF THE AFTER-BIRTH.

THIS is one of the most frequent and at the same time the most terrible of the accidents which complicate the delivery of the after-birth. This accident is frequently developed in the course of a few minutes after the child is born, though sometimes the inertia of the womb is secondary, as it were, not coming on for several hours, or even not until several days after. The womb after having been fully and properly contracted after the birth of the child or delivery of the after-birth, may become relaxed by degrees, and ultimately give rise to a frightful hæmorrhage.

The signs by which the existence of flowing is made out, are easily recognized; but the discharge is sometimes so sudden and profuse that the woman's life is almost immediately seriously endangered. The patient generally complains of a feeling of weight about the stomach; and soon after, a pallor of the face, dimness of vision, smallness of the pulse, debility and fainting are apt to set in.

When the blood appears externally, there is no doubt about the nature of the case; but when the bleeding is internal, and confined to the cavity of the womb, the nature of the case may escape detection, and at least only be recognized when it is too late to remedy it.

The majority of these cases may be prevented by a little care on the part of the accoucheur; as the body of the child is being born, careful pressure should be made upon the body of the womb, by a friend, nurse or assistant; and this pressure should be continued without the least interruption until the bandage is well applied. After delivery the patient should lie perfectly flat, with her thighs stretched out along side of each other, and then be left in silence, and the most absolute rest of body and mind for at least half an hour. As soon after delivery as possible a perfectly clean and warm napkin should be applied to the vulva, and the nurse authoritatively instructed to examine it at least every three or five minutes. Thus any unusual flowing will be detected at a very early period. Besides, I always have a bladder, ice, Ergot and Ammonia at hand, in order that it may be used immediately, if necessary. In case of any excessive flowing, the bladder moderately filled with cracked ice should be placed over the womb, on top of the bandage; a small bit of ice may be introduced into the vagina moderately high up; and Secale may be given every three, five, ten or fifteen minutes according to the urgency of the case; if great weakness or fainting set in, Ammonia should be used. I never leave the most favorable and ordinary case of confinement without having Secale already prepared for use, with stringent instructions to the nurse to examine the napkin frequently, and give Secale, Ice, &c. promptly, until I can be recalled.

If the *tampon* be necessary, I prefer Lint dipped in ice-water, vinegar and water, or Alum-water, to any other. A coagulum is more readily formed in the meshes of the lint, than in any other material. Linen and Silk generally restrain the hæmorrhage very imperfectly.

According to CAZEAUX, when the physician has been fortunate enough to restrain the flowing, he should still remain with his patient for several hours, carefully watching the character and amount of discharge from the vulva, and occasionally examining

the region of the womb in order to detect any unusual increase in size of it.

After a profuse flowing the patient is naturally inclined to sleep, and some persons think it better to prevent her from slumbering too long lest the discharge should return without her knowledge. But sleep restores the exhausted powers, and ought not to be too soon interrupted; but the patient should never be left alone, and the pulse, size of the womb, and quantity of discharge should be frequently examined by the attendant.

Some patients are frequently tormented, after profuse floodings, by vomiting, or nausea and retching; the vomiting may exhaust the patient and cause fainting, during which the flowing may return again.

*Treatment.*—Ipecac., Pulsat., or Opium may be required.

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#### INVERSION OF THE WOMB.

THIS accident, according to CAZEAUX is always attended by symptoms which are serious in proportion to the amount of inversion. The patient not only suffers from pain, but is harassed by a constant desire to urinate, and straining at stool, which are often sufficient to render an inversion complete, which otherwise would only have been partial. The pain then often becomes excruciating, and the frightened sufferer is apt to faint away; the pulse becomes feeble, or almost imperceptible. The symptoms are less severe when there is a simple depression of the base of the womb; they are urgent when the fundus has been forced down through the mouth of the womb, and this is firmly and spasmodically contracted. When there is partial detachment of the placenta there will be more or less flooding; and if there be complete inertia of the womb, the flowing will be frightful; when the after-birth is adherent there will be no discharge.

Inversion may happen in a very rapid labor, especially if the patient happen to be standing while the child is born; it is more frequently produced by pulling upon the cord, in overhasty attempts to deliver the placenta; and has happened when the patient has sat up too soon (within twelve hours) to have her bowels or bladder relieved.

*Treatment.*—The patient should be placed upon her back, with her hips raised, and the accoucheur should pass his hand into the cavity of the womb, and gently push the fundus up and back. A mere symptomatic treatment of the pains and other symptoms, is worse than useless.

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## CONVALESCENCE AFTER PARTURITION.

ACCORDING to MURPHY, the activities of the nervous and circulating systems, which were at their maximum of intensity during the progress of child-birth, are reduced to their minimum after delivery. The pulse sinks; chills, more or less severe may set in, so that the patient either complains of feeling cold, or is actually shivering; she also experiences a certain amount of depression, feels exhausted, and occasionally a slight temporary wandering of the mind gives more distinct evidence of the exhaustion of the nervous power.

The first twelve hours which elapse after the birth of the child should be essentially hours of repose; and, if by good management the patient is left undisturbed during that, or even a much shorter interval, and obtains some sound and refreshing sleep, it is surprising how quickly she will be refreshed and restored. The mother has forgotten all her sorrows, is cheerful, disposed to talk, and so far as her own feelings are concerned, it seems to her as if she could get up and go about as well as before delivery. In the next interval, say at the end of twenty-four hours more, a slight change may be observed; a new function, that of lactation is becoming active, and the circulation, which was below par, now rises again to the febrile, or inflammatory standard; some chilliness, thirst and headache, followed by perspiration, are felt; these symptoms finally disappear when the full secretion of milk is established, and no further constitutional disturbance may be observed.

In the *first period*, or that immediately after delivery, the causes of pain, sickness or other disturbance will generally be found in the errors of those, who are in immediate attendance upon the patient; the most perfect repose of the system is required, and much mischief may result, if the patient is kept in

a constant state of worry and excitement after her delivery. The accoucheur often has a right to complain of the well-intentioned but too officious kindness of friends, when he finds on his next visit, that his patient has not slept, that her pulse is quick, that she has some headache, and is thirsty. These premonitions of a more decided febrile paroxysm may be unnoticed by the friends or nurse, but often excite alarm to the careful and experienced practitioner. It is not necessary that the patient should have seen too many visitors in order to produce these results; the nurse may very judiciously have expelled all intruders, and so far succeed in keeping her patient quiet, and who would have enjoyed the repose so necessary for her, if unfortunately the nurse herself had not a strong prejudice in favor of making her "clean and comfortable," that is, all the soiled sheets and bed clothes have been forcibly removed, the patient's dress changed, and after this and sundry other things have been done, the nurse consoles herself with the belief that her charge will now sleep comfortably. But delicate women are very susceptible of nervous irritation at this time; if their rest be once disturbed, or their sleep be put astray, they remain wakeful and unrefreshed; presently the senses become more than usually excited; the noise of their infant, although from another apartment disturbs them; light becomes exceedingly unpleasant to them, and finally, although the nurse carefully darkens the room and closes the bed-curtains, the patient does not sleep; and even if she does fall into a slight dose, it is but momentary, for the slightest noise or whispering awakes her. After some hours, headache will set in, and just as the secretion of milk is fairly commencing, it may be arrested by the presence of an irregular nervous fever, chills occur at irregular intervals; the headache becomes more severe; the pulse becomes frequent and perhaps irregular, and sometimes delirium may set in. A feverish and nervous disturbance of this kind may not be subdued for weeks, and often has its origin in no other cause, than in a little want of knowledge in the management of the patient immediately after her delivery. MURPHY has known a patient to be lifted up, drawn down to the bottom of the bed, then dragged up again, now to one side, and then to the other in this process of changing the bed clothes, who afterwards presented a most alarming train of nervous symp-

toms, and all this because the nurse insisted upon making her "comfortable."

Too much excitement is not the only risk to which the woman is exposed during this interval. Errors in diet may very easily be committed. After the patient has had a refreshing sleep, she is apt to feel, and thinks that she is perfectly well, and may eat and enjoy whatever she can get hold of. There is therefore sometimes the greatest possible temptation to partake of too hearty food, the mischief of which may not become apparent for some time, viz, until reaction sets in; but when the pulse naturally begins to rise, and the milk to form, the natural febrile paroxysm may be superseded by one of a more decided and serious character.

*Treatment.*—The chilliness should be met with warm clothing, by some warm tea, or gruel, or milk and water; if it persists, or returns frequently, China or Arsenicum may be given.

If the patient be feverish, restless and nervous, Aconite and Chamomilla may be administered.

If there be much headache with a tendency to delirium, Aconite and Belladonna.

Errors in diet, may be contracted by the use of some gentle laxative medicine, or by Ipecac, or Pulsatilla.

For the treatment of obstinate sleeplessness, see page 556.

Other and frequent consequences of these cleanly and orderly intermeddlings, are the occurrence of severe after pains, or of more or less dangerous floodings. The patient cannot be moved about in this way without disturbing the bandage that was to secure and support the womb. If the patient leave the horizontal posture, and she is often allowed to set bolt upright, the blood will again accumulate in the uterine veins, blood is consequently poured into the cavity of the womb, where if it go no farther, and coagulates, will expose the patient to a severe attack of after-pains; but it may not coagulate, but flow away, and produce a most violent and dangerous flooding. The patient is thus exposed to the risk of her life, at a time when every moment of repose is of the highest value to her, and her physician is probably far away from her.

*Treatment.*—Severe after-pains require the use of Arnica, Belladonna, Stramonium, Secale, or Opium.

For the treatment of flooding, see page 542.

## LACTATION MILK-FEVER, &amp;c.

THE *second* period of time after parturition is marked by an increase in the force and frequency of the pulse; a slight chill, some thirst and perhaps headache: the breasts are becoming distended. If the previous management of the patient has been judicious, or no other causes of disease be present, the patient will pass safely over this period. The distention of the breasts and the natural fever that accompanies it, are relieved chiefly by the child; when the milk flows freely, the fever subsides, and the function of lactation is established; but very slight causes will derange this natural process, such as improper food, agitation of mind, exposure to cold. In some cases the patient has a severe chill, followed by profuse perspiration, forming the so-called milk-fever. In other instances the formation of milk is too rapid, although there is not much fever; still the breasts become tensely distended and painful, presenting a firm unyielding surface to the infant, who cannot grasp the nipple sufficiently to nurse; hence the breasts are not relieved, and inflammation is apt to set in. In another set of cases the secretion of milk may be suspended or suppressed, and the absence of milk is the precursor of some deeper-seated and more distant inflammation, or of puerperal fever itself. Hence the practitioner should be very solicitous that the function of lactation be safely established; if the child is strong enough and healthy, and if the mother be properly managed previously, this object is generally successfully accomplished. But, both local and constitutional causes may throw impediments in the way; the nipple may be badly formed, either too small or too large, or perhaps flattened by the fashionable corset, so as to form a depression in place of a prominence, so that the child cannot properly grasp it. Or it may happen that the extremely delicate skin that covers the nipple is very irritable and easily inflamed, consequently it will not yield to the traction of the child; it gives way at the base of the nipple; fissures are the result; they bleed easily, and in place of a comfort and enjoyment, the nursing of the child becomes the greatest source of anguish and distress to the mother. Again, we may meet with cases in which the breasts and nipples are well formed, nevertheless the milk will not flow, because the minute

milk-ducts are not free to transmit it ; they may be plugged up with a thick tenacious secretion which the child has not sufficient suction-power to remove.

In another class of cases the milk is secreted scantily, and what is extracted contains but little nourishment ; the infant, therefore, is never satisfied, and after having obtained what it can it may sleep, exhausted by its efforts to draw the breasts ; but it is only a momentary dose, for it soon wakes up, becomes feverish, cries constantly, and is ravenously hungry ; the mother has no farther supply, her anxiety contributing still more to arrest the secretion ; and thus difficulties of no ordinary character arise.

There are also certain constitutions where there is no deficiency of milk in the breasts, but it is of poor or bad quality ; the milk may be abundant, but it does not satisfy the child, or possibly it may produce a considerable amount of irritation in the stomach and bowels of the infant ; the child may scarcely have obtained a sufficient quantity before it is ejected from the stomach, or if it pass down into the bowels there will soon be evidences of irritation in its passage along the intestines and an exhausting diarrhœa may place the infant in extreme danger of its life ; or it may be exposed to all the torments of colic, and its wild screams that cannot be appeased, soon give evidence of the agony it is enduring.—(MURPHY.)

*Treatment.*—If the flow of milk be excessive, we must reduce the force of the general circulation, and prevent the effects of over-distention of the breasts. Aconite and Antimony are the most important remedies. But Bryonia may be given if the afflux of milk is very considerable and the breasts greatly distended, so as to produce pain and oppression of the chest ; it will generally relieve the tumid breasts and check the fever. Still, *Belladonna* may be required if there be violent pains in the head, tendency to delirium, glistening of the eyes, and fever. Warm fomentations skilfully managed so as to maintain an equal temperature around the distended breasts are often most grateful to the patient ; and gentle frictions with warm oil over the surface are useful in promoting the absorption of the excess of milk ; when the distention and consequent irritation are relieved, the milk which has been arrested will frequently flow

quite freely; if it be slow, the breast-pump may be used, or what is still better, another child, older and stronger, may be applied, and will soon reduce the distention. If it should happen that the milk-ducts are much obstructed, even these methods may fail, and some female friend or nurse must be called upon; their stronger powers of suction will soon remove these plugs, and the milk then flows without difficulty. As soon as this excessive distention is once overcome, it does not generally return, provided caution be used in the diet of the patient, and some gentle laxative medicines are given.

When the flow of milk is *deficient* we have a far more difficult case to manage; in the first place the babe must be fed artificially, so as to prevent its restlessness. It may then be applied to the mother at longer intervals than usual, twice perhaps in the day, and once at night, so as to allow the milk which is but slowly secreted, time to accumulate. The mother will generally require a more nutritious diet than can usually be given after parturition; and if the deficiency of milk depends upon the exhaustion and diminished sustenance which have been caused by a protracted labor, even stimulants are sometimes necessary; broth or soup may be given, and, with caution, warm negus. It is there that the virtues of caudle shine so conspicuously. It is also essential that sufficient rest and sleep be secured the mother; these patients are apt to be particularly restless, because the desire of the mother to nurse her infant is too frequently strong in proportion to her inability to do so; she is unwilling to resign her little charge to the care of another, and becomes anxious, irritable and sleepless. But the more general causes of deficiency of milk would seem to be a lymphatic constitution, a feebleness of arterial action, or of the vital energies; or a general constitutional debility produced by moral causes, depressing mental emotions, or by an unhealthy pregnancy. In these cases, LEADAM says that *Agnus-castus* is the most useful remedy; if the mother is desirous of nursing, and the signs of milk are not apparent in thirty-six hours after delivery, the *Agnus* should be given at once; it is also equally useful, when the milk diminishes or disappears without any appreciable cause, or becomes impoverished; Conium and Iodine also deserve attention.

DR. KALLENBACH having noticed that when *Assafoetida*

plasters had been applied to the pit of the stomach in hysterical females for a long time, they were sometimes followed by swelling of the breasts, from which a milky fluid oozed, gave it internally with success in four cases. LEADAM has found it to materially increase the flow of milk, improve its quality, and cause the child, which before was pining and constantly disturbed by flatulent colics, to thrive and cease crying.

THE USE OF THE BOFAREIA,

(“RICINUS COMMUNIS” OF BOTANISTS) AS A MEANS ADOPTED BY THE NATIVES OF THE CAPE DE VERD ISLANDS TO EXCITE LACTATION.

By Dr. J. O. M'WILLIAM, F.R.S., R.N., &c.

While engaged in an official investigation into the nature and history of a yellow fever epidemic, prevailing in the Island of Boa Vista, in the Cape de Verds, during the year 1846, my attention was called to a remedy commonly had recourse to there, and in the other islands of the group, to accelerate and increase the flow of milk from the breasts of childbearing women, in cases where that secretion was tardy in appearing, or deficient in quantity when it did appear.

