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Carroll Druhan.

BOSTON UNIVERSITY
School of Medicine.



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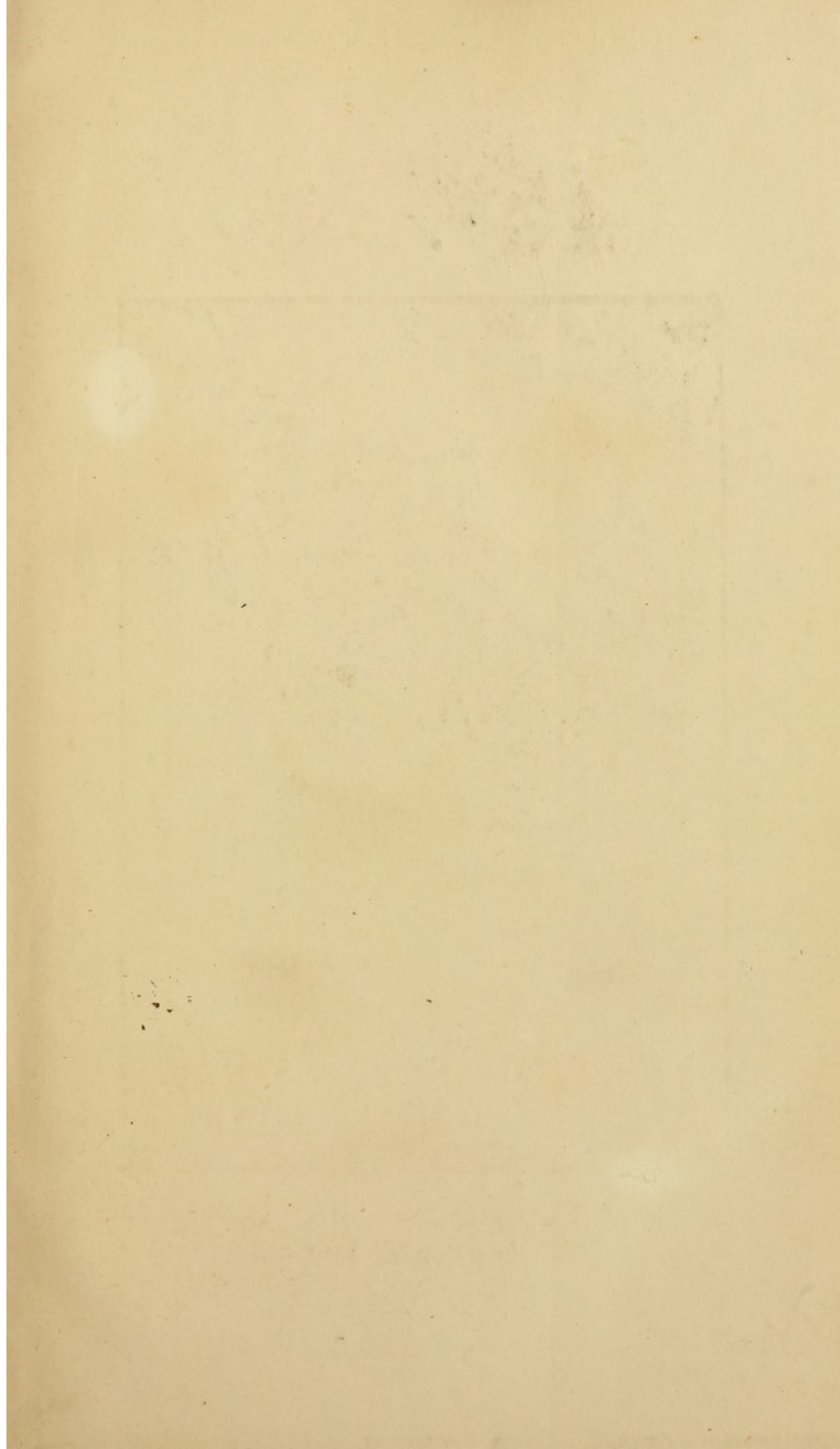
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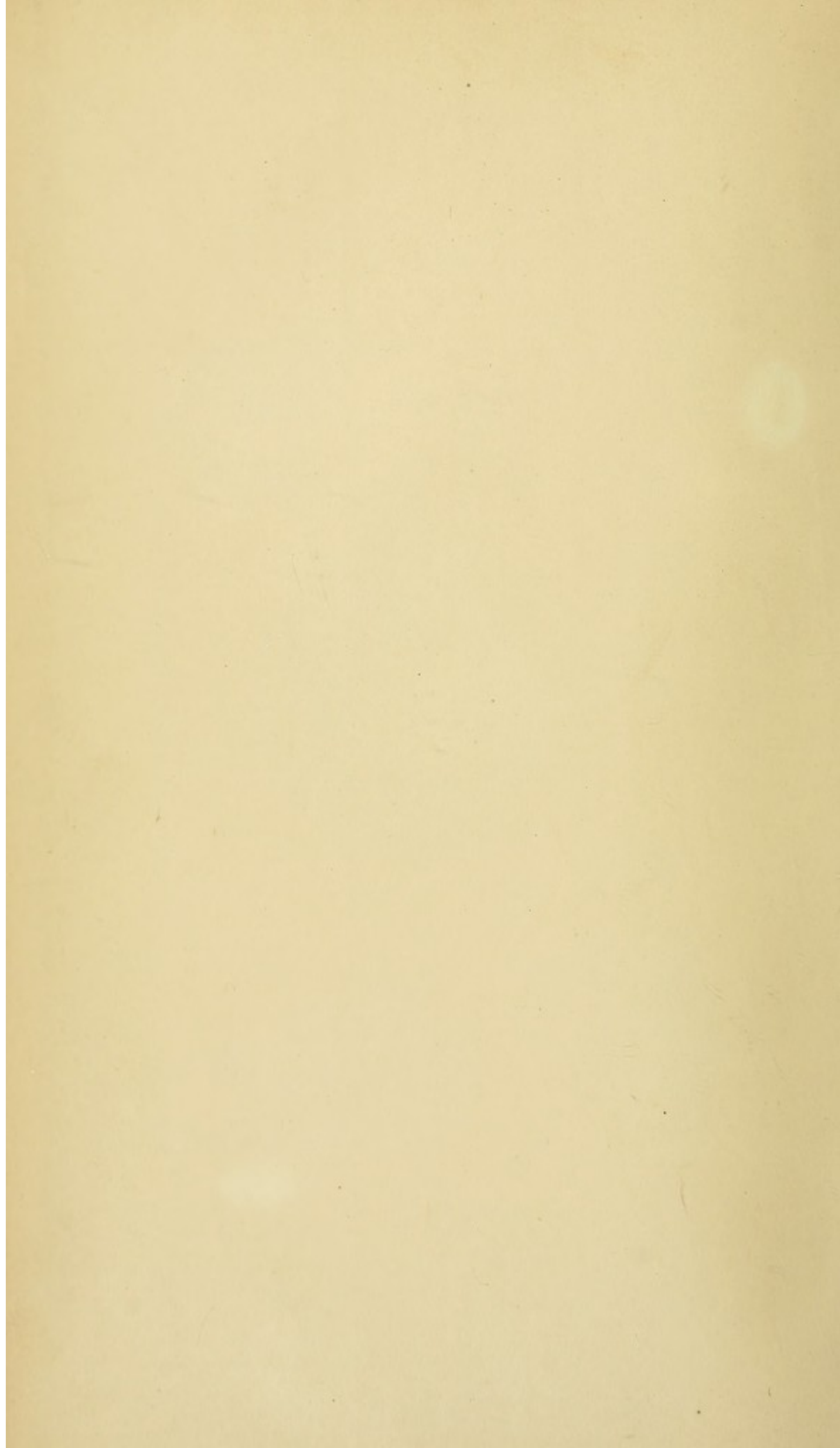
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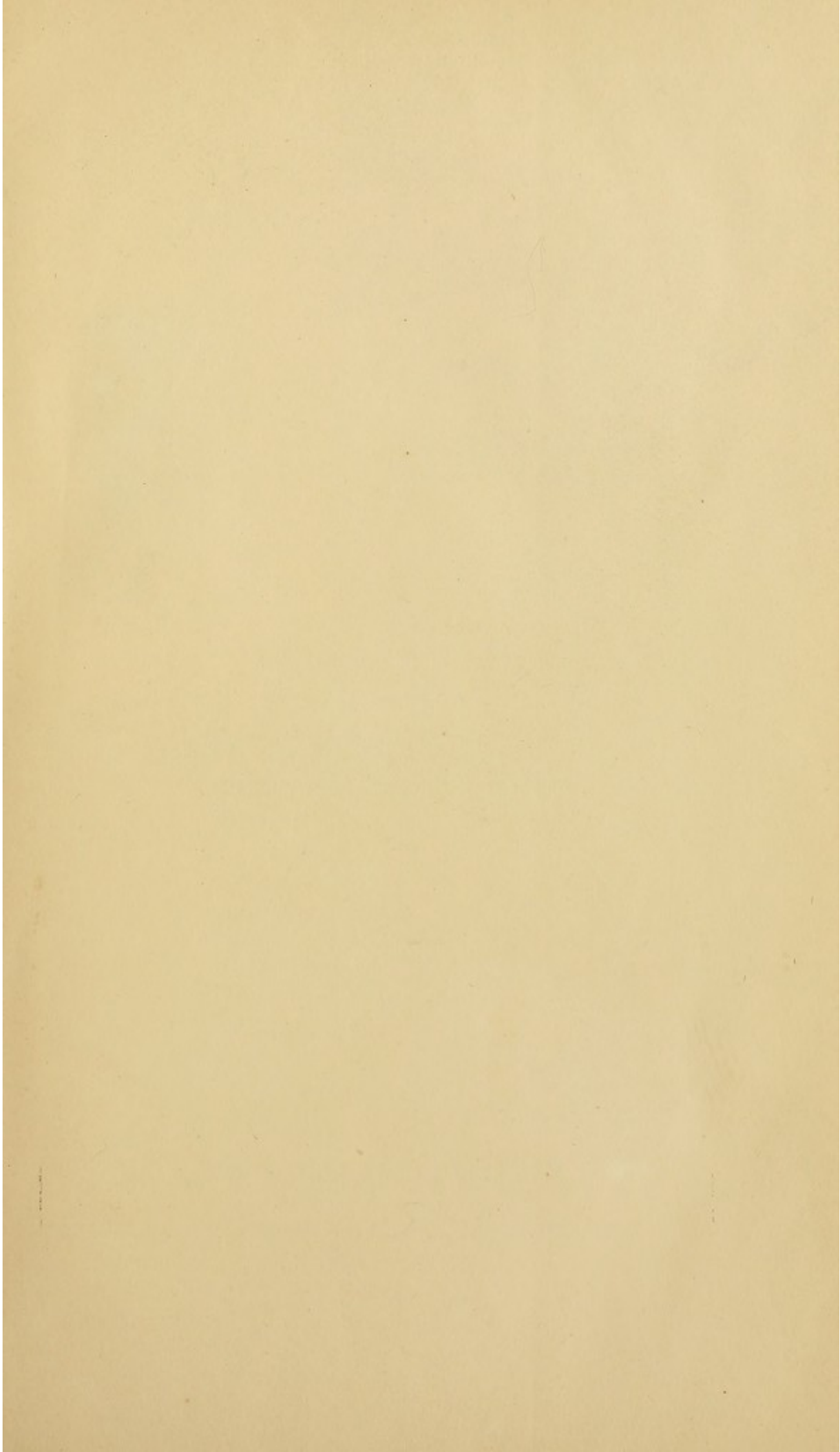
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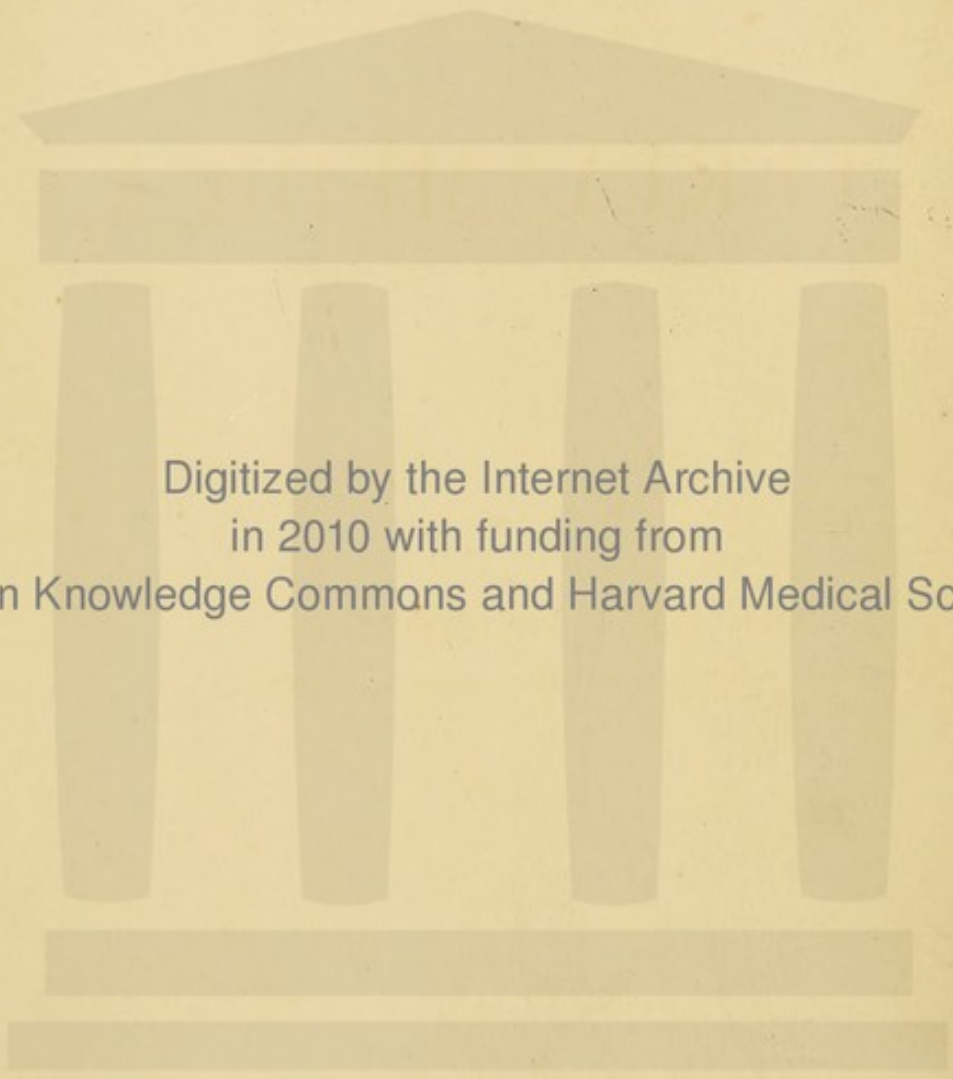
Presented by

M. J. Dayford, M.D.









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LECTURES

Presented to
ON
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MATERIA MEDICA.

BY

CARROLL DUNHAM, M. D.

AUTHOR OF "HOMŒOPATHY THE SCIENCE OF THERAPEUTICS," ETC.

* *

FOR SALE AT ALL HOMŒOPATHIC PHARMACIES.

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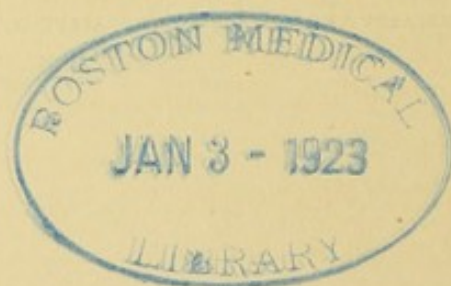
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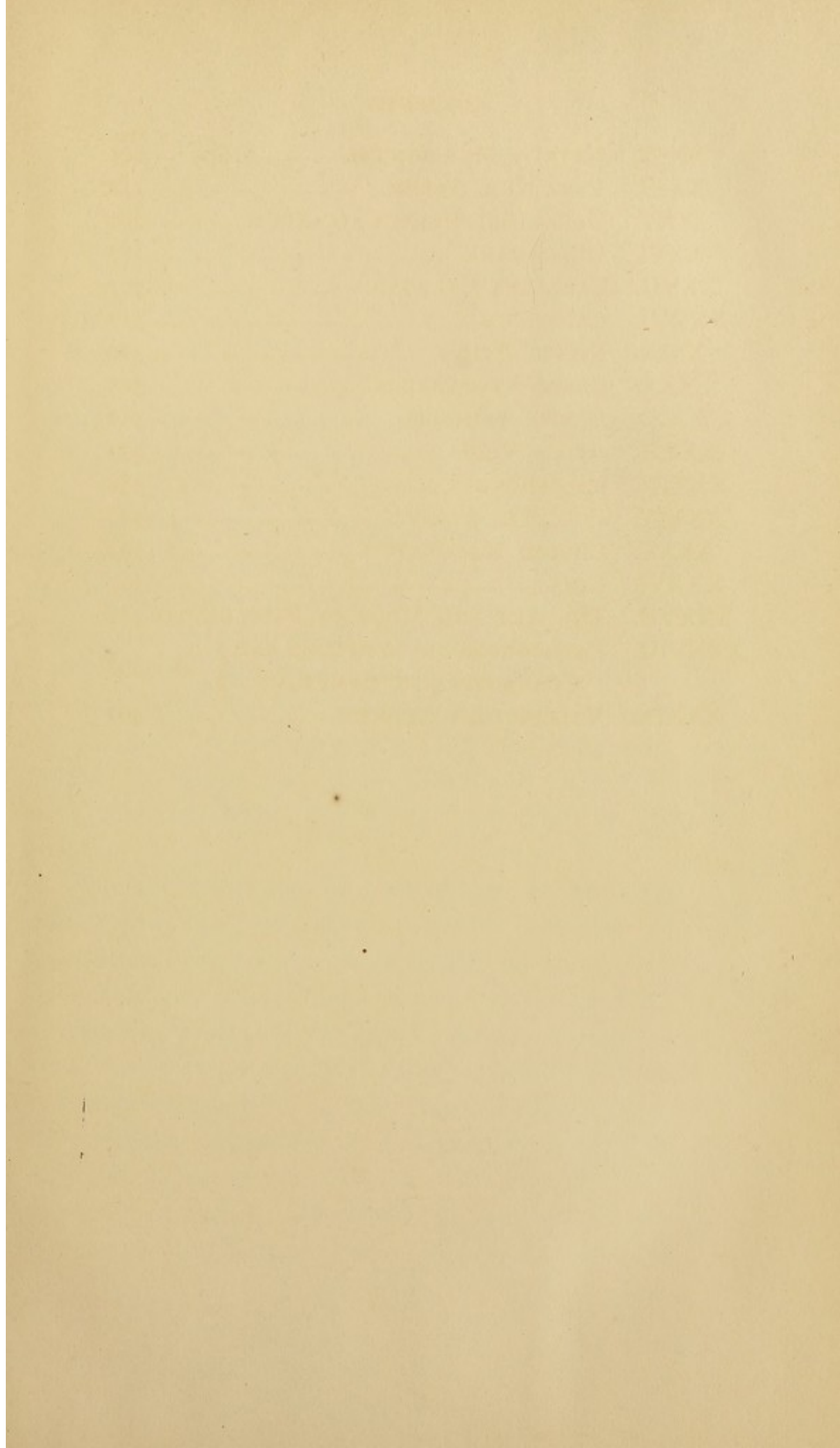


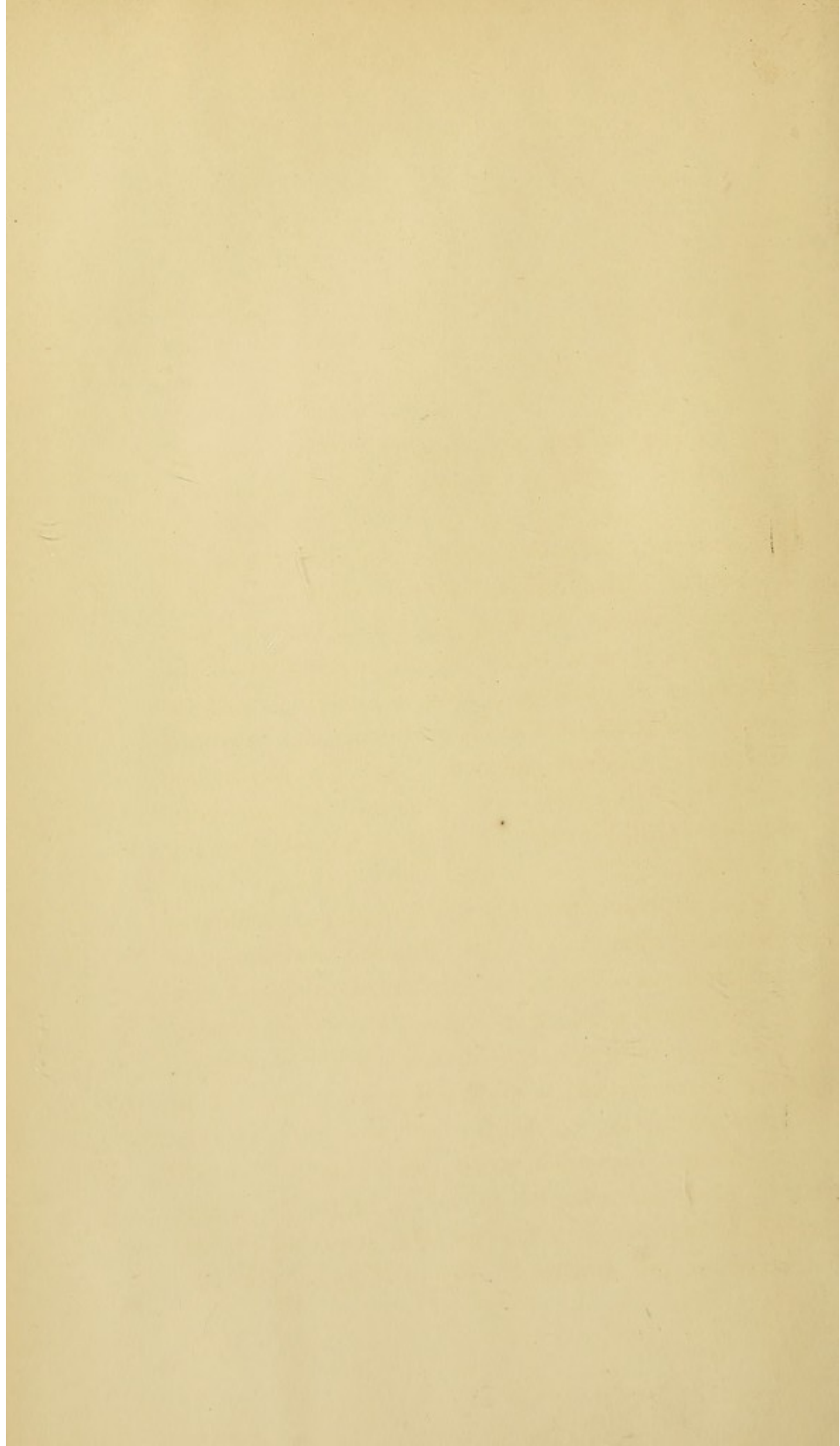
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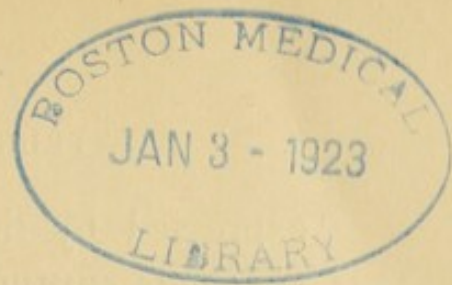
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PRINCIPLES OF HOMŒOPATHY.—PRINCIPLES vs. PRACTICAL KNOWLEDGE.

IN entering upon the general consideration of any subject involving a number of topics, it is expedient always to seek to obtain at the very outset a clear view of the scope and extent of the subject; to comprehend what it involves and to perceive what are its limits and what its relations with other kindred subjects. Let us begin our course by doing this with reference to homœopathy, the principles of which it is my duty to lay before you.

You all know that by homœopathy is generally understood that system of practical medicine, in accordance with which the physician seeks to cure his patient by giving him a remedy which has been known to produce in the healthy subject symptoms similar to those which the patient presents. It is a system claiming to be the only scientific system of medicine, inasmuch as it possesses a "law of cure" as it is termed; or, as it might be more correctly expressed, a law for the selection of the remedy in any concrete case of illness; the law

expressed by the now familiar formula—“*Similia similibus curantur.*”

You will hear also that homœopathy is called the science of therapeutics, and I will add that it is the only therapeusis which exists possessing the elements of a natural science; that it is the only science of therapeutics. Now, by therapeusis or therapeutics, we mean the science of treating diseased persons by means of drugs.

We thus arrive at a view of the limits and scope of our subject, homœopathy. It is a therapeutics. It deals with the science and method of treating the sick by means of drugs. And this is its whole scope. As homœopathists strictly, and confining yourselves to the application of the science of homœopathy, you will perform your entire function when you accurately select and rightly administer a suitable drug to your patient.

But you will go forth from these halls as doctors of medicine. Shall you have no other professional duties toward your patients than to administer drugs to them? Assuredly you will. Then you must be homœopathists and something beside.

The injuries and accidents to which men are exposed, involving destructive injury to limb or tissues, may require the interference of the operative surgeon. As such you will act under the law of mechanics, guided by your knowledge of anatomy and physiology, and governed by the traditions and maxims of surgery. It is true that few surgi-

cal cases occur which do not sooner or later involve the entire organism in such a way that the patient's condition demands the co-operation of the therapist; and as you will combine in your own person the function of operative surgeon and therapist, you, who have when operating, acted outside of your office as homœopathist or therapist, will now select and administer a drug suited to the condition of your patient, in accordance with the therapeutic law. You will, thus, in treating this case, act in a double capacity. You will be both an operative surgeon and a prescriber of drugs. It is in the latter capacity only that you will be a therapist, that you will practice homœopathy. It is true that your possession of a science of therapeutics will make the intervention of operative surgery much less frequently necessary than it is deemed to be by our allopathic brethren, who have no science of therapeutics. For homœopathy gives us the means of curing many diseases formerly supposed to require mechanical treatment; and in so far your function as homœopathist will encroach on that of surgeon. Yet the two are in a scientific aspect entirely distinct, and may not be confounded, unless you would introduce confusion into your views of the principles of medicine.

So, likewise, as obstetrician, you are called upon to superintend the physiological process of parturition, to prevent accidents or to remedy them; to anticipate or to cure diseases that may complicate the process. Some of your interference will be

mechanical, as when you turn the child or use instruments. Such interference does not come under the scope of homœopathy. It belongs to another department of science and art. Another kind of treatment for the abnormal conditions which may supervene during parturition, consists in the administration of drugs in accordance with the homœopathic law. In doing this you are acting of course within the limits of the science of homœopathy, being therapeutists. Thus in the practice of obstetrics you fill a double office; you are therapeutists, and as such, homœopathists, and may also be operative surgeons, exercising another art.

Here again homœopathy puts us in possession of remedial means which, in a great many cases, obviate the necessity of resorting to mechanical interference, because they enable us to prevent the occurrence of morbid states which lead to conditions requiring such interference; and thus the function of the homœopathic therapeutist circumscribes that of the operative obstetrician, as it is laid down in the text-books of the allopathists. And it should be our aim so to develop our therapeutic science as still further to circumscribe its limit and do away with the necessity for operative interference. For instance, if I may venture to spend a moment on this subject, homœopathy, as a system of therapeutics, educating our powers of observation and sharpening our clinical foresight, enables us to anticipate the recurrence of uterine hæmorrhage as an incident of parturition, and so to prescribe that

we prevent or control it; thus making the mechanical appliances so frequently resorted to by the allopathists at least so seldom requisite that some homœopathists have affirmed that the tampon, etc., can never be required. In the same way and to the same extent of rarest use or absolute disuse has homœopathy brought the entire apparatus of pessaries and supporters and bandages for the treatment of uterine disease. In these cases, as in other similar cases, it will be for you, in the exercise of a sound judgment, to determine whether the best interests of your patient demand that you shall act solely as operative surgeon, or solely as therapist, or whether you shall combine these functions. You cannot exercise this sound discretion aright unless you are fully instructed in both departments of science, unless you know all that can be effected by therapeutics from the stand-point of the homœopathist, and know also the resources and limits of operative surgery. The point which I wish to make is that as doctors of medicine you combine in yourselves the functions of therapist, surgeon and obstetrician; and that in the latter capacity you do not, cannot, and are not called upon to act as homœopathists, inasmuch as the homœopathic law applies only to the selection of drugs for diseased conditions.

Once more, hygiene is that department of medical science which includes the prevention of disease, and the removal or cancellation of material causes which induce or perpetuate disease. The

advances of physiology and pathology, chemistry and natural history, within the last thirty years, have given to sanitary science a scope and importance which were not heretofore imagined. Many epidemic diseases have been shown to be dependent upon the conditions in which the individual, the family and the community live—conditions which by knowledge and care might be obviated. I refer in general to improper drainage of the soil, deficient ventilation, unwholesome food and drink, lack of light and heat, injurious occupations, improper social habits and relations. Surely the doctor of medicine can have no more important business than the prevention of disease by diligent endeavor,—whether as a public officer or as the medical adviser of a family or of an individual,—to modify unfavorable conditions, and thereby remove material causes of disease, and place those with whose care he is charged under circumstances most favorable to health. In doing this you will apply the principles of chemistry or of mechanics or of vegetable physiology; and although fulfilling one of your most important vocations, you, who will style yourselves homœopathic physicians, will not be acting within the scope of homœopathy; will not be applying its law of cure. You will, as hygienists, have nothing to do with homœopathy.

Furthermore, it has been ascertained by modern research, that certain diseases depend for their perpetuation, if not wholly for their origin, upon parasitic vegetable or animal growths, the removal

of which by chemical or mechanical means is an essential condition of speedy cure. While you effect this removal by such means, you are fulfilling your duty as those intrusted with the care of the sick, just as faithfully and fully as when you administer, in accordance with the homœopathic law, the remedy which shall so change the vital processes of the patient as that his body shall no longer be a favorable nidus for these parasitic germs. But remember that when you seek the aid of chemistry or of mechanics to remove these parasites, you are not exercising your vocation as homœopaths, because you are acting as hygienists, not as therapeutists; you are not combating disease by drugs.

I lay stress upon these instances. I desire to show clearly, and impress upon your minds the fact, that homœopathy applies only to the treatment of the sick by means of drugs; because, unless your minds are clear upon this point, unless you perceive plainly that as curators of the sick you have other functions beside that very important and essential one of administering drugs, you may err as many do who strive to apply the homœopathic law of cure to their every action as medical men; and to make it cover not only their treatment by drugs, but also the surgical, obstetrical, hygienic, chemical and mechanical expedients and procedures. They come into the dilemma, that either dreading to prove recreant to their guiding principle, which they cannot perceive to lead them in any of these procedures, they neglect something

which is essential to their patient's safety or recovery, and thus fail of their duty as doctors; or else, resorting to measures which their common sense and experience show to be necessary, they attempt to explain them in such a way as to bring them under the homœopathic law, and thus make themselves ridiculous and bring ridicule upon the science which as therapeutists they profess and honor.

Remember, then, the scope and limits of homœopathy. It is the science of therapeutics, and concerns only the treatment of the sick by means of drugs. Do not misunderstand me, and think me to say, inasmuch as I am a homœopathist, that therefore I believe diseases are to be treated only by drugs. Being a science, the elements of which are natural phenomena, viz.: those of the sick and the phenomena of drugs in their relation to the living human being, homœopathy takes rank with the other natural physical sciences.

For the better understanding of our subject let us take a general view of the nature and elements of a physical science. The physical sciences are variously arranged. There are sciences of classification, and sciences which are pursued with a view to the practical application of the knowledge they afford us to the affairs of daily life. But all of them deal with the phenomena of the physical universe as we observe them by means of our senses, aided by the resources of art. Let us study for a moment the science of astronomy, the most perfect and least compli-

cated of the physical sciences. It deals with the phenomena of the bodies which compose the universe. We observe these phenomena, which consist of the movements of the heavenly bodies in space and upon their axes; and our observation is assisted by whatever instruments the ingenuity of man has contrived for the purpose, every successive invention enabling us to discover some new feature of these phenomena. In observations of the movements of the heavenly bodies we observe their movements in relation to each other. This is obvious, since the motion of one body is perceptible only in relation to some other body. Our object is to understand the relations of the heavenly bodies to each other in respect of their phenomena, and then to be able to foresee and predict what will be their relations and relative positions at some future time. We accomplish this object when, by virtue of our studies of the phenomena of the heavenly bodies and their relations, we are able to foretell the occurrence of eclipses at definite times, and to indicate, years beforehand, the position of the heavenly bodies at a given time.

