

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

gers, a finger of the opposite hand laid smoothly on the walls of the chest, you will find after the disease has continued three or four days, more or less dullness when compared with the well side. If the patient recovers, these signs gradually disappear, the expectoration becomes whitish or yellowish, and less sticky, the fever abates, perhaps with a profuse perspiration, or a free flow of urine, and the tongue cleans off. A degree of frequency of the pulse and breathing with some cough and expectoration, often linger some days, but gradually abate. If the disease tends to a fatal termination, the strength fails, the pulse becomes frequent, small, or irregular, the difficulty of breathing increases, the countenance becomes pale or livid, the skin cold, and covered with a cold clammy sweat, and expectoration ceases; rattling in the throat and perhaps stupor precede death.

TYPHOID PNEUMONIA.—Inflammation of the lungs sometimes occurs in connection with typhoid fever. In such cases there is unusual prostration of strength early, the pulse is small and weak, the face dusky, and the extremities cool; the teeth are covered with sordes or dark crusts of dried mucus, and the tongue is dry and dark; there is often muttering delirium, and sometimes diarrhoea.

PLEURO-PNEUMONIA.—Sometimes we have both the lung and pleura inflamed at the same time. In such cases we generally have both the sharp catching pain of pleurisy, followed by effusion of serum, or a watery fluid, into the sac; and the dull heavy oppression of inflammation of the lung, followed by the signs of induration of the lung named above, together with the bloody or rusty expectoration of pneumonia.

Treatment of the Inflammation of the Lungs.—*Aconite*: In all cases where there are chills or fever, give a dose of this remedy every hour, and continue it for twelve hours; if, at the end of that time, the fever is not relieved, and the patient is troubled with cough, give *Belladonna* alternately with *Aconite*, at intervals of one hour. These remedies, if given at the commencement of the disease, will often cut it short or lessen its severity, within two or three days.

Dose, see page 7.

Bryonia: If, at the end of two or three days, the symptoms

are not relieved, and the expectoration becomes streaked with blood, or rusty, the breathing hurried, with increase of oppression, give a dose of this remedy once in six hours, and *Aconite* every hour between the doses of *Bryonia*, and omit the *Belladonna*. Continue these remedies as long as the extremities are warm, and the body hot and dry. It may be necessary to continue them for four or five days.

Phosphorus: If, as the fever abates, the cough remains troublesome; or if, after continuing *Bryonia* as directed above, for several days, the symptoms seem to be getting worse, the breathing becomes more frequent and difficult, and the cough troublesome, omit the above remedies, and give a dose of *Phosphorus* once in two hours. Persevere with this remedy several days. But if alarming symptoms occur, such as cold extremities, rattling in the throat, or great oppression, omit the *Phosphorus*, and give a dose of *Sulphur* every hour, until there is some improvement, then lengthen the intervals between the doses.

Sulphur is generally the most important remedy during the declining stage of the disease, and may be given once in four hours.

In cases of typhoid pneumonia, give *Aconite* and *Bryonia* as directed above, the latter once in six hours, and *Aconite* every hour between, until the commencement of manifest typhoid symptoms, such as coolness of the extremities, small pulse, dusky countenance, and sordes or dark crusts of dried mucus on the teeth, with dry and dark tongue, then omit the *Aconite* and give *Bryonia* once in two hours during the forenoon and *Phosphorus* once in two hours during the afternoon and evening. If after a few days great debility and delirium ensue, omit the *Bryonia* and give *Rhus tox.* in its stead, continuing the *Phosphorus*. If the above remedies fail, and the pulse becomes very small or irregular, and the extremities covered with a cold clammy sweat, with great oppression, give *Arsenicum* every hour.