I also learnt that, on occasions of emergency, this remedy could be successfully applied to a still more important use, namely, to produce milk in the breasts of women who are not childbearing, or who even have not given birth to, or suckled a child for many years.

The leaves of a plant, called, in the language of the country, Bofareira, but which, in reality is the “*Ricinus Communis*” of botanists, and, occasionally, the leaves of the “*Jatropha curcas*,” both belonging to the natural family *euphorbiaciæ*, are the means by which these interesting if not extraordinary results are produced.

The Bofareira grows in most if not all, the Cape the Verd Islands. That used by the natives for the purposes I have mentioned, is called by them the *white* bofareira, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* bofareira. The *white*, or that which possesses galactagogue qualities, is recognized by the natives by the light green color of the stem of the leaf, whilst the leaf stem of the *red* is of a purplish red hue. The latter plant is carefully

avoided, as it is said to be a powerful irritant, and, if applied as it occasionally has been, by mistake, for the *white*, it produces an immediate and often immoderate flow of the menses.

In cases of childbirth, when the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands) a decoction is made by boiling well a handful of the *white* Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child, which it usually does in the course of few hours.

On occasions where milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment adopted is as follows:—

Two or three handfuls of the leaves of the *Ricinus* are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits so as to receive the vapor over her thighs and generative organs, cloths being carefully tucked around her so as to prevent the escape of the steam. In this position she remains for ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to, with the fomentation of, the breasts, are again had recourse to. A child is now put to the nipple, and, in a majority of instances, it finds an abundant supply of milk.

In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there

still be want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the Bofareira.

Women with well-developed breasts are most easily affected by the Bofareira. When the breasts are small and shrivelled, the plant then is said to act upon the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow if their advent be near.

Exposure to cold is carefully avoided by persons who are being brought under the influence of the Bofareira. They scrupulously abstain from wetting with cold water either the hands or the feet.

Maria, a dark mulatto woman, with woolly hair, thirty years of age, tall, stout, and well-formed; menstruating regularly; the mother of three children, the youngest of whom was three years old, and had been weaned when under the age of one year, was brought before me by Dr. Almeida, of Boa Vista, on the morning of the 30th of June, 1846, for the purpose of being submitted to the action of the Bofareira. She stated that when her child was weaned, every trace of milk disappeared from her breasts in the course of a few days. I could not detect any sign of pregnancy. The breasts were like those of negro women in general who have borne children, pendulous and flabby. No sign of milk was given out from them upon careful expression of the nipple.

The baths, fomentations, the application of the leaves, friction, suction, &c., were adopted in the manner and order I have already described. On the second day there was a slight oozing of serous-looking milk from the nipples, with slight increase of size in the areolar portion of the breast. On the third day the milk was increased in quantity, and less watery. On the morning of the fourth day there was evident enlargement of the lower part of the mamma, and milk flowed abundantly upon the application of a child to the nipple.

The use of the Bofareira in cases of childbirth, to accelerate the flow of milk, is common, but comparatively rare as a means of procuring a wet-nurse. Some instances of the latter kind occurred, in consequence of the death of mothers with children at the breast during the progress of the Boa Vista epidemic of 1845—46, which decimated a population consisting almost wholly

of blacks, with a few Europeans—Portuguese and English—and a small proportion of mixed negro and European blood.

Generally, however, this use of the Bofareira is seldom called for. Death in childbirth, or prolonged illness after parturition, sometimes requires a kind relative or charitable neighbor, who for the safety of the offspring, places herself under the influence of the Bofareira.

The son of a wealthy landed proprietor of San Nicolao (well known to my friend, Mr. George Miller, of that island,) a remarkably hale and robust-looking man, was wet-nursed by a woman who gave him milk produced by the bofareira. The nurse in this instance had borne two children in early life. Her husband had died shortly after the birth of her second child; she lived in a state of virtuous widowhood, and it was *many* years after the death of her husband that she so generously submitted herself to the bofareira, and nursed the infant in question.

Consul-General Rendall, of the Cape de Verds, informs me that a lady, a native of Boa Vista, now residing at San Antonio, and the wife of one of the foreign consuls, had a daughter in 1843. "Having very little milk," says Mr. Consul Rendall, "she caused an old female servant to be prepared with the bofareira, and to act as wet-nurse, which she did in the most satisfactory manner, having plenty of good milk, although she had not had a child for ten years previously. The child is now (March, 1847) a healthy one, and well-grown. "In short," continues M. Rendall, "women who use the bofareira are in two or three days in order sufficient to nurse the child of a queen.

I have not been able to ascertain, from personal observation, or from any very accurate information, what effect the bofareira has upon virgins, or upon those who, although they have not borne children, are nevertheless not virgins. As regards the latter class, however, an intelligent native midwife assured my most able and observant friend, Mr. George Miller, of San Nicolao, that the effect of the administration of the bofareira is much the same upon them as upon them as upon childbearing women.

In some cases, but rarely, the decoction of the bofareira is taken internally, with a view of assisting the action of its external application.

I regret not having been informed of the alleged difference in

the action of the white and red bofareiras, while I was at the Cape de Verds, that I might have examined the latter plant upon the spot.

The seeds of each plant, were, however, kindly forwarded to me by Mr. George Miller, and Sir William Hooker most readily and obligingly examined them. Sir William, in a note to me, says, "What you remark as red bofareira and as white bofareira, are both, not only of the genus 'ricinus,' but also of one and the same species—viz., *ricinis communis*, the common palma Christi, or castor-oil plant. In our gardens, as well as abroad, the plants vary, and your two plants vary a little in the form and size of the seed, and especially in the color, but they are one and the same species."

It is thus evident that the white and red bofareiras, if they differ at all, can only be varieties of the same species. It is known, however, that certain varieties of other plants, as thyme, mint, &c., do yield different properties, and such may be the case with the bofareiras.

I have thus stated all the facts that have come to my knowledge regarding this galactagogue of the Cape de Verds, which I consider to be well worthy of a fair trial in this country. Should its action in our more temperate regions be similar to that which it exerts within the tropics, an interesting field of inquiry will be opened, as regards its hygienic, medical, medico-legal, and other relations.

These, however, are points, the consideration of which had better be reserved until it has been determined, by experiment, how far the bofareira can be successfully introduced into the practice of this country.

*Note.*—Dr. Tyler Smith, to whom I showed my paper before my visit to Edinburgh, has written to inform me that he has in several cases tried the bofareira in the manner described by me; and he assures me that the effects of the plant grown in this country fully bear out the facts I have detailed respecting the use of this plant in the Cape de Verd Islands.—*Lancet*, September 7th, 1850, p. 294.

## GALACTAGOGUE AND EMMENAGOGUE EFFECTS OF THE LEAVES OF THE BOFAREIRA, (RICINUS COMMUNIS, OR PALMA CHRISTI.)

By Dr. TYLER SMITH.

[Dr. Smith states, that being struck by the facts related in Dr. Mc William's paper, and learning for the first time that the plant is no other than the ricinus communis, which grows as an annual plant in this country, he determined to ascertain by Dr. Mc Williams' wish, whether the plant when growing in our latitudes, preserves its remarkable properties of stimulating the mammary glands. Dr. Smith says :]

In directing the use of the Bofareira leaves, which I have procured from the Botanical Gardens at Chelsea, Kew, and the Regent's Park, I have followed as nearly as possible the description of Dr. Mc William, with the exception of the application of the steam of the decoction to the generative organs. The following are the cases in which the agent has been used under my directions.

The following case was conducted by Mr. C. Stillman, one of the house-surgeons of Queen Adelaide's Lying-in-Hospital.

*Case I.*—Mrs. C., twenty-four years of age, rather tall and thin, mother of two children, had weaned the last about six weeks, and had still a little milk, of a very thin, serous character, left in the breasts. She commenced the use of the Bofareira, on the morning of Wednesday, August 21st, by bathing the left breast only, with a strong decoction of the leaves. The leaves themselves were afterwards applied to this breast. In the evening, she repeated the bathing; after which she perceived, on squeezing the nipple, that her milk, which was at first thin and watery, had now become quite thick. After repeating the application on Thursday the 22d, she felt throbbing pains in the breast, accompanied by sickness and pains in the back, which she described as being like after-pains, and the areola surrounding the left nipple had become much darker than the right; the glandular follicles were also larger than in the nipple which had not been under the influence of the Bofareira. The difference between the two breasts was very marked. Having at this time no more leaves, she was unable to continue the application. On the following day, a fresh supply of the leaves was obtained,

and she again bathed her left breast as before. After two applications, the *catamenia* appeared before the regular time, and the fomentations were not afterwards continued.

*Case II.*—Mrs. H., mother of four children, her youngest child aged one year and five months, had been weaned more than six months. During the latter months of lactation, she had little milk; the breasts were small, and the nipples contracted. Before applying the Bofareira, the breasts were carefully examined, to learn if they still contained any traces of milk. After much trial, she could squeeze from her left breast the smallest points of serum from the mouths of two or three of the galactophorous ducts, as is the the case with most women who have suckled; but from the right breast not a trace of moisture could be expressed. The Bofareira was used night and morning for four days, by bathing with the decoction, and the application of the hot leaves to both breasts, in the manner described by Dr. Mc William. After the second application, thick milk, like the colostrum, could be squeezed from both nipples, the breasts were considerably swollen, the glands in the axillæ were also painful, and pains extended down the arms. There were, in fact, in this case, all the symptoms present, in a minor degree, which are usually observed in the establishment of the milk after parturition. Mrs. H. had also distinct periodical pains in the back and abdomen, which she compared to after-pains. A leucorrhœal discharge was also produced. At the end of the fourth day, milk flowed so freely into a breast-pump, that there was no doubt she could have suckled a child; but at this point the application of the Bofareia was omitted, and the milk has since gradually disappeared.

*Case III.*—Mrs. D., a married lady, without family, hearing of the use of the Bofareira in the last case, wished it tried upon herself. As there was no possibility of injury she was supplied with some of the leaves, and proceeded to use it. The application, and the use of the decoction, produced swelling of the breasts, pain in the back, and an increase of a leucorrhœal discharge, to which she is subject; but there was no appearance of milk in the breasts. At the time of using the Bofareira, the catamenial discharge had ceased about a week.

*Case IV.*—M. L., a young woman, who had been delivered three weeks, but whose milk, though profuse, was so poor as to be little more than serum, used the Bofareira three times. Under its use the secretion from the breasts became markedly thicker; but the child was unfortunately attacked with diarrhoea, and it was not thought advisable to continue the use of this agent longer.

*Case V.*—L. M., a young woman, mother of one child, but who had weaned her infant about a year and a half, applied the Bofareira in the form of decoction and poultices two or three times; but the pain and swelling were so considerable, that she refused to go on with it. She had a little serum in the breasts, at the time when the use of the Bofareira was commenced. The secretion speedily became milky. This patient had a leucorrhœa, which had been present, ever since the weaning; and the uterine and vaginal irritation, upon which the leucorrhœa depended, had kept up, in all probability, the serous secretion from the breasts, which is common enough in leucorrhœal cases.

Since the foregoing cases occurred, I have used the remedy in a case of scanty menstruation of a remarkable kind. Owing to exposure to marsh malaria, some years ago, the patient had scarcely a sign of colored discharge at the usual catamenial periods. She used the infusion of the leaves of the red Bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapor to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia. From the effects in this case, and in one of the cases already related, the Bofareira promises to be of considerable value as a direct emmenagogue; at all events the cases in which I have tried it, show that the plant does not lose its efficacy in this climate. I hope that, in America and other parts in which the plant is common, perennial instead of annual, extensive trials of its efficacy both as an emmenagogue and a galactagogue, will be made.—*London Journal of Medicine*, Oct. 1850, p. 951.

## SORE-NIPPLES.

ACCORDING to MURPHY, *the local cause* that chiefly interferes with nursing, is the extreme tenderness of the nipples, or the fissures, or so called "sore-nipples." If attention be paid to the breasts before delivery, if the nipples be prepared or hardened by astringents, weak brandy, Arnica- or Alum-water, there will be less risk of accidents afterwards. Still, this process of hardening may fail, or it may not have been tried; and then, as soon as the child is applied to the breast it causes great pain; inflammation follows, and a crack, or fissure in the nipple is the consequence. From the moment this happens the patient's miseries begin; every time the child is applied, the wound is opened and bleeds; the inflammation increases, the nipple swells and becomes painful, even when the child is not drawing upon it; but the pain becomes intolerable when the child nurses; and thus a very slight inflammation in the beginning may soon become so severe and obstinate as to require weeks before it is subdued.

The treatment of sore nipples is the treatment of inflammation; and the first and most important point is the prevention of the fissure. It is here that the watchfulness and intelligence of the nurse is of the utmost importance. It is not usual for physicians to examine the breasts and nipples of his child-bed patients every day, although there are many good reasons why he should do so, especially if he has the least reason to suspect any deficiency or tenderness of the nipples, or inflammation. The nurse has daily and hourly opportunities for observation; if there be any great pain, unusual swelling, or redness of the nipple, she must necessarily soon observe it, and always should give timely notice to the physician. But many women have an unreasonable and foolish disinclination to expose their breasts to the eye of the accoucheur, until several or many domestic remedies have been tried and failed. In the first stage a mild astringent will arrest farther trouble; MURPHY has found Alum-why a useful lotion; while Alum-curds may be applied as a poultice to the nipple; the infant should be applied to the breast as seldom as possible, and before doing so it is always well to cover the nipple with a circular piece of gold beater's skin, or

adhesive plaster, having a hole in the centre just sufficient to leave the orifices of the milk-ducts uncovered. This will lessen the pressure and irritation of the infant's gums and render the process of nursing more tolerable. Nipple shields are generally next to useless, if not injurious. The breasts should be gently rubbed from time to time with warm oil, in order to help the milk to flow more freely and easily.

*Arnica*, five drops of the tincture in a wine-glass full of water, applied to the nipples several times a day, is said to be very effectual in removing the tenderness and excoriation consequent upon the first few applications of the child to the breast.

*Chamomilla*, may be used internally and externally in the same way as *Arnica*, when there is inflammation, swelling and ulceration of the nipples.

*Graphite*, when there is burning, aching, cracking and tenderness of the nipples. A dose may be given every night and morning.

*Sulphur*, when the nipples are sore and deeply fissured; when the cracks bleed and burn.

In some severe cases Sweet-oil and Lime-water may be applied frequently; or Magnesia-ointment; or Glycerine, or Col-lodion; or a solution of Nitrate of Silver, in the proportion of ten grains to the ounce of water, which will form a slight eschar leaving a sound cuticle after it falls off. In some of the severest and most painful cases, Morphine is the only useful external application, but it must be washed off very carefully before the child is allowed to nurse.

In order to prevent any trouble about the nipples they should be washed off gently with warm water, immediately after the child has nursed, dried carefully, and then dusted with superfine wheat-flour.

In difficult and obstinate cases *Calcarea*, *Lycopodium*, *Mercurius*, or *Silex* may be required; besides the internal use of these remedies, a fine powder of *Calcarea*, *Lycopodium*, or *Silex* may be applied externally; or a weak ointment of *Mercurius*, or a fine powder of one drachm of white oxide of Zinc to one ounce of fine powdered, or sifted arrow-root. A wash of Borax is frequently useful.

## DEPRESSED NIPPLES.

ACCORDING to MURPHY these are extremely troublesome and render the chance of nursing almost hopeless. They may be drawn out by the breast-pump so as to enable a strong infant to seize and maintain its grasp; but more frequently it fails to do so, and the nipple gradually shrinks back to its former size and place, while the infant is moving about its mouth to seize it. Such cases as these, as well as those in which the nipples are badly formed and shaped, often oblige the practitioner to discourage the reluctant mother from making any further attempts to nurse her child. But the simple plan of TRACY (see page 481) will often prove successful; it consists in winding a bit of woollen thread or yarn two or three times around the base of the nipples (after this has been previously drawn out sufficiently), and tying it moderately tight, but not so tight as to interfere with the free circulation of the blood. Thus, the nipple may be kept permanently and sufficiently prominent; and the woollen threads may be worn constantly for many days without the least inconvenience, and with permanent good results.