I ask you now to notice several facts respecting this science.

First: In all its processes we never think of bringing in the question—What is the *cause* of the motion of the heavenly bodies? Such a question must present itself of course to every reflecting mind; but its consideration belongs to the speculative or metaphysical sciences, and has nothing

to do with astronomy proper, or celestial mechanics,—is certainly in no sense and to no degree a basis of it. Our opinions on this point may be most various; yet this variety will not prevent our perfect agreement in the processes and conclusions of astronomy when considering the relations of, say two heavenly bodies.

Second: Astronomy deals with two series of phenomena, viz.: those of the two heavenly bodies, or systems of bodies, under consideration. And this science reckons the effects of one body or system of bodies upon the other in accordance with some law or formula which is general, applying to all bodies, and which expresses the mechanical action of bodies upon each other as regards mass and distance; in other words, their mechanical relations to each other.

Third: This law or formula, expressing the relation of bodies to each other, was perceived in a single instance. The mind which perceived it formed at once the hypothesis that it was a general formula expressive of the relation which exists between all bodies. A vast number of experiments and observations having confirmed this hypothesis, it is now universally accepted as the law of the mechanical relations of bodies.

Fourth: Observe that this law, which is a bare statement that bodies attract each other directly as their mass, and inversely as the square of their distances, is not based upon any theory of the nature of attraction—how it is that one body

attracts another. Myriads of hypotheses on this subject might be framed, defended and overthrown, yet this formula would remain unshaken. It expresses the relations of phenomena which we observe, and nothing more—the relations therefore of what we know. For, what besides phenomena can we know—phenomena or things which are apparent to our senses, which may be seen and touched, smelt and tasted and heard. How disastrous would it be if in our science of astronomy the phenomena were limited by a law or formula based upon a theory of the cause of attraction. Phenomena we see and apprehend, and may be said to know, but the causes of them no man has seen or touched. Causes are hidden from our senses. We can reach them only by the action of the mind in hypothetic speculation. It must needs be that with every advance in observation a new hypothesis would spring up, overturning former doctrines of causation, and with them whatever laws or formulæ might be based upon them; and if the central formula of the science rested on them, it would be overturned to give place for a brief interval to some as short-lived successor. Progressive knowledge would be impossible on such a basis.

Fifth: Observe, finally, that one great object of the cultivation of this science is, that it affords us the means of prevision; it enables us to foretell events within its domain. And this is true of all the natural sciences when constructed on a sound

basis. It would, therefore, furnish a test of the soundness of a science so called. For, on ultimate analysis, every natural science (save those of classification) consists of two series of phenomena connected by a law expressive of their relation to each other. Now, in the application of the science to the purpose of prevision the problem is this: Given one series of phenomena and the law of relation to find the other series of phenomena, to foretell what they will be. This problem is continually applied in astronomy, and the results uniformly attest the accuracy of the method.

In conclusion, then, this episode enables us to state understandingly the elements of a natural science. They consist of two series of phenomena (the result of observation) and a law which expresses a uniform and invariable relation between these series of phenomena. The phenomena must be susceptible of indefinite exploration, study and elaboration without disturbing the law of relation.

The law must be such as will enable us to foresee and predict future events. One series of phenomena and the law being given, we must be able to indicate the other series of phenomena; and this in advance of any observation of them or of any experiment.

Such must be the structure and the elements of the science of therapeutics, the only possible science the elements of which are capable of being developed independently by study and experiment and observation without detriment to the science as a

whole, and which in its integrity will enable us to foretell the future, will put it in our power, having one series of phenomena and the law, to predict the other series.

Therapeutics being the science of treating the sick with drugs, it must deal with two series of phenomena, viz.: those of the sick and those of the drug as it affects the living human body; and it must present us with a law expressive of some constant and general relation between the phenomena of the sick and the phenomena of the drug as it acts on the human body. And by means of this law we must be able to foretell events. If we have the phenomena of the sick and the law, we must be able to tell correctly what shall be the phenomena of the drug which will cure the patient, even though no such experience has ever been had. Or, conversely, having the phenomena of the drug as it acts on the human body and the law, we must be able to tell what phenomena of disease that drug will remove, even though none such have ever been witnessed or experimented with. Now, gentlemen, homœopathy is just such a science of therapeutics. It has again and again submitted to this test, and has come forth triumphant. It possesses this law, which is not interfered with by the indefinite expansion of the phenomena with which it deals. I proceed to state it in detail in the light of what has been said.

The object of your study as medical practitioners is of course the patient—the sick person who

sends for you. Your first care is to ascertain if he be really sick. He states perhaps that some organ is the seat of pain, that some function is not properly performed, or that the unusual appearance of some part of his body has attracted his attention and excited his alarm; and now he asks your opinion, advice and assistance. He wishes to know what ails him, what will be the issue of his sickness, and how long it will last, and finally he wishes you to assuage his sufferings and restore him to health as quickly, safely and gently as you can. The first question is this, Is the patient sick? Is any organ or tissue in an unnatural condition? Is any function arrested, or performed in an unnatural manner? You compare the patient with your recollection of a sound and healthy man. Your knowledge of anatomy will enable you in this comparison to detect abnormal conditions of organs or tissues. Your knowledge of physiology puts it in your power to discern the abnormal performance of functions. In a word, you observe whatever of a material character is wrong with your patient. Where it is possible you assist your senses by instruments. The functions of respiration and circulation are inspected by means of the stethoscope; the tissues of the eye by means of the ophthalmoscope; of the ear by the otoscope; the tissues and, to some extent, the functions of the larynx, by the laryngoscope; the renewal and waste of tissue, to some extent, by the thermometer; to some extent, by chemical examination, the excre-

tions and secretions. These examinations, which are made by the aid of a comparison of the patient with our recollection of a standard, healthy, living human being, furnish us with the objective phenomena which the patient presents. Besides these there is another class of phenomena. Rarely are any tissues or functions in an abnormal state without the existence of some sensations in various parts of the body complained of by the patient, unless he be in such a benumbed condition that he cannot feel nor describe. Such phenomena, since they are perceived only by the patient, are called subjective phenomena; we cannot verify them. The patient may deceive us in stating them. He may not be capable of describing them so that we can understand him or get a distinct idea of what he feels, or, he may be dull or comatose and take no note of them. These objective and subjective phenomena together constitute that in which the patient differs from a healthy man. He wants to know what ails him, for the purpose of forming an idea whether and how soon he can get well. You form your diagnosis by means of your knowledge of the relation of phenomena to lesions of tissue; and you give your prognosis from your knowledge of the history of the course of diseases under treatment. You have not come to your duties as therapeutists until your diagnosis and prognosis have been made and pronounced.

This having been done, your great duty as curers of the sick lies before you. Is the case

one in which it will suffice to order a change in the mode of life, abstinence from some hurtful article of food or drink, change from a noxious habitation to a more wholesome one, substitution of suitable for injudicious raiment, of a nutritious for a scanty diet, of a healthy for a baneful occupation? If so, you will have done your whole duty when, from the stand-point of hygiene or sanitary science, you have cared for these things, and have placed the patient under the conditions which are requisite for the normal performance of the functions of the body and mind. But we will assume that, these things having been attended to, the patient remains ill; and that we need to apply to his organism some special stimulus which shall bring him back to a healthy condition. A drug is such a stimulus.

We are now in a position to apply the science of therapeutics. The phenomena of the patient with which we deal, are the subjective and objective phenomena of which we have already spoken. We include these under the general term "symptoms," and we consider that, practically, the aggregate of the symptoms constitutes the disease under which the patient labors. A great outcry has been raised against homœopathists because of their alleged exclusive attention to symptoms. It is affirmed that they prescribe on symptoms only, not taking cognizance of the disease, and this is made a reproach to them.

In part this reproach springs from the failure to start on a mutual understanding of the term

symptom. The old school does not give it so extensive an application as we do. For we include among the symptoms of the patient every deviation from a healthy condition of mind or body which the physician can in any way discover or perceive, or which the patient makes known by his statement or complaints, or which the attendants of the patient have observed and can communicate to the physician. Now, this definition includes every possible deviation from a healthy condition of tissue or function whether objective or subjective, which it is possible to have. And what is called a disease in contradistinction to such an aggregate of symptoms, is simply an abstraction, a mental conception devised for the purpose of expressing this aggregate in a single phrase. For example, the patient has heat of skin, a hard, frequent pulse, rapid and short respiration, a quick, dry cough or cough with rusty sputa. These are objective symptoms which the physician may observe. The patient in addition complains of oppression of the chest, of sharp pains through the lung on coughing, or of rawness behind the sternum. The physician, by physical exploration of the chest, discovers, on percussing a certain part of the chest, dullness, or a fine crepitation. Let this collection of symptoms constitute all there is about this patient which is a deviation from his condition when in health. These phenomena, being the results of positive observation, are known; there can be no error or uncertainty about them. Now,

if we wish to express to another physician the condition of our patient, it may be and is convenient to have a brief term which will include and imply the presence of these phenomena. But does it add anything to our knowledge if we designate this aggregate of symptoms by the name pneumonia or inflammation of the lungs? The fallacy is that we are in danger of including under the given name cases agreeing in anatomical lesion, but differing in symptoms, and requiring different treatment.

It has been objected to the use of a collection of symptoms as the basis of a prescription, that, if we depend on symptoms alone, we may fail to discover the existence of latent disease. But if disease be really latent, not manifested by any symptom whatever, by any deviation from a healthy condition, why then it must be so completely latent, must lie so hidden, that in no way is it discoverable.

Let us remember that Hahnemann taught, and that we believe and teach, that the aggregate of symptoms, which we regard as identical with the disease itself, includes and comprises everything which the physician and attendants discover or have observed about the patient as different from his condition in health, and every deviation from health of which the patient is conscious. Let the physician avail himself of all the appliances of the modern accessory medical sciences, the most approved methods of research and observation;

whatever he observes in any way in the patient which is a deviation from health, is a symptom in the sense of the homœopathist, and the aggregate of these symptoms constitutes for him the disease. I may say that the most recent and most enlightened writers of the old school, Virchow, Carpenter, Bouchut, express themselves much in the same sense.

These symptoms, then, these phenomena of the patient, constitute one series of the phenomena with which the science of therapeutics deals.

The other series of phenomena are those of the action of drugs upon the living body. Let us come to an understanding of what we mean by a drug. The condition of a sick person is this: The organs which, while the patient was in health, have been performing their functions regularly and normally, under the action of the general stimuli of light, heat, aliment, etc., on which we all depend, have in some way, through some cause, come to act abnormally. Now we seek for some special stimulus which is capable of modifying the action of the organism; and if we can hit upon that stimulus which will modify them in just the right way and to the right extent, we shall have the means of modifying the organism back from its perverted action to a healthy action. To hit upon this special stimulus, this is the therapeutic problem.

We gather from this statement that any substance whatever which has the power to produce

in the living organism a definite deviation from its healthy, normal action, may come under the designation of a drug. Thus almost every substance in the world, provided it have the power, as most substances have, of producing a definite and constant modification of function and tissue in the organism, may be a drug, and may be used to cure disease if we only know how to use it. Those who deny the possibility of curing disease affirm that a pathological process once begun cannot be arrested;—why not as well as a physiological process? As a matter of course, almost as early as men began to record observations of nature, in however rude a way, they began to note the effects produced upon the organism by natural objects taken into the system accidentally or by design. And these observations were the foundation of the science of pharmacodynamics, or the effects of drugs upon the living organism. Subsequently systematic observations and experiments began to be made, with a view of extending our knowledge of pharmacodynamics and making it exact. It was not however until a very recent period that these experiments were instituted on the proper basis and in the proper way to secure permanent and valuable results.

At first, and indeed until a very recent date, experiments and observations with drugs upon the human organism, were made in the case of sick persons in the way of endeavors to cure them. Now in this way we could not arrive at any

certain knowledge of the action of the drug upon the organism, because of the organism being already in abnormal action under the influence of the cause of disease, whatever it might be.

When we add the modifying influence of the drug, the result would be a kind of action due to the combined influence of drug and morbid cause. Nor could we know how much or what deviation to ascribe to each of these influences. Such an experiment could give us knowledge of nothing save the action of the drug upon an organism already affected by disease, precisely as the subject of the experiment is affected. But when we consider how very rarely two identically diseased conditions occur, it will be very apparent that such knowledge would be of but little practical value to us. It would not afford us the constant quantities we seek. It was apparent to some of the most clear-headed of the earlier physicians, after the restoration of learning, that in no way could a knowledge of the properties of drugs in relation to the human organism be obtained except by observations of their action upon the healthy subject. Although this conviction was expressed with more or less clearness by several, and notably by Haller, it was reserved for Hahnemann both to demonstrate its truth, and to illustrate it by undertaking and accomplishing a gigantic series of experiments with drugs upon the healthy organism; experiments of which the results constitute the bulk of our *materia medica*; and which form the most

splendid and enduring monument of scientific acumen and philanthropic devotion of which humanitarian science can boast.

The remarks which were made in relation to symptoms as compared with abstract conceptions supposed to be represented by them, apply to observations of the action of drugs; since the effects of drugs are really artificial diseases. The phenomena observed by the prover or his friends upon him, whether subjective or objective, constitute facts; constitute what we know about the action of the drug. Speculations about its mode of producing these symptoms are certainly interesting, and may lead to further discoveries, and certainly do stimulate to closer observation; but they are no part of the positive facts which constitute this second series of phenomena of our science of therapeutics.

We have now two series of facts or phenomena; the symptoms of the patient and the symptoms produced by drugs upon the healthy. It is reasonable to believe that if we knew how to bring the latter action to bear upon the former we might arrest the morbid action of the organism; might modify it back to a healthy action, if, among all the drugs which act with such a variety of difference upon the organism, we only knew how to select the right one.

Wanted, then, a law of selection; a rule for selecting the right drug for each patient; a formula expressing the relation between the symptoms of

the patient and the symptoms of the drug which would cure that patient, the law of the interference of symptoms.

This law, of which others had had vague glimpses, was discovered by Hahnemann to be the general law of therapeutics. It was expressed by the phrase "*Similia similibus curantur*;" or "Likes are to be treated by likes." It is the law for the selection of the drug. It expresses nothing concerning the *modus operandi* of the cure. It ventures nothing of hypothesis. It is as bare and as general a formula as that of celestial mechanics.

Discovered by accident, supported by multitudes of instances, established by direct experimentation and clinical demonstration, it interferes in no way with the growth of either series of phenomena,—either the phenomena or symptoms of disease, their causation and connection, or the phenomena of drug action; and yet it affords us the means of prevision that have already been most fruitful of blessings to mankind, as in the case of cholera in 1831.

Let us for a moment, in conclusion, suppose the science of therapeutics otherwise constructed, first on the rationalistic, and then on the empirical basis.

On the former, the symptoms are observed and a cause is assumed for their existence. The action of a drug is observed and a theory formed of the cause of its action. Here two theories come in to introduce two possible points of error. The science cannot progress, because advancing knowledge must

continually change the hypotheses concerning the cause of symptoms and of drug effects upon which the treatment was based. Take for example the use of mercury in liver diseases. It was assumed from observation in disease that mercury increases the formation and discharge of bile. In certain diseases then, which were supposed to depend upon a diminished secretion of bile, mercury was administered. But subsequent experiments showed that mercury does not increase the flow of bile. Then all observations and conclusions based on this treatment must be thrown away as worthless, and we must begin again; and so on *ad infinitum*.

The empirical method simply records that A. has cured a patient sick with B., and concludes that A. is a remedy for B. But diseases occur alike so very rarely that the results of treatment based on such experience never agree. Nor does this method afford means of prevision, a defect which is fatal to its claims as a science. Nothing remains but the science as we have explained it, and of which we shall proceed to study in detail and in a practical way the different elements.

The subject of the next lecture will be: "Symptoms; or, How to take the Case."

SYMPTOMS, THEIR STUDY; OR, "HOW TO TAKE THE CASE."

IN my last lecture I endeavored to define the scope, nature and limits of the science of therapeutics, and to show that homœopathy constitutes this science. I tried to explain to you how it is that, by analysis, every natural science may be reduced to two series of phenomena, connected by a law or formula which expresses the relation of these two series of phenomena to each other; and how the practical problem which the science enables us to solve is this: Given one series of phenomena and the law of relation, to find the other series of phenomena; and that, in this problem lies a test of the soundness of whatever claims to be a natural science, viz.: that it furnishes us a means of prevision or foreseeing and predicting that which is to be observed or discovered; points which I illustrated by a reference to the history and structure of the simplest and most complete of the natural sciences, astronomy or celestial mechanics. Finally, I explained that the two series of phenomena which are the subject of a natural

science, must be each capable of independent and indefinite expansion and development as a separate department of natural history ; and that no expansion of either must destroy the applicability of the law of relation. I then showed you that in the science of therapeutics or homœopathy (as it is more familiarly called) the two series of phenomena are respectively the phenomena of the patient on the one hand, and the phenomena produced by the drug upon the healthy, living, human being, on the other hand ; while the formula which expresses the relation between these series of phenomena is the well-known therapeutic law, "*Similia similibus curantur*," "Likes are to be treated by likes."

I showed you that, in our practical application of the science of therapeutics, the constant problem before us is that which is the problem in every natural science, viz. : Given one series of phenomena and the law, to state the other series. Given the phenomena of the patient and the law, to find the phenomena of the drug which bear to the phenomena of the patient the relation expressed by the law. Or if we are studying a drug, and have the phenomena which it produces in the healthy, living, human being, then, having the law, to find the series of phenomena in the sick which, bearing a certain relation to the phenomena of the drug, will be canceled by the latter in the terms of the law. In other words, our constant problem is: Given the symptoms of a case, what drug known to us will cure according to the law, or what must be the

effects of such a drug, not yet known to us, as will cure such a case. Or, conversely: Given the effects of a drug, what case, as yet seen or never yet met with, will that drug cure?

Such prevision as this homœopathy has again and again in notable cases enabled us to exercise; and by this test she has justified her claim to be entitled the science of therapeutics.

After this general view and analysis of the subject, it remains for us to study in detail the elements of which the science is composed, viz.: the two series of phenomena respectively and the law.

I shall therefore ask your attention now to the first series of phenomena, those of the patient; or briefly to the subject of "symptoms," or how to take the case.

And, here, at the very beginning of the subject, let me say that much unnecessary confusion exists in the minds of our own school, and of our opponents, because we have not agreed upon the meaning we shall attach to the word symptom.

By the old school and by some homœopaths who have gone astray after the "strange gods" of the physiological school of medicine, a very restricted meaning is given to the word symptom; and this being done it is made a reproach to homœopaths that they take note only of symptoms, as though we disregarded some important phenomena presented by the patient. Assuming that homœopaths understand by symptoms only the subjective phenomena or sensations which the patient experiences

and describes, "How, then," exclaims Prof. Bock, "can they prescribe for a typhoid patient who neither hears, sees, tastes, smells nor feels, and who could not express his sensations if he were conscious of them, but lies in a passive apathy, as indifferent as a log!" Well, the fact that he lies there and cannot express his sensations, if he have any, and that the avenues of communication between his brain and the world about him, his special senses and the general sense namely, are closed, constitutes a most important series of symptoms. For, gentlemen, in accordance with Hahnemann's instructions, no less than with the common sense of the matter, we include under the term "symptom" every phenomenon presented by the patient which is a deviation from, or an addition to, his condition when in average health.

Whatever we can ourselves observe by careful scrutiny of the patient, bringing to our aid every instrument of observation which the ingenuity of man has contrived; whatever the patient can tell us as the result of his observation of himself or of his sensations; whatever his friends and attendants have noticed concerning his appearance, actions, speech and condition, physical or mental, which differs from his condition and actions when in health,—all these phenomena together constitute what we call the symptoms of the patient.

I conceive that it would be a waste of time to examine the alleged distinction between symptoms and "the disease." Since we have made the term

symptom cover every phenomenon, whether it be felt by the patient, or observed, seen, handled or heard by the physician, it is manifest that we can know nothing of any disease except by the presence of symptoms; that its presence is announced by the manifestation of symptoms; that when the symptoms have all disappeared we cannot know that any disease exists, and that therefore by us, for all practical purposes, the totality of the symptoms must be regarded as equivalent to, and identical with, "the disease." Let, then, the bugbear of a disease as distinct from the totality of the symptoms never more haunt your path-way in practical medicine.

Hahnemann directs us to acquaint ourselves with every deviation from the patient's normal, healthy condition which we can observe; to gather from the patient's friends and attendants all of a similar character that they have observed; to listen to the patient's statement of everything of the kind which he has noticed, and of all unusual sensations and pains which he has experienced, and all unusual phenomena of which he has been conscious, whether of body or mind.

You will perceive that here are two classes of phenomena referred to, viz.: such as may be observed by the physician or attendants and friends, and such as are perceived and can be stated only by the patient himself. The former, which may be the objects of study and observation by the physician, are called *objective* symptoms. The latter

are the subjects of the patient's own consciousness, and are styled *subjective* symptoms. We may notice and study the spasmodic twitching of the facial muscles, the alternate flushings and pallor in a case of facial neuralgia, but the patient alone can make us aware of the sensation which he experiences simultaneously with those twitchings and flushes. In a case of pleurisy we may detect a friction sound denoting dryness or roughness of the pleura, or the dullness denoting effusion; we may observe the deviation from the natural symmetry of the thorax; the labored and hurried breathing, the short, dry cough and the expression of suffering which accompanies it, but the patient alone can tell us that he suffers from a stitch in the side, where it is, what direction it takes, what provokes and aggravates and what relieves it.

The physician and attendants may notice and observe the accelerated yet unsustained pulse, the dulled perceptions and sluggish or perverted intellect, the red, or dry, or cracked and trembling, tongue, the elevated and uniformly fluctuating temperature of body, the tympanitic abdomen, the tenderness about the cœcum caput coli and the enlarged spleen which characterize a typhoid fever; but only the patient could have made known to us the failing strength of body, mind and will, the peculiar headache and the desolate sense of illness which, perhaps many days preceding the commencement of the doctor's attendance, began to take possession of him.

We meet with few cases which do not present throughout their course, or at least in some portion of it, both subjective and objective symptoms. If there be an exception, it is that of some chronic affections, consisting exclusively, so far as our observations enable us to speak, of pains and abnormal sensations. I say so far as our observations enable us to speak, for I can hardly conceive of an abnormal sensation except as coincident with some structural change of tissue, although this be so fine as to elude our present means of research.

On the other hand, we meet cases presenting at first view only objective symptoms, as for example, chronic, cutaneous affections and heterologous formations. And yet I believe that in every such case, if we take a broad enough view of it, including the history of the case, we shall find a tradition of subjective symptoms. However this may be, and whatever may be their relative number, and what comparative importance we may be disposed to attach to them, these are the two varieties of symptoms which patients present to us.

Now we may study symptoms under two views, with two different objects: First, we may study the science of symptoms as a branch of medical science, as a department of the science of biology,—much as we study physiology, which is the other department of biology,—without any view to a practical application of the results of our study, without any reference to a proposed application of the therapeutic art, without considering how we shall remove the symp-

toms by interposing the action of a drug ; and Second, we may study symptoms with reference to the practical application of our knowledge in bringing drug action to bear upon the patient's symptoms.

Let us first consider the study of symptoms as an independent department of science. It is one, let me say, which has not received the attention to which its great importance entitles it.

The patient is before us, the object of our observation and inquiry, just as the healthy human being is before us when we study his constituent tissues and organs and their respective functions in pursuing the sciences of anatomy and physiology. We observe his objective symptoms and learn from him his subjective symptoms.

A fact of prime importance for us to remember at the outset of our inquiry is this : that as in nature there are no accidents, so there can be no symptom which is not directly the result of some immediate cause operating in the organism of the patient ; no abnormal appearance or condition of any tissue or organ which does not proceed from a modification of its cell structure, its nutrition, or of the normal proportion of the tissues which compose it ; no abnormal sensation experienced by the patient which is not the result of some change, either appreciable in some tissue of the body, or assumed to exist therein, or referred to the indefinite realm of dynamics, the convenient habitat of functional derangement for which we have not as yet discovered any structural substratum.

No symptom, then, is to be passed over as unimportant. We know not how important that which now seems most trivial may to-morrow be proved to be. This we know, that everything in the human organism, as in the universe, moves and occurs in obedience to LAW; and when we observe the phenomena of nature, we fail of the reverent spirit of the true and faithful student, if we pass over any phenomenon assuming it to be of no account, just because our faculties are so little developed that we cannot see that it has any significance. If it be true, as the Lord of Glory tells us, that of two sparrows which are sold for a farthing not one falls to the ground without our Heavenly Father, that the very hairs of our head are numbered, how can it be that changes of tissue or of excretion or secretion should occur, that abnormal sensations should be experienced save in accordance with some law of the organism? The noble sentiment of the Latin poet, "I am a man: Nothing that is human can be alien to me," is true in a physical no less than in a moral sense.

It is our object to observe everything that is a deviation from the healthy condition. We must then keep up, during our observation, a constant recollection of the condition of organs and tissues, and the performance of function in the healthy subject; and our observation will be a sort of running comparison.

Our object is to note every deviation. We must necessarily follow some method in our inves-

tigation, otherwise among such a multitude of objects some would surely escape us. If it be necessary for a dog in hunting to scour a field according to a certain method of lines and angles, surely method must be needful when we are beating up this complicated field of the human organism, and that too in search of game which does not start up at our approach.

We may adopt the *regional* method and survey the whole body, passing from region to region in anatomical order. This is a valuable method and indispensable to a certain extent. It fails, however, to give us sufficient information respecting organs and tissues which, from their situation, are entirely removed from our physical examination or exploration, as, for example, the kidneys and the ovaries. The anatomical method of investigation must be supplemented by what I may call for a moment, somewhat incorrectly, the physiological method. By this we seek to arrive at the condition of an organ or its tissue, or of the parts of an apparatus by examining how it performs its functions. Thus, by examining the excretions of the kidney we form some conclusion respecting the condition of that organ. If we find albumen and certain microscopic objects in it, we may be certain that a portion of the kidney has become changed in a very definite way, which, however, we could not otherwise recognize during the life of the patient. The same is true of many other organs.

This knowledge has been obtained by accumu-

lated observations of the symptoms of diseases, and of the results of diseases as noticed after death. But so difficult is the art of observation, and so hard is it to obtain from patients all of their subjective symptoms, for the reason that patients have not been trained to the observation of natural phenomena, and are not good observers even of themselves, that we should hardly succeed in getting all the symptoms of a case if we did not add to the regional and the physiological another mode of observation. The history of disease has taught us that when certain symptoms are present in some one organ or apparatus of the body, there are almost sure to be present certain other symptoms, objective or subjective, in other organs often anatomically quite remote, and of which the patient probably is hardly aware until his attention is called to them by the physician.

I may cite as examples the fact that certain pains in the head, persistently experienced by the patient, are found, by observation of a great many patients, to co-exist with certain uterine affections, of the existence of which the patient was hardly aware; and the immediate symptoms of which would probably have been overlooked in the recital. Another noteworthy instance, a recent discovery, is the coincidence of a certain morbid condition of the retina with a form of Bright's disease of the kidney, to which attention may thus be called at an earlier stage than that at which the kidney symptoms would have discovered it.

To recapitulate, then: we observe the changes in form and structure which are open to our senses, we use whatever methods we possess to discover others; we illuminate the interior of the eye, the rima of the glottis, the canal of the urethra, the meatus of the external ear. We sound the thorax and the abdomen by the methods of percussion and auscultation; we analyze the secretions and excretions, and reason from the results—through our knowledge of the history of disease—to a conclusion respecting the condition of organs and tissues hidden from our observation. Thus we obtain our complete series of objective phenomena.

We then address ourselves to the task of taking the subjective symptoms of the case. Availing ourselves of the regional method which investigates in topographical order one region of the body after another; the physiological method which traces sensations from one organ to another, and leads us to look for sensations or even objective symptoms in some part of the body because we know them to exist when certain others are present; and, finally, employing our knowledge of the history of disease to trace symptoms, both subjective and objective, from one organ and apparatus to another, we make up our series of subjective phenomena.

Now, it may occur to some of you that when I speak of the modifications of tissues and organs found in the patient, and of the necessity of exactly observing and studying them, I am advocating the

study of pathological anatomy; and that in showing how a study of the connection of symptoms in the patients may greatly facilitate the discovery of symptoms by showing their mutual connection, dependence and succession, just as the study of physiology enables us to grasp the phenomena of the healthy organism, I am defending the study of pathology. And so I am. For just here we have the province of pathology and pathological anatomy, which are indispensable instruments in the study of symptoms. Let us not be frightened from their legitimate use for the reason that they have been put to a false use.

If we disregard these auxiliary sciences, our collections of symptoms must be for us incomplete lists of unmethodized and unarranged observations. How can we imagine that any department of medical science can exist and be pursued which would not be a useful auxiliary to the physician?

Let us turn now from this glance at the independent study of symptoms as a science, to their study as the means to a practical end. As practitioners of medicine, what is our object in collecting and studying symptoms?

If we regard our duties to our patient in the order in which they were stated in my last lecture, that we are to ascertain for him where and what he ails, whether and how soon he can recover, and finally what will cure or help him, we study symptoms, first of all, to form our diagnosis. Viewed with this object, the symptoms we have obtained

from the patient at once classify themselves in our minds. Certain symptoms take front rank as indicating the organ which is chiefly affected, and the kind of deviation from a healthy state which exists in it. Such a symptom is called pathognomonic; and is entitled to that epithet if it be found only when a certain diseased condition exists, and always when that condition exists. We cannot pronounce a symptom to be pathognomonic, nor recognize it as such, unless we are acquainted with the history of disease. Then we require to form our prognosis. Here again we must have a knowledge of the history and course of disease, that we may recognize any symptoms which indicate a lesion so extensive that recovery is unusual or impossible. We must know, likewise, the history of disease, as its course is capable of being modified by medical treatment, and by different varieties of medical treatment.

Third: Our object in the study of symptoms is to get into position to ascertain what drug shall be applied to cancel the symptoms and effect a cure. This is the practical end.

The homœopathist obtains his series of symptoms, and then, in accordance with the law, *similia similibus*, he administers to the patient the drug which has produced in the healthy the most similar series of symptoms.

Now, in speaking of the independent study of symptoms as a science by itself, I have urged the necessity of eliciting all of the symptoms, both

objective and subjective, bringing every auxiliary science to aid in the search for symptoms. But when we come to the practical application of the law, *Similia similibus curantur*, when we come to place side by side the two series of symptoms, those of the patient and those of the drug respectively, it is manifest that those of the patient to which we find nothing corresponding in the symptomatology of the drug, are of no use to us in the way of comparison. Practically, then, unless the observation of symptoms as produced by drugs in our provings is developed *pari passu* with that of symptoms as observed in sickness, there will be much of which practically we can make no use. And you will find this view to explain much that is said in disparagement of the study of pathology and pathological anatomy, and of any aid which they may afford to the practitioner.

The difficulty resides in the present imperfection, respectively, of the sciences of pathology, symptomatology and pathogenesis.

Of the symptoms which we have obtained from our patients, the question of their relative value must occur to you. I have mentioned pathognomonic symptoms and their supreme value as determining the diagnosis. Are they as valuable when we are in search of the right remedy? To answer, let us see what we are doing. We are seeking that drug of which the symptoms are most similar to those of the patient. We may have seen in our lives a hundred cases of pneumonia. Every

one of these presented the symptom which is pathognomonic of pneumonia. And yet the totality of the symptoms of each patient was different, in some respects, from that of every other pneumonia patient. And this must necessarily be so, because the diseased condition of each patient is the resultant of two factors, the morbid cause, assumed to be the same for all, and the susceptibility or irritability to that cause, which susceptibility may be assumed to be different for each; the resultant must be different for each. We must look, then, for the symptom which shall determine our prescription in some other symptom than the pathognomonic, in some symptom which from the diagnostic point of view is far less important, in some subjective symptoms, or in a condition which individualizes.

Is it essential that the pathognomonic symptom of the case should be present among the symptoms of the drug? Theoretically, it certainly is. Practically, in the present rudimentary condition of our provings, it is not. We attain a brilliant success if not a certain one, where it has never been observed; although I think we are bound to assume, and are justified in assuming, that were our provings pushed far enough it would be produced. This subject will come up again hereafter.

Recalling now the practical division made of symptoms into objective and subjective, the question presents itself: Do we, in the practical use of our symptom series, make use of objective symp-

toms as in the independent study of symptoms? Unquestionably, wherever the character of our provings has made this possible, and indeed wherever clinical observation has supplemented the provings.