In cases of pleuro-pneumonia, give *Aconite* every hour at the commencement of the disease; at the end of twenty-four hours give a dose of *Bryonia* once in six hours and *Aconite* every hour or two between the doses of *Bryonia*, until the fever is in a great measure relieved, then omit the *Aconite* and give *Sulphur* during afternoon and evening, and *Bryonia* during the forenoon

In all cases you can apply a wet cloth, well covered with dry flannel, to the side of the chest diseased, as directed under the head of pleurisy, and if it fails to afford any relief, apply cloths, wrung from warm water, in the same manner—only change hot cloths at least every hour. The diet should be light and consist of gruel, rice-water, arrow-root, etc. In typhoid cases, milk and water may be added to the above articles. You had better do nothing than send for an allopathic physician, for experience has shown that more patients die when this disease is treated by bloodletting and tartar emetic, or calomel and opium in large doses, than die without any treatment. I would much rather risk any intelligent layman with simply this book, and a domestic case, than to trust a physician of any other school in this disease; but in all severe cases, if a homœopathic physician can be had, send for him

ASTHMA.

The symptoms in this disease are caused by a spasmodic contraction of the air-tubes or bronchia, which lessens their calibre, and prevents the free passage of air to the air-cells. An attack may be excited, in those who are subject to it, by strong odors, dust, close rooms, sudden changes or particular conditions of the atmosphere, derangements of the stomach, and mental emotions. If the paroxysm is severe the patient is compelled to sit up with the body bent forward, the arms resting on the knees, a chair or table. The chest is contracted with the feeling of a tight cord around it, or a heavy weight upon it, the face has an expression of great anxiety and distress, the veins are distended, and there is often a free perspiration, but no fever before or after it. If the patient holds his breath as long as he can he can then draw it in without difficulty, but the spasm soon returns as strong as ever. There is heard, upon the application of the ear to the chest, various whistling and wheezing sounds. The attack may last but a short time, or for several days. The spasm often partially relaxes and returns, again and again, before it entirely ceases. Those who are troubled with severe paroxysms of asthma, are seldom entirely free

from shortness of breath in the intervals. The disease frequently terminates with a free watery discharge or expectoration. Asthma is occasionally caused by disease of the heart. It is sometimes inherited. Children who are affected with it, but do not inherit it, often overcome the tendency to the disease at puberty. Those who are subject to this disease are very liable to have a return of a paroxysm when they take cold. The asthma, although a very distressing, and apparently alarming, disease in its attacks, is seldom fatal when uncomplicated with organic disease of the heart, or with other organic diseases. Notwithstanding frequent and severe paroxysms, patients often live to old age, nor are they more subject to consumption than others, yet they are not exempt.

Treatment.—We should not only endeavor to relieve the paroxysms but also strive to prevent their return by the persevering use of homœopathic remedies in the intervals between them.

If the paroxysm has been caused by getting cold or exposure, or sudden atmospherical changes, give *Aconite* once in two hours, and continue it as long as there is any improvement, then *Ipecac* once in two hours. If these remedies fail to relieve the paroxysm, give *Arsenicum* once in two hours.

If the disease occurs in a nervous person, a child, or hysterical female, or is caused by mental emotions, give *Belladonna* every hour; if there is any fever which is not relieved by this remedy, give *Aconite* alternately with it, at intervals of one hour. *Ipecac* may be required if the above remedies fail, or *Pulsatilla* if there is much expectoration. Give *Pulsatilla* also when the disease occurs after a suppression of the menses from any cause.

If this affection is connected with disease of the heart, give *Lachesis* every hour, and if it does not relieve, give *Arsenicum*. *Lachesis* will also be found useful in other cases, especially in aged persons.

To prevent a return of the paroxysms, and overcome the predisposition to them, give *Sulphur* and *Nux vom.*, alternately, at intervals of forty-eight hours. If they fail or lose their effect, *Pulsatilla* and *Arsenicum* may follow, and be given in the same manner.

HUMID ASTHMA.

This disease commences suddenly, with a paroxysm of oppressed breathing, with cough, generally in the evening, and is soon followed by the expectoration of a profuse, thin, frothy liquid, sometimes to the extent of a pint or more. The paroxysm lasts from a few moments to several hours. This variety of asthma generally occurs in persons of a relaxed habit who have a languid circulation.