If the mother still be unable to nurse her child, the secretion of milk must be lessened or prevented; the remedies for excessive secretion of milk, must be used, viz:

*Aconite*, if the breasts be hard and knotted, the skin hot and dry, the face red, and the patient restless and discouraged.

*Bryonia* may be given, if the *Aconite* does not relieve sufficiently; or *Belladonna* under nearly the same circumstances.

*Calcarea* is especially suitable if there be great fullness or enlargement of the breasts, with tardiness in the formation of milk.

*Rhus-toxicodendron*, if there is a painful distention of the breasts, with rheumatic pains throughout the body; swelling, heat and redness of the breasts, headache, stiffness of the joints and face. *Rhus* is very serviceable at the time of weaning.

If the patient be of a full habit of body, small doses of *Stibium* may be given; some milk should be drawn from the breasts at long intervals only, and a bandage or strips of adhesive plaster may be applied over them, so as to maintain a firm and equable pressure, and thus promote the absorption of the re-

mainder. If there be much distention of the breasts, warm fomentations and warm frictions will be found very serviceable. Drinks of Citrate of Magnesia, or Cream of Tartar are said to be almost uniformly successful, when aided by low diet.

Many other affections of the breast may arise after confinement; for it must be recollected that each breast is composed of an association of small glandular masses, or in other words that each lobe is a perfect and independent gland, enjoying exclusively its own vascular and nervous system, and having its own proper duct, the separate orifice of which is at the nipple. A large quantity of interlobular cellular tissue unites these lobes together, and the whole is at last surrounded by the investing fibrous membrane, or mammary fascia. Both around the margins and in front of the gland is a large quantity of fat; and there also exists much fibre-tissue in the nipple between the ducts and under the areola. Hence inflammation and its results may affect, and be limited to the nipple or areola, the cutaneous or sub-cutaneous tissue, the lobes individually or collectively, and the uniting fibro-cellular tissue; it may be either *intra*-lobular or *inter*-lobular, or both combined.—BIRKETT.

*Inflammation of the minute follicular glands* scattered over the nipple, forms a peculiar variety of inflammation and fissures of the nipple. The first difficulty which the mother experiences is a sensation of heat, then of tingling or smarting with a very slight redness; the skin of the nipple becomes harsh and dry, and upon careful examination one or more small vesicles will be detected. These in time become rubbed, the skin breaks, and then a little oozing is noticed, with perhaps a minute ulcer or crack at the most painful spot. These appearances may be observed in any part of the nipple, from the apex to its base, or even upon the areola; as the mischief advances the cracks extend, taking either a circular or longitudinal course; but the former is most common. The pain now becomes very severe when the infant nurses; the fissures divide and increase in extent and depth; the skin becomes entirely destroyed, or a circular fissure surrounding the base of the nipple threatens its total destruction by sloughing. The fissures and ulcers bleed frequently so that the infant often vomits blood after nursing.

One of the most important and troublesome consequences of

this form of disease is secondary inflammation of the deep fibrous tissue uniting together the tubes or ducts in the nipple; the inflammatory exudation and induration may cause obliteration of one or more of the milk-ducts. The inflammation may also extend to the glandular tissue, and give rise to deep and numerous abscesses.

*Treatment.*—The preventive treatment consists in hardening the nipples as soon as quickening begins; the nipple then should be exposed to the air occasionally, washed with bland-soap and water, and wetted night and morning with a little diluted Cologne-water, or with alcohol and water, or with Arnica-water. After the birth of the child, too much care cannot be taken to see that the nipple is carefully and properly washed and cleaned after each application of the infant to the breast; the secretions from the child's mouth, combined with the milk should never be suffered to become dry upon the part. The nipple should also be protected from the pressure and friction of the dress and bed-clothes by some resisting body, such as a nipple-shield.

When the inflammation, fissures and abrasions are not very severe they will often yield to protection, frequent ablution, aided by some mild powder, such as Lycopodium, starch-powder, or Carbonate of Magnesia, or one drachm of White Oxide of Zinc mixed with one ounce of finely powdered and sifted arrow-root, applied after the nipple has been carefully washed and dried.

When the soreness of the nipples is produced by an aphthous inflammation of the child's mouth, a solution of Borax, or Chlorate of Potash, or the 1st dilution of Nitric-acid may be applied three or four times a day, or more.

The internal and external use of Nitrate of Silver may be tried; but the external application as ordinarily used is attended with great pain, although the second or third application is not as severe as the first.

*Collodion* is said to be a very useful application and preferable to most others.

Among the internal remedies, *Graphite*, *Sepia*, *Zincum-metallicum* deserve attention; also *Petroleum*, and *Sanguinaria*.

## MILK FEVER.

THIS according to COLOMBAT is not so much a disease as a febrile movement requisite to form the secretion of milk in a woman recently delivered. It commences with shooting pains and aching in the breasts, which become swollen; the glands under the arm pit are also apt to become tender and enlarged. These symptoms generally commence on the third day after the birth of the child; in certain cases as early as the first or second and sometimes even as late as the sixth. The pulse becomes full and frequent, the skin hot and dry, face flushed, there is thirst, whitish fur on the tongue, scantiness of the urine, more or less general agitation and headache. This fever generally subsides in twenty-four hours; sometimes in the course of six, eight or twelve.

While the milk-fever lasts, the lochial discharge diminishes, or is temporarily suspended; but soon an abundant perspiration sets in, and the lochia then again become as free as before the attack.

If the child is applied early and sufficiently frequently to the breast there is generally little or no milk-fever; the same holds true of those women who perspire very copiously.

*Treatment.*—If the fever runs too high and the breasts are very much swollen and painful, small doses of Aconite and Antimony should be relied upon; the breasts should also be drawn regularly, at least every four hours, and sometimes every two or three hours. The Sulphate of Potash enjoys a very long-standing reputation as an anti-lactic remedy.

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## ENGORGEMENT AND INFLAMMATION OF THE BREASTS.

*Engorgement* of the breasts generally appears on the fourth or fifth day after delivery, and principally affects persons who do not wish to nurse, or who do not apply the child to the breast at least every four hours, both by night and day, or those who have too great a flow of milk and nurse a feeble child, or have

their nipples too small or large, or who have taken cold. The patient has chills and pain in the back followed by fever; the breasts become hard and unequal, but preserve their natural color; but the breasts may become caked or indurated, and the secretion of milk will then be diminished or completely suspended, while the patient has pains in the whole of the breast, which may even extend to the arm pits.

When *inflammation* has set in, the breasts gradually increase in size, and become very painful and hard; they are excessively hot and tense, and assume a reddish color; the pains lancinating and pricking; fever sets in, with headache, which increases more and more; the face is flushed, urine scanty with a whitish sediment; the fæces exhale an acid odor; and lastly the inflamed breast acquires considerable size and hardness, which may extend to the arm-pits and neck. The pains may become so acute that delirium sets in.

Simple engorgement generally terminates by resolution; while suppuration is the most common termination of the really inflammatory variety. We ascertain that suppuration is taking place by the persistence and progressive increase of the inflammatory symptoms, and by the presence of hard lumps or cakes in the breasts, together with throbbing pains and intolerable shootings. Finally fluctuation is discovered.

*Treatment.*—The preventive treatment consists in applying the infant early to the breasts in order to empty them as soon as they are filled; in keeping the breasts and person of the patient warm; and by moderate diet.

When engorgement has once set in, a flaxseed poultice containing a little milk, castile-soap, or ten or twelve grains of Soda, or Potash, may be applied; or Hydriodate of Potash-ointment, one drachm to the ounce of simple cerate; or bits of Canton-flannel, or Spongio-piline dipped in hot Pearlash-water, not too strong.

Aconite and Antimony may be used internally; or Aconite and Bryonia; or Belladonna, or Mercurius may be given in alternation with Bellad., especially if transient chills and throbbings set in.

*Phosphorus* is another very useful remedy when the inflammation is active and rapid suppuration threatens; it will often

be found to quickly relieve the excessive pain, redness and swelling. It is also useful against a fistulous, or indurated condition of the breast.

Hepar-sulphur is indicated after the inflammatory symptoms have somewhat abated, yet signs of suppuration are still present. It may help to produce resolution, but is also said to expedite the bursting of the abscess when it has already formed.

Nitric-acid is said to be useful, when there are hard nodosities in the breasts.

Sulphur, when there is inflammation and induration of the breasts; or erysipelatous inflammation with heat, hardness, and redness radiating from the nipple.

Lycopodium, when there are hard, burning nodosities in the breasts; with discharge of blood and sticky water from the nipples.

Conium, when there is hardness of the breasts with pains at night.

Bromine and Sabina, when there is swelling of the breasts.

Mercurius-solubilis, when there is swelling of the breasts, especially of the nipples, which are somewhat harder than natural.

Calcarea, when there is swelling and heat of the breasts, with inflammation of the nipples.

Belladonna, when there is hardness, with excessive secretion of milk, and some inflammation.

Rhus-toxicodendron, when there is painful distention of the breasts, when the milk first begins to flow, with pain and itching of the nipples.

Zincum, when there is distention of the breasts, with soreness of the nipples.

If the abscess be small, it may be allowed to open of itself; but if the engorgement and induration is extensive an opening should be made as soon as fluctuation is discovered; the incision should be made in the direction of one of the radii of a circle, of which the nipple is the centre; a bit of lint or linen may be introduced into the opening to prevent its closing too soon; the fears of some homœopathic physicians about lancing abscesses are founded upon the grossest ignorance and prejudice.

## ALTERATIONS OF THE MILK.

According to COLOMBAT, after nervous diseases the milk is apt to become thin like water, or of a greenish color; it may assume a yellowish color in inflammations of the breast; a saltish and disagreeable taste in inflammatory diseases, and lastly, a sour smell after labor generally; while it contracts an odor like that of garlic in persons who eat that substance.

To discover whether the consistence of the milk is too thin, or too thick, it is merely necessary to put a drop on one of the nails; if it adheres to it at first, and then spreads without running, it is in a natural condition; if it runs, it is too thin; and if it adheres to the nail without spreading, it is too thick. In nervous women the milk is apt to be thin and not very nutritious, whilst it is also subject to important changes from the slightest vexation, or other powerful mental emotions. Menstruation renders it thin and serous; Pregnancy makes it thick and unfit for the nourishment of infants; salt-meats, highly seasoned dishes, mealy vegetables, salads and fruits make it more abundant and thinner; spirituous liquors, late hours, excessive sleep and all abundant secretions diminish it in quantity.

From the chemical examination of eighty-nine females VERNOIS and BECQUEREL have established the healthy standard of human milk, as follows:

	MEDIUM.	MAXIMUM.	MINIMUM.
Density .....	1032.67	1046.48	1025.61
Water .....	889.08	999.98	832.30
Solid constituents.....	110.92	147.70	83.33
Sugar.....	43.64	59.55	25.22
Casein and extractive matters.	39.24	70.92	19.32
Butter .....	26.66	56.42	6.66
Salt .....	1.38	3.38	0.55

In twenty-six cases the influence of the presence of Colostrum from the first to the fifteenth day after delivery, was as follows:

	MAXIMUM.	MINIMUM.	MEDIUM.	MEDIUM. NORMAL STATE.
Density .....	1032.86	1025.61	1031.34	1032.67
Water .....	882.97	870.34	872.45	889.08
Solid constituents.....	147.70	117.03	127.55	110.92
Sugar .....	48.46	35.54	41.23	43.64
Casein and extractive matters.....	48.66	32.92	44.05	39.24
Butter .....	56.42	28.89	40.35	26.66
Salts.....	3.38	1.23	1.92	1.38

Hence the presence of colostrum causes a partial diminution of the density of milk,  
 constant diminution of the quantity of the water of milk,  
 constant increase of solid constituents,  
 constant but slight diminution of sugar,  
 notable increase of casein,  
 very marked increase of butter,  
 increase of the salts.

As regards the influence of the age of the nurse:

	15 TO 20 YEARS.	20 TO 25 YEARS.	25 TO 30 YEARS.	30 TO 35 YEARS.	35 TO 40 YEARS.	MEDIUM. NORMAL STATE.
Density.....	1032.24	1033.08	1032.20	1032.42	1032.74	1032.67
Water.....	869.85	886.91	892.96	888.06	894.94	889.08
Solids.....	130.15	113.09	107.04	111.94	105.06	110.92
Sugar.....	35.23	44.72	45.77	39.53	39.60	34.61
Casein, &c....	55.74	38.73	36.53	42.33	42.07	39.24
Butter.....	37.38	28.21	33.48	28.61	22.33	26.66
Salts.....	1.80	1.43	1.26	1.44	1.06	1.38

Hence although the difference is not very great, it will be most desirable to have a wet-nurse from 20 to 30 years of age.

As regards the age of the milk, the above authors have furnished the following table:

INFLUENCE OF THE AGE OF MILK FROM 1 TO 24 MONTHS.

	1 Day to 1 Month.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	18 to 19	19 to 20	20 to 21	21 to 22	22 to 23	23 to 24	Medium Normal State.	
Density . . . . .	1031.69	1033.11	1032.70	1032.00	1032.10	1034.35	1034.97	1031.37	1032.88	1034.44	1031.61	1030.68	1034.05	1030.81	1032.67											1032.67
Water . . . . .	872.84	872.99	886.16	889.67	888.25	901.51	891.35	889.49	891.65	889.28	890.63	889.04	891.34	876.55	889.08											889.08
Solids . . . . .	127.16	127.01	113.84	110.33	111.75	98.49	108.65	110.51	108.35	110.72	99.37	110.96	108.66	123.45	110.92											110.92
Sugar . . . . .	40.40	43.13	43.37	44.47	44.66	42.00	44.18	41.52	45.31	45.84	47.62	43.91	43.92	41.33	43.64											43.64
Casein, &c. . . . .	45.38	48.26	37.92	36.96	38.28	38.63	38.86	35.02	38.79	38.57	31.06	41.06	36.98	37.32	39.24											39.24
Butter . . . . .	39.55	34.05	31.22	27.79	27.31	26.57	24.35	22.79	23.06	25.03	19.47	24.61	26.44	43.47	26.66											26.66
Salts . . . . .	1.83	1.59	1.33	1.31	1.50	1.29	1.26	1.18	1.19	1.28	1.22	1.38	1.32	1.33	1.38											1.38

1. The only conclusions which can be drawn from this table are: That the milk of a nurse whose breast of milk is from 1 to 3 months old will contain *too much butter* for an infant over three months of age; and conversely; while breast-milk over 3 months old, will contain *too little butter* for a child under 3 months of age.

2. That breast-milk under 2 months old, will contain too much casein for infants over 2 months of age; and a breast of milk over 2 months of age will contain too little casein for infants under 2 months.

The quantity of sugar in breast-milk of all ages does not vary materially.

As regards the influence of the *constitution of the nurse*, it is erroneously supposed that a strong powerful wet-nurse has the best and most nourishing milk. But this is far from being the case; all her food goes to supply her own body, and hence she has but little to spare in the shape of milk.

	STRONG CONSTITUTION.	DELICATE CONSTITUTION.	MEDIUM NORMAL STATE.
Density .....	1032.97	1031.90	1032.67
Water .....	911.19	887.59	889.08
Solids .....	88.81	112.41	110.92
Sugar .....	32.55	42.88	43.64
Casein, &c. ....	28.98	39.21	39.24
Butter .....	25.96	28.78	26.66
Salts .....	1.32	1.54	1.38

## INFLUENCE OF PREGNANCY.

	PREGNANCY FOR 3 MONTHS.	MEDIUM NORMAL STATE.
Density .....	1030.67	1032.67
Water .....	860.97	889.08
Solids .....	139.01	110.92
Sugar .....	46.47	43.64
Casein, &c. ....	34.52	39.24
Butter .....	55.97	26.66
Salts .....	2.05	1.38

The principal influence of pregnancy on milk is to produce a great increase in the quantity of butter; and it is remarkable that the same effect is produced in the cow, the proportion of butter increasing from 36.12 to 47.52.