In skin diseases, wherever we meet the well-defined, smooth erysipelas of Belladonna, or the vesicular erysipelas of Rhus, or the bullæ of Euphorbium, or the cracks of Graphites, or the lichen of Clematis, or the intertrigo of Lycopodium, or the hard scabbed ulcers of Mezereum, from the edges of which thick pus exudes on pressure,—do not these symptoms almost determine our selection of these remedies? Or the white tongue of Pulsatilla, the red-tipped, dry tongue of Rhus, the moist trembling tongue of Phosphoric acid, the broad, pale, puffed and tooth-indented tongue of Mercurius solubilis, the yellow coat at the base of the tongue of Mercurius proto iodatus, or the patchy tongue of Taraxacum,—do we not recognize these symptoms as most important indications for these remedies respectively? Shall I further mention the objective symptoms,—sandy grains deposited in the urine, or a red deposit which adheres to the vessel, or the various peculiarities of feculent excretion and of sputa, which are well-known and universally admitted indications of certain remedies, or the radial pulse, or the heart rhythm?

It appears, then, that objective symptoms are valuable indications for the remedy, just in proportion as they have been observed in proving drugs, so as to afford a ground of comparison; and just

in proportion as the observation has been precise and definite, enabling us to distinguish one case from another, or, as we term it, to individualize the case.

Such is the value of objective symptoms. But, our object being to individualize the case, it frequently, indeed generally, happens that the distinctive symptoms are subjective.

How now shall we examine the patient to get his symptoms? Do you say that this is an easy matter? Gentlemen, it is the most difficult part of your duty. To select the remedy after a masterly examination and record of the case ~~is~~ comparatively easy. But to *take* the case requires great knowledge of human nature, of the history of disease, and, as we shall see, of the *materia medica*.

We see the patient for the first time. If the case be an acute one, it may be that at a glance and a touch we shall observe certain objective symptoms which, at least, help us to form our diagnosis, and constitute the basis of the picture which leads us to the choice of our remedy.

Further examination reveals other objective symptoms. For others, as well as for subjective symptoms, we must depend on the testimony of the patient and his attendants. We have then to listen to testimony, to elicit more testimony by questioning and cross-questioning the patient and his friends, and to form conclusions from their evidence. We have to weigh evidence, and here we encounter a task which is similar to that of the

lawyer in examining a witness, and success in which requires of us obedience to the rules for the collection and estimate of evidence. We must study our witness, the patient; is he of sound understanding? may we depend on his answers being true and rational? He may be naturally stupid or idiotic, he may be insane, he may be delirious under the effect of the present illness. Or, putting out of view these extreme suppositions, is the patient disposed to aid us by communicating freely his observations of himself, or is he inclined to be reticent? You will be surprised at the differences in patients in this regard. Some meet you frankly, conscious that by replying fully, and by stating their case carefully, they are aiding you to help them. Others act as if they felt that in meeting the doctor they have come to an encounter of wits, in which they are determined that their cunning shall baffle his shrewdness. Others again are morbidly desirous of making themselves out very sick, and will unconsciously warp their statement of their symptoms so as to justify their preconceived notion of their case; and if you question them, however you may frame your question, they will reply as they think will make out the case you seem to apprehend. Others, on the contrary, so dread to give testimony which, they fear, may make it certain that they have some apprehended disease, that they cannot bring themselves to state facts as they are, but twist and misstate them as they fain would have them.

I might pass without mention the case of those who deliberately conceal or deny the existence of symptoms which would betray the presence of diseases of which, with abundant reason, they are ashamed, because, I take it, you will be minded to have no dealings with those who refuse to their physician their unlimited confidence.

There is another class whose statements are plus or minus what exactness would require. Almost all of our descriptive language is figurative. We describe sensations certainly according to our idea of what effect would be produced by certain operations upon our sensory nerves, *e. g.*, burning, boring, piercing. This involves an act of the imagination. We are differently endowed with the imaginative faculty. Some persons cannot clothe a sensation in figurative language, and are therefore almost unable to describe their subjective symptoms, and are very difficult patients. Others, again, naturally express themselves in this wise, and, where imagination is controlled by good judgment, are excellent patients, because they describe their symptoms well. This is a matter dependent upon natural endowment, and not upon education or culture. Some persons who cannot construct a sentence grammatically will give us most graphic statements of symptoms; while others who have borne off the honors of a university are utterly at a loss for the means to express what they feel.

Finally, some persons have a natural fervor and tropical luxuriance of expression, which leads

them to intensify their statements and exaggerate their sensations. And some, like the Pharisee who believed he should be heard for his much speaking, think to attract our attention, and excite us to greater effort in their behalf, if they magnify their sufferings and tell us a pitiful tale. Others, on the contrary, of a more frigid temperament, give us a statement unduly meagre in its Arctic barrenness; or else, fearing to seem unmanly if they complain with emphasis of suffering which is perhaps the lot of all men, understate their case and belittle their symptoms.

In estimating your patients in these regards, judging while the tale is being told what manner of man you have to deal with, what allowances you must make, what additions, what corrections, you will have full scope for your utmost sagacity and *savoir faire*; and of the value of this estimate of your patient I cannot speak too highly. I have often seen the thoroughly scientific man led astray and bamboozled, where one far inferior to him in scientific knowledge detected the peculiarities of the patient, made the necessary corrections, got an accurate view of the case, and then the prescription was easy. Why, sometimes the patient will, in good faith, state a symptom so incompatible with others that we know and must declare it impossible, and so it is finally admitted to be by the patient.

If it be necessary to make this estimate of the patient, so must we likewise of his friends, who, besides having the peculiarities already spoken of,

may be unfriendly to us or to our mode of treatment, and may thus be reticent or reluctant witnesses, or may even mislead us willfully.

We make this estimate of our patient and his friends while he and they are stating the case to us ; and this statement we should as far as possible allow them to make in their own way, and in their own order and language, carefully avoiding interruption, unless they wander too far from the point.

We must avoid interrupting them by questions, by doubts, or even by signs of too ready comprehension of what they are telling us. It will of course happen that they skip over important details, that they incompletely describe points that we need to understand fully. But we should note these as subjects for future questions, and forbear breaking in upon the train of our patient's thoughts, lest once broken he may not be able to reconstruct it. When he has finished, we may, by careful questioning, lead him to supply the deficiencies. We must avoid leading questions, and at the same time must not be so abstract and bald that for lack of an inkling of our meaning, the patient becomes discouraged, and despairs of satisfying us. It is never our object, as it may be that of the lawyer, to show our own cleverness at the patient's expense, and to bamboozle him. We must, on the other hand, make him feel, as soon and as completely as possible, that we are his best friend, standing there to aid him in so reviewing his case that we may apply the cure. And so we

must encourage his diffidence, turn the flank of his reticence, lend imagination to his matter-of-fact mind, or curb the flights of his fancy, as may be required.

We want a statement of the case in graphic, figurative language, not in the abstract terms of science. It does not help us to hear that the patient has a congestive or an inflammatory pain (however correct these conceptions may be); but a burning or a bursting pain is available. Nor does it specially enlighten us to know that the patient feels now just as he did in last year's attack, unless indeed we attended him then.

Having received the patient's statement and made our own observations, we have a picture of the case, more or less complete. What are we to do with it? What is the next step? We have now one series of phenomena. The law tells us that the drug which will cure that patient must be capable of producing in the healthy a similar series of phenomena.

Seeking the means to cure the patient then, we look among drug provings for a similar series of phenomena. Let us suppose that we find one which corresponds pretty well. Not exactly, however, for here are certain symptoms characteristic of that drug, of which the patient has not complained. We examine the patient as regards those symptoms. No! his symptoms in that line are quite different. We try another similar drug, comparing its symptoms with the patient's, and questioning the patient still further; and thus the

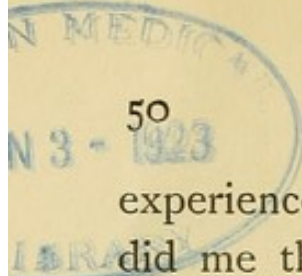
comparing and trying proceed until we find a fit. This is a mental process, so expeditious sometimes that we are hardly aware how extensively we engage in it. But it shows how difficult it is to take a case unless we have some knowledge of the materia medica, and how much an extensive knowledge of materia medica aids us in taking the case; and this explains why the masters in our art have given us such model cases. (In consultations, a doctor will send his taking of the case. We cannot prescribe from it. We must take the case ourselves.) In thus fitting the case and the remedy be honest with yourselves, just as in getting shoes for your children. Do not warp or squeeze to make a fit.

And now, before we go further, let us ask what are the symptoms generally which give the case its individual character, and determine our choice of the remedy. Are they the pathognomonic ones? They cannot be unless we are to treat every case of disease named by a common name with one and the same remedy. Are they those which are nosologically characteristic? No, for the same reason. They are the *trifling* symptoms, arising probably from the peculiarity of the individual patient, which make the case different from that of the patient's neighbor. They may be a sensation or a condition. If it be metrorrhagia, the mere fact that the flow is worse at night may determine the choice between two such remedies as Calcareo and Magnesia.

THE ANAMNESIS.

IN my last lecture I tried to explain the nature of the series of symptoms which make up a case of sickness; the different kinds of symptoms, and how to observe and get a knowledge of them; the different value of symptoms, depending on the object which you have in view when you are studying them. I endeavored to show the importance of an independent study of symptoms as a distinct branch of the science of biology, without reference to the practical application of the art of curing. And, finally, I showed how the totality of the symptoms when obtained, was practically made available for the selection of the remedy, by being compared with the symptoms produced by drugs in the healthy subject; that drug being selected which had produced symptoms most similar to those of the case; and I showed how it must be that sometimes it is apparently trivial symptoms which determine the choice between one and another drug.

It may have occurred to some of you, as it must have occurred to all who, having had practical



experience in the homœopathic treatment of disease, did me the honor to be present at my lecture, that I took no notice of a very important feature in the examination of the case,—a most important element of the case,—viz.: the previous history or the anamnesis, as it is called.

As a matter of course, in our investigations for the purpose of forming a diagnosis and a prognosis, the previous history of the case and of the patient before he became ill must have received our earnest attention. But it has not yet appeared, from what I have said, what part the history of the case is to play in enabling us to select the appropriate remedy. To this subject, as it is both very important and not always clearly understood, I shall devote much time this morning.

You will please bear in mind that the process by which we accomplish the selection of the remedy for a case of sickness, is a process of comparison. We compare the symptoms of the case with the symptoms which drugs have produced in the healthy; and we select the drug of which the symptoms are most similar to those of the patient. We seek a parallelism between drug symptoms and those of the patient.

You will remember also that the symptoms of a case of sickness, like the physiological phenomena of persons healthy, are not always and during all time the same; they vary from day to day, from hour to hour, or from minute to minute. Indeed it might properly be said that life is, in so far as every

physiological process is concerned, a series of oscillations within physiological limits; now action is vehement, now mild; waste is now in excess, now in deficit. Just so is it with morbid phenomena or symptoms, whether they be of natural, or of artificial or drug, disease. We are then instituting comparisons between, so to speak, oscillating and continually shifting series of phenomena. Now, the point of importance here is that this oscillation and shifting require time, and that therefore our summary of the symptoms must cover not merely the moment of time at which we observe the patient, but also some previous time during which the symptoms may have been different from those of the present time. This remark applies both to the drug and the case. It is necessary not simply for the purpose of getting a full picture of the case, but also to make certain that there is a complete parallelism between the case and the drug we think of giving the patient.

Two lines, each an inch long, may appear to be parallel. If we would be certain whether or not they are so, let us project each line until it is a foot long. We shall then more easily see the divergence or convergence if there be any. Just so, at some particular moment, the symptoms of a case and of a drug may appear to be very similar; but if we compare the succession and order of the symptoms, for the space of a day or two, with the succession and order of the drug symptoms, we may notice a marked difference. This is illustrated

by comparing the symptoms produced by two drugs in the healthy prover. There is a period in the action of each, when, to my mind, the symptoms of Aconite and Carbo vegetabilis are very similar, and yet, taking a broader view of these drugs, we can hardly find any more unlike.

Shall I shock any of my hearers by stating this necessity for taking into consideration the course and succession of symptoms in selecting a remedy; and shall I be told that strict homœopathy requires that a prescription shall be made for the symptoms that are present, the remedy to be changed when the symptoms change? I believe that some conscientious physicians too closely follow this method—too closely for the best success. Let us take a practical instance; a case of intermittent fever. The patient has certain symptoms which precede and usher in the chill. Then, for two hours or more, he has the symptoms which constitute the chill; then, after an interval, those which constitute the hot stage; then those of the sweating stage; after which comes a period of from ten to forty hours, constituting the apyrexia, during which the patient probably may have some symptoms which serve to characterize his case, and individualize it. We may see the patient during one or all of these periods. His symptoms at the different times are certainly very different. Is it our custom, is it good practice, to give the patient a different remedy, corresponding to each of these stages; or, would the nicest faculty of selection lead us to select for

each stage the same remedy, to which a survey of the whole case would bring us? The former is not our custom. It would not be good practice. We could not so select. On the contrary, we extend our lines of symptoms—unless they correspond with the complete paroxysm and apyrexia—and then we can judge of their parallelism. We seek a remedy which produces just such cold, hot and sweating stages in just such order and with just such concomitant symptoms, and that likewise produces such symptoms in the apyrexia. Do you point me to cases in which no such parallelism is found, and yet a successful prescription is made? I reply that, as I said at first, we are like the Israelites, and must make bricks whether we have straw or not. We must prescribe from our *materia medica* as it is. Where we can do no better, we must prescribe on a few symptoms, on an inference or an analogy, rather than refuse to prescribe at all. Yet nobody will deny the greater certainty of the prescription when such a parallelism can be established. In such a case, then, we follow the patient along a series of violent oscillations between cold, heat, sweat, and the normal state again. And this we do, to a greater or less extent, in very many illnesses in which the oscillations are not so violent.

I believe that a broad enough consideration of this subject would lead physicians to abstain from alternation of remedies even in the few instances in which Hahnemann sanctioned it, and would deter

them from the error, as I deem it, of leaving a patient several remedies to be taken, variously, as different phases of sensation or objective phenomena succeed each other. But to be able to prescribe in this large-viewed way for your patient, you must have studied the *materia medica* in the same comprehensive way; you must have studied the connection and succession of the symptoms. A mere repertory study for the case in hand will not suffice. You must have made a systematic study of each drug and of each group of drugs.

Now I see no reason, especially in chronic diseases, why this method of taking into consideration the oscillations of symptoms should be limited to a few days or a week. If a patient present himself, having a fever at night and chilliness by day, we comprise these oscillations in one group, and seek a remedy which presents a parallel group. If, now, we find a patient who has a certain set of symptoms in the summer, which uniformly gives place to another set in the winter, and these again are replaced in turn by the summer set, why should we of necessity restrict our view in the summer to the symptoms of that season only, and in winter the same, when we might by a broader view comprehend both under one prescription? It is a practical question. Can it be done? I answer from experience, it can; and let me tell you an advantage. The symptoms of one season may be so vague and indefinite that you cannot find a remedy for them, just as in the intermittent the

symptoms of one stage may have so little about them that is characteristic that you cannot select a remedy. But, perhaps, the symptoms of the other season, the summer, are so characteristic as to leave no doubt of the remedy. Then, if you believe in this unity of disease, you may in the winter prescribe on the strength of the summer symptoms, although these disappeared months ago and will not recur for months to come, and you may effect a radical cure. I shall presently illustrate this by a case.

Let me say further, that if this be a correct method of prescribing, we may extend it, and instead of requiring a succession of oscillations, even at so distant intervals as summer and winter, we may regard an acute attack of illness and the chronic condition which follows it as one series of phenomena, and prescribe as for one present malady, even though years have passed since the acute attack of illness was merged into the chronic affection. I shall illustrate this point by two cases.

I come now to a third kind of case, in which a family predisposition to the recurrence of a certain form of disease at a certain period is so marked, that we may consider indefinite and vague symptoms as indications that the tendency is working to development, and may prescribe for it in anticipation. I should not venture upon this statement had I not a case to present in illustration of it. Let me repeat that the advantage of these methods lies in the fact alone that they give us

data for a sure prescription, whereas otherwise we should be unable to find a basis for a prescription. I will now relate cases.

1. E. W. D. Headache in winter, nondescript diarrhoea in summer, indicating Aloes. I prescribed Aloes in the winter, on the strength of the summer diarrhoea, and cured both.

2. The case of G. W. W., jr. Deafness from milk-crust. I prescribed Mezereum for the milk-crust, and the deafness never returned. He is now attending to business.

3. A case of epilepsy. I prescribed Platina, on the strength of previous strong passion and peculiar disposition; imperious and high stepping.

4. The case of Mrs. B. was one of supposed uterine disease; she had been treated by caustics, etc. She complained of aching in the heels, and I suggested Agaricus. The whole family had spinal meningitis; two brothers had died, and a sister was paraplegic. Agaricus cured the uterine disease.

PULSATILLA.

ANEMONE PRATENSIS. PULSATILLA NIGRICANS.

I HAVE chosen this drug to commence a course of lectures on materia medica, as well because it has been very thoroughly proved and verified by clinical experience, as also because it is one of our chief polychrests.

Polychrest is a term applied to a number of the remedies that are the most frequently used in practice, and that have an extensive range of application.

It would be an error, however, to suppose that a polychrest, which is called for every day, is any more useful in any given case than a drug that we are required to give only once a year will be in the case which requires it. It must never be forgotten that every case requires just the identical remedy which is most homœopathic to it, even if it be a rare and seldom used remedy; and that no other remedy, however popularly or however constantly in use, can be as good as, or can take the place of, this homœopathically indicated remedy.

But just as some diseases are very common, being met with every day, such as dyspepsias,

bronchial catarrh, diarrhœa, ephemeral fever, etc., so there are certain remedies which produce, when proved upon the healthy, series of symptoms similar to those of these frequently recurring diseases. It is obvious that these remedies will be frequently indicated in practice, will be often used and in many cases. These remedies are our polychrests. We must know them well; although it is of great importance that, in bending ourselves to the study of them, we neglect none of the other remedies of our materia medica.

In studying Pulsatilla and all other remedies, we shall follow Hahnemann's anatomical order, stating the symptoms of each region in succession; and calling attention to the conditions of aggravation and amelioration, and to the simultaneous manifestation of groups of symptoms in different regions. We shall then take a general view of the remedy, endeavoring to appreciate its characteristics and its special spheres of action. Finally, we shall consider its more obvious applications to diseased conditions frequently met with, its resemblance to other remedies, and the differences between them.

We begin with the

Sensorium. Pulsatilla produces vertigo or dizziness, which occurs while sitting, but is relieved while walking or sitting in the open air; dizziness when directing the eyes upward, and especially when stooping, when it seems as though the head were too heavy; a drunken dizziness, the head

feeling hot inwardly, and the face pale. The vertigo occurs or is worse in the evening or after eating. We here meet conditions which we shall find to pervade the Pulsatilla proving, and to be characteristic of the drug, viz.: occurrence or aggravation of the symptoms in the evening, after eating, during repose, and amelioration from motion and from being in the open air; also paleness of the face, even with sensation of internal heat.

Head. The headache is chiefly in the forehead and supraorbital region, and in the temples. The pains are a heaviness, a bursting sensation in the temples, and throbbing. These sensations are aggravated by stooping, by mental exertion, and in the evening, and by rolling the eyes upward. Occasional stitching pains in different parts of the head, frequently confined to one half of the head. Indeed, this is a peculiarity of Pulsatilla pains generally, that they are often confined to one half of the body, like those of Ignatia, Thuja, Spigelia, Valeriana and Silicea.

[*Helonias dioica* has a pressing pain in one or both temples (in a small spot), a "burning sensation" in the top and front of the head, which is entirely dispelled by motion and mental exertion. It comes on immediately when either the motion or mental exercise is desisted from.—S. A. JONES, M. D.]

It may be added that a Pulsatilla headache is generally coincident with disturbances in other regions of the body, as, for example, the digestive

tract, or the genito-urinary organs, especially the latter in females.

Eyes, Eyelids. The margins are inflamed; hordeola form upon them. Further, the lids are dry and scurfy—in the morning they are agglutinated. In the eyes themselves the pains are: stitching, and especially itching and severe aching, with a sensation as if a foreign body were in the eye, or a veil before it which could be winked away. There is great lachrymation in the open air, and considerable photophobia.

Vision is obscured, but it is to be noted that this obscuration is conjoined with vertigo and nausea, whence we may infer that it is functional and not dependent upon organic lesions of the eye. The same may be said of the other symptoms of vision; fiery circles, and starry apparitions, and double vision. Nevertheless, these symptoms are not to be ignored, for they individualize and characterize the disturbance in other organs and systems with which they coincide in occurrence.

Ears. Internally, itching, stitching and tearing sensations; also, violent pain like a distending or outward-pressing ache. The external ear is hot, red and swollen. Discharge of pus from the ear.

Deafness as though the ear were stopped. Murmur and rushing noise isochronous with the pulse.

In front of the ear an eczematoid eruption, with a burning-biting pain, and swelling of the cervical glands. Stitching pain in the parotid.

In ordinary catarrhal otitis, Pulsatilla is our best remedy; *i. e.*, the symptoms of such cases most frequently indicate Pulsatilla. Silicea resembles it closely.

In deeper-seated inflammation of the cellular tissue, Mercurius or Silicea or Rhus is called for. Tellurium corresponds to a peculiar affection of the meatus auditorius externus and the external ear.

Chamomilla indications differ from those of Pulsatilla in the symptoms of the disposition, and especially in the great intolerance and impatience of pain.

The same may be said of the Arsenicum ear-indications.

Nose. Superiorly near the inner canthus of the eye, an abscess like a lachrymal abscess. The alæ nasi are ulcerated, so have the nares internally a sensation as if ulcerated. There is in the nose a smell as of an old catarrh. (It is perhaps this symptom which first induced a trial of Pulsatilla in ozæna simplex.)

Mouth. Tongue covered with tenacious mucus. A white-coated tongue is an indication for Pulsatilla.

Yellow coat at the base of the tongue, Mercurius protoiodatus.

Teeth. Two varieties of pain—a stitching or digging, worse in the evening or early night; and a drawing, tearing sensation, as if the nerve were drawn tense and then suddenly let go.

The toothache is renewed always after eating, and whenever anything quite warm is taken into the mouth. Aggravation by eating and by warmth.

Chamomilla toothache is aggravated by cold or warm food or drink.

Coffea toothache is controlled by ice-water constantly in the mouth. (Published by Hale, confirmed by me).

Mercurius toothache is aggravated by cold water in the mouth, but relieved by warm.

Carbo vegetabilis. The whole row of teeth too long and very tender; he cannot bite.

Causticum. Gum swollen; feeling as if the tooth were being crowded out of the alveoli; tooth too long, aggravation in the evening and by eating.

Lachesis. Swelling corresponding to the external fangs of the upper molar, with swelling of the cheek; the skin feels tense, hot and crisp, as if it would crack; throbbing in the cheek. Periodontitis.

Throat. Sensation, on deglutition, as though the uvula were swollen. Apart from the deglutition, a feeling as if raw and sore in the throat, as if the submaxillary glands pressed inward and were sore. Sensation of great dryness of the mouth, palate and lips; these parts coated with tenacious mucus; a bad taste in the mouth.

Digestion. Manifold symptoms. The taste is variously perverted and altered—seldom bitter, except just after eating or drinking. More frequently a sour taste. But more characteristic of Pulsatilla is the taste of the food returning to and

remaining in the mouth long after eating. In fact, Pulsatilla makes digestion very slow.

Hahnemann gives us a symptom in parentheses: (Food tastes as if too salt). On the strength of this symptom I gave Pulsatilla²⁰⁰ with entire success to a patient convalescent from Chagres fever who had become well enough to sit up and walk about his room, but had a slight chill every afternoon, followed by a flush of fever and a sweat at night; no appetite, depression of spirits, little thirst, irritability and peevishness in place of his usual amiability, and a perverted taste so that all food prepared for him tasted as if saturated with salt. A single dose of Pulsatilla removed the latter symptom, and within six days all the others had vanished, and he rapidly regained strength and vigor, and has as yet (ten years) had no return of fever.

Appetite. Moderate; often a gnawing sensation in the stomach as from hunger, and yet no desire for any special kind of food.

Thirst. An almost complete absence of thirst is characteristic of Pulsatilla; Sabadilla resembles it in this absence of thirst.

Nausea or qualmishness at the thought or smell of food, especially of fat or rich food, or on attempting to eat. The sensation is somewhat as if a worm were crawling up the œsophagus; the nausea comes up from the stomach.

Vomiting of food, especially at night or evening; waterbrash and gulping up of water or of food into the mouth (regurgitation).

Epigastrium. Feeling as if a stone lay there. (Bryonia has the same.)

Throbbing in the epigastrium, perceptible to the hand laid thereon. A contracting sensation in the œsophagus, as if one had swallowed too large a morsel of food; the same sensation extends over the hypochondria, then up over the chest, and impedes respiration.

Abdomen. Sensation of tension and fullness throughout the abdomen, and involving the thorax up to the mammary region. Pinching and cutting pains, especially around the umbilicus, worse toward evening.

Much flatulence, as might be expected where digestion is so slow as under the action of Pulsatilla. Flatus moves about in the intestines, causing pinching pains, and with rumbling noise; worse on waking or just after supper.

Externally. The abdominal walls are tender to the touch, when sitting, or when coughing, especially after an alvine evacuation.

Stool. A twofold action (which yet we are hardly justified in designating as primary and secondary effects). Difficult stool, with much backache and urgency, or frequent desire for stool with insufficient evacuation or no fæces, but instead thereof, yellowish mucus, sometimes mixed with blood. On the other hand, Pulsatilla produces diarrhœa at night; stool consisting of green and acrid burning mucus, preceded by commotion in the bowels.

In the frequent desire and effort for stool, and the difficulty of evacuation, Pulsatilla resembles Nux vomica. The difference is found in the general symptoms.

The diarrhœa of green mucus occurring at night resembles that of Dulcamara, which likewise is nocturnal, and but slightly painful. It, however, is ascribable to dampness, and is accompanied by rheumatic symptoms; while that of Pulsatilla follows errors of diet, especially pork and fat food generally. It is not a free purgation, but rather a catarrh of the intestine, with spasmodic action of the muscular coat.

Pulsatilla has painful blind hæmorrhoids, with itching and sticking pains and soreness.

Urinary Organs. Pressure upon the bladder, as if from flatus. Frequent pressure to urinate, and cutting pain during the act of micturition. (This differs from Cantharides in that the latter has pain after micturition.) Involuntary discharge of urine, drop by drop, at night, or on making exertion, as walking, coughing, etc. The urine is sometimes clear and abundant, and again, scanty and with a red or brownish deposit.

Burning in the urethra during micturition.

Genitals, Male. Itching of prepuce and scrotum. Testes swollen, hanging low, and painful; tensive and tearing pains.

Mucus discharge from the urethra, with burning during micturition. Increase of sexual desire.

Pulsatilla has been of service in hydrocele, also

in gonorrhœal orchitis, but it is not so often called for in orchitis as Rhododendron, Clematis, Spongia, Aurum, or Belladonna.

Sometimes indicated in gonorrhœa by general symptoms rather than local ones.

Genitals, Female. The decided action of Pulsatilla upon the female genital system has been shown by a large clinical experience. In the hypogastric zone, drawing, pressing or constricting pains, like labor pains, converging toward the pudenda. Such pains are relieved by crouching forward. They come, generally, just before the menstrual period, are attended by a feeling of weight, like a stone, in the hypogastrium, and accompanied by chilliness, stretching and yawning. The menses are delayed, difficult and scanty, or even fail altogether.

Before the menses, labor-like pains as above.

During the menses, many symptoms, such as weight and downward pressure in the abdomen and sacral region; nausea; getting black before the eyes; stomachache and faintings; all worse in the warm room and by much exertion, better in the open air.

Leucorrhœa, of a thick mucus resembling cream. It is sometimes acrid, producing a burning pain, sometimes bland; most profuse after menstruation.

Pulsatilla appears to stimulate the action of the uterus during labor, when the pains diminish and become inefficient.

Comparisons. Cyclamen and Sepia resemble

Pulsatilla in relation to the menstrual function. Nux vomica, which is so analogous in many respects to Pulsatilla, resembles it in the scantiness of the flow, but, true to the spasmodic character which distinguishes it, brings on the flow too early, and keeps it up for too many days, although the total amount of fluid lost is not excessive.

The aggravation of Sepia is before menstruation; of Pulsatilla, during menstruation.

Under Nitric acid, menstruation gradually passes into a leucorrhœa which is brown and thick, and finally in a few days becomes a thin, watery, flesh-colored, offensive discharge, sometimes acrid.

Kreosote has a leucorrhœa for five days succeeding menstruation, thick mucus, exceedingly acrid, causing the pudenda to swell and itch, and excoriating the thigh. Micturition exceedingly painful. The leucorrhœa smells like fresh green corn.

Borax is indicated by leucorrhœa, acrid, just midway between the menstrual periods, with swelling of the labia and inflammation, and discharge from the glands of Duvernay.

Respiratory Organs. Coryza. From the first, a discharge of thick yellow mucus from the nose. Sometimes it is green and offensive. Loss of taste and smell.

Throat. Roughness and dryness. Sudden hoarseness, without much oppression or cough, and equally sudden relief.

The hoarseness for which Pulsatilla is so efficacious is capricious, coming and going, and without apparently adequate organic cause. That of Cauticum comes on, or is much worse, from five P. M. to midnight, and is accompanied by a teasing, dry cough. That of Phosphorus is more constant, and conjoined with soreness and rawness of the larynx and behind the sternum, and a weight upon the chest. That of Carbo vegetabilis has ulcerative soreness in the larynx, and a burning pain in the lungs after a hard cough.

[I do not say that these are all the conditions and concomitants, but they are frequently met, and are characteristic.]

Pulsatilla produces two varieties of cough; one with abundant sputa, consisting of thick yellow mucus, sometimes bloody, often of a bitter taste; the other dry, occurring chiefly at night. The feeling which provokes the cough is a tickling in the trachea. I have, for years, hesitated to give Pulsatilla for a loose cough, even though it seemed well indicated, it seeming to change the loose cough into the dry, hard night cough. It produces dyspnœa and asthmatic oppression, especially at night, with palpitation, especially when lying on the left side.

The sensations in the chest are chiefly tension and constriction, in conjunction with the dyspnœa and asthmatic symptoms. In the middle of the thorax a pain, which frequently occurs in the Pulsatilla proving: that of an internal ulcer.

The mammary glands are swollen and tense. Itching of the nipples.

Back. In the sacral region, pains on assuming the upright posture, or on bending backward, as well as after sitting, so that one can hardly stoop or straighten up. Aching as from fatigue, and a pressing as from within outward. Finally, in this region, a pain as if luxated when moving; and when sitting, a bruised pain, relieved by motion.

Considering the action of Pulsatilla upon the female sexual organs, causing weight and bearing down, with leucorrhœa, etc., it is reasonable to ascribe the aching and some other sacral pains to this action, and experience justifies this view. Other pains are analogous to the rheumatic pains of the extremities.

In the back, drawing, tensive and stitching pains, which seem to impede respiration and interfere with free motion.

Extremities generally. First, we note tearing pains, as for example, in the shoulder-joint, where it compels one to move the arm, and is relieved by lying on the painful side. Again, in the muscles and bones of the arm, and even in the fingers, where it seats itself in the tensor tendons. In the lower extremities it appears as a jerking, tearing pain, from the hip-joint to the knee when lying in bed, or only in the knees when sitting; or in the ankles and extending to the heel, the sole and the great toe, where it is a tearing pain.

Observe the characteristic: compelling the prover

to move the affected part, which is equivalent to relief by motion; and by pressure, which is analogous to motion.

Then, drawing pains, affecting the whole length of the extremities, occurring at night and during repose (often associated with chill).

Stitching pains occur in the upper extremity, especially on moving the arm, as in the shoulder-joint and in the deltoid muscle. Likewise a feeling of heaviness and paralysis in the arm when trying to raise it. Indeed the tired, heavy, aching sensation, such as comes from fatigue, and yet is not relieved by repose, but is rather aggravated thereby, is marked in the Pulsatilla proving.

Burning itching in the soles of the feet after getting warm in bed. This symptom led to the successful use of Pulsatilla for effects of frost-bite. See Petroleum and Agaricus.

Fever. Pulsatilla produces many symptoms akin to one or other stage of fever. Chilliness predominates. It accompanies the evening pains of whatever kind, as well as the abdominal pains, the gastric disturbances, and especially those of the female sexual system. It occurs frequently after a meal, and early in the morning. But, in and by itself, as an independent symptom, chilliness occurs generally in the evening. It may be general or partial, affecting the extremities. When heat follows the chilliness, if it be only a sensation of heat with no objective warmth, there is no thirst; but if the heat be, as it sometimes is, both object-

ive and subjective, it is then attended by thirst. Remember this, because absence of thirst is said to be a characteristic of Pulsatilla, and presence of thirst, therefore, to contra-indicate. This is true, with the limitation stated.