Treatment.—Give *Arsenicum* every half hour during the paroxysm, and if it does not soon relieve the symptoms, give *Lachesis*.

To prevent a return of the paroxysms give *Arsenicum* every night for one week, and *Lachesis* the next week, and so continue, and follow these remedies with *Phosphorus*, if necessary.

SPITTING OF BLOOD—HEMORRHAGE FROM THE LUNGS.

A patient may spit blood without its coming from the lungs; it may descend from the back part of the nostrils into the throat, or it may come from the throat itself, and even from the mouth. Hemorrhage from the lungs is generally preceded by a sensation of weight, fullness, tightness, soreness, heat, and oppression, over a part or the whole of the chest, with more or less frequency of pulse, flushing of the cheeks, and sometimes even chills and fever. A dry cough often precedes the attack. In other cases the hemorrhage commences without any premonitory symptoms. The patient may feel a slight tickling in the windpipe or in the bronchia, which causes an inclination to cough, when the blood follows. Sometimes the first sensation the patient has is a warm feeling in the windpipe, which gradually ascends toward the throat, with a salt, sweetish taste, when he simply hawks and raises blood. The blood is generally liquid, florid, and more or less frothy, owing to the admixture of air in the air passages. When it is thrown off very rapidly in large quantities it is less frothy. The quantity discharged varies from a few drops to

several pints; although generally it is not large. Sometimes when the bleeding is rapid it is attended with vomiting, and you may suppose, at first sight, that the blood comes from the stomach, but the disturbed respiration, inclination to cough, and rattling in the air passages, will generally enable you to form a correct opinion. Patients may have a single attack and never have a return, but not unfrequently it returns at uncertain intervals, varying from a few hours to days, months, or years. Hemorrhage from the lungs may be caused by external violence, severe exertion in speaking, singing, coughing, violent muscular exertion, tight lacing, very cold or hot air, and disease of the heart or lungs. It is frequently caused by tubercles in the lungs, and is not an uncommon symptom during the progress of consumption.

Treatment.—If the hemorrhage has been caused by mechanical injuries, speaking, singing, or violent muscular exertion, give a dose of *Arnica* every fifteen minutes, until it ceases; then give a dose once in four hours, to prevent a return. If any fever follows give *Aconite* every hour between the doses of *Arnica*.

Dose, see page 7.

Aconite: Give this remedy in all cases when the hemorrhage has been preceded by a sensation of fullness, heat, oppression of the chest, or palpitation of the heart, and when the flow of blood is copious. In the latter case give *Ipecac* alternately with *Aconite*, at intervals of fifteen minutes; as soon as the bleeding ceases lengthen the intervals to one hour. If the patient has been troubled with a severe, dry cough before the attack, give these remedies; and they are especially useful to relieve any febrile symptoms which may follow the attack.

Pulsatilla may be given every half hour when, with females, the hemorrhage is connected with a suppression of the menses, and also in other cases when the blood is dark and clotted, from escaping slowly and remaining a long time in the air passages.

China: When the hemorrhage occurs in weak and exhausted subjects, and when it is so profuse as to cause great exhaustion and faintness, give *China*. Repeat the dose every fifteen minutes until the symptoms are relieved, then two or three times a day, until the debility is relieved.

To prevent a return of the hemorrhage, if the patient is not suffering from consumption, give a dose of *Nux vom.* at night, and *Arsenicum* in the morning for one week; then lengthen the intervals between these remedies, gradually, to three or four days. If any fever or inflammation follows the attack, you need not commence with these remedies until such symptoms have been removed by *Aconite*, *Ipecac*, and *Bryonia*, and perhaps *Phosphorus*.

During the attack raise the head and shoulders nearly half way to a sitting posture, apply cloths wrung from cold water over the chest, and over them dry flannel; let the patient avoid speaking or moving, and the use of hot drinks. The diet should be light for several days; nothing more than boiled rice, cracker, or toast, gruel, toast water, &c., taken cold.

