

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

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

CHAPTER II.

DISEASES OF THE SKIN.

ERUPTIVE FEVERS—ACUTE AND CHRONIC ERUPTIONS

SMALL-POX.

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

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

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

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

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

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

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

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

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

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

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

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

Dose of this or other remedies, see page 7.

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

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

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

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

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

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

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

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

Varioloid requires the same remedies as small-pox.

CHICKEN-POX (VARICELLA)

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

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

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

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

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

SCARLET FEVER.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCARLET RASH (ROSEOLA).

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

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

MEASLES (RUBEOLA).

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