Frequently the fever symptoms are complex, and much mixed up; chilliness and heat rapidly succeeding each other, or occurring simultaneously in different parts of the body, or on the different sides of the body; but these complex symptoms occur almost always in the evening or at night.

Rückert calls attention to the fact that though the Pulsatilla symptoms generally are not attended by thirst, yet sometimes thirst is present when the hot stage is strongly marked; and he has had excellent success in puerperal fever and other fevers when thirst was present, the mass of the symptoms having indicated Pulsatilla.

Moreover, the cheeks are often hot and red while the back is chilly and the feet cold—a state of things often observed when the menses are retarded in young women. Again, flashes of heat over the whole body, producing great discomfort and anxiety. In short, a condition of erethism such as may co-exist with a depressed nutrition,—an approach to the erethistic form of chlorosis.

Sweat is abundant, chiefly in the early morning, sometimes throughout the night; often, like other symptoms, the sweat is semilateral.

Sleep. Certain peculiarities of sleepiness and sleep are characteristic of Pulsatilla. Sleepiness

in the afternoon, such not being the habit of the prover. Sleepiness after even a moderate meal. The prover does not feel sleepy in the evening; on the contrary, wide awake; ideas throng, the fancy is brilliant; he (or she) does not wish to go to bed, and, on going to bed, does not fall asleep for a long time. The sleep is somewhat troubled and restless, with talking, frequent waking, with frightening dreams, until toward morning, when sleep is more quiet and profound, and is most sound just when the time is come to get up. The prover awakens dull and inert, although not with aggravation of any other symptoms.

This is a great characteristic of Pulsatilla, and is almost always present when Pulsatilla is clearly indicated by other symptoms. When, therefore, a doubt rests upon the selection of Pulsatilla, it is safe to be inclined toward it if the sleep symptoms are such as have been described, viz.: wide awake in the evening; does not want to go to bed; first sleep restless; sound asleep when it is time to get up; wakes languid and not refreshed.

Pulsatilla contrasts strongly with *Nux vomica* in the sleep symptoms, as in some others. Under *Nux vomica*, the prover is very sleepy and dull in the evening, cannot sit up long; goes to bed early, and goes to sleep immediately; sleeps well until about three A. M., then wakes and lies awake, thinking, etc., with mind quite clear and active till five A. M.; then dozes and sleeps an hour, and

wakes more tired than when he woke at three A. M., and often with a headache.

Sulphur, again, has the evening sleepiness of *Nux vomica*, but the night is full of unrest, tossing, nervous excitement, orgasm of blood; pains of various kinds, and but little sleep throughout.

The sleeplessness of *Cocculus* is from pure mental activity, chiefly of memory, and is well described by Walter Scott. ("Lady of the Lake," I., p. 33.)

Disposition. The disposition is affected by *Pulsatilla* in a very characteristic manner. The prover complains of anxiety or distress, as though some great evil were impending, and this distress appears to him to come from the epigastrium; and with these symptoms come palpitation, chattering of the teeth, and flashes of heat; also, undue anxiety about the health or about household duties. In addition, there is a marked irresolution, the prover cannot determine which of two is the better course to pursue; this is akin to the well-known characteristic of *Pulsatilla*, the yielding disposition, which gives way under slight opposition, and manifests its conscious feebleness by the readiness with which tears come to the eyes on slight provocation.

The disposition to weep is certainly a strong indication for *Pulsatilla*, but two errors must be guarded against, in accepting and applying it. In the first place, it must not be considered that a lively disposition, and even a considerable amount

of spirits and will, contra-indicate Pulsatilla; laughter and tears come often with equal readiness.

Again, let us remember that the desolate sensation of utter prostration which ushers in many a serious dyscratic disease disposes to tears, especially when it comes to a man or person in the midst of business or family cares, which he knows not how to neglect nor to delegate. If, then, a patient, in the incipience of a severe typhoid or a diphtheria, can hardly answer the doctor's questions for the tears and choking that come, these must be looked upon as the physiological result of utter prostration of body and desolation of soul, coinciding with the consciousness of responsibilities and cares too heavy to bear and too precious to neglect. They are not especial symptoms of the morbid state, nor must they be taken as indications of Pulsatilla. I have dwelt upon these points because the error referred to is often made, and time is thus wasted which can never be regained.

GENERAL ANALYSIS.

1. The most marked disturbances of functional activity produced by Pulsatilla are: In the digestive apparatus; the genito-urinary of both sexes, but more especially the female; the respiratory, at least as regards the mucous membrane; and the articular synovial surfaces. The mucous membrane throughout the body is affected; as, for example, in the middle ear, the eye, nose, throat, bronchi, stomach,

intestines, bladder, urethra, vagina, and uterus (probably).

2. Changes in the organic substance are effected chiefly in the secretions, and chiefly in those of the mucous membrane. The conjunctiva, chiefly the palpebral, secretes copiously, and the tears are augmented if not modified. The nasal membrane, after a brief period of unnatural dryness, secretes abundant mucus, which becomes thick, yellow or green, and offensive. It is probable that the secretions of the stomach and small intestines are modified, since digestion is so decidedly retarded by the action of Pulsatilla, and presents so many abnormal features; such as perverted taste, regurgitation of food or its flavor, flatus, pain, etc.; as well as that of the lower intestine, as witness the stool covered with mucus, and the mucous diarrhœa.

So, likewise, the mucous discharge from the bladder—as shown by the jelly-like sediment in the urine—and the discharge from the urethra, as well as the leucorrhœa, attest the modification of secretion.

The special function of menstruation is retarded in time, and the secretion (?) diminished in quantity. We shall be better able to explain this when we understand more about the pathology of chlorosis.

The testes are the seat of inflammation, pain and enlargement, and, although the ovaries were not similarly affected in any prover, yet, from analogy, Pulsatilla has been successfully used in ovarian affection, the symptoms otherwise corresponding.

The swelling and heat of the knee and ankle-joints, as well as of the small joints of the fingers and toes, together with the drawing, tense pain in them, and the accompanying symptoms of the digestive tract, suggest that Pulsatilla acts upon the synovial membranes and upon the nutrition much as one form of rheumatism does, and have led to its successful use, particularly in rheumatic gout, so called. The itching and biting tingling of the skin resemble those of measles.

Peculiarities and Characteristics. Our knowledge of Pulsatilla being derived wholly from provings on the healthy with moderate doses, we have no records of the effects of poisonous doses, and have therefore no data for constructing a theory of its pathological action on an anatomical basis; but, on the other hand, through the action of these moderate doses, under the clear observation of Hahnemann and his pupils, we have a quantity of characteristic symptoms, chiefly subjective, which furnish us indications for the selection of Pulsatilla more positive and precise than those of almost any other remedy.

Character of Pains. The pains are drawing, tearing pains, pains as of an internal ulcer, aggravated by touch; but the most peculiar pain is a tension, which increases until very acute, and then lets up with a snap. The pains occur or are much worse at night, before midnight.

They are accompanied by chilliness, but without thirst.

As the pains increase, the peculiar mental and moral Pulsatilla state is more pronounced ; the patient loses courage and gets despondent, and inclines to tears, and as the pains diminish the spirits rise.

Certain parts of the body become very red or purple, without heat, the vessels becoming congested. This has led to the successful use of Pulsatilla in varicose conditions of veins.

As a general rule, the pains are relieved by motion and by cool air, but the abdominal pains are relieved by warmth.

The symptoms which occur when lying still on the back are relieved by sitting up and by motion. This relief is gradual, however, for the act of rising often for the moment increases the pain, and the more decidedly the longer one has been sitting still.

Long-continued motion also, like long sitting, provokes symptoms, which yet are, for a brief period, more evident on first coming to repose.

The general group of symptoms most characteristic of Pulsatilla, next to those of the disposition, is that of the sleep, which has been already detailed.

Clinical experience has shown Pulsatilla to be an excellent remedy for disorders produced by eating pork and fat food generally.

It is often indicated when the menses are scanty and delayed. Very frequently, when it fails to bring them on, Sulphur will succeed.

It is noteworthy that the pains of Pulsatilla often occur on one side of the body only.

Antidotes. For the sleepiness, lassitude, etc., Chamomilla.

For the restless anxiety, etc., Coffea.

Other symptoms, according to their similarity, may call for Ignatia or Nux vomica.

THERAPEUTIC APPLICATIONS.

In earache, toothache, headache, ophthalmia, palpebrarum, hordeolum, nasal catarrh, bronchitis, dyspepsia, nocturnal mucous diarrhœa, gonorrhœa, orchitis, vaginitis, prolapsus, rheumatic gout, varicose veins, measles and continued fever,—in all of these diseases when the symptoms correspond.

Remedies analogous to Pulsatilla may be named as follows :

As to its action on the eye, nose, bronchi and skin—Euphrasia, Dulcamara, Sulphur.

As to its action on the digestive organs—Nux vomica, Ignatia, Silicea, Sulphur.

As to its action on the female sexual organs—Sepia, Murex, Cyclamen, and, above all, Sulphur.

As to its action on the joints and ligaments—Rhus, Sulphur, Ledum palustre.

As to its action on the veins—Hamamelis, Zincum.

PULSATILLA MITTALIANA.

An American variety of the Pulsatilla has been proved by the Western homœopathists and others,

and an excellent *résumé* published by Dr. Conrad Wesselhoeft in the "Transactions of the American Institute of Homœopathy," 1867.

The following are the remarks of Dr. Wesselhoeft concerning the European and the American Pulsatilla :

"The resemblance is almost complete in every particular. * * * * The European has in a marked degree aggravation in the beginning of motion and amelioration during continued motion. The proving of the American Pulsatilla simply declares aggravation during walking, without saying whether the symptoms subsided during protracted walking."

CYCLAMEN EUROPÆUM.

SOW - BREAD.

THE student of materia medica should, at the very outset of his career, begin to guard against a danger which often besets the physician and leads him astray in practice—the danger of regarding certain remedies as favorite remedies and looking at them with a partial eye; of allowing the high estimate in which he has been led by his accidental experience to hold them, to incline him to see indications for these favorites where such indications do not exist.

You will sometimes hear an experienced practitioner speak of such or such a remedy as “a favorite” of his. To say the least, this is a dangerous way of regarding any drug. If it lead him to give it where a strictly impartial judgment would not pronounce it more exactly homœopathic to the case than any other known drug, it prevents his curing his patient in the quickest and surest way. Science has no partialities, and knows no preferences. Among the servants whom she puts at our disposal there is no possible position of honor for

one above another. The drug which cures but a single case a year for us, because but one case in the year has demanded its administration, is as much entitled to our scientific regard as that which serves us every day.

Again, you should remember that your duty is, as scientific men, to judge impartially between the remedies which seem to be indicated in the case before you, and to choose, without fear or favor, that which is most homœopathic to it: without fear that because it is a remedy you have seldom used it may not act so well as the symptoms promise; without favor from an inclination to a drug that has often done good in many cases, and from which therefore you incline to hope for good, although it is not so homœopathic to the case in hand. This impartial judgment is very difficult but all-important. You will often find yourselves tempted to twist the patient's symptoms, ignoring some and perverting others, so as to bring the complex into a better resemblance to those of some drug from which you have often seen rapid beneficial action. It would relieve your mind so greatly if it would only turn out that the simile of the case is really to be found in *Belladonna*, or *Bryonia*, or *Cimicifuga*! And so you try to construe the symptoms in the direction of these drugs. Gentlemen, this is a delusion and a snare. If you thus deceive yourselves, and then give a drug which is not really indicated, you will get a little deceitful ease of mind for a few hours but no

good to your patient. In these, as in all cases in life, look the truth right in the face, meet it squarely, and "do your level best!" You will find, perhaps, that not Belladonna nor Bryonia nor Cimicifuga is indicated, but Silicea clearly, and nothing else. Now you get uneasy. What! Silicea a remedy for chronic diseases, for ulcers and abscesses—a drug of slow action! Can I dare to give it in this rapid-running and, if not arrested, speedily fatal phlegmasia, even though it be well indicated? Yes, give it, nothing doubting; and it will henceforth rank high in your esteem. It is my opinion that drugs which cure in chronic diseases appear to be slow of action because the morbid processes in such diseases are slow, and *vice versa*. In other words, I believe that the duration of action of a drug depends not so much on some inherent positive quality of the drug as upon the rapidity with which the physiological (and hence the pathological) processes are accomplished in the tissues involved and acted upon, which are slow in chronic, and rapid in acute, diseases. We shall have occasion to recur to this subject.

The value of Pulsatilla in measles having been mentioned, this is a suitable time to speak of another drug which, in its applicability to this same form of disease, is closely related to Pulsatilla; I mean the Euphrasia officinalis.

Moreover, the eminent value of Pulsatilla in certain forms of anæmia and amenorrhœa, makes

this a proper place to treat of the *Cyclamen Europæum*, which is near akin to *Pulsatilla* in its physiological effects.

An immediate comparison of these drugs with their cognate, *Pulsatilla*, may bring sharply and clearly before your minds the resemblances and differences which constitute the elements of our decision in selecting or rejecting the remedy for a patient.

I shall proceed to treat of three drugs which, one in one point and others in other points, are related to *Pulsatilla* (but none of which is so well proved or so frequently called for in practice as that polychrest),—*Cyclamen*, *Euphrasia* and *Allium cepa*.

The *Cyclamen Europæum*, or Sow-bread, although no longer contained in the pharmacopœia of the allopaths, was extensively used in medicine by the ancients. Their descriptions of its properties are vague enough, but it is remarkable that they ascribe to it a power to affect the uterus and its appendages—which ascription was not physiologically verified until the most recent provings, which were made by members of the Austrian society of homœopathic physicians at Vienna. (Vol. ii.)

It used to be considered that the root of *Cyclamen*, applied externally, hastened difficult labors, and assuaged the pains. Also, that to touch *Cyclamen*, or take it internally, would produce abortion, or bring on premature labor. In less ancient times it

was used as a remedy for amenorrhœa, and likewise to promote the expulsion of the placenta.

Our knowledge of the physiological action of Cyclamen is probably quite incomplete. I can offer no complete analysis of its effects. It was proved by Hahnemann and his pupils (*Materia Medica Pura*, vol. v.), and again by the Vienna society (*Zeitschrift des Vereins*, etc., vol. ii.).

SPECIAL ANALYSIS.

Sensorium. The sensorium is benumbed, the mind becomes inactive; lassitude and drowsiness oppress the prover, and yet he does not sleep inordinately. The memory is somewhat impaired; there is no disposition to mental labor. Cyclamen produces dizziness, which is perceived when one is standing still, and even when leaning the head against a support. It seems as if the brain were moving within the cranium, or as it does when one is riding in a wagon with the eyes closed. Objects move in a circle, or oscillate before the eyes. It is worse toward evening, and even is troublesome in bed, feeling as if the head were revolving. It is worse when one walks in the open air, is better in the room and when sitting.

Note the resemblances to Pulsatilla and the differences. The vertigo is worse in the afternoon and evening, as are Pulsatilla symptoms generally. But it is worse in the air and when in motion, and better in the room and when sitting quietly;

just the reverse of Pulsatilla in both of these conditions—air and motion. Confusion of the head and depressed feeling. Despondency, with irritation.

Head. The pains in the head are chiefly of a drawing, sticking or pressing character. Sometimes they pass from one side to the other, sometimes from the front to the back part of the head, but this is rare. They are located chiefly in the front part of the head, a stitching headache in the left temple being a strongly marked symptom. The semi-lateral character of the headache is marked, it occupies one side of the head or the other, the left temple being the seat of the pain almost always. In this Cyclamen resembles Spigelia, but the Spigelia pains involve the globe of the eye. Ignatia, Thuja and Silicea, among others, have semi-lateral headaches.

The pain is worse in the afternoon and evening. It is accompanied, when severe, by dimness of vision, or almost complete obscuration of sight; it is also accompanied by a sense of heat in the head, and this and the pain are relieved by the application of cold water.

The obscuration of vision accompanying the headache, when considered in connection with the pale complexion, rings about the eyes, depraved appetite and enfeebled digestion, and menstrual irregularities of Cyclamen, appears to be only a functional disturbance; but it is one which points to its use in certain forms of anæmia in women.

Eyes. The eyes look dull, lie deep, and have blue rings around them. The pupils contract and

dilate alternately every few seconds. Dilatation is the more permanent condition. Glittering, as of a multitude of needles before the eyes. Obscured vision in all degrees, from the semblance of a cloud before the eyes to absolute (though transient) blindness. "It grows black before the eyes." Where there appears no obscuration, the strength of vision seems to be impaired.

It remains for clinical experience to show us the full significance of these symptoms and what relation they bear to diseases of the eyes attended by histological changes.*

Ears. Roaring and noises especially at night. Earache with the headache.

Nose. The sense of smell is blunted. Sneezing and profuse coryza. Frequent and forcible sneezing, with itching in the ear. Frequent but not copious epistaxis.

Face. The face is pale, but the cheeks are the seat of circumscribed redness and heat. Eruption on the face; many papules which often become filled with yellowish-white serum and then dry up; they are more abundant on the forehead.

Mouth. Much tenacious mucus in the mouth. Fauces red. Increased salivation. The diminution

* The sense of vision seems to be markedly modified, the pupils being greatly dilated, and the sight obscured even to absolute blindness; but it is to be noticed that these symptoms always accompany the symptoms

of gastric disturbance and the headache, and they are unquestionably sympathetic with these affections, and are not idiopathic eye symptoms. [Taken from another paper on Cyclamen.—H. E. K. D.]

of the sense of taste in Cyclamen probably is closely related to the alteration of the mucous secretions of the buccal surface. Natrum muriaticum has complete loss of taste without such alteration, but coinciding with coryza. This coincidence is characteristic of it.

Tongue covered with a white coat, red at the tip, with several small vesicles which burn when she speaks or chews; salivation being abundant.

Taste. Pappy taste. The sense of taste is blunted; almost all food tastes alike (or is alike tasteless); nausea and bitter taste. The white-coated tongue, flat, pappy taste, aversion to fat and to bread and butter, remind us strongly of Pulsatilla. But the aversion to food after eating but little (although the first mouthful were enjoyed) and the great thirst, are different from the Pulsatilla symptoms.

Appetite. Diminished. Or good appetite, but one becomes satisfied after eating but little. Sudden satiety. Aversion to various articles of food, to bread and butter, to fat, and to meat. Great thirst; increased, even excessive thirst. Little or no thirst.

Stomach. The digestion is weakened; yet there is little or no change in the organic substance, although we might infer that a tendency to a change in the blood composition, similar to that in chlorosis, might result from a more thorough proving. Eructations of a fatty taste and smell; nausea, and accumulation of water in the mouth;

eructations tasting of the food last eaten. Nausea, with headache, vertigo, seeing of colors and double vision. The nausea is relieved by lemonade, as is also that of Pulsatilla, from fat food, especially pork. Oppression, as from too copious a meal. All of these symptoms are worse in the evening. Pressure and distention in the region of the stomach. Vomiting of mucus, after which sleep. There is much qualmishness and semi-nausea, as after eating fat food, with chilliness and depression of spirits.

Hypochondria. Stitches in the liver, and stitching pain in the intestines below the liver.

Abdomen. Fullness in the abdomen, distention by much flatus. Rumbling, with pain and nausea. The hypogastrium is very tender to pressure.

Stool. Much disposition to stool, renewed even after evacuation. While the rectum symptoms, tenesmus, etc., resemble those of Pulsatilla, the stool differs.

Stool first normal, then liquid, light yellow. Evacuation forcible, as if shot out. Diarrhœa yellow, pappy or watery, preceded by pinching pain in the abdomen. Pressure upon the rectum and anus, with itching, burning, and discharge of blood. Diarrhœa renewed by coffee.

Urinary Organs. Frequent copious discharge of whitish urine, stitching in the urethra, and dark-red urine. Scanty urine.

Sexual Organs. Men. Glans and prepuce sore.

Women. Menses too profuse and too frequent, with severe labor-like pains. Discharge clotted,

and black, and membranous. Cyclamen differs entirely from Pulsatilla. Instead of being scanty and retarded, the menses are too profuse and anticipate, while at the same time many constitutional symptoms are the same as those of Pulsatilla.

In the mammæ, a watery secretion, resembling milk, which leaves on the linen spots like a weak solution of starch. It flows spontaneously and can be pressed from the breast. This discharge followed and relieved a sense of fullness and tension and stitching in the mammæ, which were larger than natural, and felt as if a stream of air from the stomach and abdomen had been passing out through the nipples.

Thorax. Dyspnœa, oppression. Great lassitude; feeling as if she had not strength enough to draw a full breath. Pressure on the sternum. Stitches here and there in the chest. Palpitation of the heart. Irritated heart action. Pulse at first accelerated and double, then quiet and very weak.

Back. Drawing down the spine.

In the right side, in the region of the kidney, a deep pinching dull stitch, recurring every few seconds, worse on inspiration, which indeed is almost prevented by the violence of the pain.

In the glutæus maximus (left) rheumatic drawing extending to the sacrum. Drawing in the sacrum. Stiff neck. Tearing over the scapula, with paralyzed feeling in the arm.

Upper Extremities. Paralytic hard pressure, feeling as if it were in the periosteum and deep

in the muscles, extending into the fingers and preventing writing. Painful drawing in the inner surfaces of the elbow and the wrist. Spasmodic, slow contraction of the thumb and index; it needs force to extend them again. Pricking itching as from needles between the fingers, relieved by scratching. Numbness in the right hand.

Lower Extremities. Cramp-like pain in the thighs. Numbness. Soreness of the heels and toes.

GENERAL ANALYSIS.

As regards functional activities, Cyclamen depresses the sensorium, as we have seen, producing confusion, vertigo, lassitude. Vision is enfeebled, and, for the time, under certain circumstances, suspended. Digestion is retarded and enfeebled, the taste blunted, appetite soon and suddenly satiated, desires for food unnatural and restricted, thirst increased. The activity of the large intestine and of the female sexual system seems to be increased, diarrhœa and menorrhagia resulting. The organic substance is modified in so far as that diarrhœa is produced, the menstrual flow is increased, hastened, and changed to a dark, lumpy mass. The skin, too, is the seat of a vesicular or pustular eruption, itching, but relieved by scratching—this chiefly in the face. The scalp itches, the itching ceases on scratching, but immediately recurs in another place; the itching is a fine stitching or biting sensation.

The fever, in so far as fever is produced by *Cyclamen*, is partial in all its stages. Chill predominates. The heat occurs at evening, and is without thirst.

Sleep is restless. It is hard to fall asleep in the evening. One goes to sleep late, has vivid dreams, wakens early, before day-break, but is very tired; lies awake, cannot sleep again, yet even at the usual hour for rising cannot get up because of lassitude and weakness. The pains, which ceased during sleep, re-appear soon after waking. This is different from the sleep of *Pulsatilla*, which begins late but is sound, and the patient sleeps till late in the morning. It is different from *Nux vomica*, which has early evening sleep. Sulphur has no sound sleep.

The peculiarities of *Cyclamen* are found in the fact that so many of the symptoms of various parts of the body, as for example the digestive and the female sexual organs, are accompanied by the semi-lateral headache (in the left temple) with nausea, vertigo and obscuration of sight, the face being pale and the eyes sunken.

The aggravations are at night and when at rest; from eating fat food, and while reposing. Ameliorations when moving.

If, now, we compare this record, scanty as it is, with the symptomatology of *Pulsatilla*, we are struck with the resemblance. The gastric symptoms are almost identical.

We have the same white-coated tongue, the same qualmishness and disgust for food, especially

fat food, the same absence of thirst and of febrile excitement, the same sympathy of the sensorium, eyes and head with these gastric symptoms. The peculiarities of the affections of the head and eyes are different, to be sure, from those of Pulsatilla; for Cyclamen produces semi-lateral headaches and absolute blindness, while the blindness of Pulsatilla is incomplete and only momentary, and the headache equi-lateral. But this very difference is a matter of congratulation, for there is a prospect that one or the other will cover most of the cases of sick headache and megrim that come before us for treatment.

But a large majority of such cases are the concomitants, if not the consequences, of menstrual irregularities, chiefly amenorrhœa, for they generally occur in women.

Now, you will have taken notice that in giving a summary of the action of Cyclamen just now, I said nothing whatever of its effects on the sexual organs of women.

What a pity, one cannot help exclaiming, that it does not act on these organs and affect their functions, for if it did, there could hardly be imagined a more admirably homœopathic remedy for the megrim that attends irregular menstruation. Failing such action, we might hardly be warranted in giving it. But does it not act on these organs and modify these functions? Hahnemann did not know that it did, nor did his pupils. How could any one know? Only by the drug being proved by women on themselves!

No other form of proving, no other mode of investigation could give us this desired knowledge.

Not, therefore, until under the auspices of the Vienna Society, very imperfect provings were made by women, had we a knowledge of the fact that *Cyclamen* does indeed cause scanty menstruation, indeed cause absolute amenorrhœa, with megrim and loss of vision.

The only clinical indications for *Cyclamen* that I shall draw your attention to just now, follow directly from what has been said.

It promises to be, and has approved itself, a remedy of great value in those forms of menstrual irregularity which are attended by megrim and blindness.

In gastric disorders, the symptoms of which resemble those already described, and for which *Pulsatilla* seems to be the suitable remedy, but where the headache is semi-lateral rather than general, *Cyclamen* is likely to be of service.

The remarks which have been made on the subject of our knowledge of the action of *Cyclamen* on the organism of women, lead directly to a subject of exceeding importance to all women who, in studying the profession of medicine, aim to be not merely apprentices to an art by the exercise of which they can make a living, but also, and more than this, students of a science fraught with blessings to the race, a portion of eternal truth, a science which it is the mission of the human race to elaborate and make perfect,—each student doing his or her appropriate work, and having a place

to fill and a function to perform, indispensable to the perfection of the task.

Is it the ambition of any one of you to study science in this spirit? Will you work for a living, then die, and leave no sign? Or do you aim so to order your professional career that, while you gain an honorable livelihood by honorable toil, you may yet, when you pass away, leave science the richer for some facts or some generalization; adorned by some memorial of a life honorable to your art, which is eternal, as well as to your own ephemeral personality?

At the same time that you, in common with all students, may cherish this honorable ambition, do you more particularly, as women, desire to vindicate your enterprise in exploring the paths of medical science hitherto untrodden by your sex? Are you willing to enter upon a path of scientific investigation and research which the feet of man can never tread, the results of which, while they splendidly justify you in entering on the study of medicine, shall confer blessings unspeakable on that half of the race which is of your own sex, and thus on the whole race?

To those who are thus minded, to those women who can do for women what men have done for men, and would have done for women had it been within their power, I will indicate the way of self-sacrifice which ends in honor.

All the facts stated in these lectures concerning the action of drugs on the human organism have

been derived from provings of drugs on the healthy subject. Although those provings have been extensively and accurately made only by homœopathicians, yet their necessity is urged and admitted by the leading authorities of every school of medicine.

The principle is this: We learn how a drug affects the healthy organism, and from this action we judge, according to a law of cure, what effect it would have upon a sick person.

Now, we have seen that drugs act differently upon different living organisms. We may not infer from the action of drugs upon animals their action upon man, because the organs of animals differ from those of man. Neither, then, may we infer from the action of drugs upon men their action upon women; more particularly as regards the action upon those organs which distinguish women from men.

Here, then, I find a worthy and an indispensable work for women who are educated physicians, as worthy and no less indispensable than that of men.

Claim, if you please, for women an equal right with men to practice medicine and make money, I admit their right and would give them fair play, but I do not see any necessity, except it reside in their own desires and impulses. But as regards the work of perfecting the sciences of physiology and pathology and materia medica, I see so great a necessity for women to devote themselves to the labors of investigation and experiment, that I

should never cease to urge on them such a devotion of their gifts and of themselves, for the sake of science and of their own fellow-women whom this devotion would make science so much more potent to relieve !

I care not so much to shield women from what is called the rude attendance of rough men in the sick-room ; but I do desire that women should prove drugs and ascertain their effects on the healthy, and what sicknesses they will cure, so that the medical attendant on sick women, whether he be man-doctor or woman-doctor, may know what drug to give and how to cure !

This is a mission which none but medically educated women can fulfill.

The students of our colleges and hospitals are all engaged, and are wont to engage, in drug provings. Will you do as much for your sex as men do for theirs ? Will you engage in proving drugs ? The mouths of those who rail against women's medical colleges would be effectually closed could we place in their hands an exhaustive proving by women of such a drug as *Murex*, or *Cyclamen*, or *Caulophyllum* !

The problem in drug proving is simply to ascertain the specific individual effects of the drug upon the healthy organism of the prover.

In order to get only the specific effects, uncomplicated with the generic effects, the prover must begin with very small doses, until the measure of his or her susceptibility has been gauged.

In order to be sure that the symptoms noted are in reality the effects of the drug experimented on, the prover must be always on the watch to discriminate between such effects and sensations to which he or she may be constitutionally subject; or the effects of unusual exertions, of changes in diet, of exposure to physical, mental or moral excitement or depression.

The symptoms of mind and disposition should be carefully noted.

The conditions of symptoms, viz.: the times and circumstances when and under which symptoms are aggravated or ameliorated should be most carefully noted.

Also the relations of symptoms to each other.

Inasmuch as changes in different organs in the body occur with very different degrees of rapidity, the prover should not hastily repeat doses, nor change the drug he is proving, nor relax the vigilance of his self scrutiny. For, though symptoms of the mind, or stomach, or lungs, may occur very soon after taking a dose of the drug, on the other hand, symptoms of the skin, bones and glands, may not occur for weeks or months.

I should recommend the proving of *Murex purpurea* as a drug that promises to be very useful, and would advise the provers to begin with the sixth dilution, taking a three-drop dose every night for four nights, and then awaiting results for a week. The class of provers may report progress every week.

EUPHRASIA OFFICINALIS.

EYEBRIGHT.

EUPHRASIA officinalis, or "Eyebright," is an annual, belonging to the family *Scrophulariaceæ*. It is common in northern Europe and in England, and is found in the northern United States. The Latin, as well as the English name, shows this plant to have had popularly ascribed to it healing virtues in diseases of the eye. Milton and Shenstone both speak of it as a well-known eye remedy. Since the year 1100 A. D. it has been mentioned as such in medical works. But, within fifty years, since it has become the fashion to ignore the specific properties of drugs, and to base prescriptions directly upon physiological and pathological hypotheses and the generic action of drugs, Euphrasia has been utterly neglected. Now, we may be sure that no substance ever gains, and for centuries maintains, over a whole continent, a high reputation for power to cure diseases of any organ, without there being something of solid foundation in fact for this reputation, whatever errors in degree, whatever absurdities in hypothetical expla-

nation, may have grown up around this fact, and obscured and disfigured it. Hahnemann says that "it was not without reason that this plant received the name it bears," and that "it has fallen into unmerited disuse in the present day."

The same may be said of our own day. You will hardly hear of Euphrasia at the Eye Infirmary or at the hospitals, and yet you will there hear of no single remedy that will promptly and completely cure so many cases of catarrhal ophthalmia and of keratitis as Euphrasia will.

Our knowledge of the physiological properties of Euphrasia is derived from a proving of Hahnemann and his pupils, and one by the Austrian Provers' Society (*Zeitschrift des Verein*, 1857). These provings are not very complete, or if complete they show that Euphrasia does not embrace in its sphere of action the whole circuit of the organs of the body. I shall speak chiefly of the symptoms produced by it on the eyes and the respiratory organs.

The eyes appear to be affected in almost every part; eminently, however, the conjunctiva, the cornea, the lachrymal gland and sac, and the special sense. (Whether or not the retina be organically affected we cannot say positively, from absence of physical inspection.)

The conjunctiva is reddened, the vessels enlarged, the mucous secretion at first diminished but speedily increased, and so modified as to become semi-purulent in character.

As necessary concomitants of these physical conditions occur the following subjective symptoms: A sensation as if dust or sand were in the eyes; pressure and tension of the globe; sudden and momentary obscuration of vision, relieved by winking, and evidently caused by the presence of opaque mucus upon the surface of the cornea; and nocturnal or rather morning agglutination of the lids. The secretion of tears is wonderfully increased in quantity, the eyes are constantly suffused; the lachrymal duct does not suffice to carry away this excessive secretion (perhaps its calibre is diminished through turgidity of its lining membrane), and the tears overflow upon the face and run down the cheek.

The secretion of tears is not only increased in quantity; it is altered in character. The tears are very acrid, excoriating the lids, which swell and ulcerate on their margins, and causing inflammation and even suppuration of that part of the cheek which is kept wet by them.

It might be inferred from our knowledge of the natural history and course of ophthalmic disease, that where the globe of the eye is kept bathed in muco-purulent secretion and with acrid tears, as is the case under the action of Euphrasia, softening and ulceration of the cornea would speedily take place. We see this in cases of purulent ophthalmia, especially of a specific character; and we see it in cases where this condition of the eye is provoked, promoted or fostered by the constant injudicious

application of hot fomentations and poultices to the eye.