CONSUMPTION (PHTHISIS PULMONALIS).

A predisposition to this disease is often inherited from one or both parents; sometimes it passes over one generation, and appears in the grandchildren; but by proper care and measures during childhood and early life, a tendency to this disease can almost always be eradicated, and even in adult life, the disease can be prevented; and well-established facts abundantly prove that it is a curable disease, and that patients sometimes recover from every stage, even when hectic fever, night sweats, and purulent expectoration, have occurred. But, perhaps, in a majority of cases, this disease does not depend on hereditary transmission, but is developed by bad management during childhood and youth, and pernicious habits in after-life. Among the most frequent causes will be found the following: repelled eruptions by external applications; seclusion from sunlight, to which children and females are subjected by indoor confinement, and by the means of blinds and curtains; our abominable school system, which cruelly confines, even young children, from the sunlight, during six of the best hours of the day; indolent and inactive habits of young girls and ladies; tight-lacing; self-pollution in the young of both sexes; and improper diet, particularly the use of superfine flour, which does not

contain the nourishing materials, and especially the oil, phosphorus, and other mineral ingredients, which the young absolutely require. But there are so many errors in the habits of the American people, which tend to develop this disease, that it would require a volume in which to point them out clearly, and show how to avoid them. Such a treatise is in print, and accessible to all. If you have symptoms of consumption, or fear this disease yourself, or if you would train up your children so that they will not die from it, especially if they inherit from either parent a tendency to this disease, obtain and carefully read the author's work on the "Avoidable Causes of Disease," and you will there obtain the information you need. You will find the table of contents of that work, and where you can obtain it, at the end of this volume.

Symptoms.—The immediate cause of the symptoms, is a deposition in the lungs of a substance called tubercle, which somewhat resembles cheese. This is deposited in masses, varying in size from that of a mustard-seed to the diameter of one or two inches. In some cases the lungs are studded with fine tubercles of the size of a millet-seed, without any large masses, and this is one of the worst forms of the disease, and most difficult to detect. Tubercular masses are found more frequently in the upper portion of the lungs, beneath the collar-bone, than in the lower portions.

It is rare that both sides are equally affected, and the disease occurs most frequently on the left side, but not unfrequently on the right. There is a tendency in tubercles to soften, and sooner or later this process is apt to take place; when it does the softened tubercle gives rise to irritation and inflammation of the adjoining lung, which results in ulceration with the formation of matter or pus, and an abscess is thus formed containing softened tubercle and matter. At length an opening is formed by ulceration into some of the neighboring air tubes or bronchiæ, and the contents of the abscess are discharged by coughing and raising. When tubercle is first deposited in the lungs, before it begins to soften, it often causes a dry hacking cough, with some shortness of breath; when it begins to soften and excite irritation of the lung, it causes chills, fever, and night sweats, or symptoms of hectic fever, and an increase of the cough. These symptoms increase until the abscess

breaks and its contents are discharged, when they often abate temporarily, or until other tubercular masses begin to go through the same process, when they return again. If there is a very extensive deposition of tubercles in the lungs, a constant softening of different masses may keep up symptoms of hectic fever, night sweats, and profuse expectoration, until at last diarrhœa or dropsical symptoms ensue and the patient is worn out and dies; or perhaps he may be cut off prematurely by hemorrhage, acute inflammation of the lungs, bronchiæ or larynx, or perforation of the pleura from ulceration, which may allow air to enter and fill the sac, and cause the lung to collapse. This accident when it occurs produces sudden and great difficulty of breathing, and generally hastens the fatal termination. But if the tubercular masses are not too extensive, by a change of habits and proper medication, we may often prevent a deposition of more tubercles, and those already existing may soften and be discharged and the patient recover; or softening may be prevented, and portions of the tubercle be absorbed and carried out of the system through the kidneys, skin, bowels or air passages, and the patient recover, there remaining nothing more than the earthy part of the tubercle, which may be found after death of a chalky consistency. Such remains of tubercles may exist for many years and cause little or no trouble. It is not always easy to detect with certainty the existence of tubercles in the lungs, especially if they are very small; but when, as often happens, large masses are situated near the summit of the lung beneath the collar-bone, it is less difficult. In examining the chest for signs of disease, always compare the two sides at corresponding points. If the upper portion of one of the lungs is indurated, or more or less filled up with tuberculous matter, there will be some dullness on percussion on that side, compared with the other. If before softening, you apply your ear beneath the collar-bone on the diseased side, you will hear the respiratory murmur less distinctly on that than on the healthy side; and often there is a slight roughness, and even in some cases, jerking, as the air passes through the air passages in the part diseased, and there is a prolongation of the sound as the air passes out in expiration. If you ask the patient to count aloud when your ear is applied, you will