## THE INFLUENCE OF MENSTRUATION,

is variable; as a rule the density, quantity of water, and sugar are somewhat diminished; and that of the solids and casein decidedly increased, the butter and salt decidedly or slightly augmented. Still in two instances the solids increased from 111 and 113 to 142 and 144, and in another case, fell from 113 to 96.

The quantity of Sugar in one case fell from 54 to 35; increased in another from 39 to 47; and remained stationary at 44 in a third.

The quantity of Casein increased in one case from 35 to 40; in another from 41 to 42; and fell in a third from 41 to 39.

The quantity of Butter increased in one case from 21 to 67; in a second, from 29 to 52; and fell in a fourth, from 24 to 10.

Hence it is to be supposed that equally great changes will take place in the state of the stomach and bowels of the infant.

## INFLUENCE OF COMPLEXION AND COLOR OF THE HAIR.

It is supposed that the milk of females with brown hair is preferable to that of blondes. The milk of persons with blond hair is less dense; contains more water; less of solids, sugar, casein, and salt; and a little more of butter.

## INFLUENCE OF FOOD.

In nurses who are poorly fed the quantity of water in their milk is apt to increase from 876 to 893; the solids to diminish from 123 to 104; the sugar to increase from 41 to 45; the casein to remain unaltered; and the butter to lessen from 43 to 18.

## INFLUENCE OF THE QUANTITY OF THE MILK.

When the breasts furnish but little milk, the density, and water and butter are apt to increase; the solids, sugar and casein to diminish.

## INFLUENCE OF ACUTE FEVERS.

	MEAN IN FEVERS.	NORMAL MEAN.
Density .....	1031.20	1032.67
Water .....	884.91	889.08
Solids .....	115.09	110.92
Sugar .....	33.10	43.64
Casein, &c.....	50.40	39.24
Butter .....	29.86	26.66
Salts .....	1.73	1.38

Hence in fevers, there is a slight diminution of the density of the milk, and a notable lessening of the water and sugar; while there is an proportionate increase of solids, a marked augmentation of casein and butter, and a slight increase of salt.

## INFLUENCE OF SEVERE MORAL EMOTION.

	MORAL EMOTION.	NORMAL MEAN.
Density.....	1032.99	1032.67
Water .....	908.93	889.08
Solids .....	91.07	110.92
Sugar .....	34.92	43.64
Casein, &c.....	50.00	39.24
Butter .....	5.14	26.66
Salts .....	1.01	1.38

In this case there was a sudden increase of water and casein; and a very great diminution of the solids, sugar and butter.

## INFLUENCE OF CHRONIC DISEASE.

	MAXIMUM.	MINIMUM.	MEDIUM.	NORMAL MEAN.
Density . . . . .	1037.52	1027.07	1034.47	1032.67
Water . . . . .	923.58	832.96	885.50	889.08
Solids . . . . .	167.04	89.51	114.50	110.92
Sugar . . . . .	51.98	30.38	43.37	43.64
Casein, &c. . . . .	47.49	12.70	37.06	39.24
Butter . . . . .	73.05	6.90	32.57	26.66
Salts . . . . .	3.38	0.61	1.50	1.38

In acute diseases the quantity of sugar is apt to be greatly diminished; while it generally remains unaltered in chronic affections. On the other hand, the quantity of casein is frequently very much increased in acute diseases, and lessened in chronic. The density and quantity of water is lessened in both acute and chronic disorders; the solids, butter, and salt somewhat increased. The inference would be, that when infants must be partly fed while their mothers are suffering from acute disease, less milk and more sugar and water should be added to their food; and more milk and less sugar in chronic affections.

## INFLUENCE OF CONSUMPTION.

	Without diarrhœa, abscesses and emaciation.	With diarrhœa, &c.	Normal Mean.
Density . . . . .	1031.84	1031.38	1032.67
Water . . . . .	876.59	903.16	889.08
Solids . . . . .	123.41	96.84	110.92
Sugar . . . . .	42.14	43.45	43.64
Casein, &c. . . . .	37.46	39.14	39.24
Butter . . . . .	41.82	12.76	26.66
Salts . . . . .	1.99	1.49	1.38

The milk of decidedly consumptive females is markedly deficient in butter.

Sugar, Casein and Butter are the principal nutrient materials in milk.

## QUANTITY OF SUGAR.

	MEDIUM.	MAXIMUM.	MINIMUM.
In health.....	43.64	59.55	25.22
In acute disease....	33.10	48.71	19.50
In chronic disease..	43.37	57.98	30.38

## QUANTITY OF CASEIN.

	MEDIUM.	MAXIMUM.	MINIMUM.
In health.....	39.24	70.92	193 2
In acute disease ...	50.40	66.26	34 62
In chronic disease..	37.06	47.49	12.70

## QUANTITY OF BUTTER.

	MEDIUM.	MAXIMUM.	MINIMUM.
In health.....	26.66	56.42	6.66
In acute disease ...	29.86	56.37	5.14
In chronic disease..	32.57	73.05	6.90

## COMPARISON OF HUMAN AND COW'S MILK.

	MEDIUM COW'S.	MEDIUM HUMAN.
Density.....	1033.38	1032.67
Water.....	864.06	889.08
Solids.....	135.94	110.92
Casein, &c.....	55.15	39.24
Sugar.....	38.03	43.64
Butter.....	36.12	26.66
Salts.....	6.64	1.38

Hence it is evident that cow's milk contains considerably more casein, butter and salt than human milk, and less water, and sugar. Mother's milk is always very obviously alkaline, while cow's milk is either very feebly alkaline, often neutral, and sometimes slightly acid. Therefore, when it is necessary to feed infants with cow's milk it should always be borne in mind that it was originally intended for calves and not for babies, and that it must be modified somewhat to suit the latter. In the first place

more water and sugar must be added ; then, as cow's milk is naturally less alkaline than mother's milk, some alkali should be added, not only to supply this deficiency but also in some measure to neutralize the effects of the excess of butter. The natural alkalies and salts, &c. of human milk are : Carbonate of Lime, Phosphate of Lime, Chloride of Sodium, Sulphate of Soda, Magnesia, Soda, Lactate of Soda, Iron, and Chloride of Potash ; hence one or the other of these should be added according to the peculiarities of the constitution and other requirements of the child.

When there is an aphthous state of the mouth, with redness and dryness of the tongue and throat, a little Chlorate of Potash in the milk will prove almost specific.

When there is much acidity of the stomach, with acid vomiting, sour diarrhoea, or constipation, Calcarea, Magnesia, or Soda, may be added to the milk, according to the several indications for the use of these remedies.

When there is a general delicacy of the child with a tendency to rickets, Phosphate of Lime, or Ferrum must be used.

Alterations in the mother's milk produced by a violent fit of anger, may be corrected by Chamomilla ; by grief, with Ignatia, or Aurum ; by excessive jealousy, with Hyoscyamus ; by taking cold, with Dulcamara.

During the time of nursing, *blood* may be discharged from the nipple, without there being crack or abrasion, or bruise about it, or the breast ; this is apt to occur in some delicate women, as I have seen several remarkable instances, from local or general weakness ; Kreosote, Millifolium, Argenti-nitras, and Phosphoric-acid, or Arnica are the principal remedies.

There also appear to be well authenticated cases in which milk containing *Urea* in excess has passed from the nipples in consequence of more or less derangement of the kidneys, or obstruction to the passage of urine along its natural channels. Colchicum and Nitric-acid are the best remedies.

When the milk is poor, thin and serous, altered in its quality, rather than its quantity, and unfit for the proper nourishment of the infant, Sulphur and Calcarea are the most important remedies ; or Mercurius and Silex.

When the milk is yellow and bitter, Rheum ; when it coagu-

lates and curdles readily, Borax; when it is repulsive to the infant, Cin., Merc., Silex, Borax, Carbo-an., Cham., Nux., Puls., or Rheum may be required.

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#### INCONTINENCE OF MILK.

The retentive power of the mouths of the milk-ducts on the nipple is sometimes so greatly diminished as to permit the milk when formed to flow away continually. The yellow elastic tissue forms the chief uniting medium in the nipple, and a want of it, or a loss of tone in its fibre may be the reason why incontinence occurs. The fibre tissue of the nipple differs very widely from the common uniting, or cellular tissue; even when minutely examined it presents very little ordinary cellular tissue; that of which it is formed enjoys in the highest degree, a contractile power; to the unassisted eye it has a pinkish tint, is very dense and tough in its texture; when magnified it presents the appearances peculiar to the yellow or contractile fibre. The advantage of this structure is at once clear; when the milk-ducts become distended with milk, it would quickly flow away incontinently, unless there were some arrangement to produce moderate compression upon their extremities and closure of their orifices. And this condition is found to exist particularly within a quarter of an inch of the apex the nipple, when the calibre of the ducts is small.—(BIRKETT.)

*Treatment.*—Borax is the most homœopathic remedy, it may be used when the milk flows from the breasts so profusely that the bed becomes wet. BIRKETT suggests that astringent lotions which are known to act so powerfully on the yellow fibre tissue may be used with advantage.

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#### CHANGES IN THE WOMB AFTER PARTURITION.

According to MURPHY it is necessary to have a clear apprehension of the condition of the womb after parturition from what it was before the delivery of the child.

1st, The contraction of the fibres of the womb is becoming permanent;

2d, Absorption is going forward with unusual rapidity, for in ten or twelve days the womb will be reduced to one-half or one-third of its size after delivery;

3d, The mucous surface in undergoing equally rapid changes, the residue of the ovum and after-birth is being thrown off, the ends of the large vessels which project from the surface where the after-birth was attached are again shrinking to their former size, and the tide of blood that for so many months had been flowing towards this membrane is now ebbing fast away from it;

4th, The vagina is also contracting itself with great force, and the abundant secretion which had been flowing from it is now gradually ceasing and returning to its original state.

We have, therefore, to consider under these several heads, the symptoms that present themselves while this change is going forward, especially those that require our aid in the way of treatment.—MURPHY.

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#### AFTER-PAINS,

frequently present themselves while the womb is contracting; they are often severe, and depend upon different causes; they also occur more frequently in women who have had many children, than in those who have just given birth to their first-born.

*Coagulæ* collecting in the womb very commonly cause after-pains; blood is often poured slowly in the cavity of the womb, during or soon after parturition, it coagulates, distends the walls of the uterus and excites spasmodic contractions. If this happens soon after delivery the patient may experience pains as severe as labor-pains, and relief is urgently called for. In some instances this may be promptly afforded by using steady pressure over the base of the womb; the irritation excites a more powerful contraction; the clot is expelled, and the patient is relieved. This method, however can only be adopted within four or six hours after delivery; at a later period the permanent contraction of the womb cannot thus be overcome, and it is better not to make such attempts. A warm stimulant enema will excite both the action of the bowels and womb, and the same straining efforts that expel the fæces will expel the clot, and relief is

experienced soon after. If not, hot fomentations and soothing applications to the abdomen will usually succeed.

*Wind* or flatus in the intestines also often gives rise to severe after-pains. This cause may generally be distinguished from the former by a careful examination of the abdomen; when clots are retained in the womb, the uterus is generally large, prominent and exceedingly painful on pressure; every other part of the abdomen is free from pain, and generally soft; but when *flatulence* is the cause, the abdomen is swollen and tympanitic; the womb cannot be felt, and the slightest touch gives intense pain. This very character, however, is a valuable means of distinguishing the pains so produced from those of inflammation; a slight pressure causes great pain, but if it be increased the pain diminishes until it quite disappears; if after this, the hand be suddenly withdrawn from the abdomen, the pain instantly returns with increased violence, so that MURPHY has known the patient to scream with the agony this simple act produces. When inflammation is present with the tympanitis, the greater the pressure, the greater the pain.

*Treatment.*—MURPHY thinks that Turpentine is the best remedy for these flatulent pains. Arnica, China, Nux, Pulsatilla, Bryonia, Sulphur, Carb.-veg., Verat. and Lycopodium deserve attention.

Arnica and Bryonia are thought by some to be the best remedies for flatulent colic after delivery.

*Colocynth*, when there is a tightness in the upper part of the abdomen, returning at short intervals and changing into severe griping; or feeling in the whole abdomen as if squeezed between stones.

*Carb.-veg.*, when the pain and flatulence are caused by cold, with cramping pains, distention of abdomen, and pain at short intervals.

*Cocculus*, when the pain is high up about the epigastrium and almost arrests the breathing, and is attended with qualmsiness.

Both of these causes, viz, clots and flatulence, come into operation most frequently with women who have had many children, and for an obvious reason. The muscles of the abdomen have been so weakened by frequent pregnancies, that they give no support to the bowels, when the uterus leaves the abdomen;

consequently the intestines become over-distended with air and colic is the result; so also the womb is deprived of that equable pressure which is so important to it; it yields more readily to the distention by the clots, and in place of expelling them, allows them to accumulate and produce after-pains.

*Neuralgic* pains in the womb sometimes give rise to very severe suffering after confinement; the abdomen is soft and free from pain; the womb is not much increased in size, but feels unusually firm under the hand and is exceedingly painful to pressure; it is closely allied to rheumatism of the womb and dysmenorrhœa, is sometimes coupled with a chronic inflammation of the womb, which is only rendered acute when an increased flow of blood is directed towards the uterus.

*Treatment.*—I prefer the local application of the tincture of the Root of Aconite, over the region of the womb; from  $\frac{1}{4}$  to  $\frac{1}{2}$  teaspoonful may be applied every two, four, six or eight hours. Chamomilla, Pulsat., and Cocculus deserve attention; also Conium, Hyosciamus and Opium.

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#### LOCHIAL DISCHARGE.

This flows from the womb and vagina while their mucous membranes are returning to their natural condition; at first it is bloody, because the dark grumous blood which oozes from the uterine veins is mixed with it; then it becomes greenish yellow, thick and oleaginous; and lastly thin and serous.

It may retain the *sanguineous* color too long, and this may be brighter than is safe for the patient, for then there is always risk of flooding taking place, unless she retain the horizontal position, and be kept quiet, and upon proper diet.

*Treatment.*—Cinnamon, Sabina, Stramonium and Secale are the principal remedies.

The thick oleaginous appearance may become *purulent*, or *muco-purulent*, and when this happens it indicates pre-existing inflammation in the vagina, or neck of the womb. The patient may recover her health so as to be able to get up and go about without much inconvenience; the discharge, however, continues and may continue for months, and is soon attended with pain in the back and loins, a sense of weight and bearing down. The

persistence or increase of the discharge forms a connecting link between these symptoms and the previous confinement. Thus, the whole of her present distress will be attributed, perhaps justly, to that period. The suspicion will arise that something happened then that should not have happened; or that something was done that should not have been done, and it is very probable that the physician will be charged with having neglected his duties, and of being the cause of all the present mischief. It is necessary to ascertain the cause of this purulent discharge; it may arise from fissures or lacerations of the neck of the womb, which have become inflamed; or there may be abrasions of the vagina, or a slough may have separated, leaving an ulcer behind; or the vagina may be generally inflamed. Any, or all of these causes will give rise to a purulent discharge, and may expose the patient to months of protracted suffering long after her delivery.

*Treatment.*—When there are lacerations of the neck of the womb, Aconite-, Arnica- and Calendula-waters may be used in the form of injections; and Graphite, Mercurius-solubilis or Petroleum should be given internally.

For inflammation and ulceration of the vagina, Ammon.-carb., Ambra-grisia, Cantharides, Mercurius-solubilis, Nitric-acid, Secale, Sulphur, or Thuja may be tried.