From these facts it is a legitimate function of pathology which leads us to infer that the proving of *Euphrasia* would, if pushed further, develop ulcers of the cornea.

Acting upon such an inference, or else guided only by the other symptoms of the case, homœopathic physicians early gave *Euphrasia* in cases of ulceration of the cornea; and the clinical record of its application is long and brilliant. It has been very successfully used in ulcers, both superficial and deep; and for the removal of obscurations and opacities of all grades.

Ulceration of the cornea is found also in cases not marked by the conjunctivitis and profuse discharges here described—cases of keratitis, or, as it was formerly called, scrofulous ophthalmia. The conjunctiva is even unnaturally bloodless, and the globe of the eye has a pearly aspect. The palpebral conjunctiva alone may be congested, striated, or studded with granulations. In such cases, when the photophobia is excessive, *Conium maculatum* is a remedy of exceeding value. It will, where indicated, be found to cover the symptoms of the depraved nutrition and innervation of the patient.

In other cases the lids are swollen and the secretions more abundant than where *Conium* is indicated, and the photophobia excessive in the morning and forenoon, so that the child buries its head in the pillow, while in the afternoon it will

use the eyes freely. In such cases, the general symptoms of the digestive tract and of the sleep almost always indicate *Nux vomica*, which cures the eyes as well, and very speedily.

As regards the special sense it is both exalted—photophobia resulting in a very marked degree, the patient being unable to endure the light—and it is perverted. The patient becomes very near-sighted. Again, the prover dreams of fire, lightning, flames, etc. Such dreams, if frequently repeated, are regarded as indications of deep-seated disease of the eye.

The nasal mucous membrane is affected much as the conjunctiva is. It is swollen, and secretes an abundance of water, and, later, of a mucopurulent substance, with sneezing and some degree of dyspnœa.

It is noteworthy that whereas the discharge from the eyes is acrid, excoriating the lids and cheek, that from the nose is bland, not excoriating the *alæ nasi* and lip.

Exactly the reverse is true of the discharges produced by *Allium cepa* from the eye and nose respectively. The tears are bland while the nasal discharge is acrid. This difference often serves to distinguish the indications of the two remedies.

The mucous membrane of the throat and bronchi is similarly affected. There is abundant mucous secretion, a loose cough, and a loud bronchial *râle*.

One prover speaks of a “red rash” upon the face, produced by *Euphrasia*.

The fever is not of a high grade. Chilliness predominates.

Among the clinical indications for Euphrasia I mention first, catarrhal ophthalmia; in fact, any inflammatory state of the eye which is characterized by congestion of the conjunctiva, or great photophobia conjoined with excessive lachrymation, the tears being acrid. Beside helping in these cases, it often removes chronic opacities; and it is said to have cured several cases of cataract. It is my belief that these chronic cases, which Euphrasia cured, once presented (viz., in their acute stage) the symptoms above described as indicating Euphrasia. And this statement of my belief induces me to call your attention to a mode of prescribing for certain chronic conditions which present no symptoms whatever to indicate a remedy. The method is to prescribe for the acute malady in which these chronic conditions originated. It can only be done when we can get a clear and trustworthy picture of the acute affection as it once really existed. As a striking illustration of this method of selecting a remedy, I venture to refer to a cure of deafness,* reported by myself in the "American Homœopathic Review," vol. i., and which I may add was a permanent cure. (1868.)

Certain cases of measles present chiefly eye-symptoms, and these of such a character as to call to mind the symptoms of Euphrasia. Con-

* Deafness cured by Mezereum. See "Homœopathy the Science of Therapeutics," page 462.

joined with eye-symptoms are more or less of nasal and bronchial catarrh, and these symptoms find their analogues in Euphrasia.

As a matter of fact no less than of inference, Euphrasia is a remedy of prime importance in measles whenever the eye-symptoms are strongly pronounced as well as in ophthalmia, and is a valuable remedy in simple nasal and bronchial catarrh.

ALLIUM CEPA.

THE COMMON RED ONION.

WHY should not this peculiar and pungent vegetable, which contains notably phosphorus and sulphur, and of which the juice, even in the form of vapor, acts so promptly and so persuasively upon the conjunctiva and the Schneiderian membrane—why should it not produce physiological symptoms, and prove useful as a remedy?

Dr. C. Hering, of Philadelphia, to whom our materia medica owes so much of matter and of light, published a proving of Cepa in his "Amerikanische Arzneiprüfungen, 1857." The symptomatology is preceded by a most interesting *résumé* of the history of Cepa. I propose to give a summary only of the action of Cepa upon the conjunctiva and the respiratory mucous membrane.

Biting and burning in the eyes with abundant secretion of tears; the eyes are constantly suffused with them. The burning is particularly felt in the margins of the lids. The tears are bland, not acrid, and do not scald the lid or cheek.

Under Euphrasia, on the contrary, the tears are acrid, while the nasal discharge is bland.

Coryza. Discharge from the nose watery; it drops from the tip of the nose. There is much sneezing, especially in coming into a warm room. It is worse in the evening.

Arsenic has sneezing in the cool air, after leaving a warm room; and its coryza is not attended by the laryngeal symptoms of Cepa. The coryza of Natrum muriaticum is characterized by entire loss of taste.

The nasal discharge of Cepa is very acrid, excoriating the upper lip, which becomes red and very sensitive.

Mercurius produces an acrid nasal discharge, but it is not so limpid, does not drop, and it excoriates the alæ nasi and columna, rather than the lip.

Along with this coryza there are roughness and rawness of the fauces and of the trachea. There is cough, dry and hoarse, or rough, provoked by a tickling in the larynx behind the pomum Adami. It is characteristic of Cepa that when in obedience to this tickling provocation the patient coughs, there results an extremely painful, splitting sensation in the larynx, as though that apparatus would be rent asunder by the effort of coughing. This pain makes the patient wince and crouch, and brings tears to the eyes. No other drug produces this splitting in the larynx from cough in conjunction with acrid coryza.

The trachea feels rough and raw, and there is some dyspnœa, together with feverish heat and some acceleration of the pulse.

Prescribing in accordance with the above indications, I once succeeded in removing in the space of a few hours what I judged from physical exploration to be an extensive very recent congestion of the lungs, resulting from exposure to a cold north-west wind immediately after prolonged and violent muscular exertion.

MATRICARIA CHAMOMILLA.

THE name of this medicinal plant is derived from *matrix*, because of the specific action supposed by the ancients to be exerted by it on the uterus.

It was used by the ancients, by whom likewise and for similar reason the name Parthenion was given to it.

Culpeper says of it: "Venus commands this herb, and has commended it to succour her sisters; and to be a general strengthener of wombs; and to remedy such infirmities as a careless midwife has there caused."

It is found in most parts of Europe, in corn-fields, waste grounds and by road-sides.

In medicine the whole plant is used; it is gathered when in flower, and the tincture is formed by expressing the juice of the whole plant, gathered fresh, and mixing it with twenty parts of alcohol.

By allopathic physicians the *Anthemis nobilis* has been substituted for the *Matricaria chamomilla*, their properties being assumed to be identical.

It is classed among the stimulant tonics. It contains an essential oil and a bitter principle. Its action is described as both stimulant and tonic.

"In substance, or in a strong infusion, it produces a sense of warmth in the stomach, and, it is said, some acceleration of the pulse. It expels flatus, improves the digestion, does not confine the bowels, and is alleged even to possess emmenagogue virtues. In large doses it occasionally produces vomiting, looseness of the bowels, pain, with fullness of the head; and in certain idiosyncrasies it is even said to produce a sort of somnolent intoxication, with general depression and exhaustion."—Stillé, i., 557.

Our knowledge of the positive properties of Chamomilla is derived from Hahnemann's proving (*Materia Medica Pura*, iii., 1). This has been singularly corroborated within a few years by a proving conducted by Prof. Hoppe, of Basle.

Before proceeding to an analysis of the action of Chamomilla, it may not be amiss to quote at some length from Hahnemann's introduction to the proving. It is full of practical wisdom.

"This has been extensively used as a family medicine in complaints of all kinds, chiefly those that develop themselves rapidly. But physicians have held it too much in contempt, not considering it as a medicine, but only as a popular remedy; and allowing their patients to use it, in conjunction with their prescriptions, in large handfuls, for infusions, teas, etc., and for external applications,

while, at the same time, they were giving internal medicines; as if it were always a safe and salutary thing, never injurious, or at least quite unimportant. * * * * *

“Thus we may see how far physicians have been blinded with regard to a plant belonging to a class of powerful medicines, when it was their duty to acquaint themselves thoroughly with its properties; not only that they might themselves make a wise and proper use of it, but put a stop to the general abuse, pointing out when good effects might be expected from it, and, on the other hand, when it should be avoided.

“But physicians have hitherto not fulfilled this duty; they have rather rived the public in prescribing or permitting the use of this powerful remedy in all cases, without distinction, and in doses of all degrees.

“Yet it requires a very little ray of sense to perceive that no medicine in the world can be proper for all diseases; that each one has its circle of benefit strictly defined, beyond which every powerful medicine like Chamomilla must, of course, exercise injurious action in proportion to its energy; and therefore to avoid quackery the physician ought to know previously when Chamomilla may be useful and when prejudicial; as also how to proportion the doses, that they may be neither too powerful nor too weak. * * *

“In fact no medicine, however polychrest it may be, can be useful and salutary in a tenth part

of the existing diseases ; neither can this prerogative belong to Chamomilla. But, admitting what is impossible, let us suppose it can cure a tenth part of the diseases of which mankind is susceptible, is it not clear that if it is employed universally it must be injurious to the other nine-tenths ? Is it right to purchase success in one case to the injury of the other nine ? What do you mean by injurious effects ? says the common practitioner ; I see none that depend on Chamomilla. Certainly, I reply, so long as you are ignorant of the effects so powerful a medicine is capable of producing in a healthy person, you cannot perceive it to be the source of the mischiefs that are caused by the manner in which you employ it. These evils you consider to belong to the disease itself, and you attribute them to the malignity of that disease, and thus you deceive yourself, while you are doing harm to your poor patients.

“But cast your eye upon the mirror which I hold up to you ; read the catalogue of the symptoms produced by Chamomilla, and then, if you fall back into your daily sin, if you put no limit to your habitual use of this plant, see how many among the apparent symptoms will be attributable to those belonging to Chamomilla, and judge of the distress and pain that will be caused to the sick by the abuse of this substance in those cases in which it is not suitable, and when given in large doses.”

It may be remarked that the use of Chamo-

milla is not so universal now as it was when Hahnemann wrote; but his observations apply with equal force to whatever drugs it may be the fashion to use in the same indiscriminate and reckless way.

GENERAL ANALYSIS.

1. On the *Vital Force*, the action of Chamomilla is shown:

In the fact that it exalts the general susceptibility, causing pains to be felt very keenly, so that a pain which might be supposed to be only moderately severe is, to the patient, intolerable. The disposition is impatient, intolerant, restless and very anxious.

In the prostration of general muscular power and in the lassitude, exhaustion and disposition to syncope which Chamomilla produces; in the peculiar modification of circulation which constitutes the fever of Chamomilla. This fever presents a compound of the features above described. Though marked by excitement and increased sensibility, it is, nevertheless, not a well-developed inflammatory fever. The prostration is likewise represented. The heat is partial, confined, for example, to one cheek, and is conjoined with profuse sweat of the head. The fever does not last long, but often recurs.

In the jerkings of isolated muscles, and in spasms.

In the special perversions of functions excited in the nerves of sensation of various parts of the body, and in the digestive and the urino-genital organs.

2. On the *Organic Substance*, Chamomilla does not act so vigorously nor so deeply as one might suppose from the nervous excitement which it produces. It acts:

On the digestive canal, increasing and changing the secretions, and provoking accumulations of flatus.

On the female genital organs, producing leucorrhœa, increased menstruation, and uterine hæmorrhage.

On the respiratory mucous membrane, increasing the secretion.

On the skin, producing a miliary eruption on the cheeks, isolated papules and pustules, and an unhealthy disposition of the skin, so that wounds do not readily heal, but become very painful.

Periodicity is in so far a property of Chamomilla action, that the pains recur in the evening, and are much worse at night before midnight, becoming then intolerable.

Peculiarity. It is a peculiarity of Chamomilla that the pains are aggravated by heat: it is thus among a minority of medicines.

Hahnemann remarks that "a very small dose of Chamomilla seems to lessen very much excessive sensitiveness to pain, and the effects which pain produces on the mind. For this reason it

relieves many of the morbid symptoms produced by excessive use of coffee and of narcotic substances; and it is also less beneficial to those who remain patient and composed under their sufferings."

SPECIAL ANALYSIS.

Sensorium. Vertigo, even to falling, especially after eating and when talking; or early in the morning on rising from the bed. Sometimes the vertigo is conjoined with a kind of syncope.

The intelligence is benumbed, or blunted, and distracted; not observant. In writing or talking the prover lets entire words and phrases drop.

Headache is felt even during sleep. The head is heavy. But the most frequent pains are tearing and drawing, generally anterior, and almost always semi-lateral. The same is true of all the pains, they are semi-lateral.

Eyes. The pupils contract.

The margins of the lids feel dry, yet there is morning agglutination.

Pressure, heaviness and burning in the eyes. The conjunctiva is often deeply injected, without pain.

The special sense is somewhat affected. The sight is obscured,—there is a fluttering before the eyes.

Ears. The tearing, which is a characteristic symptom of Chamomilla, is felt in the ears; some-

times also single stitches, especially on stooping, or a dull pressure. The ear seems stopped, and there is a buzzing or ringing in it.

Teeth. The affection of the teeth is a very prominent and characteristic action of Chamomilla, and has been turned to great practical account. The toothache rages chiefly at night, is accompanied by swelling of the cheek, and generally comes on or is aggravated after eating and drinking, and particularly after warm drinks. The pain is paroxysmal, is a drawing or tearing pain, with stitches toward or into the ear. The toothache, like the headache, is semi-lateral.

The taste is slimy, sour or bitter.

Appetite is extinguished. Food is repulsive.

Frequently there are sour eructations; and it is noteworthy that thereby whatever pains may be present are aggravated.

After eating, a sensation of fullness, nausea, and distention of the abdomen.

Nausea frequently occurs; frequently early in the morning.

Vomiting occurs sometimes, of food and bile.

Painful pressure is felt in the stomach, epigastrium and hypochondria, which sometimes embarrasses respiration; the pressure extends to the region of the heart. (Not only applicable in gastralgia but also in certain forms of hepatitis.)

Flatus is generated in abundance. It moves about with rumbling and griping and a pressure downward, especially toward the inguinal canal.

There are likewise intolerable pains in the abdomen, cutting, pinching or tearing; and particularly with a sensation as if the intestines were rolled up in a ball in the side of the abdomen.

The stool is diarrhœic, semi-fluid, sometimes yellow, sometimes green and watery, sometimes only white and slimy. It occurs most frequently at night, and is attended with cutting pains, which cause one to crouch together. It produces, likewise, blind and sometimes bleeding hæmorrhoids.

Chamomilla produces a yellow, acrid leucorrhœa. It causes also a uterine hæmorrhage, the blood being generally coagulated and passed with severe labor-like pains.

Before the menses there is produced a cutting colic and drawing in the iliac region, with frequent pressure to pass water.

The respiratory organs are affected chiefly in their mucous membrane.

The coryza is at first dry and obstructed; then the discharge is scanty and moderately acrid. There is hoarseness, produced by a tenacious mucus in the larynx and trachea, with an almost uninterrupted tickling irritation, provoking a cough.

Along with this there is a kind of dyspnœa from pressure on the thorax and pressure on the sternum.

The mammary gland is affected. Indurations and nodosities occur in it, which are painful to the touch, and have, besides, a tearing and burning pain.

In the symptoms of the trunk we find again

the tearing and drawing pains of Chamomilla, worse at night.

From the lumbo-sacral region such pains extend into the thighs, like a kind of labor-pains (hence its use for after-pains).

Similar pains in the extremities, drawing and tearing, most violent at night, and seeming to have their seat in the ligaments and periosteum. They often extend from shoulder to finger, or from elbow to hand (and similarly in the lower extremity), and are conjoined with a paralyzed or numb sensation. The arms often go to sleep; there is a great disposition to cramps in the calves and in the toes.

The hands and feet become cold and stiff; and also at night the feet lose power, so that when attempting to stand the limbs give way.

Sleep. During the day there is great sleepiness with yawning, but at night sleeplessness with anxiety, inability to remain in bed, with prattling delirium.

Starting in sleep, weeping and complaints. Pain seems to be felt during the sleep.

Fever. The fever is partial in all its stages. The heat predominates. The chill is not always marked by external (objective) coldness; is attended by nausea, restlessness and tossing; often by burning heat of the head, or generally with internal dry heat. The heat is attended by thirst and dry tongue.

Sweat is partial, chiefly at night, generally on the upper part of the body.

The disposition is anxious, restless, impatient, intolerant of pain. There is easy starting, as if affrighted; easy vexing; irritability; disposition to anger; great sensibility to smells; and intolerance of music.

PRACTICAL APPLICATION.

The symptoms of Chamomilla, while their profound action on the nervous system and the excitement they show to be produced in the circulation, would lead us to expect benefit from Chamomilla in febrile affections, yet, nevertheless, show so little action upon the organic substance as to preclude the idea of relying on Chamomilla in parenchymatous inflammations, or in any purely and strictly inflammatory affection.

The fever is eminently one of irritation, and an attentive comparison of its phenomena with those which we observe at the bedside, will show its similarity to fevers arising from a more or less permanent physical source of irritation, such as is supplied by dentition, or by the irritation of indigestible foreign bodies in the intestines.

The fever is partial; the nervous system is highly excited, and yet the sensorium is not perverted; pains are unreasonably intolerable; the patient cannot long retain one position; heat aggravates the entire condition, and yet, withal, the muscular strength is prostrated; twitching and jerkings of isolated muscles occur, and finally gen-

eral clonic spasms come on. This action of Chamomilla has led to its extensive and successful use in the diseases of dentition in infants. The diarrhœa which it produces is similar to that which so frequently accompanies dentition.

But dentition does not always so affect children that Chamomilla is indicated.

If the child be restless, irritable, wanting always to be carried about in the nurse's arms (muscular weakness), never content in one place, nor with anything that is done or said, one cheek red and hot, the other pale, with sweating head, hot mouth, tickling cough, green or yellow diarrhœa, with colic; with these, or most of these symptoms, but especially the disposition above mentioned, then indeed Chamomilla is indicated. But, if the disposition be mild and sluggish, the child disposed to be quiet, the bowels flatulent, to be sure, but costive, with frequent tenesmus, no matter if Chamomilla be recommended in forty books for dentition, give that child *Nux vomica* and cure it!

On the other hand, the fever may be really inflammatory, the pulse hard and full, and the sensorium excited with wild delirium, or dull and oppressed. In such cases we may expect to find, on searching, that organic disease of some vital organ has set in, which must be sought and treated.

Chamomilla shows its adaptation to catarrhal affections of the eyes, ears, gastro-intestinal and urino-genital mucous membranes, and to similar

affections of the respiratory mucous membrane. The secretions are moderately increased and are somewhat acrid.

For semi-lateral headaches, especially when they accompany otalgia, odontalgia or metrorrhagia, and when the disposition corresponds, Chamomilla is useful.

There must always be intolerance of pain, aggravation at night, and aggravation by warmth. This applies to the toothache, earache, facial and cervical neuralgia, and to the abdominal colic, and distinguishes it from the symptoms of Colocynth, which are diminished by warmth.

Chamomilla has been useful in bilious vomitings and in sub-acute hepatitis.

In mucous diarrhœas, frequent in summer, with abundant griping, yellow or yellow-green mucous stools, often produced by check of perspiration or crude food, it is a most valuable remedy. There is no great flatulence as in Colocynth, nor tenesmus.

Its action in controlling metrorrhagia is attested by both allopathists and homœopathicians.

The discharge is paroxysmal, the blood dark and coagulated.

In nasal and laryngeal catarrh its indications have already been pointed out.

As a remedy for after-pains Chamomilla enjoys considerable repute; likewise for certain forms of dysmenorrhœa, where pain precedes the period, which nevertheless is abundant when it does occur (which distinguishes it from Sepia).

Indurations in the mammary gland, with tearing, drawing pains, are often relieved by Chamomilla when other symptoms correspond.

In some forms of rheumatism it has done good, the pains being drawing and tearing, worse at night and from warmth, and felt in the ligaments and in the periosteum.

IGNATIA AMARA.

STRYCHNOS IGNATIA. FABIA SANCTI IGNATII.

ST. IGNATIUS' BEAN.

THE seed of a large tree, a native of the Philippine Islands. It contains strychnine, and in poisonous doses its effects are regarded as identical with those of *Nux vomica*.

The seeds are used in medicine. They are bruised and triturated.

By allopathic writers *Ignatia* is classed among the spinants, as acting exclusively upon the spinal cord. Containing strychnine, it is regarded as identical in action with *Nux vomica*.

We shall see that, however great the similarity, there are yet great, and to us, as therapeutists, most valuable differences between these drugs. This is not the first instance in which a superficial use of chemistry has led to error.

GENERAL ANALYSIS.

Much of what was said of *Nux vomica* is certainly applicable also to *Ignatia*. Yet it appears

that Ignatia acts less than Nux vomica upon the organic substance of the body, producing appreciable changes in the tissues, and much more exclusively upon the vital power.

Upon the vital power its action is not so much exalting or depressing, although in certain organs each of these varieties of action is distinguishable ; but rather disturbing, destroying the harmony of action between different portions of the organism, perverting the co-ordination of functions. Thus, where we find heat of the body, and should anticipate such a condition of the nervous system as would make cool air agreeable, the contrary condition obtains ; where we should, from the fever existing, expect thirst, we find none, and *vice versa*. The great sensitiveness of the surface, instead of being aggravated by contact and by pressure, is relieved by it, etc., etc.

Now, it would seem as though such results from provings might be fanciful, were they not corroborated by too many witnesses to admit of the idea being entertained.

And yet, singular as this state of things is, it finds its analogy in the natural history of disease. For if you analyze the phenomena of hysteria, you will find this "perversion of the co-ordination of functions" to be the fundamental principle of the malady. And of all our remedies none so completely corresponds to hysteria, and so often cures it, as Ignatia.

In the words of Dr. Wurmb the whole charac-

ter of Ignatia may be expressed in two words:
“*Entgegengesetzte nebenbeschwerden.*”

Accessory or concomitant phenomena which are contradictory to or inconsistent with each other.

SPECIAL ANALYSIS.

Head. The headache of Ignatia is aggravated by talking or listening or paying close attention to anything, but not by independent mental action. It is a sensation of heaviness, as if congested, relieved by stooping and leaning forward, not therefore a real congestion (here is a contradiction). There is sometimes a semi-lateral throbbing, sometimes a throbbing over the orbits.

The most characteristic pain is that as if a nail were driven into the head. It is generally in the parietal or vertical region. Thuja has a similar pain in the occiput. This calls to mind the *clavus hystericus*, in which Ignatia is very useful.

Eyes. The affection of the conjunctiva is moderate. There is but little congestion. On the contrary, photophobia is sometimes intense, though capricious.

The vision is affected in this way: on one side of the axis of vision is observed a zigzag, white flickering.

Ears. Ringing and noises in the ears are observed.

Face. The muscles of the face and the lips often twitch and are convulsed.

Teeth. It is noted of the Ignatia toothache that though it consists chiefly in a soreness and tenderness of the teeth, it is felt more in the interval between meals than when eating. (Another contradiction.)

Throat. The sore throat of Ignatia, which is a sticking sensation, is felt more when swallowing than when the throat is at rest.

The digestive organs are much modified in action. The mouth is full of mucus. The taste is flat; food has a bitter, repulsive taste. There are fanciful aversions to special articles of food. There is sometimes craving for a particular article, and then, after a small portion has been taken with great enjoyment, a sudden and great aversion to it.

Frequent regurgitation of food and of a bitter liquid. Vomiting at night of food taken in the evening. Empty retching relieved by eating. (Contradiction.)

Distention of the abdomen after eating. Sour eructations. Salivation copious, frothy, sour. Hic-cough.

In the region of the stomach great emptiness and qualmishness and weakness, with a flat taste in the mouth. Characteristic.

(The above three paragraphs are very important, applying to vomiting in pregnancy.)

There are sticking and soreness in the epigastrium, and moderate flatus, with cutting and griping.

The stool is but little affected. There is a tendency to frequent but scanty stool, as in Nux

vomica ; but Ignatia acts less on the substance of the rectum and more on its nerves. Thus in the rectum we have a distressing contraction and constriction of the sphincter, most painful after a stool, and when walking and standing, and relieved by sitting. (Contradiction.)

These are very important symptoms ; violent stitches shooting from the rectum upward and forward into the abdomen. Along with these soreness, constriction and blind or bleeding hæmorrhoids, worse after a stool.

Besides these symptoms of hæmorrhoids and of proctalgia, itching and creeping at the anus indicate the presence of ascarides.

The chief symptoms of the urinary system are an increased secretion of clear, lemon-colored urine. (Hysteria.)

Menstruation is too frequent and too copious, and for this state of things, other symptoms corresponding, Ignatia is a remedy.

Respiratory Organs. With regard to the respiratory organs, besides the itching of the nose and disposition to ulceration around the anterior nares, I call attention only to the cough.

This is characteristic of Ignatia. It arises from a feeling of constriction in the trachea or larynx, as if drawn together, then a tickling as if feather dust were in the throat ; the cough is dry, violent, shattering ; the shocks come in quick succession ; the tickling irritation is not relieved by coughing. On the contrary, it becomes worse the longer the

patient coughs, and is only relieved by a resolute suppression of the cough. (A marked contradiction, this!) The cough occurs chiefly in the evening, after lying down. This cough is unlike that of any other drug; the contradiction is the characteristic feature.

There is occasional spasmodic dyspnœa.

In the trunk various tearing pains, and lassitude.

There are jerkings and twitchings in the extremities, especially after lying down at night, and startings when just falling asleep.

Sleep is sometimes deep and irresistible, sometimes the patient is wakeful. It is disturbed by dreams.

The fever is partial in all its stages. The peculiarity of the chill is that it is relieved by external heat, and that it is accompanied by excessive thirst; whereas the fever, which is partial, is not attended by thirst. (Contradiction.)

The symptoms of the mind are most important. Anxiety, as though something terrible had happened; he cannot speak because of it. Hurry, fearfulness, terror, alternating with irresolution and inertness. Fixed ideas; the prover sits still and broods over thoughts and griefs.

PRACTICAL APPLICATION.

Ignatia is indicated:

1. When the bad effects of anger, of grief, and of sudden mental shocks produce still grief,

or a disposition to brood over sorrow instead of giving way. But when these emotions and shocks make the patient supercilious or crazy, give Platina; when boisterous and wild, Belladonna.

2. In convulsions. In epileptic attacks, with consciousness; in convulsions from grief; from dentition; from labor, when without fever or cerebral congestion; not, therefore, where Hyoscyamus or Belladonna is required.

3. In intermittent fever, when there is chill with thirst or fever without. Distinguished from Ipecacuanha, Eupatorium, Rhus toxicodendron.

4. In dyspepsia, for weakness in the epigastrium.

5. In proctalgia, after the stool; it is distinguished by stitches up into the abdomen; it is not indicated in fissure of the anus, which calls for Nitric acid and Plumbum.

6. For hæmorrhoids after labor.

7. For ascarides.

8. For the vomiting of pregnancy, if appetite, salivation, copious lemon-colored urine, etc., be present, and clonus hystericus.

9. In spasmodic cough. Note the sensation of constriction felt in the rectum and in the trachea.

Ignatia has a general correspondence to hysteria; to the form characterized by a mental character, which is mild, gentle, yielding though whimsical (else it were not hysteria), and introverted. There is another form represented by Platina, which drug will be the subject of the next lecture.

PLATINA.

THE physical and chemical properties and reactions of this metal are described from another chair.

It finds no place in the Pharmacopœia of England or the United States.

Trousseau and Pidoux cite a few vague and indecisive experiments upon animals and men with double Chloride of Platina and Sodium by Dr. Hœfer in 1840, and therapeutic experiments by the same physician, who proposed to substitute Platina for Gold and for Mercury in the treatment of secondary and of primary syphilis and syphilitic rheumatism.

Our knowledge of the action of Platina is derived exclusively from a proving by Stapf and Gross, two pupils of Hahnemann. It was first published in one of the earlier volumes of the "Archiv für die Homœopathische Heilkunst."

For medical use, chemically pure Platina is dissolved in *aqua regia*. Into this solution a polished steel rod is plunged. The chloride is decomposed, and the resulting metallic Platina is

precipitated in the form of a fine dust upon the surface of the rod. It is carefully washed to free it from the acid, and is then triturated according to the rules of the homœopathic pharmacy.

The action of Platina is exerted, in the most marked and peculiar manner, upon the mind and disposition; upon the second and third branches of the tri-facial nerve; and upon the sexual organs of women.

It acts, like Ignatia, much more upon the vital forces than upon the organic substance of the body.

It further resembles Ignatia in the fact that it interferes with and deranges the co-ordination of functions, destroying the harmony with which related functions are performed in the healthy body.

But the kind of perversion, and, in particular, the variety of mental perversion and disturbance produced by it, are altogether different from those produced by Ignatia, so that, if Ignatia correspond to one form of hysteria, Platina corresponds to a form altogether different.

The kind of pain characteristic of Platina is a cramp-like, squeezing pain,—a kind of crushing together. It is peculiarly characteristic of this pain that it begins gently, gradually increases in severity, and then gradually becomes less severe, until at last it ceases. In this respect Platina resembles Stannum.

Most of the Platina symptoms are worse when the patient sits or stands, and are ameliorated by

walking. They generally occur, or are aggravated, at night.

It has been remarked as a peculiarity of the sleep of Platina, that however quiet the sleep may have been and however sound, the patient is always found, on awaking, to be lying on the back with the thighs drawn up upon the abdomen, with one or both hands above the head; and there is about or a little before the time of waking, a disposition to uncover the lower extremities. In connection with the form of hysteria to which Platina will be seen to correspond, and particularly with the nymphomania, which is a variety of this form of hysteria in which Platina has proved itself a most valuable remedy, these symptoms of the sleep have a great significance.

The action of Platina may be more particularly delineated as follows:

At first, the prover experiences a distressing anxiety, a kind of deadly apprehensiveness, with a sensation of trembling throughout the body, a great disquiet of mind, which does not admit of repose; the prover believes death to be impending and has a great dread of it. (Like Aconite.)

Now, instead of grief, or despondency, or resignation under this state of things, there is great irritability, great susceptibility to anger and vexation; a trifling grievance produces a profound vexation, under the effects of which the prover remains a long time vexed, unfriendly, in fact "in the sulks."

Then, as the action of the drug becomes more profound, there is an alternation of this depression and this sulky despondency with an unnatural liveliness and gayety, so that the patient laughs violently, and this perversion of the natural functions (and of the co-ordination of the functions) of the sensorium goes so far that the prover laughs immoderately, even at the saddest objects.

Then finally there comes a state of mind, the outgrowth and development of that last described, in which the prover displays a most exalted and overweening self-esteem, overestimating herself beyond all reason, and entertaining a correspondingly low and contemptuous opinion of all surrounding objects and persons, even the most venerable and respectable; nay, this opinion is the more depreciating the nobler and more worthy the objects of it.

The extent to which this perversion of mind is sometimes carried, and the ludicrous scenes to which it gives rise, are among the curiosities of the *materia medica*. This is a characteristic action of Platina, and cases of disease in which something analogous does not appear, are rarely cured by Platina.

Headache also is produced. This presents the characteristic feature of Platina. A squeezing, constricting pain, as if a board were pressed against the forehead, as if the head were compressed, screwed together, etc., and at the same time a sensation of numbness in the head. Like other

Platina pains it begins gently, gradually increases in severity, and then gradually diminishes. Sometimes the cramping pain is in the temple, and then it is conjoined with similar pain in the zygoma and malar bone, constituting the temporo-facial neuralgia of Platina.

Besides these sensations, there is a variety of headache, consisting of a compression of the forehead and temples, as if everything would come out at the forehead; much worse from stooping forward, as well as from the slightest movement. It is preceded by anxiety, and by burning heat and redness of the face (a kind of "sick headache").

There are painful crampings and compression in the circumorbital regions, and particularly in the supra-orbital, and in these the globe of the eye sometimes participates, feeling sore.

The peculiar compressing, cramping pain is felt in the malar bone and zygoma, with a kind of numbness and at the same time a burning pungent sensation, inducing one to rub or scratch the part.

This corresponds well to a certain form of facial neuralgia. It resembles most closely that of *Verbascum thapsus*.