hear the vibrations of the voice and feel the jars more distinctly on the diseased side, than on the healthy, from the fact that the solid portion of a lung conveys sound and impulse more distinctly than the spongy structure of the healthy lung. When a tuberculous mass has softened and begins to discharge through the bronchiæ, if the ear is applied over the part, a gurgling sound is often heard as the air enters the cavity, sometimes a cavernous sound, as if blowing into an empty vessel, is heard. When the cavity is nearly or quite empty, if the ear is applied while the patient speaks, it will sound as if the voice came directly from the part; and there will be less dullness on percussion than before the discharge of the contents of the abscess. It is only in a few well-marked cases that the unpractised ear is able to detect this disease with much certainty by an examination of the chest. If you find a patient with a short hacking cough, or a more severe cough, with some frequency of breathing, and the pulse beats constantly one hundred a minute, or more frequently, and these symptoms have been gradually coming on for several weeks or months, you have reason to fear the existence of this disease. The occurrence of hæmorrhage during the existence of such symptoms, will be another suspicious circumstance. The average duration of tubercular consumption is from one to three years, although patients sometimes die within from three to four months, whereas in other instances, they have been known to linger for twenty or thirty years. This disease is most frequent between the ages of fifteen and thirty, although it sometimes occurs during childhood, and not unfrequently after the thirtieth year. It is more common with females than with males, and, as a general rule, it commences earlier with the former than with the latter, and runs a more rapid course.

Treatment.—The first and great object of treatment should be to check the further deposition of tuberculous matter. In a domestic work like this, little more can be done than to throw out a few hints. If the consumptive patient would obtain all the information he needs, let him read the author's work on the "Avoidable Causes of Disease," to which reference has been already made.

Sunlight: Let the naked body be exposed to the sunshine in a comfortable temperature, in a room or in the open air, for at least

one half-hour every pleasant day; at the same time rub the body all over with the dry hand or a dry towel, and gently percuss or strike over the chest and shoulders with the palm of the hand or fist. Also let the patient work in the sunlight, and sit in it—excepting when the weather is very hot—also let him ride and walk in the sunshine all he is able to; and let him never sit in a room where the sun does not shine, nor sleep in a room where it has not shone all day, if it can possibly be avoided. I am satisfied that sunlight is all-important for consumptive patients.

Air and Exercise: The patient should live in the open air during daylight, whether the weather be cold or warm, wet or dry—always well protected by proper clothing. Active employment out-doors, such as will busy the body and satisfy the mind, is always best; next to this, horseback riding, riding in an open carriage, over rough roads, ball-playing, skating, &c., and walking and dancing, will do very well. The patient should never over-exert himself, but should, every day, without fail, exercise to the full extent of his ability. He must always stand, sit, and ride erect, and never stoop over: and he should frequently throw back his shoulders, put his hands upon his hips, and draw in a full breath, and then contract the upper portion of the windpipe, and allow it to escape as slowly as possible, but still forcing it out with the abdominal and chest muscles. After doing this for a few times, draw in a full breath, and expel it gently, but somewhat rapidly, to the utmost extent, once or twice. If the patient is already so debilitated as not to be able to leave his room, or sit up, let an assistant commence by exercising his arms and legs, bend and extend them, turn them from side to side, and rotate them; as the patient gains strength let him resist slightly, and so continue until he is able to exercise himself.