*Calcarea* may be given when the discharge continues long, without being profuse, but weakens the patient and deranges her digestive organs; also when the flow is mucous, watery and abundant, attended with much flatulence, pains, difficult digestion, diarrhœa and deficient secretion of milk.

*Pulsatilla*, when the discharge is thick and mucous, with pains in the loins, and despondency.

*Sepia*, if it is liquid and serous, or acrid and excoriating, or purulent, with induration or ulceration of the neck of the womb.

*Mercurius*, when the discharge is most abundant at night, and there is a tendency to inflammation of the abdominal, or sexual organs.

*Sulphur*, when the discharge enfeebles the woman, and does not yield to the other remedies; also Secale.

*Sepia* and Kreosote are also useful when the lochia are fetid, or insupportably putrid; injections of a solution of Chlorate of

Potash, or of Chloride of Zinc, or of Nitrate of Lead may be used.

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#### SUPPRESSION OF THE LOCHIA.

Warm and moist applications should be applied to the vulva.

*Aconite* is indicated when the suppression occurs soon after delivery, and the patient has pains or inflammation in the abdomen, with anxiety, fever, and congestion to the chest or head. The tincture of the Root of *Aconite* should be applied freely over the region of the womb, if inflammation sets in.

*Chamomilla*, when the suppression is secondary to diarrhœa, colics, or nervous distress in the head or teeth; a cup of warm *Chamomilla*-tea may be allowed from time to time.

*Bryonia* is useful when the lochia are suppressed, attended with headache, fulness and heaviness of the head, backache, or severe stitch in the side with cough, with or without scanty secretion of hot urine.

*Colocynth*, when the check is accompanied by violent colics, with great flatulence and tympanitic swelling of the abdomen, with or without diarrhœa.

*Pulsatilla*, if the milk be also much diminished or suppressed.

*Belladonna*, *Stramonium* or *Hyosciamus* if there are violent pains in the head, redness of the face, dilatation of the pupils, frightful dreams, or delirium.

*Platina*, *Secale* and *Nux*, when the lochia are scanty and offensive.

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#### POST-PARTEM INFLAMMATION.

Inflammation of the womb and its appendages is a frequent consequence of parturition; the passages are left in such a condition that a very slight cause may light up inflammation; the form which this assumes is as various as the causes which produce it. The inflammation may be confined to the vagina and mucous membrane of the womb; it may involve the substance and body of the womb, ovaries, or peritonæum; or the veins of the womb may be its seat. It may be acute, or sub-acute, sthenic or phlegmonous, or asthenic and typhoid.—(MURPHY.)

## INFLAMMATIONS OF THE MUCOUS MEMBRANE OF THE VAGINA AND WOMB.

This form is generally met with after a severe labor with the first child ; the vagina is less disposed to yield to the pressure and distention to which it is exposed, hence congestion arises and inflammation may follow ; too frequent vaginal examinations may be the exciting cause.

The *symptoms* are chiefly local ; the patient complains of a great degree of soreness at the vulva ; the urine is retained, which is perhaps the first symptom which attracts attention ; the lochial discharge is more than usually offensive ; and the patient is wakeful and restless. *Retention of urine* is the most important complication, and if an attempt is made to pass the catheter, the pain is excruciating if it should not pass at once into the urethra, for the vulva being inflamed, the nymphæ, vestibule, orifice of the urethra, and especially the clitoris, are all exceedingly tender ; the trumpet-shaped opening of the urethra is altogether changed, leaving only a pin-hole opening, which is not easily discovered.

The pulse is generally frequent and hard ; the abdomen may be perfectly free from tenderness ; the womb may bear pressure without inconvenience ; the iliac region and groins may be without pain, but this frequent pulse is a certain index that there is irritation or inflammation somewhere, and the probability is that it has its seat in the mucous membrane of the vagina.

*Simple inflammation* of the vagina may terminate in resolution without any injury or abrasion of the passages ; or it may be followed by abrasions and superficial ulcerations of the mucous membranes ; or it may end in slough. The last is the only serious result, because the seat of the slough is usually so unfavorable ; the urethra from the pressure of the head against the pubis, is sometimes so bruised, that a slough is the result, and fistula the consequence ; hence may be established one of the most unmanageable and distressing affections to which the parturient female can be exposed, viz, a constant dribbling of urine through the vagina. Other sloughs may affect the womb, vagina, or the reticulate cellular tissue between them and the peritonæum, giving rise to lacerations of the womb, disease of the neck,

or those extensive suppurations that are described as pelvic abscesses; or peritonitis may result.

*Treatment.*—Warm emollient vaginal injections of flaxseed, slippery elm, quince-seeds, or marsh-mallow, or decoction of poppies, or warm fomentations and ablutions of the vulva may be used.

Aconite and Stibium should be given internally; or Pulsatilla, Copaiba, and other remedies for inflammation of the vagina.

*Asthenic inflammation of the vagina* is a far more serious result of labor, for the whole vagina is often quickly engaged in the inflammation which sometimes extends to the womb; its tendency is to rapid gangrene, which is not confined to a small space, but soon extends over a large surface, forming extensive sloughs.

The *symptoms* are: the dark, foul and offensive lochia; a certain amount of tenderness and soreness of the vulva and vagina; while the attending typhoid or irritative fever is very characteristic. The rapid pulse, dry furred tongue, burning surface and sallow aspect, are the common characters of this fever, whether the cause be in the vagina, or in the womb; but MURPHY has observed that when the vagina is thus inflamed, pimples appear about the lips, which soon become pustules that form dark crusts, and thus, besides the usual sordes about the teeth and gums, the mouth is sometimes encircled by a chain of these pustules in different stages of maturity. There may be erysipelatos inflammation of the vagina, without true puerperal fever.

*Treatment.*—Antiseptic injections should be used, such as the solutions of Chloride of Soda, or Chlorate of Potash, or Kreosote-water, &c. Arsenicum is the most important internal remedy and should be given frequently and freely, assisted or not by China and Camphor.

If sloughing take place, great attention must be paid to the manner in which the denuded surfaces heal, lest adhesions, or great contractions of the vagina take place; a small cylindrical bougie should be carefully passed daily as far as the os-uteri, and the surfaces touched lightly with a weak solution of Nitric acid, or Nitrate of Silver.

## INFLAMMATION OF THE CAVITY OF THE NECK OF THE WOMB.

This is generally of a chronic character, and may be recognized by the appearance of a viscid mucous discharge, either mixed with the lochia, or continuing long after their decline. It may be the result of lacerations of the neck of the womb, or only of the mucous membrane that lines it.

The *symptoms* are seldom so severe as to interfere much with the patient's recovery; she is generally able to get up and go about at the usual time, only she complains of a dull aching pain about the loins and over the small of the back, increased by the upright position and by exercise, but relieved by rest; she also speaks of a whitish viscid mucus passing from the vagina.

*Treatment.*—This generally cannot well be undertaken until the lochial discharge has ceased, and the viscid mucus alone remains. Graphite may be given internally, or Nitric-acid; while a solution of Nitrate of silver may be applied to the surface, every fourth or sixth day.

*Inflammation of the mucous membrane of the cavity of the womb* seldom occurs alone; either the fibrous structure of the womb becomes engaged, or the inflammation extends to the uterine veins.

## INFLAMMATION OF THE FIBROUS STRUCTURE OF THE WOMB.

Is generally the result of a severe and protracted labor, or of sudden exposure to cold air, cold applications to the womb, or from allowing the woman to lie too long in her wet clothes.

The *symptoms* generally appear in about forty-eight hours after delivery; the pulse continues frequent, about one hundred, and full; there is tenderness on pressure, either in the right or left groin, more generally the left; the body of the womb feels rather larger and firmer than usual, but if slightly touched the patient does not complain, although if it be firmly compressed, the pain produced will be very great; the lochial discharge is apt to be suppressed, and the milk may not be secreted. If the inflammation be not promptly subdued, chills, thirst and symptomatic fever will set in, and the inflammation seldom remains stationary, but soon extends to the neighboring tissues, especially the peri-

tonæum, when the nature of the case is completely altered, and danger to the patient much increased.

*Treatment.*—This should be prompt; tenderness over the womb or groins, attended with fever and quick pulse, should be met by the free and frequent application of the tincture of the Root of Aconite, over the whole hypogastric region. Aconite, Stibium, Bryonia, Mercurius, &c. may be given internally. Warm fomentations may be applied to the region of the womb, and to the vulva.

#### INFLAMMATION OF THE PERITONÆUM.

This is generally a consequence of preceding inflammation of the fibrous tissue of the womb; metro-peritonitis is, perhaps, the most frequent form of inflammation we meet with after labor. It may be partial and confined to the immediate neighborhood of the womb, or general and spread over the whole peritoneum. (MURPHY.)

The *symptoms* are sufficiently distinct. Locally, the tenderness of the womb, and in either groin, is greater than in simple metritis; *slight* pressure causes much pain, which becomes intolerable if the pressure be increased. That portion of the abdomen about the seat of the inflammation becomes swollen and puffy, so as to render the outline of the womb undefined. The pulse is quick, wiry and incompressible; the countenance anxious; the tongue rather dry, with red edges and tip; there is nausea and sometimes vomiting.

If the inflammation be not at once subdued, it will spread rapidly over the whole abdomen, the swelling of which becomes general, accompanied by great tenderness over the entire surface; the pulse becomes still more contracted and wiry, and the countenance more expressive of intense suffering. Vomiting now becomes incessant, the respirations labored, and any effort at respiration very painful and distressing, as the motions of the diaphragm, &c., disturb the necessary quiet of the inflamed parts; hence the patient lies on her back, having her knees drawn up and her chest raised, so as to prevent as much as possible the pain that inspirations produce; her breathing is never full and deep, but each breath is cut short by a rapid expiration, sometimes accompanied by a cough. The bowels are constipated.

and the skin dry, with the exception of irregular partial sweat about the neck.

These acute symptoms rarely continue beyond twelve or twenty-four hours, for if the inflammation is not soon controlled, they are succeeded by those of constitutional exhaustion. The abdomen becomes perfectly tympanitic, but sometimes loses its acute tenderness; the pulse becomes extremely rapid, one hundred and fifty or one hundred and sixty, and feeble; the countenance cadaverous; the vomiting no longer continues convulsive, but a greenish fluid is ejected from the stomach, with little or no effort; violent diarrhœa sets in; the extremities become cold, and the surface more or less covered with a greasy perspiration; such symptoms soon prove fatal.

*Treatment.*—MURPHY decides that the ordinary allopathic treatment of free depletion, followed by purgatives and mercury, is very questionable in propriety; excessive depletion hastens and confirms the stage of constitutional exhaustion, while Mercury is apt to cause an exhausting and fatal diarrhœa as soon as the inflammation subsides, and purgatives are positively injurious, because by exciting the peristaltic of the bowels, newly formed adhesions are disturbed, and the inflammation is renewed; nature endeavors, he says, to guard against these accidents by the supervention of an obstinate constipation, which often resists even active purgatives. So long as the neighboring tissue the peritonæum is actively inflamed, the mucous membrane is torpid, but as soon as the peritonitis yields the mucous membrane becomes involved, as is manifest by the diarrhœa that follows.

In opposition to this stereotype and ruinous treatment, MURPHY is inclined to recommend the free use of Opium; it not only allays the high degree of nervous irritation, but also exerts a direct antiphlogistic effect.

Fomentations, hot bran, or flaxseed poultices may be applied to the abdomen; but the most important part of the external treatment, is the free and frequent application of the tincture of the Root of Aconite, viz, from a half to a whole teaspoonful, every two, four or six hours, according to the severity of the symptoms.

I claim the credit of being the first to point out the really homœopathic remedies to peritonitis, (see Homœopathic Examiner, Vol. I. New Series, p. 338). The Mineral-acids, Colo-

cynth, and Mercurius-corrosivus, are the only true homœopathic remedies. According to CHRISTISON, in poisoning with the Mineral-acids, the outer or peritoneal surface of the abdominal viscera is *commonly* either very vascular, or bears even more unequivocal signs of inflammation, viz, effusion of fibrin, or adhesions among the different turns of the intestines. In this respect, the action of the Mineral-acids differs from that of most metallic remedies, which, with the exception of Mercurius-corrosivus, very seldom cause unequivocal peritoneal inflammation. It is singular, for instance, that however severe the inflammation of the mucous membrane of the stomach and bowels caused by Arsenicum may be, inflammatory redness of the peritoneal coat is seldom or never found; this contrasts strongly with the almost specific action of the Mineral-acids, Mercurius-corrosivus and Colocynth in causing *bona fide* peritonitis.

*Colocynth* is said to be of great service, even in desperate cases, when the abdomen is greatly distended and the pains insupportable, so that the patient cannot bear the least motion, or pressure from the bed-clothes, but lies with her thighs drawn up to the abdomen as closely as possible; also when there is diarrhœa with colicky pains every time the patient drinks.

*Mercurius-solubilis* and *corrosivus* are best suited against the early and acutely inflammatory stage, or when there are signs of effusion in the peritonæum; when the patient has a dejected and apprehensive look, with burning and almost inextinguishable thirst, flow of saliva, burning and cutting pains in the abdomen, with straining and bearing down to stool, with mucous and bloody discharges; high colored and offensive urine, general and debilitating sweats.

*Nitric*, or *Muriatic*-acid is indicated, when the stage of exhaustion has commenced to set in.

*Bryonia* is probably more indicated against rheumatic inflammation of the womb, than in true peritonitis; still its well known efficacy in pleurisy speaks somewhat for its application in the treatment of inflammations of other serous membranes.

*Chamomilla* is doubtless not at all homœopathic to peritonitis, but surely to pain and flatulent distention of the abdomen.

*Nux*, *Rhus*, *Arsenicum*, *Hyoseyamus*, *Stramonium*, *Platina* and other remedies are probably only homœopathic to some of

the symptoms or accidents of peritonitis, than to the disease itself.

#### INFLAMMATION OF THE SUB-PERITONEAL TISSUE.

This is usually observed at a later period after delivery, than the preceding inflammations; it may occur about the twelfth or fourteenth day and often arises from the extension of a previously existing inflammation of the womb; hitherto this variety of puerperal disease has been but little understood; it was only when it terminated in the formation of extensive abscesses that it received any attention.

The *symptoms* which characterise it are frequently disguised by the more prominent symptoms of the antecedent inflammation; thus an attack of metritis may seem to yield, the womb becomes free from pain on pressure, the abdomen is soft, and the patient only complains of inability to move which she attributes to weakness rather than pain; but the pulse remains frequent, and a slight chill may have taken place. If these signs pass unnoticed, the increasing weakness of the patient chiefly attracts attention; the chills may return, followed by irregular perspirations; she sleeps badly, and may complain of pain in passing water or fæces; sometimes a diarrhœa sets in. If the lochial discharge has not subsided, it becomes very much diminished, and the breasts shrink considerably; one or the other leg often becomes the seat of severe neuralgic pains, and finally is found to be swollen and œdematous, as well as retracted, or drawn up to the body. If there be no fixed pain at any part of the abdomen, or groin, still a careful examination will detect some swelling, hardness or resistance. Finally, if the abscess be seated in the iliac fossa it will point in one or the other groin; abscess within the sheath of the iliacus internus and psoas muscles generally works its way down to the upper and inner part of the thigh, or more rarely it points in the lumbar region. Pus in the broad ligaments, or any other of the intra-pelvic folds of the peritonæum, will in all probability burst either into the womb, or vagina, bladder or rectum, or into the cavity of the peritonæum. When there is much irritation of the bladder or rectum, or difficulty in passing water, or fæces, careful rectal and vaginal examinations should be frequently made in order to detect and let

out the matter as soon as possible ; it is not only allowable, but decidedly desirable to puncture the rectum or vagina in order to empty the abscess as early as possible.

*Treatment.*—The local application of Aconite over the whole hypogastrium, and repeated every two, four or six hours ; Aconite and Stibium internally.

At a very early period the peculiar treatment of suppurative inflammation must be put in force. Tartar-emetic and Hepar-sulphur. are peculiarly homœopathic to suppuration.