It is distinguished from that of *Arsenicum* in this, that in the latter the pains are burning, and that they dart quickly, like red-hot needles, from place to place.

The pain of *Verbascum* is like a crushing with tongs. Platina has steady compression.

That of *Spigelia* is a shooting or piercing, and has its chief seat in the globe of the eye.

Chamomilla has aggravation by heat, and is further distinguished by the great impatience of pain exhibited by the patient. The neuralgia of *Capsicum* is provoked by external pressure, and is a fine line of pain coursing along the nerve. The constitutional symptoms still further aid us in distinguishing the indications for the several drugs which produce a form of prosopalgia.

Noises in the ears, of the greatest variety, are produced in abundance by *Platina*. There is little evidence of any organic lesion. (This might lead to the selection of *Platina* for what is called "nervous deafness.")

There is little that is distinctive in the action of *Platina* on the digestive canal, except in so far as the stool is concerned.

This is retarded; the *fæces* are scanty, hard, evacuated with difficulty and almost dry. The evacuation requires great effort of the abdominal muscles; and this is followed by a peculiar sensation of weakness in the abdomen, or by a shuddering throughout the body.

In the rectum there are occasional sharp stitches, compelling one to cry out. In this *Platina* resembles *Ignatia*.

The menses appear much too early and are very copious. Moreover, there are uterine hæmorrhages, copious and often recurring. As in most uterine hæmorrhages, the color and consistency of

the blood furnish a valuable characteristic of the remedy. That of Platina is very dark, and, without being coagulated in distinct masses, it is thick and tarry. It is accompanied by pains in the sacrum; but these sacral pains are only felt as a sequel to pains which have first been felt in the groins, causing a dragging and pressing downward in the entire pelvis, and have then passed to the sacrum; and, furthermore, there is always in connection with this metrorrhagia of Platina an unnatural sensibility and irritability of the genital organs.

It may be remarked of the pains of Belladonna that they pass through the pelvis either in its anterior-posterior or in its lateral axis; while the pains of Pulsatilla and Sepia pass around the pelvis from sacrum to groin, and are conjoined with scanty menstruation instead of profuse.

The labor-like pains of Chamomilla are very severe, and the metrorrhagia is in paroxysms, the blood being thin and rather light, with firm coagula.

The flow of *Secale cornutum* is thin and painless, so is that of China.

Crocus has a dark flow, but it is not attended by a bearing-down pain, but rather by a sensation as of a living body moving in the abdomen.

Millefolium and *Sabina* both produce a light-colored, florid uterine hæmorrhage.

It is, thus, not difficult to distinguish the uterine flow of Platina from that of other drugs.

Attention should again be called to the hypersensitiveness and irritability of the genital organs.

These symptoms, together with those of the sleep already mentioned, have led to the use of Platina in cases of nymphomania; it has been of the greatest service, comparing with Hyoscyamus.

The organs of respiration are not especially affected.

In the trunk, we have first a weakness of the neck; the patient cannot hold up his head, and along with this, a kind of tensive numbness. There is pain in the spine and sacrum, as if they were broken, especially after a long walk or on bending backward.

In the extremities are felt cramp-like, pressing and compressing pains, such as are elsewhere experienced, conjoined with a kind of burning and numbness.

PRACTICAL APPLICATIONS.

Of the uses of Platina in treating disease, but little remains to be said.

The mental symptoms denote the forms of hysteria in which it is useful. Whereas Ignatia corresponds to cases in which there is a disposition to grieve, to brood in melancholy sadness over sorrows, whether real or imaginary, Platina, on the other hand, belongs to a variety in which the mind rises in defiant and distorted superiority over the causes of vexation or sorrow; becomes, first, demonstratively apprehensive, then alternately demonstratively lachrymose and boisterously merry,

and at last absurdly supercilious,—a genuine representation of Mrs. Lofty. But, whatever the frame of mind may be, it is always demonstrative, and this is the character of Platina; the personality of the patient is obtruded on one's notice.

The character of Ignatia, on the other hand, is that it is undemonstrative; the sufferings and perversions are not obtruded on one's notice.

The peculiarities of the neuralgia and of the uterine hæmorrhage, which are marked Platina symptoms, have already been pointed out.

It remains only to call attention to the stool, and to say that in the constipation which is often so troublesome a concomitant of pregnancy, Platina is often a valuable remedy, standing in the same rank with Sepia, Alumina and Plumbum.

SEPIA.

SEPLÆ SUCCUS.

THE juice of the cuttle-fish; a blackish fluid contained in the abdomen of the animal, and from which the animal has the power of projecting the juice into the surrounding water.

For medicinal purposes the juice is carefully dried, divested of its membranous envelope, and prepared by trituration according to the rules of the homœopathic pharmacy.

Although Sepia has no place in the pharmacopœia of the old school, and is, indeed, so little known by them that one of their foremost writers has endeavored to fling ridicule on homœopathists by stating that they ascribe medicinal virtues to the cuttle-fish *bone*, which is mere carbonate of lime, it is a singular fact that Hippocrates set a high value on Sepia as a remedy in diseases of women and in dysmenorrhœa, and that Galen ascribes to it tonic and stomachic qualities; while Marcellus recommends it for gravel and for the removal of freckles. A very singular anticipation by the ancients of the exact deductions from the homœopathic law.

Sepia is one of our most important remedies. Its action pervades almost the entire organism and is very enduring, the effects of a single dose often lasting for many weeks.

Upon the vital force and the organic substance it acts with equal energy.

The sphere of action comprises, in particular, the sexual organs of women, the gastro-intestinal tract and its appendages, the skin and glands, and the nervous system of animal life.

The symptoms are most apt to occur or to be aggravated when the patient is at rest, sitting quietly, in the forenoon or evening; and to be relieved by vigorous exercise in the open air. In general, the aggravation occurs about the middle of the forenoon; especially the sense of "sinking at the pit of the stomach," which attends many uterine disorders.

Sepia induces a tendency to free and sudden perspiration from a nervous shock or from exertion, but it is noteworthy that this perspiration comes out after the exertion is over or the shock is past, and when one is sitting quietly. (*Calcareo carbonica* has sweat during the exertion.)

Sepia produces (and cures) what are well known as "hot flashes"—sudden accessions of heat, followed by a momentary sweat and weakness and disposition to syncope. These are frequent and very annoying incidents of the climacteric period in women. *Lachesis* resembles *Sepia* in this.

In many respects the symptoms of Sepia closely resemble those of Pulsatilla. As would be naturally inferred, these remedies often act as mutual antidotes; and so it happens that frequently, when they are given in alternation, as the custom is of some physicians, no result is observed. In such cases, it is often sufficient to suspend the administration of one of them in order to get a prompt and satisfactory effect from the other.

The skin affections of Sepia are among its most important symptoms. We find itching of the skin, and itching vesicles and papules on the face, hands and feet; and also a vesiculo-pustular eruption in the hollow of the joints of the knee and elbow. After the Sepia eczema there is abundant desquamation.

While speaking of the skin, it should be mentioned that Sepia produces on the lower lip a swelling with a soreness, burning pain and a pricking as from a splinter of wood. This symptom, together with the constitutional symptoms, has led to the use of Sepia in the treatment of epithelial cancer of the lower lip, two cases of which, cured by Sepia⁸⁰⁰, have come within my personal knowledge.

In like manner, the other skin symptoms have induced the successful use of Sepia in cases of Rhus poisoning.

The fever of Sepia is incomplete. Chilliness predominates, but, like the heat, is fugitive and transient. Perspiration is copious, especially at night, and is conjoined with great weakness.

The disposition peculiar to Sepia is a depressed, anxious and fearful state of mind, with a sense of helplessness, and yet great susceptibility to excitement, and still more to terror, frequent attacks of weeping, and despair of life.

SPECIAL ANALYSIS.

Headache. Chiefly pressing and throbbing, with a kind of rush of blood to the face, which becomes red and hot, even to the ears. No general fever, however. General aggravation from motion. Itching of the scalp and falling out of the hair.

Eyes. The sense of vision is affected. There is photophobia by day, and a white flickering before the eyes, like a thousand suns or sparks or black specks; around the candle-flame there is a green halo. On attempting to read or write, the vision becomes obscured.

There are supra-orbital pains. The eyelids pain on awaking, as if too heavy, as if paralyzed, corresponding to ptosis—a malady in which Sepia has often been given successfully.

Then, conjunctivitis with biting and burning and itching, but very scanty secretion of mucus or pus.

The face is the seat of eruptions already described. Moreover, on the forehead come irregular non-elevated brown spots, well known as “liver spots.” The complexion becomes yellow and earthy. There are often, in connection with the headache or with uterine disorder, tearing pains

in the facial bones and in the teeth. Finally, a characteristic symptom of Sepia is a brown discoloration extending across the bridge of the nose like a saddle.

In the mouth often form painful vesicles and ulcers—a form of stomatitis.

The gums swell and bleed easily. The teeth become loose. There is toothache, digging, tearing and gnawing pain, sometimes in a single tooth, sometimes in a whole row, aggravated by warmth. The toothache is generally a sympathetic concomitant of uterine disorder or of pregnancy.

The tongue is often sore, as if scalded. Salivation occurs, the mouth filling with a saltish fluid, while at the same time the throat and fauces are so dry that the patient can hardly utter a sound. (This closely resembles the salivation of pregnancy.)

The taste in the mouth is offensive, slimy, putrid like a bad egg, with eructations of the same character; or bitter, often bitter early in the morning, this ceasing after breakfast.

There are abundant eructations; hiccough after eating; nausea and vomiting of bile, or vomiting of bile early in the morning on rising, with, during the day, attacks of constriction in the hypochondria, and nausea.

There is no thirst. Appetite fails; all food tastes alike. The stomach feels empty and weak with nausea at thought of food. A characteristic symptom is a peculiar faint sinking at the pit of the stomach, which is not necessarily painful to pressure. The faintness of Mercury is accompanied

by tenderness; so is that of *Calcarea carbonica*. (*Hydrastis*.) Pressure and fullness are also sometimes felt. There are stitches in the region of the liver, which is sometimes sensitive to pressure. Also a fullness in the hepatic region and a pinching pain. It is peculiar to *Sepia* that the pains in the hypochondria are more tolerable when the patient lies on the painful side, while with *Magnesia muriatica* the opposite condition obtains. (Bœnninghausen.)

The abdomen is often distended with flatus. There are cutting pains horizontally across the abdomen, sometimes extending up into the chest.

In the rectum and anus a constricting pain which extends into the perinæum or the vagina, sometimes up into the abdomen. Sometimes a feeling of soreness and a kind of pressure outward, cutting, burning and itching. Hæmorrhoidal tumors occur, which are painful and bleed. After stool, emptiness and weakness in the abdomen.

The stool is scanty and infrequent.

The evacuation of urine is preceded by pressure and tenesmus; it is frequent, painful, and often ineffectual until after long waiting and effort. At night frequent desire to pass water, which starts tardily, and flows slowly. Again, involuntary micturition at night.

On the sexual organs of women *Sepia* acts very distinctly. Along with cutting pains in the abdomen, a pressure is felt on the uterus downward, as if everything would fall out.

The menses come too early, but are scanty. They are preceded by violent aching in the abdomen, causing even faintness, and by chilliness and shuddering.

During the menses, restlessness, drawing pains in the limbs and abdomen. Palpitation and dyspnoea, with toothache and headache and epistaxis; with depression of mind.

At other times than the menstrual period, frequent stitches in the vagina in paroxysms, with or without a watery yet lavish leucorrhœa. The leucorrhœa is rarely acrid, whereas that of Kreosote is very acrid.

Sepia produces (and cures) a dry, fatiguing cough, provoked by a sensation in the region of the stomach, and seeming to come therefrom; or the cough comes, as it seems, from the abdomen. A symptom which I have often verified in practice.

Then again a cough with copious, saltish expectoration, white or grayish yellow: the cough being attended, as all the Sepia symptoms are, by accessory symptoms, such as stitches in the epigastrium or head, faintness, nausea, etc.

From these and other similar symptoms, we draw our indications for Sepia in pulmonary consumption.

It produces various forms of oppression of the chest, burning in the chest and palpitation.

In the sacro-lumbar region Sepia produces pain, which generally is relieved by sitting or lying, worse when standing or walking. The backache

of Belladonna is worse when lying down ; better when sitting. Sometimes the reverse.

It is a pressing, dragging pain over the sacrum and at the same time over the hips, and a burning pressure in the spine ; also drawing pressure and burning pain across the dorsal region and under the scapula (often like that produced by sewing).

In the extremities, stitches and sticking, drawing pains, with lassitude, coldness of the feet, but sometimes only of the knees ; sweat of the feet. The eruptions already described.

PRACTICAL APPLICATIONS.

Among the general affections for which Sepia has been found a useful remedy may be mentioned, first : Various forms of skin disease, and in particular those of a vesicular character, attended by much itching and followed by desquamation. The vesicular eruption is not attended by the erysipelatous inflammation of the contiguous skin, such as is characteristic of *Rhus toxicodendron* ; and this serves in part to distinguish these drugs.

Sepia is especially successful in the treatment of herpes circinnatus or ringworm, when this occurs in isolated spots. *Calcarea carbonica* (or *acetica*) is also useful in this affection. The distinction is to be found in the constitutional system. When, however, the herpes circinnatus occurs, not

in isolated patches, but over a great portion of the body in intersecting rings, and attended by heat, itching, fever and great constitutional disturbance, Tellurium seems to be indicated, as appears from a proving of that drug in the "American Homœopathic Review."

In connection with skin symptoms, may be mentioned again, the brown discolorations of the forehead and cheeks and of the skin across the bridge of the nose, known as "liver spots," and which are very frequently found conjoined with constitutional symptoms which indicate Sepia as a remedy, these symptoms being particularly those of the hepatic region and of the uterus and its appendages.

In paralysis of the upper eyelid—ptosis—Sepia often effects a cure; also in certain perversions of the function of vision.

The neuralgia, the toothache and the headache of Sepia, are almost always conjoined with some disorder of menstruation, with pregnancy, or with some disease of the sexual organs of women. And it is peculiar to Sepia that, along with its symptoms of disease in the sexual organs, there occurs a considerable number of sympathetic symptoms in distant organs, *e. g.*: the toothache, headache, salivation, neuralgia.

Attention has been called to the fact that two cases of epithelial cancer of the lower lip have been cured by Sepia. A third case of this disease is so interesting as to be worthy of narration.

An epithelial cancer, far developed, had been excised. The wound healed kindly. After a few months the patient began to emaciate, and to exhibit every sign of cancer cachexy. The decline was alarmingly rapid. Eminent surgeons diagnosed internal cancer. No hope of recovery was entertained. The complex of symptoms indicated Sepia, which was given, 200, and effected a complete and rapid restoration of health. The health remains good to this day (ten years).

In chronic or sub-acute hepatitis, Sepia does good. Its chief use, however, overshadowing all others, is in displacements and diseases of the uterus. In prolapsus it is the remedy, *par excellence*. Yet not to be used to the exclusion of Nuxvomica, Pulsatilla, Belladonna and Podophyllum. The simultaneous irritability of the bladder and the presence of leucorrhœa, together with the hot flashes and the sympathetic affections of remote organs, serve especially to indicate it.

Sepia is rarely indicated by these symptoms but that there is present the peculiar "sinking and all-gone sensation" in the pit of the stomach, almost producing faintness, and relieved by lying down and by taking food or wine.

In amenorrhœa or retarded and scanty menstruation, it is often indicated.

Experience has shown its value in cases of ulceration and congestion of the os and cervix uteri. Its use in appropriate cases supersedes all local applications, which in the vast majority of

cases are not simply unnecessary, but are very mischievous. The same may be said of mechanical contrivances in uterine displacements, especially pessaries and internal supporters of all kinds.

Sepia is also a remedy in functional derangements of the liver.

Medical practitioners, like other men, are apt to "run in grooves," and the grooves grow deeper by use. With regard to the *materia medica*, they are apt to remember of each remedy some one or two applications in which it is eminently useful, and to forget or ignore many others in which, though, perhaps, less frequently indicated, it is equally valuable.

Thus, every one has in mind the virtues of *Silicea* in suppurative inflammation of connective tissue, while comparatively few might think of it as a remedy in cerebro-meningitis, or in neuralgia, or in epilepsy.

Sepia, in like manner, suggests itself to every practitioner in cases of chronic uterine disease, and its value in such cases has caused it to be classed, in the medical mind, with remedies specially adapted to chronic cases. The remarks I purpose to make will show, I think, that it may also be a remedy for acute conditions. They will serve, likewise, to call attention to the re-proving of *Sepia*, made under the direction of the Bureau of *Materia Medica* of the American Institute of

Homœopathy, and published in the Transactions of that body for 1875. While this proving confirms in a remarkable manner, the Hahnemannian proving of Sepia, and may be said to have added little absolutely new to our knowledge of this drug, it certainly presents, in a definite form, symptoms that are somewhat shadowy in the original proving, and thereby furnishes evident indications, where formerly these were perceptible only to acute observers.

I propose to consider only the relations of Sepia to "functional derangements of the liver," taking from Murchison's recent work,* the symptoms of these derangements and placing under each of these symptoms the corresponding group of Sepia symptoms.

Before describing the symptoms of functional derangement of the liver, Dr. Murchison states that the functions of the healthy liver are—not simply nor chiefly the secretion of bile—but

"1. The formation of glycogen, which contributes to the maintenance of animal heat and to the nutrition of the blood and tissues, and the development of white blood corpuscles.

"2. The destructive metamorphosis of albuminoid matter, and the formation of urea and other nitrogenous products, which are subsequently eliminated by the kidneys, these chemical changes also contributing to the development of animal heat.

* "Functional Derangements of the Liver: being the Croonian Lectures, etc., delivered in March, 1874, etc., London."

“3. The secretion of bile, the greater part of which is re-absorbed, assisting in the assimilation of fat and peptones, and probably in those chemical changes which go on in the liver and portal circulation, while part is excrementitious, and in passing along the bowels stimulates peristalsis and arrests decomposition.”

A “functional derangement” may be a modification or an arrest of any one or several of these healthy functions.

1. If the power to convert glucose into glycogen be impaired by functional derangement of the liver, glucose passes into the general circulation, is eliminated by the kidneys, and we have one of the several forms of glycosuria,—forms which agree in this one symptom (sugar in the urine), but differ profoundly in the pathological conditions on which this symptom depends, and in the indications for, and their amenability to, treatment. The form we have described is often transient, and always a mild and curable form of diabetes; or, this glyco-genetic function may be modified in another way, and we may have a more serious form of glycosuria by an increased conversion of glycogen into sugar, from hyperæmia of the liver depending on paralysis of the vaso-motor nerves, resulting from irritation of the roots of the pneumo-gastric nerves, injuries of the spinal cord, poisoning by curare, etc.

2. When the function by which the liver disintegrates and eliminates albuminoid matter is imperfectly performed, the disintegration stops short of

the formation of urea which is soluble; and products more sparingly soluble, and which are less completely oxidized, than urea, are formed, viz., uric acid, etc.; or products still less oxidized, such as leucin and tyrosin, which we find in acute atrophy of the liver when this function of that viscus is almost abolished. Where, under this functional derangement, uric acid is formed instead of urea, we find in the urine deposits of uric acid, of urates, and abnormal pigment.

Such is a brief statement of Murchison's views of the functions of healthy liver, and the results of some of their derangements. I shall restrict my remarks upon Sepia to the second form of derangement above described, viz., that of the function by which albuminoid matter is disintegrated and eliminated, and the derangement of which is manifested, among other symptoms, by excess of uric acid and urates in the urine.

Murchison gives the following names of diseased conditions resulting from this derangement:

1. Atonic dyspepsia, of which the symptoms will presently be given in detail.
2. Gout—anomalous or regular; urates in the blood, and deposited in or near the joints.
3. Urinary or biliary calculi.
4. Granular degeneration of the kidneys, from their constant work in eliminating urates. (Dr. Geo. Johnson.)

The symptoms of the atonic dyspepsia are given more particularly by Murchison, as follows:

After each group I cite, from the new or from Hahnemann's proving, the corresponding Sepia symptom :

1. Tongue : that of atonic dyspepsia, large, pale, flabby, indented. Sepia : tongue coated brown or yellow (148, 149); tongue feels too large. (155.)

2. Appetite good, but suddenly satisfied ; loathing of fat. Sepia : sudden craving, sudden satiety (185, 184); good appetite, but loathing of meat. (Hahn., 510, 522.)

3. Bitter or coppery taste ; worse in the morning. Sepia : putrid, insipid taste (177, 178); bitter, repulsive taste in the morning. (Hahn., 499.)

4. Flatulence (from lack of bile?). Sepia : abdomen very much distended after the least bit of food. (207, 215.)

5. Constipation, from lack of normal stimulus to the excretion, and with great depression of spirits; or there may be pale or dark offensive diarrhœa. Sepia : constipation ; seems to have lost power (243, 241); constipation, with bleeding and weight and pain in the rectum (236); only small, hard lumps passed (241); hard stools; fæces covered with mucus, followed by slimy, bilious or catarrhal stools. (255, 256.)

6. Intestinal hæmorrhage; hæmorrhoids. Sepia : considerable bleeding from the rectum and intense bearing down at the anus. (261, 262.)

7. Hepatic pains ; weight, fullness, tightness ; worse when lying on the left side. Sepia : as if the abdomen were full and bloated across the epi-

gastric region (214, 215); as if a load rested on the epigastrium (217); soreness around the umbilical region on pressure, especially on the right side (221); Bœnninghausen names *Sepia* under the rubric "worse from lying on the left side."

8. Jaundice (?). *Sepia*: yellow face and whites of eyes. (Hahn., 325.)

9. Aching of the limbs and lassitude. *Sepia*: weakness and aching of the thighs and legs (419-421); general weariness and prostration in the joints. (422.)

10. Pain in the right shoulder and about the scapula. *Sepia*: long-continued pain under the right shoulder. (410, 413.)

11. Hepatic neuralgia, with great depression of spirits. *Sepia*: stitches in the hypochondria, across the abdomen, making her cry out (Hahn., 626); frequent stitches under the right ribs. (Hahn., 627, 629, and 624, 625.)

12. Cramps in the legs. *Sepia*: cramps in the calves at night. (Hahn., 1310-1314.)

13. Dull headache in the forehead and occiput in the morning on waking, lasting part of a day, or several days, with constipation and pain in the right hypochondrium. *Sepia*: dull, stupid headache, with great mental depression (40-43); dull pain over both eyes (55); dull headache through the temples and forehead (59); waked with dull headache in the back of the head (74).

14. Vertigo and dim vision. *Sepia*: dizziness (35 Hahn., 87-100); obscured vision. (Hahn., 258, 259.)

15. Noises in the ears. Sepia: both ears feel stopped (111); ringing, singing, roaring, etc. (Hahn., 293-304.)

16. Sleeplessness. Sepia: restless nights; tired mornings (504); disturbed sleep. (508, 509, 511, 512.)

17. Depression of spirits; irritability of temper. Sepia: mental depression; very low spirited, with headache (2-5); very irritable; very cross. (5, 6, 10, 12.)

18. Palpitations and fluttering of the heart. Sepia: palpitation, very nervous (360, 365); seemed as if the heart occupied all the cavities of the body (359); pulsation with soreness in the stomach (199.)

19. Irregularities of pulse; intermission (which is always due rather to hepatic indigestion than to cardiac disease; intermission of pulse. (Hahn., 1098, 1099.)

20. Feeble circulation; anæmia. Sepia: pale, sickly aspect. (Hahn., 324.)

21. Angina pectoris, Sepia (?).

22. Pulsations in various parts of the body, especially in the epigastrium. Sepia: pulsations felt in the body, in the head and extremities, day and night, especially in the night. (Hahn., 1409, 1410.)

23. Urine heavier than normal; it deposits uric acid and urates. Sepia: every prover noticed marked diminution in the quantity and increase in the specific gravity of the urine, which deposited uric acid and urates. This was reported by

provers of both sexes, and from various potencies of Sepia.

24. Chronic catarrh of the fauces. Sepia: feeling of rawness in the posterior fauces, etc. (165, 167.)

25. Chronic bronchitis. Sepia: coughing spells in the morning, with either difficult expectoration, or copious sputa, easily raised; harsh, dry cough. (342, 344.)

26. Spasmodic asthma. Sepia: tightness and constrictive sensation in the chest. (346.)

27. Eczema, lepra, psoriasis, lichen, urticaria, boils, pigment spots, pruritus. Sepia: vesicular, papular and pustular eruptions (484-495); itching (484); yellow spots on the face and a yellow patch over the dorsum of the nose. (Hahn., 326.)

In an excellent physiological study of Hahnemann's proving of Sepia, Dr. V. Meyer of Leipzig, in 1853, used the following language: "This remedy operates especially on the portal system, by retarding the circulation, and causing an overloading of the vascular system with venous blood, or with blood more or less resembling venous. A plethora venosa, as it is called, gives rise to most of the various symptoms. The pathological process is also marked by a state of depression. * * All further morbid conditions are but secondary." * * "All disorders of the portal system must first affect the neighboring organ, the liver." ("Homœopathische Vierteljahrschrift," iv., 2. Translation in "British Journal of Homœopathy," xiii., pp. 635, 636.)

Cases illustrating the use of Sepia in acute disease, connected with functional derangement of the liver.

Case 1. August, 1875. A lad, seven years old, was brought home from the country, said to be suffering from remittent fever; he had been ill three weeks, and presented the following symptoms: febrile condition persistent, very weak, keeping his bed, extreme depression of spirits and irritability of temper, occipital headache, sudden, excessive desire for food, but eats only a small quantity. Two or three stools daily and one or two at night, of normal consistency; but clay-colored and offensive. Successive outbreaks of furuncles on the nates; on the right side of the abdomen, just below the arch of the ribs, a very tender spot which is the seat of constant pain; the whole right hypochondrium is tender and heavy; aching in the right shoulder, restless sleep; the urine has a pink deposit, stains every thing it touches red and stains the vessel; heavy sweats at night. He is reported to have had Podophyllum, China, Bryonia, etc., etc., without perceptible effect.

I gave Sepia³⁰ trituration, in solution, a dose every four hours during the day. In two days a vast improvement was manifest; and in a week he was perfectly well, and has so continued to the present. Improvement was noticed first in his fever, spirits and temper, then in his appetite and

digestion; then the pain and soreness vanished; then the stools and sleep became normal; last of all, the urine became normal.

Case 2. A lady, aged thirty, has been ill nine or ten days; is in a remittent febrile condition with evening exacerbations, no chills, pulse at eleven A. M., ninety-six. Aching weight and soreness in the right hypochondrium, and distress and aching in right shoulder and scapula; cheeks flushed, the forehead and conjunctivæ yellow; irregular yellow patches on the forehead, lassitude; the limbs and back ache, obstinate constipation and occipital headache; anorexia, she loathes fat and milk; thirst, tongue flabby and indented, great flatulence after food, restless sleep, dry hot skin, urine scanty and loaded with urates. Her disease is said to have been pronounced remittent fever and prescribed for as such. She has taken Podophyllum and she knows not what else.

I gave Sepia³⁰ trituration, in solution, a dose every four hours. In twelve hours the fever had gone and did not return, the side was better, the bowels had moved; in a week she was entirely well.

MUREX PURPUREA.

A VISCOUS juice, found in a small sack between the heart and liver of the mollusks of the genus *purpura*, of the family *buccinidæ*, and also of the *muricidæ*. A similar sack and juice are found in several *conchiferæ* belonging to the family *limacidæ*.

When brought into contact with the atmosphere, this juice becomes successively yellow, green, blue, and finally, a reddish purple. It is insoluble in water, alcohol or ether; consequently for homœopathic use the attenuations are prepared by trituration.

The proving which we possess was made chiefly under the observations of the late Dr. Petroz of Paris. Some additional observations have been collected by Dr. Hering; and a résumé of our knowledge to the present date was published in the "American Homœopathic Review," vol. iv., 1864.

In its origin, Murex is very closely akin to *Sepia*; and it will be perceived that its pathogenesis closely resembles that of *Sepia*, especially in its relations to the female genital organs. What its

analogies or contrasts may be, with reference to other organs or apparatus, we can hardly venture to conjecture, for our proving of Murex is fragmentary, and the number of provers was very small.

Head. Upon the sensorium, Murex produces a depressing effect. There is confusion of ideas and diminished intellectual activity.

The pains are heaviness and pressure in various parts of the head, chiefly in the forehead, or, in one or the other temple. Heaviness or tightness in the head, relieved by bending the head backward.

Stomach. A peculiar and distressing sensation of "sinking" or faintness or vacuity in the epigastrium. The patients call it an "all-gone" feeling, something like the sensation produced by excessive hunger. Sepia has the same symptom, but in a less degree.

Abdomen. An acute sensation like a sharp point in the left side of the abdomen, which extends, and is felt in different isolated spots. The left side of the abdomen remained painful.

Tension (painful) in the right hypochondrium. Uneasiness in the abdomen like that which is caused by the approach of the menses; which, however, are retarded.

Stool. Constipation, lasting several days.

Anus. Pressure upon the anus like painful points.

Genital Organs. Our symptoms relate only to those of women.

In the right side of the uterus, acute pain, which crosses the body, and ascends to the left mamma. Pain in the uterus as if wounded by a cutting instrument. In the evening, two violent lancinations in an upward direction on the left side of the abdomen. Throbbings in the uterus.

Vagina. Heaviness in the vagina during the pains in the abdomen.

Pudenda. Sensation of weight and of dilatation in the labia majora.

Functional Symptoms. Excitement; sexual instinct so violent as to fatigue the reason.

Platina has similar excitement. Hyoscyamus also, but with disturbance and perversion of the intelligence and moral sense, constituting nymphomania.

Venereal desire, increased or renewed by the slightest touch.

Discharges. The menses are delayed. After flowing a few days the menses cease, and after twelve hours re-appear. Sepia has a similar symptom. Kreasote the same, together with irritation of the bladder, and a very acrid discharge from the vagina, causing the pudenda and thighs to swell and become raw, burning and itching.

Thick and greenish, or watery, leucorrhœa.

Urinary Organs. In quantity the urine is diminished, but the calls to pass urine are more frequent and urgent than in the normal state, especially during the night.

The urine is fetid, or has an odor like that of valerian. It has a white sediment, and its

evacuation is followed by a discharge of blood or bloody mucus. (These symptoms occur in females, and probably this discharge is from the vagina.)

Trunk. Pains in the loins, burning or excoriating. Pains in the hips and loins when lying down, and especially in bed. Here we have a contrast to Sepia, the lumbar and coxal pains of which are relieved by lying down; and a point of resemblance to Belladonna.

Pains around the pelvis.

Extremities. Pains and aching in the arms and legs. Feebleness, the limbs give way. Lassitude and fatigue; disposition to lie down. On rising, acute pain in the middle anterior portion of the right thigh. It will not bear to be touched.

Sleep. Drowsiness in the evening. But the sleep is disturbed by troublous dreams, by pains like menstrual pains, and by an urgent necessity to rise and urinate.

These are in substance the symptoms ascribed to Murex. We gather from them and from clinical experience, that Murex acts peculiarly upon the sexual system of women; although the pains in the right hypochondrium and the constipation point to an action on the liver similar to that of Sepia.

Murex produces general lassitude and feebleness in the body and limbs, as well as in the sensorium; but the feeling of prostration is most marked in the sinking, "all-gone" sensation in the epigastrium, which is very characteristic of Murex, and

which is so frequent a concomitant of uterine disease, especially of prolapsus uteri.

In the loins and hips and around the pelvis, aching, drawing or burning pains, and pains and tenderness in the anterior part of the thighs,—such as often coincide with uterine disease,—are marked symptoms of Murex.

Again, the irritation of the bladder, which does not tolerate a large accumulation of urine in it,—the desire to evacuate being sudden and urgent,—points rather to uterine than to vesical disease.

Most peculiar to Murex, however, are the sensations ascribed to the uterus itself. First among these is a sensation described by one of Dr. Hering's provers as a "consciousness of the womb." Patients sometimes describe it thus: "I feel that I have a womb, and it is uncomfortable; whereas when I am well I am not conscious of the organ." More positive symptoms are the lancination, cuttings and throbbings felt in the uterus, and chiefly on the left side. Finally the sensation of sharp pain passing upward on the right side of the uterus, then crossing the body and extending to the left mamma.

There is leucorrhœa, thick or watery.

It is noteworthy that the sexual instinct is very active, and the susceptibility greatly increased, so as to annoy the subject. In this aspect Murex resembles Platina (and perhaps Phosphorus) and differs from Sepia.

The applications of Murex follow directly upon this statement. In the "American Homœopathic

Review," *loc. cit.*, cases are given of its successful use in treating prolapsus uteri and other uterine affections.