Diet.—Let the chief articles of food be milk and bread, the latter made from canal and shorts, or the second and third runnings, which contain, in excess, the mineral ingredients, and the oil which such patients require; cream and baked potatoes, fat beef and fat mutton, if the stomach will digest them; and moderately of fruits and vegetables.

If possible, as soon as a patient has reason to fear from his

symptoms, the commencement of this disease, he should consult a skilful homœopathic physician, and be sure and consult one who has the time and patience to spend an hour or two in making a thorough physical examination of the chest, and in making careful inquiries into the history of the case; for if the physician does not do this he cannot make a prescription which will be likely to benefit the patient. Everything depends on the selection of the right remedy, and then holding on to it until it has had time to exert its curative action.

Lycopodium: This remedy is perhaps more frequently required in the early stage than any other, especially when there is a short dry cough, caused by a tickling in the chest or in the lower part of the windpipe, and when there is a dry cough day and night, with wheezing, and if deep breathing causes irritation and cough. Also later in the disease, when there is a loose cough, with a sore or raw sensation in the chest, and a salt, grayish, white, or yellowish expectoration. Give a dose every night until improvement commences, and then give a dose once a week and continue it as long as there is any improvement.

Dose of this or other remedies, see page 7.

Sulphur is the chief remedy in all cases where patients have been troubled with chronic eruptive diseases; and if such eruptions have disappeared on the appearance of disease of the lungs, this will be another indication for *Sulphur*. Also give it when there is a short dry cough with soreness, and a sensation of fullness of the chest, and aggravation of the symptoms in cold damp weather. This remedy will sometimes be found useful late in the disease, when there is a copious, thick, whitish, or yellowish expectoration. When *Sulphur* seems indicated, give one dose every night for three nights, and then omit it for a week, and if at the end of that time there is any improvement, give nothing as long as it lasts, after which *Sulphur* may be repeated again. If there is no change for the better, give some other remedy; generally *Calcarea carb.* should follow *Sulphur*.

Calcarea carb. is especially adapted to young persons who have been subject to bleeding from the nose, and young females who have been troubled with profuse menstruation; also when the pa-

tient is of a full habit, and there is a suppression of the menses. It is also indicated at any age when there is a violent dry cough, with tickling as if from feather dust in the air passages. It often follows *Sulphur* to advantage, when the expectoration becomes profuse and whitish, or yellow, during the softening of tuberculous masses. Give a dose every night. *Lycopodium* is often required after *Calcarea carb.*

Phosphorus: Give this remedy early in the disease, when there is a short dry cough from tickling in the chest, which is aggravated by laughing, talking, or walking in the open air, and still later in the disease, when there is a loose cough and a sore feeling in the chest, tightness, shortness of breath, saltish, purulent expectoration morning and evening, hectic fever, night sweats, and a debilitating diarrhœa. Give a dose every night.

Avoid changing your remedies as long as there is any improvement, even though it is slow. If you change frequently you will get no benefit from any remedy. If acute inflammation of the lungs, pleurisy, bronchitis, laryngitis, hemorrhage, or diarrhœa, occurs during the progress of consumption, consult the section on that disease, and give the remedies as there directed, but as soon as the acute symptoms are removed, return to the proper remedy for this disease. In addition to the above remedies, if they fail to cure, you can consult those under the head of chronic bronchitis.

DISEASES OF THE HEART.

It is more difficult to detect, with certainty, affections of the heart, than almost any other class of diseases, and even physicians of long experience are sometimes mistaken.