There are a variety of theories about the formation of pus ; one is, that the pus globules are blood globules deprived of their colored envelopes, altered, swollen and enlarged. Another, is that it arises from an alteration of the plastic or inflammatory lymph, or from the buffy coat of inflamed blood, which is thus skimmed off. PAGET says that the most frequent degeneration of inflammatory lymph is into pus, and that many of the varieties of pus owe their peculiarities to the coincident degenerations of the fibrin effused in inflammations ; thus, if we watch the process of an abscess, we may find one day a circumscribed, hard, and quite solid mass of coagulable lymph or fibrine, and in a few days later the solid mass has become fluid ; now the solidity and hardness are due to inflammatory lymph ; the later fluid is pus, and the change is the conversion of lymph into pus. It is generally said that suppurative inflammation has then taken place in the centre of the swelling, and that its effects are bounded by the plastic or adhesive inflammation ; it might be said with greater justice, that of a certain quantity of lymph deposited in the original area of inflammation, the central portions have degenerated into pus, while the outer portions have been maintained, or even have become more highly developed.

A third theory is that pus arises from a solution of the fat contained in the inflamed part, and in proof, it has been found that pus contains from twenty-three to twenty-six, or twenty-eight parts in a thousand of fat and cholesterine, while mucus contains only two or three parts. The serum of pus also contains from twelve to thirteen thousandths of chloride of Sodium, while that of the blood contains only from four to five.

*Staphysagria* is said to be specific against inflammatory suppurations ; *Plumbum-aceticum* is said to cause the suppurative

process to cease. Sulphur, Silex, Kali-hydriod., and Mercurius are thought to be homœopathic to different varieties of suppuration.

If these means fail to arrest the progress of the suppuration, if chills take place, if the vagina become fuller, the womb more fixed and other evidences of the formation of a large quantity of pus be present, it will be necessary to support the strength of the patient, because the quantity of pus which accumulates is in almost direct proportion to her weakness. China, Wine and Opium, with a nutritious diet, are then essential.

#### INFLAMMATION OF THE VEINS OF THE WOMB.

This may be the consequence of a severe labor; it sometimes follows violent floodings, as the cold applications so often used may excite violent reaction and inflammation of these veins; the removal of an adherent placenta also predisposes to it; or it may arise from the absorption of putrid matter from the fragments of a retained placenta, &c.

The *symptoms* are of a typhoid character; a chill occurs when the milk should appear, no secretion of milk takes place, the pulse becomes rapid and unsteady, the tongue dry, the face pinched and sallow, the skin hot, without perspiration, the patient is restless, sleepless and sometimes incoherent; the lochial discharge is very offensive. As the inflammation proceeds, the chills return at irregular intervals; the pulse increases in frequency; the tongue becomes furred; sordes form about the teeth; the face becomes more sallow and shrunk; the eye glassy; muttering delirium sets in; the whole surface is yellow and burning; petichiae and profuse sweats sometimes burst out.

The patient may die in two or three days; but if the patient is to recover some distant part becomes inflamed and the uterine phlebitis subsides; thus, the armpit, leg, groin or buttock may become the seat of an inflammation which usually terminates in the formation of pus, and when it is discharged the patient soon recovers.

*Treatment.*—There is no form of inflammation that prostrates the vital powers more completely than this; the treatment should therefore be chiefly stimulant; weak solutions of Chlorate of Soda or Potash may be injected into the vagina to correct the

fetor of the discharge; and China, Arsenicum, Kreosote, or Secale should be given freely.

#### ADHESIVE INFLAMMATION OF THE CRURAL AND PELVIC VEINS.

(*Milk-Leg*).

This is a sub-acute, or chronic, or more properly, a plastic inflammation of the veins in connexion with the womb; it may begin on the twelfth day after delivery, and sometimes as late as the twentieth.

The *symptoms* are: a chill more or less distinct, some headache and nausea, quick small pulse, irritability and anxiety; the patient then soon complains of pain and uneasiness about the pelvis; she is restless, but cannot move without pain; she describes it as extending from the groin down the thigh and leg, or perhaps she may be seized with a violent cramp-like pain in the calf of the leg, or in the muscles of the hip; the groin is soon discovered to be tumid, and the swelling extends down the thigh and leg, so that in a day or two the whole limb is greatly enlarged, tense, shining and elastic; the pain then diminishes, but the limb is immovable. In some instances the swelling begins from below, in the ham, or calf of the leg, or ankle, and extends upwards. Pain is soon excited if the lymphatic glands or venous trunks are pressed upon; red lines or spots may be observed along the course of the lymphatics; the veins feel hard and knotted like whip-cord. The pulse often rises to one hundred and forty, small, quick and weak; the tongue is white, face pallid, there is thirst and some nausea, the lochia and milk are generally arrested. The patient gets very little sleep, and is often bathed in the morning in a profuse perspiration.

This stage of the attack often lasts ten or fourteen days, when the patient gradually begins to recover, but she may remain lame even for months after the attack.

*Treatment*.—The tincture of the Root of Aconite should be applied freely over the course of the inflamed veins and lymphatics; Aconite should also be given internally.

*Belladonna* will relieve the crampy pain in the calf of the leg, together with the swelling and inflammation of the veins and lymphatics, especially if there is a tearing pain in the leg, rendering in the joints, and a red blush over the limb.

*Bryonia* is most useful in the chronic stage, after the use of Aconite, Stibium, or Belladonna; especially when there are drawing and shooting pains from the hips to the feet; general perspiration; great tenderness of the leg to touch or motion; pain in the back, loins, hips and lower part of the abdomen; stiffness and swelling without redness.

*Pulsatilla* is most indicated when the veins are more involved than the lymphatics.

*Rhus*, when there is a chronic swelling, with great weakness of the leg, and a typhoid condition.

*Arsenicum*, when the patient is very low, typhoid or hectic, with delirium, or melancholy with excessive anguish, with severe burning nocturnal pains, in the tumid and œdematous limb.

*China*, when the same symptoms are present and the attack has come on after profuse flooding.

Mercurius, Sulphur and Antimony when suppuration threatens to set in.

Calcarea and Iodine when the patient is scrofulous.

*Sepia*, when there is chronic congestion or inflammation of the womb.

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#### PUERPERAL MANIA.

will be fully treated of in a forthcoming work on Nervous diseases and Mental derangements.

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#### EXCESSIVE LACTATION.

Many poor women nurse their children from eighteen months to two years in the belief that they will thus prevent pregnancy; some delicate women who have had two or three children in quick succession may have all the symptoms arising from undue suckling, when her infant is not more than two or three months old.

*Symptoms.*—The earliest symptom is a dragging sensation in the back when the child is in the act of nursing, and an exhausted feeling of sinking and emptiness afterwards; soon followed by loss of appetite, costiveness and pain in the left side, then the head becomes affected almost with giddiness, great depression of spirits, sometimes with much throbbing and singing

in the ears. Dry cough, short breathing and palpitation may come on from the slightest exertion. Finally the patient becomes pale, thin and weak; night-sweats, swelling of the ankles, and nervousness ensue.

*Treatment.*—Weaning should be commenced early; the attempt to force the supply of milk by large and frequent quantities of beer, wine or spirits will only tend to the more perfect exhaustion of the mother. If cocoa, wine-whey, weak milk, punch, caudle, milk and water, cheese, &c. aided by frictions of the breasts, do not suffice to keep up the strength of the patient and a full supply of good milk, all farther attempts should at once be abandoned.

*China* is the most important remedy when there is much weakness, noises in the ears, palpitation of the heart, swelling of the legs, &c., especially if the patient has been subject to night-sweats, flowing, or leucorrhœa.

*Causticum* when the patient is irritable and easily vexed; vehement, or obstinately opiniated; forgetful, nervous, anxious or despondent; with headache, noises in the ears, dimness of sight; great appetite followed by emptiness and sense of goneness soon after eating, twitchings and jerkings in various parts of the body.

*Calcarea* and *Phosphorus* when the patient is scrofulous, chlorotic or inclined to consumption, &c.

*Lycopodium*, *Pulsatilla*, *Rhus* and *Bryonia* are often useful.

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#### WEANING.

The average period for partial weaning, at least, is about the ninth month. When weaning is decided upon the mother should remain quiet for several days, or at least use her arms but very little; take light nourishment; drink as little as possible, and keep the breasts warm. The kidney and bowels should be gently acted upon, not only to aid in diminishing or dispersing the milk, but also to prevent that depression of spirits, lassitude, loss of appetite, and general derangement of the health which so frequently follow weaning when these medicines have been omitted.

*Bryonia* may be given if the milk continue in excessive quantity.

*Belladonna*, if there be much redness and painful distention of the breasts.

*Pulsatilla*, *Rhus* and *Calcarea* are important remedies. VAN SWIETEN has known the flow of milk to yield when an ounce or two of a strong infusion of *Sage* was taken every three hours. *Phosphoric-acid* is supposed to have a specific effect in carrying off the milk through the kidneys. Frictions of the breast with warm sweet oil, or Camphor, or Hartshorn, or Opium liniment are said to be useful.

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The management of infants from their birth upwards is given so fully in Hartmann's *Diseases of Children*, translated by Dr. Hempel, that it is superfluous to treat of it here.



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APPENDIX.

It has been thought that the value of this work would be increased by adding, in the form of an Appendix, the substance of a book, by Dr. A. F. A. Desberger, of Erfurt, which has been translated from the German, under the title of the "LADIES' PERPETUAL CALENDAR." The translator remarks in relation to it, that "its utility must be at once apparent to every lady who favors it with her inspection. In Germany, its popularity is very considerable, as it tenders the service of a faithful and confidential friend, especially to the young and newly married, in matters of urgent interest,—where the inexperienced might hesitate, or not even know how to go about to ask advice."

"The manner of reckoning with reference to the time of expected confinement, is a subject which the sex,—particularly the junior members of it,—ought clearly to understand. Much time is saved, and often great anxiety avoided, by being able confidently to approximate to the hour of solicitude and hope. In point of economy, too, it is submitted, that the advantage of bespeaking the assistance of the medical and other attendants at the proper time, is not to be overlooked: while to the latter parties, neither is it of little consequence that they are not kept in suspense,—perhaps suffering serious disappointment,—owing to the miscalculations of their patient."

The most valuable part of this book is the calendar, which is used as follows: The regular period of pregnancy,—or the time from conception till confinement,—is ten lunar months, or forty weeks, which amount to 280 days. It is frequently calculated at nine calendar months, that is to say, 273 days, or thirty-nine weeks: but we have reason to consider forty weeks as the safer reckoning. When the date of conception is known, the reckoning begins from that day. If the time of conception be not known, then the reckoning must commence from the day of the last monthly appearance. Look for this date in the first column of the following tables, under the proper month, and the corresponding dates of the middle and end of pregnancy will be found standing in the same line.

If neither the day of conception be known, nor the period of the last appearance be recollected,—then, the time of *quickening*, or when the first motions of the child were perceived, must be made use of. Finding this date in the middle column of the table, the respective dates of the beginning and end of pregnancy will be found to correspond. Thus, suppose the day of quickening to be the 14th of March: look for that table in which March stands in the *middle* column, (the October table), and it will be seen that the confinement may be expected on the 2d of August. We give the various saints' days and holydays in the calendar, because it is the custom with many women to reckon from dates of that description. The moveable feasts, however, such as Easter, Whitsuntide, &c., are omitted, as less suited for the purpose. By the "Beginning," in the following tables, we mean the time of *conception*; by the "Middle," the period of *quickening*; and by the "End," the time of *labor*.

## J A N U A R Y .

BEGINNING.	MIDDLE.	END.
JANUARY.	MAY.	OCTOBER.
1 CIRCUMCISION	20 Frances	8 Ephraim
2 Abel	21 Prudens	9 Denys
3 Enoch	22 Helena	10 Amelia
4 Titus	23 Desiderius	11 Burkard
5 Simeon	24 Esther	12 Erenfried
6 EPIPHANY	25 Urban	13 Edward Conf.
7 Melchior	26 Augustine	14 William
8 Lucian	27 Bede	15 Hedwig
9 Caspar	28 William	16 Gallus
10 Paul Hermit	29 Maximilian	17 Etheldreda
11 Erhard	30 Wigan	18 LUKE
12 Reynold	31 Petronella	19 Ptolemy
	JUNE.	
13 Hilarius	1 Nicomede	20 Wendelia
14 Felix	2 Macarius	21 Ursula
15 Habakkuk	3 Erasmus	22 Corduca
16 Marcellus	4 Ulrica	23 Severus
17 Anthony	5 Boniface	24 Solomon
18 Prisca	6 Benignus	25 Crispin
19 Ferdinand	7 Lucretia	26 Amandus
20 Fabian	8 Medard	27 Sabina
21 Agnes	9 Barnimus	28 SIMON and JUDE
22 Vincent	10 Onuphrius	29 Engelard
23 Emerantia	11 BARNABAS	30 Hartman
24 Timothy	12 Blandina	31 Wolfgang
		NOVEMBER.
25 PAUL	13 Tobias	1 ALL SAINTS
26 Polycarp	14 Modestus	2 All Souls
27 Chrysostom	15 Vitus	3 Gottlieb
28 Charles	16 Justina	4 Charlotte
29 Samuel	17 Alban	5 Eric
30 Adelgunda	18 Paulina	6 Leonard
31 Valerius	19 Gervase	7 Erdman

## F E B R U A R Y .

BEGINNING.	MIDDLE.	END.
FEBRUARY.	JUNE.	NOVEMBER.
1 Bridget	20 Edward	8 Claude
2 Purific. of Mary	21 Jacobina	9 Theodore
3 Blaise	22 Acharius	10 Jonas
4 Veronica	23 Basilius	11 Martin
5 Agatha	24 JOHN BAPTIST	12 Cunibert
6 Dorothea	25 Elogius	13 Britius
7 Richard	26 Jeremias	14 Lewin
8 Solomon	27 Seven Sleepers	15 Machutus
9 Apollonia	28 Leo	16 Ottoman
10 Renata	29 PETER and PAUL	17 Hugh
11 Euphrosyne	30 Paul	18 Gotschalk
	JULY.	
12 Severinus	1 Theobald	19 Elizabeth
13 Benigna	2 Visita. of Mary	20 Edmund
14 Valentine	3 Cornelius	21 Presentation
15 Formosus	4 Martin	22 Cecilia
16 Juliana	5 Anselm	23 Clement
17 Constantia	6 Isaiah	24 Lebrecht
18 Concordia	7 Thom. à Becket	25 Catharine
19 Susanna	8 Kilian	26 Conrade
20 Eucharius	9 Cyril	27 Lot
21 Eleanor	10 Felicity	28 Gunter
22 Peter	11 Pius	29 Noah
23 Reynard	12 Henry	30 ANDREW
		DECEMBER.
24 MATTHIAS	13 Margaret	1 Arnold
25 Victor	14 Bonaventure	2 Candida
26 Nestor	15 Swithin	3 Cassian
27 Hector	16 Eustace	4 Barbara
28 Justus	17 Alexis	5 Abigail