I have in my records a case of a large cyst, supposed to be connected with the left ovary, which occupied the space between the rectum and uterus and vagina, so as to obliterate the posterior cul de sac and almost occlude the vagina. In addition, it somewhat distended the abdomen. The patient had been confined to her room and bed for more than a year. The subjective symptoms so clearly indicated Murex that I gave the sixth. Whether it were mere coincidence or not I cannot say, but it is certain that within three weeks the tumor discharged a limpid fluid per vagina, and the local as well as general symptoms completely vanished, so that in a month thereafter the patient could walk freely and look after her housekeeping; nor has she since (for five years) been disabled or ailing.

KREASOTUM.

THIS remedy, of which a proving was published by Dr. Wahle in the "Archiv," and which, in Dr. Bœnninghausen's opinion, has not received from practitioners the attention which it merits, I mention here, because of the analogy of its action on the female sexual organs to that of Sepia and Murex. And for the reason that Kreasotum has been but little used in practice, and few of its symptoms have been verified by clinical experience, I shall not attempt a systematic statement or analysis of the pathogenesis, but proceed at once to symptoms.

The Head. Dull feeling in the head, and as if a board were pressed against the forehead. Headache, as if the head were too full, and would burst out forward. In various parts of the head, pressing from within outward. Jerking, tearing and stitching pains in the anterior part of the head, semi-lateral, and extending to the cheeks, jaws, teeth and neck. Kreasote has proved curative in neuralgia, where the sensations were burning, and where the paroxysms were induced by talking,

moving or sitting up or lying on the side not affected; and attended by great excitability and nervous irritability.

In the digestive apparatus, Kreasote produces, among other symptoms: rising of tasteless air after a meal, or of frothy saliva. Nausea and vomiting before breakfast, with tightness across the epigastrium, and yet an inability to bear tight clothing. It is useful in the vomiting of pregnancy.

Various pains in the abdomen, with constipation.

Urinary Organs. The secretion of urine is reported as both diminished and increased. But whichever be the case, there is also a disposition to evacuate it more frequently than in health, especially at night, there being much pressure upon the bladder. Bœnninghausen calls attention to the value of Kreasote as a remedy in cases of incontinentia urinæ nocturna, where the patient dreams he is urinating *comme il faut*. Sepia has incontinence during the first sleep. The desire is very sudden and imperative; and, in women, the evacuation is attended and followed by much smarting and burning of the pudenda. The urine is often turbid and offensive, depositing a reddish sediment. This is similar to Sepia, of which a characteristic symptom is "deposit of red sediment which adheres to the chamber and is removed with difficulty." Lycopodium has also a red deposit, but it is granular like sand. The deposit of Cantharides is granular but is grayish white, looking

like fragments of old mortar. (Of course it is to be remembered that besides these deposits, both Lycopodium and Cantharides, as well as Dulcamara and Cannabis and Hepar may present—and be indicated where there exist—deposits of mucus, pus and blood.)

In women, Kreasote has a discharge of bland, yellow leucorrhœa preceding each urination, with frequent desire to urinate.

Female Sexual Organs. Much excitement is produced. There are pains in the pudenda; stitches in the vagina proceeding from the abdomen. Intolerable itching in the vagina; the labia swell and become excoriated; and in this condition smart exceedingly during and after urination, which is frequent. The leucorrhœal discharge is very acrid, excoriating the parts which it touches. The menses come too soon and are too copious, the flow being dark and thick. It is followed by leucorrhœa and by the local symptoms just described. The menses are accompanied by many accessory symptoms, *e. g.*, nausea, deafness, and abdominal colics. The menstrual flow often ceases on the third or fourth day, and after a few hours, or a day, re-appears. In this respect Kreasote resembles Sepia, but the flow of Sepia is scanty and retarded, while that of Kreasote is abundant and anticipates; and the local symptoms and general condition of Sepia are less pronounced, or decidedly different.

The menses are followed by leucorrhœa, which is at first very acrid and dark brown in color, and quite offensive. Nitric acid has a dark flesh-colored discharge after the menses, but it is thin and watery, looking like the washings of meat, and it is not offensive.

In a day or two the leucorrhœa of Kreasote becomes deep yellow, and has a peculiar odor, like that of fresh green corn when it has just been husked.

Along with the leucorrhœa there is much pain in the back, a dragging pain from above downward, a pain as if something would come out, or as after long stooping. This pain is relieved by motion and is worse during rest; just the opposite of the backache of *Sepia* and *Nux vomica*, and similar to that of *Belladonna*.

These series of symptoms have led to the use of Kreasote in prolapsus uteri, in which it has proved of great value. Along with *Sepia*, *Pulsatilla*, *Stannum*, *Nux vomica*, *Belladonna* and *Podophyllum*, it enables us to avoid altogether the use of those miserable make-shifts, pessaries and supporters, which, affording temporary relief, entail so great miseries on those who use them.

The Kreasote cough is noteworthy. It is spasmodic and fatiguing and wheezing, excited by a sensation of a crawling below the larynx, or as from mucus in the bronchi which cannot be dislodged.

There is a copious expectoration of thick, yellow mucus. Along with the cough heaviness upon the chest with dyspnœa, as though the chest were bruised on inhalation. Pain as though the sternum would be crushed in, with stitches here and there. These symptoms have led to the successful use of Kreasote in "nervous asthma."

Lassitude in the limbs, and numbness of the fingers.

The present general use of carbolic acid may give us new symptoms.

SECALE CORNUTUM.

ERGOT. SPURRED RYE. MUTTERKORN.

“**A** METAMORPHOSIS of rye, or other grain, by which it is converted, wholly or in part, into a curved, purplish-black, cylindrical, tapering and grooved excrescence, from one to three lines in diameter, and usually from six to ten lines long. When dry it is firm and brittle, but when moist is soft and flexible. It gives out a sickening, heavy smell. Its color externally is purplish black. Internally it is pinkish white. It has a nauseous and slightly acrid taste.”

It is said to be more active if gathered while the grain is still standing, about harvest time, than if collected after harvest.

It appears from the popular German name of this substance that it has been in domestic use as a parturifacient from early ages. So it certainly was in France. Indeed, its use as such in France was interdicted in 1774.

Still, it was ignored by physicians until Dr. Stearns of Waterford, N. Y., introduced it in 1807 as “a substance which he had used for several years to expedite lingering labors when the pains

had subsided, and were incompetent to expel the foetus." Since that time it has been more or less generally used in lingering labors. It is well understood that its power to cause violent contractions of the muscular fibres of the uterus, is so great that it should never be given when the os uteri is not fully dilated, nor unless there be satisfactory evidence that no mechanical obstacle interferes with the completion of the labor; otherwise, there is great danger of death of the foetus from violent compression, or of rupture of the uterus from the same cause.

It is justly regarded as unfortunate if the labor do not come to an end soon after the administration of the Ergot, since if it be delayed there is reason to believe that the child will be poisoned by it.

Ergot is used in the forms of infusion, tincture, wine, trituration, and watery extract.

Its effects on the lower animals are as follows: The pulse is lessened, the action of the heart becomes irregular, the breathing slow and deep, appetite and flesh fail; tremulousness, staggering and dullness come on. Hæmorrhage of black blood from the nostrils, bowels or vagina occurs, then diarrhœa and death ensue. Moreover, it acts uniformly in a greater or less degree upon the gravid uterus, causing abortion or premature delivery, and, not infrequently, death of the foetus.

On man, in small doses, not often repeated, it is said to have produced colic, nausea and vom-

iting, salivation and diarrhœa. Depression of the pulse always results from its use.

These poisonous effects are said to be due to the oil of the Ergot, which, if given alone to a parturient woman, does not cause contraction of the uterus, but does poison the fœtus. Whereas, on the other hand, the Ergot, deprived of its oil, acts on the uterus, but does not poison the fœtus.

These statements should be taken *cum grano salis*.

In certain districts and throughout some countries, Poland in particular, the grain has at certain periods been so completely ergoted that the nutriment of the entire population has been more or less contaminated with this poison. Hence have arisen epidemics of a malady called ergotism. One of the earliest dates 1096. Ergotism is of two kinds, spasmodic and gangrenous.

The spasmodic is ushered in by a general feeling of illness. Then follow formication of the whole skin, cramps and numbness of the extremities, and pains in the head and back. After a few weeks occur heart-burn, vertigo, syncope, deafness, paroxysmal or permanent curvature (flexure) of the joints, and equally violent extension and opisthotonos, twitching of the facial muscles, sometimes violent delirium with cold skin, intense internal heat, and fœtid sweat. These attacks last several hours.

After a while the convulsive aspect of the disease ceases. It is followed by exhaustion, debility,

oppression, heart-burn, and a ravenous appetite, which it is dangerous to gratify. Sometimes strabismus or loss of sight succeeds, with general insensibility of the skin. After death the stomach and bowels are found inflamed and the parenchymatous organs congested. It generally proves fatal in three or four weeks. It is very fatal.

The gangrenous form is very different. It commences with dull pain and weariness of the limbs, with heaviness and stupidity of the face. The skin acquires an earthy or jaundiced hue. The extremity about to be affected (sometimes it is the nose) becomes cold, and the skin over it gets dusky red. Then gangrene begins in the inside of the end of an extremity (or of the nose) and extends outward to the skin. It also extends upward toward the trunk. The parts affected shrivel, dry up, become black and harden until they look like those of a mummy. They separate from the living flesh without hæmorrhage and by a clean line of division. Death is sometimes preceded by diarrhoea. Beside weakness, there is not much general disturbance. The cases run their course in about three weeks, and are almost always fatal.

ANALYSIS.

To describe more particularly the more characteristic symptoms of *Secale*, we may mention :

1. General numbness and formication over the whole body.

2. The disposition is exceedingly melancholy, and depressed, with apprehension and dread of death. There is also violent mania.

3. Vertigo and stupefaction; dull headache.

4. Dilatation of the pupils, the eyes stare. There is double vision, squinting, obscuration of the sight.

5. Humming and roaring in the ears.

6. The face is pale and sunken. The complexion is earthy and sallow.

7. The voice becomes feeble. Speech is slow and difficult and inarticulate. There is tingling in the tip of the tongue, which is stiff.

8. Bleeding from the nose; dark blood is discharged.

9. Appetite gone.

10. Eructations, heart-burn, vomiting. Constant retching and oppression. Burning in the stomach.

11. Coldness in the back and abdomen. Burning in the abdomen.

12. Painful diarrhœa, with great prostration. Involuntary diarrhœa; putrid, watery, fetid, brown, profuse diarrhœa, with great exhaustion; a sudden change of the expression of the face, sinking of the eyes, etc., etc., as in cholera; suppression of the urine, etc.

13. Diminution and suppression of the urine.

14. The menses too profuse and too soon. Metrorrhagia, the blood being very liquid, but dark and attended by formication. Labor-like pains.

15. Weakness of the extremities. Formication. Convulsions. Rigidity. Gangrene.

PRACTICAL USES.

1. In lingering labors, where no obstruction exists, it is in common use. The infusion is preferred. Two drachms of pulv. Ergoti in eight ounces of water. The dose is two drachms every five minutes. The objections are its bad effects on the child. Hence the rule not to use it except where labor may be expected to end within a short time after giving it.

I prefer the Dublin mode of using the forceps early. In homœopathic practice, Ergot is generally superseded by Pulsatilla or Nux vomica.

2. In uterine hæmorrhage, whether as a sequel of abortion or labor, or an independent occurrence, or a concomitant of cancer, etc. It is characterized by the blood being dark and liquid, and by the general symptoms, especially the formication. It is used by allopaths to bring on abortion, provoking hæmorrhage; yet Gardner recommends it to arrest abortion begun from other causes!

In Asiatic cholera, Ergot has been used with success.

In diarrhœa, fetid, brown, watery, passing involuntarily, or nearly so, it is a most valuable remedy.

In cancer uteri it arrests hæmorrhage and relieves the terrible burning pains at night which torment the patient. This it does in small doses, even the 200th.

In paralysis, and particularly in paraplegia, as well as in dry gangrene, Secale should receive greater attention than is generally accorded to it.

JUNIPERUS SABINA.

SAVINE.

AN evergreen shrub of South Europe. The leaves and tops are used in medicine. Their properties depend on an essential oil, which dissolves in alcohol.

It was used by the ancients to stimulate indolent ulcers, to hasten the menses, and to cure chronic gout and rheumatism. Also to induce abortion.

It is described by allopathic writers as the most powerful emmenagogue of the materia medica, and also (!) as the best remedy for unduly abundant menstruation and threatened abortion! M. Aran says: "Strange as it may appear, this powerful emmenagogue has the power of suspending uterine hæmorrhage!"

Time fails me to enter upon a more minute analysis of Sabina than that of the uterine system.

It produces copious and early menstruation. Likewise metrorrhagia, and it is characteristic that the flow is paroxysmal and of a very bright color. It is always attended by pains in the joints.

It produces leucorrhœa, with itching irritation.

Besides cases of uterine hæmorrhage characterized thus, cases of threatened abortion have been cured by Sabina.

It is useful (symptoms corresponding) in protracted uterine hæmorrhages at the "change of life."

ACHILLÆA MILLEFOLIUM.

MILLEFOIL. YARROW.

THIS wayside drug produces hæmorrhage from all the mucous surfaces. The hæmorrhage is painless, and the blood very light colored and fluid.

In painless drainings from the uterus (or nose or lungs) after labor, after abortion, or when an abortion threatens, if the blood be bright and there are no pains in the joints, Millefolium does good.

So sometimes it checks too profuse menstruation.

ARSENICUM ALBUM.

METALLUM ALBUM. ARSENIOS ACID.

THIS substance is generally prepared by sublimation from the ores of cobalt, and is often found adulterating the ores of zinc. It is a white powder, completely soluble in boiling water. It has neither taste nor smell, but leaves a somewhat acrid sensation on the fauces; and when fused and thereby deoxidized, it emits the odor of garlic which characterizes the heated metal.

In medicine, the forms of Arsenicum chiefly used are the arsenious acid and the solution of the arsenite of potassa known as "Fowler's solution," or the "tasteless ague drop." The latter is prepared by dissolving equal parts of arsenious acid and carbonate of potassa in boiling distilled water. A very little compound spirit of lavender is added to give color and flavor. It contains four grains of arsenious acid to the fluid ounce.

Dose: Five to twenty drops; it may be repeated several times daily.

Arsenious acid has been known since the eighth century. In the fourteenth century, it was used as

a medicine in the treatment of diseases of cattle. In the seventeenth and eighteenth centuries, it was used as a caustic application to malignant ulcers, but its use was condemned by regular physicians. Irregular practitioners, however, had learned its value in the treatment of skin diseases and of intermittent fever. How they found this out is more than we can say.

The same has been true of nearly every drug of the *materia medica*. It is certain, however, that while in irregular and domestic practice intermittents and skin diseases were being cured by Arsenicum every day, its use was condemned by the faculty; and Goeffroy said, "Though it may be a good remedy for the present, it will afterward prove a poison and bring on very dismal symptoms. Arsenic, therefore, is, in my opinion, worse than the fever!"

Not so, however, thought the patients who were glad to get rid of their fevers, and to run the risk of the dismal symptoms. The popularity of the remedy, and its extensive use, unsanctioned by the faculty, at length converted learned doctors; and Arsenic was received into the orthodox pharmacopœia, and became forthwith "a safe remedy," and much better "than a fever itself."

Arsenic is a poison to plants as well as to animals.

Upon animals it acts in its well-known peculiar way, however it be introduced into the system, whether by the stomach or by the rectum, or

through the external surface of the body by the endermic method. Cases of fatal poisoning are on record in which the arsenic was introduced in a wash applied to cutaneous eruptions or to ulcers.

The fumes of arsenious acid act very sensibly on the system. It is recorded that persons have been poisoned by inhaling the air of a room in which had been burned candles the wicks of which had been saturated with a solution of arsenious acid. The same result has followed the use of arsenious acid in candles to harden them. Clay tobacco pipes are glazed with a preparation of arsenious acid,—at least those having a superior finish, and designed for the use of the aristocracy. At the first smoking this glazing is volatilized, and the smoker inhales a dose of arsenic. Every new pipe involves a new dose. Some persons scorn to use any but a new pipe. Fatal poisonings have resulted from this fastidious extravagance.

A beautiful green wall-paper gets its color from the arsenite of copper, a pigment known as Scheele's green. The exhalations from this paper have caused illnesses and death. The same pigment is used in almost every form of ornamentation of dress and furniture and condiments, from the artificial flowers of the fine lady's head-dress, which give her the mysterious arsenical neuralgic headache, to the green candy toy of her spoiled child, which, when eaten, gives the child the equally mysterious arsenical stomachache.

The effects of small doses of arsenic frequently repeated, producing chronic arsenical poisoning, are thus described :

“ Loss of appetite, nausea, deranged digestion, diarrhœa, thirst, salivation, tenesmus, colic and intestinal cramps ; respiration labored and painful ; a sense of oppression with pain in the breast ; cough ; extreme wasting of the flesh, and hectic fever ; the limbs grow tremulous, and not unfrequently are paralyzed, especially the lower extremities ; pains in the whole body, but particularly in the hands and feet ; stiffness and contraction of the extensor muscles succeed ; numbness invades the extremities, and the mental faculties subside into insensibility and torpor ; œdema of the face and extremities, and even general anasarca are not unusual ; the hair falls out ; epidermis scales off ; pustular and other eruptions, ending in ulceration, attack the skin, which acquires a lifeless, earthy hue ; the countenance, if not œdematous, is sunken ; the conjunctiva is strongly injected, and a reddish circle surrounds the eyes.”

The symptoms of acute poisoning are as follows :

“ Immediately after the poison is swallowed a metallic taste is perceived, with constriction of the fauces. A violent burning pain, which soon becomes excruciating, is felt in the stomach, and gradually extends itself over the whole abdomen, steadily increasing in severity until it becomes intolerable. Retching and vomiting and cramps of the bowels ensue, with spasms of the œsophagus and chest,

which resemble those of hydrophobia. The thirst is insatiable, but even the mildest drinks cannot be retained. The tongue is generally fissured, hard and dry, although occasionally there is profuse salivation, and the voice is hoarse. There is also tenesmus, with bloody and offensive stools and retraction of the abdomen. The irritation extends to the urinary organs, producing strangury. Sometimes the urine is completely suppressed, and sometimes it is mixed with blood. Christison says that in women there is burning in the vagina and excoriation of the labia, but this does not happen unless life is prolonged beyond three days. Bachman had previously noticed the pain above alluded to, and also profuse menorrhagia among the symptoms in women.

“The pulse is irregular, rapid and intermittent; the muscles are spasmodically affected; the skin presents a livid eruption, as already described. The sense of anguish is unutterable, and sometimes there is delirium. The breathing is oppressed. A consuming fire seems to prey upon the vitals, while the whole body is pale, cold, shivery and clammy. The features are sunken and sharp; if vomiting occurs it is convulsive and affords no relief. Exhaustion of mind and body; prostration and despair, with anxious restlessness, generally attend this stage of the attack. On the approach of death, spasm yields to general exhaustion, the pulse grows slow and feeble, and urine and fæces are passed involuntarily, but sensibility and

consciousness are lost only in the last moments of life

“The duration of the symptoms is variable, and may be stated, in general, as from six to twelve hours, but occasionally they last several days.

“But even when recovery from the acute symptoms takes place it is rarely complete. For months or even years, the joints remain stiff and swollen, rendering walking difficult and painful; the digestive organs continue irritable and feeble, and all the functions of the nervous system are impaired. In some cases paralysis of the upper or lower extremities occurs, and gangrenous ulcers attack the legs.”

“The quantity of arsenious acid sufficient to cause death will depend,” says Cœsterlein, “on the condition of the stomach at the time the arsenic is swallowed. If the stomach be full of food at the time a large quantity may produce only a slight effect.” Thus Cœsterlein reports a case in which just after a hearty meal a man swallowed a quarter of an ounce. Emetics were given immediately and no evil followed.

On the other hand, very small doses may produce very violent and fatal symptoms.

Four, three, and even two grains of arsenious acid have destroyed life.

A summary review of the effects of Arsenic leads us to conclude:

1. From the fact that, after death from poisoning by it, it is found in almost every tissue and secretion of the body, that it is universally

diffused throughout the body and acts upon every part.

2. From the fact that its action and diffusion are uniform, however it be introduced into the body, whether through the skin or by the alimentary canal, that its action is specific and not local.

3. From its effects in chronic poisoning, producing anæmia, exhaustion, emaciation, etc., that it acts upon the blood composition, as well as directly on the tissues and on the nervous system.

We consider now the more intimate specific effects as gathered from provings on the healthy body, made by Hahnemann and his pupils.

A few words from Hahnemann's introduction to his proving may not be amiss, and especially since the use of Arsenic as a remedy has been denounced on the ground of its frequent abuse as a poison.

"When I utter the name Arsenic, powerful recollections possess my soul.

"In creating Iron, the All-Merciful left it free to His children to transform it at their pleasure, either into the murderous dagger or the blessed ploughshare, and to use it either for destruction or preservation. * * * * •

"It is not the fault of Him who loves us all that we abuse powerful medicinal agents, giving them either in too large doses or in cases for which they are not suitable, being merely guided by the caprice of miserable authorities, and without having taken the trouble to investigate the inherent cura-

tive virtues of the drug, and to make our selection depend on the knowledge thus obtained."

GENERAL ANALYSIS.

1. Arsenic exhausts the vital power of certain organs or systems or of the entire organism, produces symptoms of impeded activity in the functions of organs; indeed, in some cases, positive paralysis.

This asthenic condition characterizes the entire symptomatology of Arsenic. For this reason, the sensations of prostration, lassitude, weakness, etc., sinking of the forces, etc., are highly characteristic indications for Arsenic. They are so peculiar to Arsenic that Hahnemann says: "Even circumstances that are in themselves not very important and would otherwise produce but little effect, occasion in the Arsenic patient a sudden and complete sinking of the forces." This is a vital phenomenon and not a result of chemical or physical destruction of vital organs, as the stomach or intestine; for this sinking occurs when there is no such destruction.

2. The organic substance of the body is acted upon throughout. A cachectic dyscrasia and colliquative destruction of tissues is indicated by symptoms of the complexion, excretions, ulcers, eruption, and the skin generally.

Hence the use of Arsenic in persons of a cachectic habit, in leucophlegmatic persons.

3. The sphere of action embraces almost all the organs and systems of the body, but it acts especially on the mucous membranes and the external skin.

4. It is one of the most eminent periodics of our materia medica.

5. As characteristic peculiarities may be mentioned:

That the symptoms of Arsenic are almost always accompanied by great restlessness and anxiety, indeed sometimes by frantic desperation.

That they are sometimes relieved for a time by external warmth.

That they occur and are aggravated during repose, but are ameliorated by standing and by moving.

That the symptoms are almost always attended by concomitant symptoms; that is, by symptoms which stand in no pathological relation to the former.

That as regards the time of day at which the symptoms occur or are aggravated there is a great variety. Most of them occur at night after lying down, or about two A. M.; some on rising, and after dinner.

SPECIAL ANALYSIS.

The action on the head is not very striking.

Pressing pain and semi-lateral headaches are mentioned by provers, but not graphically. It is

probable that the general symptoms alone will suffice to guide the prescriber in selecting Arsenic for headache.

Eyes. Upon the eyes and their appendages Arsenic produces: itching, drawing and pressure around the eyes, swelling of the lids, pains on moving the eyelids, as if they were dry and rubbed against the eyeball; agglutination of the lids; increased lachrymation; drawing and pressure, but especially tickling, itching and *burning* (the characteristic sensation produced by Arsenic.) The conjunctiva is reddened, there is photophobia, the pupils are contracted; in fact there is every symptom of inflammation. As regards vision itself, it is obscured and weakened.

With regard to the ears, no symptom seems characteristic, except that, almost all the paroxysms of pain, wherever located, begin with roaring in the ears. But when it is remembered that great debility and exhaustion attend the pains of Arsenic, and that these in turn are apt to be attended by roaring in the ears, this symptom will not be regarded as indicative of a special affection of the ear.

Let me, however, caution you against supposing that because Arsenic has hitherto produced no definite ear affection it cannot nevertheless cure one. I shall have occasion to relate to you a severe case of otalgia, cured in a very short time by a single dose of Arsenic; which was indicated by the *general* constitutional symptoms of the case.

The face is altered in complexion, which assumes a sunken, yellow, ghastly aspect; the skin around the mouth is livid, the face is cold and sunken.

Swelling and inflammation of the lips, bleeding of the lips, painful tumor in the lip, an ulcer, phagedenic, with a tearing, biting, burning pain, aggravated by touch, and in the air, and especially at night. These symptoms must be remembered in connection with the well-known and long-known use of Arsenic in ill-conditioned ulcers of the lip, lupus, and epithelial cancer.

The toothache of Arsenic is a pressing, tearing, jerking, not infrequently conjoined with swelling of the cheek, relieved by sitting up in bed, and by external warmth. Many other remedies produce the same effects. The indication for Arsenic must, therefore, be drawn rather from the constitutional than from the local symptoms.

Arsenic produces great dryness of the mouth and excessive thirst, yet at the same time the prover drinks but little at a time. The saliva is sometimes bloody. The tongue is dry as if burnt, deprived of sensibility, stitching pains in the root of the tongue, burning pain in the tongue.

The tongue is excoriated at the tip, which has a biting or burning pain.

In the throat, dryness and burning, a scraped, ulcerative sensation. Constrictive feeling in the œsophagus and throat. Gangrenous inflammation of the throat.

Action on the fauces is eminently exerted by Arsenic, however it be introduced into the system.

The same may be said of its action upon the entire alimentary canal.

Arsenic alters the normal taste; sometimes this is extinguished. Again, the taste is bitter, sour, or putrid. Appetite is abnormal; there are cravings for acids, for coffee, etc., but especially loss of appetite; there is nausea at the idea of food.

The nausea which Arsenic produces is conjoined with a sensation of the greatest weakness, with anxiety; it recurs periodically. It is often conjoined with symptoms that seem to have no pathological connection with it; it is worse during repose, and is aggravated by motion.

Actual vomiting occurs, with great anxiety, with diarrhœa, with severe griping and burning pains in the stomach and abdomen.

The vomiting requires great effort; is scanty in quantity, as are all the excretions of Arsenic; and it is followed by extreme prostration.

The matters vomited may be first water, then thick, glairy or grass-green mucus, and then blood. The stomach becomes at times so irritable that it will not tolerate food.

Hahnemann says, Arsenic provokes in the stomach rather an irregular convulsive action than an ordinary peristaltic or anti-peristaltic motion; rather an anxious, fruitless retching than a copious vomiting.

In the stomach itself, pressing, gnawing, *burning*, and a feeling as though the stomach were distended.

The burning pains are the most constant. With them come violent thirst, lamentation, anguish.

They may be continuous or periodic. If the latter, they occur most frequently at two A. M., or after eating.

Intestines. All the varieties of pains analogous to that which is so characteristic of Arsenic, viz. : burning, may be confined to single parts of the abdomen, or may be general,—generally in the hypogastric region,—accompanied by thirst, restlessness and the other conditions of Arsenic.

Stool. Most important symptoms.

Arsenic produces diarrhœa; it is our most important remedy for diarrhœa. As all the excretions of Arsenic are scanty, so is the stool. The irritation is disproportionately great. The stool is preceded by restlessness, anguish, and pain in the abdomen. It is accompanied by vomiting, excessive pain in the abdomen, burning in the rectum, tenesmus. It is followed by burning in the anus, palpitation, trembling of the limbs, great weakness—out of all proportion to the amount of stool.

It is of great importance to note the concomitant symptoms that precede, accompany and follow the stool. They often indicate the remedy. Thus Nux vomica, Mercury, Aloes, Capsicum, Podophyllum, Veratrum and Phosphorus are distinguished.

The stool, as regards its character, is diarrhœic. It consists of a pappy (not often watery), yellow, bloody or greenish, or more frequently a blackish, very offensive substance.

The characteristics may be said to be small quantity, dark color, offensive odor; great prostration following it.

No other drug combines all these characteristics. Phosphorus has some; but Phosphorus is never indicated where the loss of power, the prostration, is a striking symptom.

Veratrum has some, but the quantity of the excretion is as remarkably large, as, under Arsenic, it is notably small.

Secale cornutum has some, but the stool is watery, putrid, dark brown; and there is not the restless anguish of Arsenic.

Graphites has some, but the stool is pasty, of a light brown color, and a most atrocious odor, with scarcely any pain, and no restlessness, nor weakness, etc., etc.

There is burning in the bladder and in the urethra. The urine is scanty. Three cases of chronic poisoning,—recorded in the “Edinburgh Medical and Surgical Journal,”—one from which the patient recovered, two in which death occurred, present us perfect pictures of Bright’s disease, even to the pathological anatomy of the disease.

Arsenic produces a yellow, acrid leucorrhœa, and increases the menstrual flow.

During the menses, sharp sticking in the rectum, extending to the anus and pubes; cutting pains in the abdomen, with the conditions characteristic of Arsenic.

The menses are often followed by a discharge of bloody mucus.

It should be added, that, in cases of chronic poisoning, profuse metrorrhagia has occurred; and this fact has led to the successful use of Arsenic

in such cases, where the constitutional symptoms correspond.

Arsenic seems to produce in the mucous membrane of the respiratory organs a hyperæmic and inflammatory condition, the symptoms of which vary according to the locality.

Thus, in the nasal membrane, the irritation is shown by frequent sneezing, by obstruction alternating with fluent coryza, with hoarseness and drowsiness; the nares burn, and the discharge is watery and very acrid.

On the larynx, the action is not marked. But we have constant tickling in the entire trachea, which provokes a cough, a feeling of rawness, soreness and burning in the chest; scanty, tenacious mucus in the chest, hard to dislodge; and when dislodged it is blood-streaked.

The cough is dry, and very fatiguing. It is paroxysmal, worse at night; and is sometimes so violent that it seems as though suffocation would ensue. It is aggravated by drinking, by movements of the body, and by the open air.

But the cough symptoms, etc., are by no means so violent, nor indeed so significant, as those of several other remedies. On the other hand, Arsenic produces a series of chest symptoms very peculiar and significant, viz., the asthmatic series.

Constriction of the chest (here we meet the characteristic constriction, as in the œsophagus, the rectum and the bladder), dyspnœa, asthma, whistling respiration—indeed all degrees of difficult

respiration, dyspnœa, orthopnœa, apnœa. They may be paroxysmal, intermittent, periodically recurring, worse at night.

Burning in the chest.

The heart is especially affected by Arsenic, and it is probable that some of the dyspnœa is thus explained.

We find anguish in the præcordia, stitching and sore pain there on coughing; pain under the præcordia restricting respiration; palpitation; at night, about three A. M., an irregular but very violent palpitation, which seems to him audible, with great anguish; palpitation much worse when he lies on the back.

Pathologico-anatomical investigations show the heart to be "lax, not over-filled with blood, the muscular substance infiltrated with blood. The pericardium contains serum." It would appear that Arsenic affects the muscular substance of the heart.

In the trunk, Arsenic produces various pains of stiffness, lassitude and powerlessness.

Autopsies show that the spinal marrow is always affected, especially the lower part of it.

In the upper extremities (as might be supposed) the symptoms are few, chiefly those of loss of power.

In the lower extremities they are numerous, but may be reduced to three varieties: pain, spasm, paralysis.

The pains are stitching, boring and tearing. The spasms are generally tonic contractions. The

paralysis occurs, generally, in fatal cases, not long before death, and is hardly a specific effect of Arsenic, but rather a forerunner of dissolution.

The skin is one of those organs on which the action of Arsenic is most powerfully exerted.

Thus Arsenic produces: 1. Pains, itching, biting, gnawing; but above all, burning.

2. Watery swellings; from puffiness of the feet or the face to general anasarca.

3. Eruptions. Inflamed spots on the face, head and neck; nettle-rash, yellow spots.

Whitish papules or elevated spots, itching and burning, like lepra, red pimples, pustules.

4. Soreness between the arms and trunk. Ulcers already existing and hitherto painful become very sensitive, as if red-hot coals were laid upon them; the margins become elevated, and they bleed, discharging black blood; the ulcers become offensive.

The sleep is disturbed; sleeplessness alternates with restlessness and tossing, twitching and jerking. There are vivid, anxious dreams. Sleep does not refresh.

The fever may be continued, or remitting, or distinctly intermittent; quotidian, or quartan.

The paroxysm is not complete. One stage is generally wanting.

The fever is most apt to occur at night.

The sweat occurs only at the end of the fever, or only at the beginning of sleep.

The pulse is small; quick, but weak.

Thirst never accompanies the chill, but comes after it. It does not accompany the night fever, but is very violent during the sweat.

The disposition is:

- a.* Depressed, melancholy, despairing, indifferent.
- b.* Fearful, restless, anxious, full of anguish.
- c.* Irritable, sensitive, peevish.

PRACTICAL APPLICATIONS.