PERICARDITIS.—Inflammation of the smooth membrane which covers the external surface of the heart, and then surrounds the heart, except at its base, in the form of a sack—sometimes denominated the heart-case, is called pericarditis. This disease more frequently results from acute rheumatism affecting this membrane, than from any other cause, although it may arise from exposure, sudden changes of temperature, and other causes of acute diseases.

It sometimes occurs during recovery from scarlet fever and erysipelas. It is more common in early than in advanced life, and men are more subject to it than women.

Symptoms.—The attack usually commences with chills, followed by fever; but sometimes there is a great faintness, instead of chills, followed by fever. The pulse, at the commencement of the fever, may be full and strong, and beating from 110 to 120 in a minute, but as the disease advances it often becomes very irregular, beating rapidly for a few strokes, then slowly; and sometimes it is intermittent. In dangerous cases it becomes very small, so as scarcely to be felt, even when the heart is acting violently. There may be little or no pain, but simply a feeling of tightness, weight, burning, or pressure, in the region of the heart. In other cases there are sharp pains, which may extend through to the left shoulder, and even down the left arm. There is difficulty of breathing or speaking, and the patient is often compelled to sit up with his body leaning forward. Respiration is frequent, palpitation of the heart is often violent, and sometimes there is hiccough; these symptoms are often worse during the night, and occur in paroxysms. In severe cases there is great restlessness, with an anxious countenance, headache, disturbed sleep, frightful dreams, perhaps delirium, and great prostration. If the ear is applied over the heart, at the very commencement there can sometimes be heard a friction sound, caused by the rubbing of two roughened surfaces of membrane together; but this is of short duration, for in the course of a day or two a watery fluid is effused into the sac, which separates its two inflamed surfaces. When the quantity of fluid becomes considerable, the sounds of the heart become diminished and apparently distant, in consequence of the intervening fluid. If the hand is applied over the heart, its impulse often seems to be lessened, and sometimes there is an undulatory or wave-like motion felt, which may even be visible to the eye, caused by the action of the heart in the fluid. Sometimes, on applying the ear over the heart, there is a kind of churning sound heard. If the patient recovers, as the fluid in the pericardium is absorbed, so that the two surfaces of the membrane come together, covered as they are by more or less lymph which was poured out with the

serum or watery fluid, the friction sound may again be heard, but generally for a temporary period, for the two surfaces soon adhere, unless they have been very long separated, and such adhesions are frequently found after patients have died from other diseases. Pericarditis sometimes terminates fatally within forty-eight hours, but more frequently, when patients die, it is not until the end of from five to ten days, sometimes several weeks. If the patient recovers, the disease generally begins to yield within a few days, the effused fluid is gradually absorbed, and the symptoms disappear. The prognosis is generally favorable when the disease is promptly treated by the use of homœopathic remedies.

Symptoms of Chronic Pericarditis.—This form of the disease may result from the acute. There may be dull pain in the region of the heart, which may extend to the left shoulder, or arm, or but little or no pain, simply oppression, tightness, or weight, with shortness of breath, perhaps difficulty of lying down, and frequent feeble and often irregular pulse. There is dullness on percussion, and absence of the respiratory sounds to a greater distance than during health, owing to the distension of the pericardium, with fluid and other signs, similar to those which have been described as occurring in the acute disease; sometimes there is fullness in the region of the heart. The face is usually pale and puffy, the lips purplish; swelling of the extremities, and symptoms of hectic fever may ensue. The disease may not confine the patient to his bed, or even to his house, and he may be better for days and months, and finally recover or die. Death often occurs suddenly in such cases.

Treatment of Pericarditis.—*Aconite* is the most important remedy in all acute cases, where there are any chills, faintness, or fever, and this remedy should be given every hour, and it is very important that it be not discontinued so long as there is the slightest fever, or heat of skin, even over the body, for you must bear in mind that there is a tendency in this disease, to great debility, coldness of the extremities, and small pulse, even while the inflammation is unchecked. If any other remedy seems to be indicated, it is better to give it alternately with *Aconite* than to discontinue that remedy. Read under the head of *Bryonia*.