## MARCH.

BEGINNING.	MIDDLE.	END.
MARCH.	JULY.	DECEMBER.
1 Albin	18 Caroline	6 Nicholas
2 Louisa	19 Ruth	7 Antonia
3 Cunigund	20 Elias	8 Conception
4 Adrian	21 Daniel	9 Joachim
5 Frederick	22 Magdalen	10 Judith
6 Everard	23 Albertine	11 Waldemar
7 Perpetua	24 Christine	12 Epimachus
8 Philemon	25 JAMES	13 Lucy
9 Prudentius	26 Anne	14 Israel
10 Henrietta	27 Berthold	15 Johanna
11 Rosina	28 Innocent	16 Ananias
12 Gregory, M.	29 Martha	17 Lazarus
13 Ernest	30 Beatrice	18 Christopher
14 Zacchary	31 Germain	19 Manasses
	AUGUST.	
15 Isabella	1 Peter	20 Abraham
16 Syriac	2 Gustavus	21 THOMAS
17 Patrick	3 Augustus	22 Beata
18 Edward	4 Perpetua	23 Ignatius
19 Joseph	5 Dominick	24 Adam and Eve
20 Rupert	6 Transfiguration	25 CHRIST BORN
21 Benedict	7 Donatus	26 STEPHEN
22 Casimer	8 Ladislaus	27 JOHN
23 Everard	9 Romanus	28 INNOCENTS
24 Gabriel	10 Lawrence	29 Jonathan
25 Annunciation	11 Titus	30 David
26 Emanuel	12 Clara	31 Sylvester
		JANUARY.
27 Hubert	13 Hildebrand	1 CIRCUMCISION
28 Gideon	14 Eusebius	2 Abel
29 Eustace	15 Assumption	3 Enoch
30 Guido	16 Isaac	4 Titus
31 Philip	17 Bertram	5 Simeon

## A P R I L .

BEGINNING.	MIDDLE.	END.
APRIL.	AUGUST.	JANUARY.
1 Theodore	18 Emilia	6 EPIPHANY
2 Theodosia	19 Sebald	7 Melchior
3 Christian	20 Bernard	8 Lucian
4 Ambrose	21 Athanasius	9 Caspar
5 Maximus	22 Oswald	10 Paul Hermit
6 Sixtus	23 Zaccheus	11 Erhard
7 Celestine	24 BARTHOLOMEW	12 Reynold
8 Heilman	25 Lewis	13 Hilarius
9 Bogislaus	26 Irenæus	14 Felix
10 Ezekiel	27 Gebard	15 Habakkuk
11 Herman	28 Augustine	16 Marcellus
12 Julius	29 John	17 Anthony
13 Justin	30 Benjamin	18 Prisca
14 Tiburtius	31 Rebecca	19 Ferdinand
	SEPTEMBER.	
15 Obadiah	1 Giles	20 Fabian
16 Cariseus	2 Rachel	21 Agnes
17 Rodolph	3 Mansuetus	22 Vincent
18 Florence	4 Moses	23 Emerantia
19 Werner	5 Nathaniel	24 Timothy
20 Sulpitius	6 Magnus	25 PAUL
21 Adolphus	7 Enurchus	26 Polycarp
22 Lothario	8 Mary	27 Chrysostom
23 GEORGE	9 Bruno	28 Charles
24 Albert	10 Sosthenes	29 Samuel
25 MARK	11 Gerard	30 Adelgunda
26 Raymar	12 Otilia	31 Valerius
		FEBRUARY.
27 Anastasius	13 Christlieb	1 Bridget
28 Theresa	14 Exaltation	2 Purific. of Mary
29 Sibylla	15 Constantia	3 Blaise
30 Joshua	16 Euphemia	4 Veronica

## M A Y .

BEGINNING.	MIDDLE.	END.
MAY.	SEPTEMBER.	FEBRUARY.
1 PHILIP & JAMES	17 Lambert	5 Agatha
2 Sigismund	18 Sigfred	6 Dorothea
3 Holy Cross	19 Januarius	7 Richard
4 Florian	20 Frederica	8 Solomon
5 Gothard	21 MATTHEW	9 Apollonia
6 John Evangelist	22 Maurice	10 Renata
7 Godfrey	23 Joel	11 Euphrosyn
8 Stanislaus	24 John	12 Severinus
9 Job	25 Cleophas	13 Benigna
10 Gordian	26 Cyprian	14 Valentine
11 Mamertus	27 Cosmo	15 Formosus
12 Pancratius	28 Wenzel	16 Juliana
13 Servatius	29 MICHAEL	17 Constantia
14 Christiana	30 Jerome	18 Concordia
	OCTOBER.	
15 Sophia	1 Remigius	19 Susanna
16 Honoratus	2 Volrade	20 Eucharius
17 Pascal	3 Ewald	21 Eleanor
18 Livorius	4 Francis	22 Peter
19 Dunstan	5 Charity	23 Reynard
20 Frances	6 Faith	24 MATTHIAS
21 Prudens	7 Hope	25 Victor
22 Helena	8 Ephraim	26 Nestor
23 Desiderius	9 Denys	27 Hector
24 Esther	10 Amelia	28 Justus
		MARCH.
25 Urban	11 Burkard	1 Albin
26 Augustine	12 Erenfried	2 Louisa
27 Bede	13 Edward Conf.	3 Cunigund
28 William	14 William	4 Adrian
29 Maximilian	15 Hedwig	5 Frederick
30 Wigan	16 Gallus	6 Everard
31 Petronella	17 Etheldreda	7 Perpetua

## JUNE.

BEGINNING.	MIDDLE.	END.
JUNE.	OCTOBER.	MARCH.
1 Nicomede	18 LUKE	8 Philemon
2 Macarius	19 Ptolemy	9 Prudentius
3 Erasmus	20 Wendelia	10 Henrietta
4 Ulrica	21 Ursula	11 Rosina
5 Boniface	22 Corduca	12 Gregory, M.
6 Benignus	23 Severus	13 Ernest
7 Lucretia	24 Solomon	14 Zacchary
8 Medard	25 Crispin	15 Isabella
9 Barnimus	26 Amandus	16 Syriac
10 Onuphrius	27 Sabina	17 Patrick
11 BARNABAS	28 SIMON and JUDE	18 Edward
12 Blandina	29 Engelard	19 Joseph
13 Tobias	30 Hartman	20 Rupert
14 Modestus	31 Wolfgang	21 Benedict
	NOVEMBER.	
15 Vitus	1 ALL SAINTS	22 Casimer
16 Justina	2 All Souls	23 Everard
17 Alban	3 Gottlieb	24 Gabriel
18 Paulina	4 Charlotte	25 Annunciation
19 Gervase	5 Eric	26 Emanuel
20 Edward	6 Leonard	27 Hubert
21 Jacobina	7 Erdman	28 Gideon
22 Acharius	8 Claude	29 Eustace
23 Basilius	9 Theodore	30 Guido
24 JOHN BAPTIST	10 Jonas	31 Philip
		APRIL.
25 Elogius	11 Martin	1 Theodore
26 Jeremias	12 Cunibert	2 Theodosia
27 Seven Sleepers	13 Britius	3 Christian
28 Leo	14 Lewin	4 Ambrose
29 PETER and PAUL	15 Machutus	5 Maximus
30 Paul	16 Ottoman	6 Sixtus

## JULY.

BEGINNING.	MIDDLE.	END.
JULY.	NOVEMBER.	APRIL.
1 Theobald	17 Hugh	7 Celestine
2 Visita. of Mary	18 Gotschalk	8 Heilman
3 Cornelius	19 Elizabeth	9 Bogislaus
4 Martin	20 Edmund	10 Ezekiel
5 Anselm	21 Presentation	11 Herman
6 Isaiah	22 Cecilia	12 Julius
7 Thom. à Bechet	23 Clement	13 Justin
8 Kilian	24 Lebrecht	14 Tiburtius
9 Cyril	25 Catharine	15 Obadiah
10 Felicity	26 Conrade	16 Carisius
11 Pius	27 Lot	17 Rodolph
12 Henry	28 Gunter	18 Florence
13 Margaret	29 Noah	19 Werner
41 Bonaventure	30 ANDREW	20 Sulpitius
	DECEMBER.	
15 Swithin	1 Arnold	21 Adolphus
16 Enstace	2 Candida	22 Lothario
17 Alexis	3 Cassian	23 GEORGE
18 Caroline	4 Barbara	24 Albert
19 Ruth	5 Abigail	25 MARK
20 Elias	6 Nicholas	26 Raymar
21 Daniel	7 Antonia	27 Anastasius
22 Magdalen	8 Conception	28 Theresa
23 Albertine	9 Joachim	29 Sibylla
24 Christine	10 Judith	30 Joshua
		MAY.
25 JAMES	11 Waldemar	1 PHILIP & JAMES
26 Anne	12 Epimachus	2 Sigismund
27 Berthold	13 Lucy	3 Holy Cross
28 Innocent	14 Israel	4 Florian
29 Martha	15 Johanna	5 Gothard
30 Beatrice	16 Ananias	6 John Evangelist
31 Germain	17 Lazarus	7 Godfrey

## AUGUST.

BEGINNING.	MIDDLE.	END.
AUGUST.	DECEMBER.	MAY.
1 Peter	18 Christopher	8 Stanislaus
2 Gustavus	19 Manasses	9 Job
3 Augustus	20 Abraham	10 Gordian
4 Perpetua	21 THOMAS	11 Mamertus
5 Dominick	22 Beata	12 Pancratius
6 Transfiguration	23 Ignatius	13 Servatius
7 Donatus	24 Adam and Eve	14 Christiania
8 Ladislaus	25 CHRIST BORN	15 Sophia
9 Romanus	26 STEPHEN	16 Honoratus
10 Lawrence	27 JOHN	17 Pascal
11 Titus	28 INNOCENTS	18 Livorius
12 Clara	29 Jonathan	19 Dunstan
13 Hildebrand	30 David	20 Frances
14 Eusebius	31 Sylvester	21 Prudens
	JANUARY.	
15 Assumption	1 CIRCUMCISION	22 Helena
16 Isaac	2 Abel	23 Desiderius
17 Bertram	3 Enoch	24 Esther
18 Emilia	4 Titus	25 Urban
19 Sebald	5 Simeon	26 Augustine
20 Bernard	6 EPIPHANY	27 Bede
21 Athanasius	7 Melchior	28 William
22 Oswald	8 Lucian	29 Mazimilian
23 Zaccheus	9 Caspar	30 Wigan
24 BARTHOLOMEW	10 Paul Hermit	31 Petronella
		JUNE.
25 Lewis	11 Erhard	1 Nicomede
26 Irenæus	12 Reynold	2 Macarius
27 Gebard	13 Hilarius	3 Erasmus
28 Augustine	14 Felix	4 Ulrica
29 John	15 Habakkuk	5 Bonifacius
30 Benjamin	16 Marcellus	6 Benignus
31 Rebecca	17 Anthony	7 Lucretia

## SEPTEMBER.

BEGINNING.	MIDDLE.	END.
SEPTEMBER.	JANUARY.	JUNE.
1 Giles	18 Prisca	8 Medard
2 Rachel	19 Ferdinand	9 Barnimus
3 Mansuetus	20 Fabian	10 Onuphrius
4 Moses	21 Agnes	11 BARNABAS
5 Nathaniel	22 Vincent	12 Blandina
6 Magnus	23 Emerantia	13 Tobias
7 Enurchus	24 Timothy	14 Modestus
8 Mary	25 PAUL	15 Vitus
9 Bruno	26 Polycarp	16 Justina
10 Sosthenes	27 Chrysostom	17 Alban
11 Gerard	28 Charles	18 Paulina
12 Otilia	29 Samuel	19 Gervase
13 Christlieb	30 Adelgunda	20 Edward
14 Exaltation	31 Valerius	21 Jacobina
	FEBRUARY.	
15 Constantia	1 Bridget	22 Acharius
16 Euphemia	2 Purific. of Mary	23 Basilius
17 Lambert	3 Blaise	24 JOHN BAPTIST
18 Sigfred	4 Veronica	25 Elogius
19 Januarius	5 Agatha	26 Jeremias
20 Frederica	6 Dorothea	27 Seven Sleepers
21 MATTHEW	7 Richard	28 Leo
22 Maurice	8 Solomon	29 PETER and PAUL
23 Joel	9 Apollonia	30 Paul
		JULY.
24 John	10 Renata	1 Theobald
25 Cleophas	11 Euphrosyne	2 Visita. of Mary
26 Cyprian	12 Severinus	3 Cornelius
27 Cosmo	13 Benigna	4 Martin
28 Wenzel	14 Valentine	5 Anselm
29 MICHAEL	15 Formosus	6 Isaiah
30 Jerome	16 Juliana	7 Thom. à Becket

## OCTOBER.

BEGINNING.	MIDDLE.	END.
OCTOBER.	FEBRUARY.	JULY.
1 Remigius	17 Constantia	8 Kilian
2 Volrade	18 Concordia	9 Cyril
3 Ewald	19 Susanna	10 Felicity
4 Francis	20 Eucharis	11 Pius
5 Charity	21 Eleanor	12 Henry
6 Faith	22 Peter	13 Margaret
7 Hope	23 Reynard	14 Bonaventura
8 Ephraim	24 MATTHIAS	15 Swithin
9 Denys	25 Victor	16 Eustace
10 Amelia	26 Nestor	17 Alexis
11 Burkard	27 Hector	18 Caroline
12 Erenfried	28 Justus	19 Ruth
	MARCH.	
13 Edward Conf.	1 Albin	20 Elias
14 William	2 Louisa	21 Daniel
15 Hedwig	3 Cunigund	22 Magdalen
16 Gallus	4 Adrian	23 Albertine
17 Etheldreda	5 Frederick	24 Christine
18 LUKE	6 Everhard	25 JAMES
19 Ptolemy	7 Perpetua	26 Anne
20 Wendelia	8 Philemon	27 Berthold
21 Ursula	9 Prudentius	28 Innocent
22 Corduca	10 Henrietta	29 Martha
23 Severus	11 Rosina	30 Beatrice
24 Solomon	12 Gregory, M.	31 Germain
		AUGUST.
25 Crispin	13 Ernest	1 Peter
26 Amandus	14 Zachary	2 Gustavus
27 Sabina	15 Isabella	3 Augustus
28 SIMON and JUDE	16 Syriac	4 Perpetua
29 Engelard	17 Patrick	5 Dominick
30 Hartman	18 Edward	6 Transfiguration
31 Wolfgang	19 Joseph	7 Donatus

## NOVEMBER.

BEGINNING.	MIDDLE.	END.
NOVEMBER.	MARCH.	AUGUST.
1 ALL SAINTS	20 Rupert	8 Ladislaus
2 All Souls	21 Benedict	9 Romanus
3 Gottlieb	22 Casimer	10 Lawrence
4 Charlotte	23 Everard	11 Titus
5 Eric	24 Gabriel	12 Clara
6 Leonard	25 Annunciation	13 Hildebrand
7 Erdmann	26 Emanuel	14 Eusebius
8 Claude	27 Hubert	15 Assumption
9 Theodore	28 Gideon	16 Isaac
10 Jonas	29 Eustace	17 Bertram
11 Martin	30 Guido	18 Emilia
12 Cunibert	31 Philip	19 Sebald
	APRIL.	
13 Britius	1 Theodore	20 Bernard
14 Lewin	2 Theodosia	21 Athanasius
15 Machutus	3 Christian	22 Oswald
16 Ottoman	4 Ambrose	23 Zaccheus
17 Hugh	5 Maximus	24 BARTHOLOMEW
18 Gotschalk	6 Sixtus	25 Lewis
19 Elizabeth	7 Celestine	26 Irenæus
20 Edmund	8 Heilman	27 Gebard
21 Presentation	9 Bogislaus	28 Augustine
22 Cecilia	10 Ezekiel	29 John
23 Clement	11 Herman	30 Benjamin
24 Lebrecht	12 Julius	31 Rebecca
		SEPTEMBER.
25 Catharine	13 Justin	1 Giles
26 Conrad	14 Tiburtius	2 Rachel
27 Lot	15 Obadiah	3 Mansuetus
28 Gunter	16 Carisius	4 Moses
29 Noah	17 Rodolph	5 Nathaniel
30 ANDREW	18 Florence	6 Magnus

## D E C E M B E R .

BEGINNING.	MIDDLE.	END.
DECEMBER.	APRIL.	SEPTEMBER.
1 Arnold	19 Werner	7 Enurchus
2 Candida	20 Sulpitius	8 Mary
3 Cassian	21 Adolphus	9 Bruno
4 Barbara	22 Lothario	10 Sosthenes
5 Abigail	23 GEORGE	11 Gerard
6 Nicholas	24 Albert	12 Otilia
7 Antonia	25 MARK	13 Christlieb
8 Conception	26 Raymar	14 Exaltation
9 Joachim	27 Anastasius	15 Constantia
10 Judith	28 Theresa	16 Euphemia
11 Waldemar	29 Sibylla	17 Lambert
12 Epimachus	30 Joshua	18 Sigfried
	MAY.	
13 Lucy	1 PHILIP & JAMES	19 Januarius
14 Israel	2 Sigismund	20 Frederica
15 Johanna	3 Holy Cross	21 MATTHEW
16 Ananias	4 Florian	22 Maurice
17 Lazarus	5 Gothard	23 Joel
18 Christopher	6 John Evangelist	24 John
19 Manasses	7 Godfrey	25 Cleophas
20 Abraham	8 Stanislaus	26 Cyprian
21 THOMAS	9 Job	27 Cosmo
22 Beata	10 Gordian	28 Wenzel
23 Ignatius	11 Mamertus	29 MICHAEL
24 Adam and Eve	12 Pancratius	30 Jerome
		OCTOBER.
25 CHRIST BORN	13 Servatius	1 Remigius
26 STEPHEN	14 Christiana	2 Volrade
27 JOHN	15 Sophia	3 Ewald
28 INNOCENTS	16 Honoratus	4 Francis
29 Jonathan	17 Pascal	5 Charity
30 David	18 Livorius	6 Faith
31 Sylvester	19 Dunstan	7 Hope



# INDEX.

A.	PAGE.		PAGE.
Abortion,.....	107	Apocynum in Dropsy of Amnion,	80
Acidity of Stomach,.....	51	Appendix,.....	173
Acids, in Heartburn,.....	54	Argentum nitricum in Menstrua-	
Acid, Nitric,.....	73	tion during Pregnancy,.....	81
“ Muriat.,.....	73	Arnica in Toothache,.....	43
Aconite, in Morning Sickness,...	37	Arsenicum “	44
“ “ Toothache,.....	42	“ in Diarrhœa,.....	68
“ “ Jaundice,.....	70	“ Piles,.....	73
“ “ Piles,.....	73	“ Œdema of Labia,...	77
“ “ Rheumatism of		“ False waters,.....	79
Womb,....	85	“ Dropsy of Amnion,	80
“ “ Inflammation “.....	86	“ Menstruation during	
Aethusa Cynapium,.....	13	Pregnancy,....	81
Aethusa Cynapium in morning		Aurum in Menstruation during	
sickness,.....	37	Pregnancy,.....	81
After-birth, delivery of,.....	119	Aversion to Meat,.....	30
After-birth, hemorrhage before, du-		“ Fish,.....	32
ring, and after,.....	120	“ Water,.....	32
After pains,.....	154	“ Milk and Butter,....	32
Age, for marriage,.....	4	“ Sweet things,.....	32
Alterations of milk,.....	145	“ Vegetables,.....	32
“ “ taste, during preg-			
nancy,....	30	B.	
Alkaline Dyspepsia,.....	52	Baryta,.....	12
Aloes in Jaundice,.....	70	“ in Toothache,.....	44
“ Piles,.....	73	Belladonna in Morning Sickness, .	37
Alumina in Constipation,.....	60	“ in Toothache,....	45
Ammon. mur. in toothache,.....	44	“ Jaundice,.....	70
Anacardium,.....	13	“ Piles,.....	73
Anger, inclination to,.....	13	“ Inflammation of	
Anteversion of the Womb,.....	92	Womb,....	86
Antipathies,.....	13	Bleeding during Pregnancy,.....	82
Antimony in Toothache,.....	43	Bofareira,.....	129
Anxiety, about the future,.....	12	Borax in itching of Vulva,.....	77
Apis mell.,.....	77	Bovista in Leucorrhœa,.....	78
“ in Dropsy of Amnion,..	80	Breasts, Pain and Tension of,....	107
		“ Engorgement of,.....	142

PAGE.		PAGE.
143	Breasts, Inflammation of, . . . . .	47
101	Bright's Disease, . . . . .	70
45	Bryonia in Toothache, . . . . .	6
59	"    Constipation, . . . . .	56
68	"    Diarrhœa, . . . . .	104
C.		
174	Calendar, Ladies perpetual, . . . . .	114
45	Calcarea in Toothache, . . . . .	123
74	Calcarea against Piles, . . . . .	13
78	Calcarea in Leucorrhœa, . . . . .	36
36	Camphor in Morning Sickness, . . . . .	76
76	"    Against Spasm of Ureters, . . . . .	87
46	Causticum in Toothache, . . . . .	81
76	Cannabis in Incontinence of Urine, . . . . .	83
76	Cantharides " " . . . . .	83
76	"    Against Spasm of Ureters, . . . . .	13
76	Cannabis against Spasm of Ureters . . . . .	36
81	Cantharides in Menstruation during Pregnancy, . . . . .	72
61	Capsicum in Constipation, . . . . .	72
72	"    Piles, . . . . .	47
76	"    Incontinence of Urine, . . . . .	
72	Copaiba in Piles, . . . . .	
46	Carb-veg. in Toothache, . . . . .	
129	Castor Oil Plant in Lactation, . . . . .	
82	Chamomilla in Uterine Hemorrhage, . . . . .	
46	Chamomilla in Toothache, . . . . .	
69	"    Jaundice, . . . . .	
109	Chills and Trembling, . . . . .	
47	China in Toothache, . . . . .	
68	China in Diarrhœa, . . . . .	
83	"    Uterine Hemorrhage, . . . . .	
76	Cicuta in Incontinence of Urine, . . . . .	
13	Cicuta, . . . . .	
78	Cocculus in Leucorrhœa, . . . . .	
81	Cocculus during Pregnancy, . . . . .	
35	Colomba in Morning Sickness, . . . . .	
47	Colchicum in Toothache, . . . . .	
70	Colchicum in Jaundice, . . . . .	
6	Conception, . . . . .	
56	Constipation, . . . . .	
104	Convulsions, . . . . .	
114	Contraction of Vulva, . . . . .	
123	Convalescence after Parturition, . . . . .	
13	Conium, . . . . .	
36	"    In Morning Sickness, . . . . .	
76	"    In Incontinence of Urine, . . . . .	
95	Cough, . . . . .	
87	Cramps and Pains in Abdomen, Back and Loins, . . . . .	
81	Crocus in Menstruation during Pregnancy, . . . . .	
83	Crocus in Uterine Hemorrhage, . . . . .	
13	Cuprum, . . . . .	
36	"    In Morning Sickness, . . . . .	
72	Cubeb in Piles, . . . . .	
47	Cyclamen in Toothache, . . . . .	
D.		
114	Delivery, too rapid, . . . . .	
119	"    of After-birth, . . . . .	
11 & 139	Depressed Nipples, . . . . .	
39	Digitalis in Salivation, . . . . .	
110	Derangement of the Stomach, . . . . .	
32 & 28	Desires during Pregnancy, . . . . .	
66	Diarrhœa, . . . . .	
27	Diet during Pregnancy, . . . . .	
95	Difficulty of Breathing, . . . . .	
13	Digitalis, . . . . .	
77	"    in Œdema of Labia, . . . . .	
79	"    False waters, . . . . .	
80	"    Dropsy of Amnion, . . . . .	
79	Dropsy of the Amnion, . . . . .	
98	Dropsical Affections, . . . . .	
98	Dropsy of the Legs, . . . . .	
68	Dulcamara in Diarrhœa, . . . . .	
13	Dying, fear of, . . . . .	

	PAGE.
E.	
Engorgement of Breasts,.....	142
Euphorbium in Toothache,.....	47
Excess of Waters,.....	79
Excessive Lactation,.....	169
Exercise during Pregnancy,.....	26
Extra Uterine Pregnancy,.....	118
F.	
Fainting,.....	94
Falling of the Womb,.....	89
" back of the Womb,.....	90
" forwards ".....	92
False Waters,.....	78
" Labor,.....	109
" Pains,.....	88
Fault-finding,.....	13
Feebleness and Slowness of Con- traction,.....	111
Ferrum in Morning Sickness,....	37
Ferrum-aceticum in Constipation,	61
Fœtal Turbulence,.....	92
Fluoric-acid in Toothache,.....	47
Full Bloodedness,.....	98
G.	
Graphite,.....	13
H.	
Hæmorrhoids,.....	70
Headache,.....	96
Hydrocyanic-acid in Morning Sick- ness,.....	38
Hydrorrhœa,.....	78
Hypochondriasis,.....	98
I.	
Ignatia in Constipation,.....	60
" Piles,.....	73
Incontinence of Urine,.....	74
Inflammation of Womb,.....	85
" Vagina,.....	159

	PAGE.
Inflammation of Mucous Membrane	
of Vagina and Womb,.....	159
" Asthenic, of Vagina	160
" Cavity of neck of Womb,.....	161
" Fibrous Structure of Womb,....	161
" Peritoneum,....	162
" Sub-Peritoneal tis- sue,.....	165
" Post-Partem, 158 to 169	169
" Veins of Womb,..	167
" Crural and Pelvic Veins,.....	168
Iodine in Salivation,.....	39
Inversion of the Womb,.....	122
Ipecac in Morning Sickness,....	37
" Uterine Hemorrhage,..	82
Irritability of Womb,.....	85
Irregularity of Pains,.....	113
Itching of the Vulva,.....	77
Jaundice,.....	69
K.	
Kali-bichrom. in Constipation, ..	61
Kiesteine,.....	14
Kreosote in Morning Sickness, ...	35
" Toothache,.....	48
L.	
Lactation,.....	126
" Excessive,.....	169
Ladies Perpetual Calendar,.....	174
Laurocerasus,.....	13
Ledum,.....	13
Leucorrhœa,.....	77
Liver Spots,.....	69
Lochial Discharge,.....	156
Lochia, suppression of,.....	158
Lobelia,.....	13
Lycopodium in Constipation, ....	60

	PAGE.		PAGE.
M.			
Magnesia in Toothache,.....	48	Nux in Toothache, .....	49
Marriage,.....	1	“ Dyspepsia, .....	53
Menstruation during Pregnancy,	80	“ Heartburn, .....	53
Mercurius in Salivation,.....	39	“ Constipation,.....	59 to 60
“ Toothache, .....	48	“ Jaundice,.....	69
“ Jaundice,.....	69	“ Piles, .....	73
Mezereum in Toothache,.....	48	“ Retention of Urine,....	75
Milk-Fever, .....	126	“ Inflammation of Womb,.	86
“ .....	142	“ In Morning Sickness, ...	35
“ Alterations of,.....	145	O.	
“ Healthy standard of,.....	145	Obliquity of the Orifice,.....	116
“ Colustrum of, .....	146	Œdema of the Labia.....	77
“ Age of Nurse,.....	146	“ .....	115
“ Age of .....	147	Opium in Constipation,.....	60
“ Constitution of Nurse,....	148	“ Itching of Vulva,.....	77
“ Influence of Pregnancy,....	148	Ox-gall in Constipation, .....	62
“ “ Menstruation, .....	148	P.	
“ “ Complexion, ...	149	Pains and Cramps of the Stomach,	55
“ “ Food,.....	149	Pain and Tension of Breasts,....	107
“ “ Quantity,.....	149	Pains, Relaxation of, .....	113
“ “ Acute Fevers, .....	149	“ Suspension of, .....	113
“ “ Moral Emotions .....	149	“ Irregularity of,.....	113
“ “ Chronic disease .....	150	Palpitation of the Heart, .....	93
“ “ Consumption, .....	150	Parturition, Convalescence after,.	123
“ Quantity of Sugar in,.....	151	Perpetual Calendar, Ladies,.....	174
“ “ Casein, .....	151	Piles, .....	70
“ “ Butter,.....	151	Phosphorus in Diarrhœa,.....	68
“ Comparison with Cow's, ...	151	Phosphor in Acidity,.....	53
“ Incontinence of,.....	153	Platina in Constipation,.....	60
Milk Leg,.....	168	“ Uterine Hemorrhage,..	82
Millefolium against Bleeding Piles,	73	Plethora, .....	98
Moles,.....	117	Plumbum in Constipation,.....	61
Morning Sickness,.....	33	Post-Partem Inflammations, ....	158
Moschus in Constipation,.....	61	Pregnancy,.....	7
N.			
Nervousness,.....	111	“ extra-uterine,.....	118
Nipples, Soreness of,.....	137	“ duration of, .....	8
“ Depressed,.....	139	“ state of Breasts in, ...	11
Nitric-acid,.....	13	“ state of Urine,.....	13
“ in Salivation,.....	39	“ management of, ....	19
Nux, .....	13	“ treatment of,.....	22
		“ superstitions about, ...	24

	PAGE.		PAGE.
Pregnancy, exercise in, . . . . .	26	Sore Nipples, . . . . .	137
“ diet during, . . . . .	27	Spasm of the Ureters, . . . . .	76
“ perverted tastes during . . . . .	30	Spasm and Inflammation of Womb . . . . .	86
“ menstruation during, . . . . .	80	Spitting of Blood, . . . . .	96
Puerperal Mania, . . . . .	169	Spigelia, . . . . .	13
Pulsatilla in Salivation, . . . . .	39	“ in Toothache, . . . . .	50
“ Leucorrhœa, . . . . .	78	Staphysagria in Toothache, . . . . .	50
“ Toothache, . . . . .	49	Stramonium in Piles, . . . . .	73
“ Diarrhœa, . . . . .	67	Sulphur in Morning Sickness, . . . . .	38
“ Piles, . . . . .	72	“ Salivation, . . . . .	39
“ Acidity, . . . . .	53	“ Toothache, . . . . .	51
R.		Sulphuric-acid in Acidity, . . . . .	53
Relaxation of Pains, . . . . .	113	Sulphur in Acidity, . . . . .	53
Retention of Urine, . . . . .	75	“ Constipation, . . . . .	59
Retroversion of the Womb, . . . . .	90	“ Diarrhœa, . . . . .	68
Rheumatism of Womb, . . . . .	83	“ Jaundice, . . . . .	69
Rhododendron in Toothache, . . . . .	49	“ Piles, . . . . .	73
Rhus in Toothache, . . . . .	49	“ Leucorrhœa, . . . . .	78
“ Diarrhœa, . . . . .	68	“ Itching of Vulva, . . . . .	77
“ Incontinence of Urine, . . . . .	76	Suspension of Pains, . . . . .	113
Rigidity and Laxity of Abdomen, . . . . .	88	Swelling of Anterior Lip, . . . . .	117
“ of the Neck of Womb, . . . . .	116	T.	
“ of Vulva, . . . . .	114	Tabacum in Morning Sickness, . . . . .	36
S.		Thrombus, . . . . .	115
Sabina in Toothache, . . . . .	50	Toothache, . . . . .	40
“ Jaundice, . . . . .	70	Trembling and Chills, . . . . .	109
“ Piles, . . . . .	73	V.	
“ Uterine Hemorrhage, . . . . .	83	Varicose Veins, . . . . .	106
Salivation, . . . . .	38	Veratrum in Morning Sickness, . . . . .	36
Scilla in Dropsy of Amnion, . . . . .	80	“ Salivation, . . . . .	39
Secale in Morning Sickness, . . . . .	36	“ Constipation, . . . . .	62
“ Toothache, . . . . .	50	W.	
“ Diarrhœa, . . . . .	67	Waters, excess of, . . . . .	79
“ Uterine Hemorrhage, . . . . .	83	“ False, . . . . .	78
Sepia in Morning Sickness, . . . . .	36	Weaning, . . . . .	170
“ Toothache, . . . . .	50	White Weakness, . . . . .	77
“ Itching of Vulva, . . . . .	77	Womb, Changes of, after Parturi- tion, . . . . .	153
“ Leucorrhœa, . . . . .	78	Z.	
Silex in Toothache, . . . . .	50	Zincum in Morning Sickness, . . . . .	36
Sleeplessness, . . . . .	96	“ Constipation, . . . . .	62
Slowness and Feebleness of Con- ditions, . . . . .	111		





WP P482J 1969  
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