Masked ague. Otagia. Neuralgia. Bright's disease. Dyspepsia. Diarrhoea. Metrorrhagia. Skin diseases (psoriasis). Intermittent. Coryza. Asthma. Chorea. Heart disease. Ulcers.

The fact cannot be too often called to mind, nor too strongly insisted upon, that our most characteristic indications for the use of a drug which presents well-defined general symptoms, as Arsenic does, and indeed as every well-proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good.

I mention and urge this, because the opposite is strongly presented by an author whose volumi-

nous productions are evidence in themselves of the notorious fact that his life has been that of a student and compiler; that he entirely lacks the practical experience in the treatment of the sick, which serves as the test and corrective of any theoretical opinions we may form of the mode of selecting drugs, and of their mode of action.

A few cases will illustrate what I mean.

A lady of middle age suffered from intense pain in the inner ear. There were no indications of external inflammation. The pain had lasted several days. No remedy had given any relief. Morphine had only temporarily assuaged the pain, which afterward became worse again. Here was the case. What organ was affected? Doubtful. What tissues? Who could say? Could Arsenic be the remedy? Certainly Arsenic produces no such symptoms. What were the constitutional symptoms and the conditions? Did the patient endure the pain patiently? On the contrary, the pain was intolerable. Her whole demeanor indicated positive anguish. She could not retain one position for more than a few seconds, but tossed and moved about, and was constantly changing her posture. Then, the pain was not constant.

It intermitted, the intervals varying from ten to ninety minutes.

As regards character, the pain was described as a fine, burning pain.

The effects of the pain were very remarkable. Whereas during its continuance the patient's vio-

lent movements indicated the possession of no inconsiderable muscular vigor, no sooner had the paroxysm passed over than she fell into a state of really pitiable exhaustion and weakness. Moreover, she had burning thirst, though she cared to drink but little at a time.

Here, then, we have, though none of the local symptoms corresponded to Arsenic, yet a complete picture of the general or constitutional action of that drug. We have burning pain, intolerable paroxysmal pain, followed by disproportionate exhaustion, and attended by burning thirst, in which, however often the patient drinks, she takes but little at a time. A single dose of Arsenic³⁰, given at the commencement of a paroxysm of pain, caused the disappearance of the pain in the space of five minutes. The patient fell asleep. There was never any return of the pain. She was well.

A second case will serve to illustrate not merely this point but also another, viz.: the detection and treatment of what is sometimes called "masked intermittent;" by which is meant a disease clearly resulting from marsh-malaria, and which nevertheless does not manifest itself by the customary paroxysm of chill, heat and perspiration, which constitute intermittent fever.

A precocious child in Dutchess County, twelve years old, had complained for more than eighteen months of a severe pain in the left ear. She was brought to my office for treatment, with the statement that for this affection she had been treated,

both locally and constitutionally, for an inflammation of the middle ear, by some of the most distinguished surgeons of the city of New-York, but with no good result. I could discover no distinct signs of local lesion, but nevertheless supposed it to be a case of otalgia, and from a very close correspondence of the case, as described to me, with the symptoms of Chamomilla, gave that drug.

She got no better. I then learned that she had been under the care of a good homœopathic physician, who, if it had been simple otalgia, would surely have cured her. This fact induced me to scrutinize the case very carefully before I prescribed again. Visiting the patient repeatedly at her residence, at different times in the day, I found that the attacks of pain were regularly and distinctly paroxysmal; that they were attended by the peculiar thirst so characteristic of Arsenic, and by the restlessness and anguish, and followed by the prostration, equally characteristic. Furthermore, concomitant symptoms in the shape of an Arsenic gastralgia and an Arsenic diarrhœa were also present. It then occurred to me that this was probably a case of masked intermittent. The situation of the house, and the topography of the neighborhood favored the idea. On the strength of the symptoms recited, I gave Arsenicum²⁰⁰. Within five days the pains had ceased to appear, but in their stead came a regular paroxysm of chill, fever and sweat, indicating the existence of quotidian intermittent fever. These paroxysms

recurred for four days, gradually diminishing in intensity. They then ceased, leaving the patient well.

Instances almost without number might be adduced in corroboration of this statement, that cures are to be made in a multitude of instances which present local symptoms and lesions of tissue, to which the symptomatology of the drug presents no analogy; provided always the general and constitutional symptoms correspond closely to those which characterize the drug. And it may be added that perhaps no other drug is so often useful and available in this way as Arsenic, for the reason that hardly any other drug produces general symptoms so strongly marked, and so easily detected; I may add, so frequently met with in patients. Whatever, then, may be the local nature of the disease before, whatever pathological name it may bear, if the general symptoms correspond to those of Arsenic in the way that I have pointed out, do not hesitate a moment to give that drug. (How otherwise could we cure lupus, cancer, ulcers; for these do not occur in provings!)

The eminent periodic character of the action of Arsenic upon the healthy subject, would mark it at once as a drug likely to be very useful in the cure of intermittent fever. But long before systematic provings on the healthy body had made known to us this peculiarity, popular experience had discovered the value of Arsenic in such cases. It was found to be the sole ingredient of a nostrum,

very famous in the last century under the name of "the tasteless ague-drop."

During the wars consequent on the French Revolution, and the Napoleonic wars on the continent of Europe, while England held control of the ocean and effectually blockaded the European sea-ports, thereby preventing the importation of foreign products, and among them of Peruvian bark, the recognized specific for intermittent fever (for, whatever opinion the English may now entertain of the barbarity of our withholding medicines from our enemies, they had then no doubt of the propriety of withholding them from theirs);—at this time attention was turned to the practicability of using Arsenic as a substitute for bark in treating intermittent; and large rewards were offered for an effectual method of so using it, or for any efficient substitute for bark. It is amazing that this idea of using one specific as a substitute for another specific could ever be entertained; since the virtues of a specific reside in its peculiar, individual properties, which are never common to two different substances. Nevertheless, even at the present day and in our latest works on *materia medica*, we find the subject of the substitution of Arsenic for Quinine gravely discussed, and statistics referred to to show, as the case may be, its inferiority or superiority to Quinine. As might be supposed, the testimony of different physicians differs widely on this point. Some affirm that almost all the cases treated by them during a certain period, were promptly cured

by Arsenic, while they proved rebellious to Quinine. Others succeeded with Arsenic in a smaller proportion of cases, and in a larger with Quinine; while others, again, found Arsenic of comparatively little use, Quinine curing nearly every case. Finally, others again failed with Arsenic and Quinine alike, but succeeded with other drugs less often used, as Ipecacuanha, or Eupatorium, or Nux vomica.

Now, it is a wonderful thing that medical men should still argue, in the face of these statistics, upon a question of the relative value of certain drugs in the treatment of a disease, regarded not in the light of the individuals affected by it, but solely with reference to its great pathological features. It seems to me the only sound deductions from these testimonies are these: That there are diversities in the form in which intermittent fever appears in different persons and in different epidemics; that these forms require different remedies, and that thus there is a form which is capable of being cured by Arsenic, and by nothing else; a form capable of being cured by Quinine, and by nothing else; and so of other drugs. In this view, when a case of intermittent fever presents itself, the question can never be: Is Arsenic a better remedy for this disease than Quinine is? Does it offer greater chances of a cure? There can be no better or worse. The question is between right and wrong; suitable and not suitable. The question would be always: Which remedy corresponds to this particular case, and is, therefore, indicated in it?

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“Again, the longer the disease has lasted, the more is Arsenic generally indicated; because the more deeply have the organs and tissues been affected, the more nearly has the patient’s condition approached that known as the intermittent cachexia, and which so nearly resembles the arsenical cachexia. Especially is this the case when the liver and the spleen have become swollen.

“The intermittents which find this homœopathic remedy in Arsenic present in their paroxysms the following peculiarities: the paroxysms are general, violent, and of long duration; the stages are either distinctly developed, and equally proportioned to each other, or else, as is most frequently the case, the one or the other stage is absent, or is very feebly present; if the latter be the case, it is generally the cold stage which fails, and the hot stage, is all the more violent. The more intense the heat, the longer it continues, the higher the degree of development of the accompanying excitement in the vascular system, and the more burning and insatiable the thirst, the better is Arsenic indicated. The sweating stage may be altogether wanting; or the perspiration may be very copious; it breaks out generally several hours after the end of the hot stage, and lasts a long time.

“With the paroxysms are associated many distressing accessory symptoms, which are connected, some with the disturbances in the nervous system, some with those of the vascular system, *e. g.*, spasms, pains, delirium, paralyse,

and the anguish and restlessness that are so characteristic of Arsenic.

"The apyrexia is not pure, but is disturbed by symptoms of the most various kinds; restlessness, sleeplessness, spasms, digestive disorders, feeling of weakness and general prostration; and it is especially characteristic for Arsenic, that, after every paroxysm, there is a notable increase of prostration."

Much of what has been said will serve to point out the indications for Arsenic in continued fever as well as in intermittent. A careful analysis of the symptoms of Arsenic shows them to be a mixture of prostration and of destruction in the vegetative system, with erethism and excitement in the animal system and in the circulation. In this respect it is related to *Rhus toxicodendron*, being more active and more penetrating in each respect than *Rhus*. As representing torpor and collapse without erethism, we have already (following Wurmb) mentioned Phosphoric acid as the less powerful and *Carbo vegetabilis* as the more powerful drug,—correlatives respectively of *Rhus toxicodendron* and Arsenic.

Wurmb thus describes the typhoid fever in which Arsenic is indicated:

"The patients are very restless and anxious, and generally so weak that they move only the hands, feet and head, and not the trunk; and hence do not voluntarily change their posture in bed. The pulse is very frequent, small and irregular;

the temperature greatly elevated, the cheeks burning hot and red, the thirst insatiable. With these symptoms of excitement those of decomposition of the blood hold equal pace, as is shown by the exanthema and ecchymoses, the often profuse hæmorrhages from various organs, the character of the blood thus excreted, and the destruction of the tissues in the parts on which the patient lies.

“The sensorial functions are withdrawn from the influence of the will; the delirium is always full of anguish and distress, and is sometimes violent, but more frequently is muttering. There are sudden startings and jerkings of muscles in the face and trunk.

“The patients often perceive nothing, and complain of nothing; the excretions pass involuntarily, but the urine is frequently retained, and the bladder is often so distended as to threaten a rupture, which indeed really takes place if the urine be not drawn off. The lips and tongue are dry, the latter often hard and either clean and dark red, or else thickly coated, the coat being a dark-brown fur, which also covers lips and teeth; speech is often impossible.

“The stool bears the marks of colliquation; the stools are frequent, watery and bloody; the flatulent distention of the abdomen is enormous. There is rattling in the lungs. Emaciation is very rapid and very great. In such cases perforation of the intestine is a common occurrence.”

The indications for Arsenic in neuralgia, in affections of the eyes and teeth, must be drawn from the character of the pain and from the general symptoms. In cholera morbus, in diarrhœa, and in malignant dysentery, it may be indicated, as the symptoms, both general and local, already described, clearly show.

HYDRARGYRUM.

A METAL known to the ancients.

It was used medicinally by the Arabs, from whom the Europeans derived a knowledge of it through the Moors of Spain. Its general introduction into medical use is ascribed (perhaps wrongly) to Paracelsus (died 1541).

At ordinary temperatures, Hydrargyrum is liquid, hence its name liquid silver, or quick, that is, living silver. It freezes at 39.4° Fahr. and boils at 662° Fahr. It is very important to know that it gives off vapor at ordinary temperatures, and that from the inhalation of these vapors serious poisonings have resulted.

No drug, not even Opium, is in so constant and universal use among medical practitioners of the old school as Mercury. No drug has wrought so much mischief upon the human race through its abuse. Like every other drug, it has its proper place in the treatment of disease. This place cannot be supplied by any other drug. When used in this proper place, and used in a proper manner, it is a most powerful instrument for good. These considerations require that the subject of the prop-

erties and uses of Mercury should be carefully and fully treated.

Mercury has been and is used in various forms:

1. Metallic Mercury, Hydrargyrum.

Mercurius vivus of Hahnemann, prepared for use by homœopaths, by triturating Hydrargyrum with Milk Sugar, according to the rules of the Homœopathic Pharmacy, until the required attenuation is reached.

2. Hydrargyrum cum creta. Mercury with chalk. Trituration 3 oz. H. to 5 oz.

3. Pillulæ Hydrargyriæ. Blue pill. Blue mass. Mercury 1 oz., confection of roses $1\frac{1}{2}$ oz., powdered liquorice root $\frac{1}{2}$ oz.

Then there are combinations of metallic Mercury with fats, for external use.

4. Unguentum Hydrargyri. Mercury 2 lbs., lard 23 oz., suet 1 oz.

5. Black oxide, protoxide; the precipitate in black wash.

6. The Hydrargyri oxydum rubrum.

Red deutoxide. Red precipitate, used chiefly in the red precipitate ointment.

7. Black sulphuret, or Ethiop's mineral.

8. Red sulphuret, bisulphuret; cinnabar.

9. Dichloride, Subchloride; Hydrargyri Chloridum mite; mild chloride of Mercury; Calomelanos; calomel; prepared by treating a sulphate of the protoxide of Mercury with chloride of Sodium,—two atoms of Mercury and one of chlorine.

Its English name, calomel, which signifies "beautiful black," is said to have been given it by Sir Theodore Mayerne, in compliment to a negro who assisted him in preparing it.

The officinal compound cathartic pill contains calomel, with compound extract of colocynth, extract jalap and gamboge.

10. Hydrargyri chloridum corrosivum; "bichloride of Mercury"; corrosive sublimate. Generally regarded as a bichloride, but really a chloride. An acrid poison of great activity, forming a scarlet precipitate with iodide of potassium, and insoluble compounds with albumen and fibrine.

11. Hydrargyrum ammoniatum. Ammonio-chloride of Mercury. White precipitate, precipitated by ammonia from a solution of corrosive sublimate.

12. Hydrargyrum iodidum.

13. Hydrargyrum biniodidum.

14. Hydrargyrum oxydulatum nigrum. Nitras ammoniacus cum oxydo hydrargyroso. Mercurius solubilis Hahnemanni. Ammonio-nitrate of Mercury.

Soluble Mercury of Hahnemann.

Three parts of pure quicksilver are treated with four parts of concentrated nitric acid until about two parts of the quicksilver are dissolved. To the hot solution are then added twelve parts of distilled water; it is filtered, and to it is added a mixture of one and a half parts of strong aqua ammonia, sp. gr. .95, and eight parts of distilled water. A black precipitate is formed, which is the soluble Mercury of Hahnemann.

It is a tasteless, black powder, volatile in heat.

This preparation was introduced by Hahnemann into medicine, long before he had made any of those discoveries and observations which afterward became known as homœopathy. It was extensively used as a mercurial preparation, more certain and less severe in its action than calomel or corrosive sublimate, and is still highly esteemed and much used in Europe, especially in Paris, at the hospital St. Louis.

Hahnemann's excellent proving of Mercury was made chiefly with this preparation.

In treating of the action of Mercury on the organism, I propose to follow Hahnemann's proving of *mercurius solubilis*; speaking afterward of differences in the action of other preparations.

GENERAL ANALYSIS.

The action of Mercury is most profound and extensive. It affects the entire organism. The sensorium, the nerves of reflex function, and those which preside over vegetative life, are all modified in action. The substance of every tissue is more or less altered.

But, in considering the action of Mercury on the vital force, we distinguish at once that its action on the sensorium, on the nerves of animal life, is subordinate to that on the nerves of vege-

tation. Here is a distinction at once between Mercury and the narcotics or cerebrants.

The nutrition is depressed by Mercury in a wonderful degree. Yet this depression is conjoined with a high degree of erethism, so great as often to mask the depression. Here is an analogy with Arsenic, and a distinction from Lachesis and Carbo vegetabilis.

On the organic substance, Mercury works eminent destruction in every tissue. The skin is the seat of destructive ulceration, so is the mucous membrane, so are the lymphatic glands, so are the bones, especially the alveoli. The periosteum is likewise destructively affected. Even newly organized deposits, the result of disease, are unquestionably absorbed and removed by Mercury.

The secretions, especially from the glandular surface (salivary and pancreas) are increased and altered. These and those from the intestines betoken destructive changes in the blood composition. The sweat is increased. The color of the blood becomes depraved,—witness the sallow complexion and the pale and flabby tongue. The albuminous constituent of the blood passes away through the kidney,—whether from change in the composition of the blood, or from change in the kidney, or from both, pathology has not yet taught us,—and we have albuminuria.

The subjective symptoms corroborate this view. The exhaustion consequent on the action of Mercury can hardly be expressed. It is sickening and death-like.

The all-pervading character of Mercury is a subject of ocular demonstration. Metallic Mercury has been found in every tissue of the body of those who have taken it as a medicine. Its persistence is likewise demonstrable. Once introduced into the system, it remains. Some remarkable instances of this are on record.

In cats that had been rubbed with Mercurial ointment, Cæsterlen found globules of Mercury in the pancreas, liver, spleen, lungs, heart, mesenteric glands, kidneys, etc., and also in the bile, milk, urine and saliva. Van Hasselt has proved that metallic Mercury itself, and not merely the oxide, is absorbed.

It is notorious that nurses and internes in hospital wards become salivated from inhaling the mercurial atmosphere of these wards. (Colson, in "La Pitié," 1821-24; and Goulard, Van Swieten, "Comments," 1726.)

In 1810, Brückmann published an account of a lady who, a year after being salivated, having become violently heated by dancing, had dark stains appear upon her breast, and metallic Mercury was found upon her linen. Here a year had elapsed since she had taken Mercury.

Jourda gathered a quantity of metallic Mercury from the urine of a syphilitic patient who was taking Mercury.

Elk and Buchner found it in the blood of a person who had been salivated. Colson found that a brass plate, which had lain for some time in the blood of a person treated by Mercury, became

covered with a coating of Mercury. Biett, by a prolonged use of the warm bath, got Mercury from the axillary glands of a mercurialized syphilitic patient. Gmelin detected Mercury in the saliva of a person who had been salivated by mercurial inunction. So did Cæsterlen and Andouard and Lehmann.

In this connection Melseus reminds us it would be improper to overlook the fact, that when Mercury has been taken so as to produce its constitutional effects, and these have entirely disappeared, they may long afterward be re-excited by the action of medicines, which, becoming decomposed in the system, form soluble compounds with Mercury. One of these is the iodide of potassium. Therefore, iodide of potassium has been recommended as a cure for symptoms which depend on Mercury retained in the economy (Melseus), and it is held by many that iodide of potassium is useful only in those cases of constitutional syphilis in which the body has been impregnated with Mercury; the action of which it certainly has the power of re-awakening.

These facts show the permanence of the action of Mercury; how it makes itself at home in the organism and "will not out."

A few more facts may be cited to show its diffusibility, and its penetrability into the tissue.

A quantity of metallic Mercury escaped from the bags, in which it was being conveyed, into the hold of a vessel. Not only were all the

vermin on board killed, but the crew were all salivated.

In Idria, where the ores of Mercury are smelted, the whole population is affected. The mortality is one in forty. Premature births and abortions are very common. Even the cows are salivated and cachectic, and abort.

The chronic diseases, and especially the mercurial trembling, produced on gilders, are well known.

Even the secretion of milk in nursing women is altered; and infants who take it become mercurialized. This fact has been made use of therapeutically; and nurses have been mercurialized in order that their milk might be the vehicle for administering Mercury to infantile victims of congenital syphilis; and this has been successful, too. (Bouchut: "Maladies des Enfants.")

I cannot forbear interrupting the methodical treatment of this subject to call attention to the facts that :

1. Mercury is shown by the above evidence to permeate the tissues, reaching every part of the body. This leaves no room for doubting that it acts on the tissues by virtue of its presence in them. When we desire the action of Mercury, therefore, upon the tissues, the indication is to minutely subdivide it, so as to facilitate its introduction into the tissues.

2. Mercury acts energetically on the system when presented to it in inconceivably small quantities, in a most attenuated form.

It is difficult to estimate the quantity of Mercury that can be contained in the exhalations from the bodies and from the saliva of persons laboring under mercurial salivation. How much more difficult is it to express the infinitesimal smallness of the dose of Mercury which salivates an infant, given in the milk of a mercurialized nurse. Two grains of calomel judiciously used will salivate an adult. Let the average weight of the nurse be 125 pounds, equal to 720,000 grains. Considering the nurse as the non-medicinal vehicle in which those two grains of calomel are distributed, you have here about what homœopathicians would call the third centesimal dilution of calomel. But remember that the tissues of the nurse are constantly undergoing change, that she is constantly secreting fluids, in which Mercury can be detected by chemical re-agents. It appears at once that the dose is equivalent to a much higher dilution. Then consider that the effect is violent salivation, much more powerful than is needed for a cure.

When all these things are duly weighed, is it not amazing that physicians who testify to and accept all these marvelous facts, will accord neither merit nor credence to homœopathicians, who divide the drug very minutely, in order that it may easily penetrate the tissues; and who give exceedingly small doses, even smaller than those given by Bouchut, through the intervention of the nurse.

Peculiarities. It may be mentioned as a peculiarity of Mercury, that the symptoms are

aggravated just after getting warm in bed, and that they are attended by a disposition to sweat.

Periodicity is not strongly marked in the action of Mercury, though salivation has been known to recur regularly at certain seasons for years. (Stillé.)

The first appreciable effect of a moderate dose of Mercury is an increased activity of the secretions, particularly of the intestinal canal; the discharge becoming liquid and bilious. The mucous membrane of the respiratory apparatus, and sometimes also of the urino-genital, displays a similarly augmented secretion. Then the appetite fails, digestion is impaired, the secretions become still thinner and more copious, the firmness of the tissues diminishes, recently healed wounds open afresh; the muscles waste, the skin becomes earthy-pale, the eyelids and ankles become œdematous, and even general dropsy may ensue. These symptoms seem to depend on a radical change which the blood has undergone by losing a large proportion of its normal, solid constituents, and perhaps a portion of that vitality on which its coagulability in part depends. The unwonted fluidity of the blood predisposes to hæmorrhages, which may become dangerous.

Salivation takes place. It is often preceded by an erethism of the system, in which, beside the increased secretions already noticed, the patient loses appetite, but has a quick and frequent pulse, and manifests great nervous excitability. If the salivation is profuse, this state is strongly marked.

As the system is becoming mercurialized, there is a coppery, metallic taste in the mouth, and the teeth are sore when struck together. The breath acquires a characteristic fetor. The gums become puffed, with a red line along the attachment to the lower teeth. This redness gradually extends to the whole buccal, mucous surface. The tongue is coated with white slime, has a sodden, dough-like look, and bears on its margin the imprint of the teeth.

The salivary glands become swollen and tender, the saliva is increased in quantity, it is ropy, alkaline, and has a penetrating taste and smell. The daily discharge sometimes amounts to several pints. In bad cases it is very distressing. The mouth and tongue swell, the patient cannot speak or eat; extensive ulcers, sometimes coated with false membrane, appear on the gums, cheeks and fauces; and in healing, these sometimes cause adhesions of adjacent parts; œdema glottidis may occur, the breath is horribly fetid, the teeth loosen and fall out; and caries attacks the residue and the maxillæ.

The digestive apparatus is affected, appetite impaired, tongue coated; there is nausea, with oppression, and sometimes pain and tenderness at the epigastrium; the bowels are loose, and the stools often contain blood. Cæsterlen found metallic Mercury in the intestine of a person who had used the medicine only by inunction.

It used to be thought to increase the discharge

of bile, though how it does so is disputed. But it does not.

It certainly produces enlargement of the liver. Dr. Cheyne says it actually produces jaundice. (The homœopathicians know from daily experience that it cures some forms of jaundice.) It produces green stools. (Green stools are not always bilious.)

It produces great depression, great sensibility to cold, pain in the limbs, irritability.

It causes menorrhagia.

It causes albuminuria (and cures it).

In persons long exposed to its vapor it causes a singular quasi-paralysis, the "mercurial trembling." This is gradual in its approach, beginning with formication of the hands and sometimes of the feet, and with more or less pain of the thumbs, elbows, knees and feet, which also renders the movement of these parts imperfect. After a time the hands begin to tremble, and then the arms and lower limbs, the muscles of the lower jaw and tongue, and indeed all the muscles of animal life. The muscular contractions take place rapidly, but by starts, so that the patient feeds himself with difficulty. Walking is difficult from the same cause. So are articulation and mastication. It resembles chorea, being worse from mental emotion and relieved by alcohol. Sometimes single groups of muscles are absolutely paralyzed.

Mercury produces also an irritative fever. The patient is weary and chilly. The pulse is frequent

(not full nor hard), tongue coated, great tendency to perspire, skin very sensitive to cold, often relieved by salivation.

Mercury produces a skin affection, which may be a rash, closely resembling measles; or a miliary eruption, or an erysipelatous inflammation, or a gangrene.

Ulcers appear on the gums, on the inside of the cheeks, and on the tongue, attended with salivation. These ulcers usually advance from within outward, raising and then casting off the epithelium, and exposing a red, irritable surface, which secretes an acrid fluid. They are irregular in shape, without defined edges; they bleed readily, have a dirty, whitish surface, are surrounded with a dark halo, and are apt to run together.

Let me call attention to the difference between these and syphilitic ulcers of this membrane. The latter are "circular, attack the posterior parts of the mouth, have well-defined edges; the surrounding membrane has a coppery hue, and they do not extend from their primary seat." I may remark that these ulcers find their remedy more often in Nitric acid than in Mercury.

Hæmorrhage may occur from these mercurial ulcers, or they may prove fatal by gangrene.

The destructive action of mercury on the glands (lymphatic) is unquestionable. Ulceration of both the inguinal and axillary glands occurs.

The bones are the seat of destructive inflammation. Periosteal nodes appear, which ulcerate,

and then ulceration progresses from without inward into the bone. Canstatt says "it is most frequent in the spongy bones at the base of the cranium, and in the ends of the long bones."

To these details of the general action of Mercury on the human organism I shall append the finer and more exact data which resulted from Hahnemann's proving on the healthy subject:

1. As regards the action on the skin, the eruptions itch; the discharge from them is acrid, excoriating adjacent surfaces. Indeed, this is a general characteristic of the secretions under Mercury, from the discharge in ophthalmia to the intestinal evacuations. They cause smarting and excoriation. Intertrigo is common.

Further, there is a general itching about the joints and over the body in the evening and at night.

2. *Limbs.* Tearing and drawing pains, worse at night; the limbs twitch. There are lassitude and soreness; all the bones ache.

Jaundice; the perspiration stains the linen yellow.

Great disposition to perspire on slight exercise.

As a general thing the symptoms are aggravated in the evening, and during repose, when lying or sitting. Great restlessness in the limbs in the evening; cannot remain anywhere quiet nor in any position; must constantly change posture.

Great weakness and prostration, yet orgasm of the blood; erethism.

Sleepiness by day, not relieved by long sleep. Difficult falling asleep in the evening, because of restlessness, anxiety, etc. Sleep at night disturbed by frequent wakings, and dreams which terrify.

The fever, which is irritative, is attended with decided thirst. Very marked is the disposition to sweat, which occurs during sleep. The heat is attended by great anxiety, and by the peculiar gastric symptoms of *Mercurius*.

The disposition is restless, anxious, irritable, and yet despondent.

Vertigo with nausea, distracted thoughts, momentary loss of vision.

Headache. Tearing, burning in the temples; semi-lateral tearing in the head at night, as if the head would burst, along with soreness and a tired aching in the nape of the neck. Sensation as if the head were bound around with a hoop.

Eyes. The margins of the lids are ulcerated and scabby. Ophthalmia and intolerance of fire-light. Great lachrymation. Pain as from a cutting body under the eyelids. Biting and burning in the eyes, especially in the open air. Black spots before the eyes. Photophobia.

Ears. Earache, with tearing or stitching pain. Ulceration of the concha. Discharge of blood and offensive pus from the ears. Fungous growths in the meatus. Swelling of the parotids. Deafness, relieved by blowing the nose. Noises in the ears.

Nose. Red, shining swelling of the nose. Epistaxis. Earthy, yellow complexion. Dirty yel-

low scabs in the face, which bleed when scratched. Swelling of the submaxillary and cervical glands.

The *Gums* swell and burn, and are sore, worse at night, worse by touch and by eating. Ulceration. Teeth are loose.

Toothache, tearing at night, excited by cold air, by eating, and by both cold and warm drinks. Worst in the evening and at night; intolerable when warm in the bed.

Offensive smell from the mouth. Burning ulcers or aphthæ. Swelling of the soft palate and fauces. Burning and ulceration of the fauces. Constant disposition to swallow. When swallowing, sticking pain in the throat and in the tonsils. Copious, offensive saliva. Swelling of the tongue. Induration and ulceration of the tongue. Cannot talk. Voice hoarse and rough.

Canine hunger. Aversion to food.

Insatiable, burning thirst.

Flat, putrid or metallic taste.

Nausea, with sweetish taste.

Weak digestion, with constant hunger, oppression of the stomach, and feeling as if the stomach were dragged down after each meal.

Inflammation and hardening of the liver, with stitching pains.

Abdomen distended, with soreness; cutting and pinching pains.

Stool. Frequent desire for stool, ineffectual, especially at night. Dysenteric diarrhœa, with tenesmus. Tenesmus continues after stool. Stools

acid, of bloody mucus. Sour-smelling, green, acrid stools.

Prolapsus ani, when straining at stool and after stool.

Frequent, rapid urination, with scanty discharge, often followed by discharge of mucus. Urine dark red, offensive, or it may be very abundant and light.

Menses too copious, with anxiety and abdominal cramps. Leucorrhœa purulent and acrid.

Violent fluent coryza, with an acrid watery discharge, making the nose and lip red, and very sore.

Dyspnœa on rapid motion.

Dry fatiguing cough—as if the head and chest would burst—from tickling in the larynx. Hemoptysis.

Burning in the chest; palpitation.

Secretion of the mammary gland repulsive to the infant.

Upper Extremities. At night, tearing in the shoulder and arms. Hot, red swellings in the forearm. The fingers crack. Paronychia.

Lower Extremities. Tearing in the legs at night. Dropsical swelling of the feet and legs. Painful swellings on the bones of the feet and legs.

The warmth of the bed increases all the symptoms until they become intolerable.

The practical applications of Mercury are very diverse.

PRACTICAL APPLICATION.

The discussion of the practical application of any remedy in the treatment of diseased persons should always be opened by the reminder that each diseased state is to be regarded as a new case, distinct from all others, and different from every other; and that a remedy must be selected for it in accordance with the similarity which the symptoms produced by the remedy in the healthy subject bear to the symptoms of the sick person for whom it is selected. This cannot be too often repeated, nor too strongly insisted on.

This being premised, I may call attention to a few cases in which Mercurius is more especially likely to be required and useful.

And first, of general diseases.

That in which Mercury was first employed, and in the treatment of which it has acquired the dignity of a specific, is syphilis.

Touching this disease I desire to say, that in so far as my experience in the treatment of it is concerned, I have not found it less amenable to treatment than other constitutional maladies. The patient, otherwise in vigorous health, who presents himself for treatment, without having previously saturated his system with drugs, and without having undertaken to eradicate the morbidic poison by caustic applications to its primary local manifestation, the chancre—such a patient, if Mercury be

indicated by his symptoms, will be cured as readily and by as small doses as though his disease were something of a totally different character. (A prejudice to the contrary exists.) And my professional experience satisfies me, that in these, as in other cases, the high potencies, and infrequent doses, produce a more speedy and a more effectual cure than low potencies and frequent doses do. But inasmuch as I do not regard the chancre as the "*fons et origo mali*," but rather as the blossom and product of a constitutional infection which already pervades the system, I am not in so great haste as some are to destroy the chancre, well satisfied if, under internal treatment, I perceive it gradually heal by healthy granulations, no other symptoms meanwhile appearing. Above all, I dread the local treatment by caustic, the much-vaunted method of Ricord. For observation has satisfied me that even a majority of his patients, discharged as cured through the local cauterization, present, after the lapse of from one to eight weeks, all the signs of secondary syphilis, and become candidates for, and victims of, the "constitutional treatment."

It is not every case, however, of so-called chancre, for which Mercury is indicated.

That which is now denominated chancroid, and which, being a shallow and flat-bottomed ulceration, shows a disposition to spread irregularly and indefinitely, having never well-defined outlines nor a lardaceous bottom; but exuding a thin, serous discharge, and which is probably not at all

syphilitic in its origin, does not call for Mercury, and is not benefited by it; indeed is rather aggravated. I have found the totality of the symptoms to indicate *Nux vomica* more frequently than any other drug, and under this a speedy cure to follow.

The form of chancre in which *Mercurius* is indicated is the regular indurated Hunterian chancre, with the lardaceous base.

In continued or remittent fevers, particularly those which are complicated with enlargement or sub-acute inflammation of the liver, *Mercurius* may be indicated by the symptoms.

The peculiar headache of *Mercurius*—dullness in the forehead, stitches through the temples, a band around the head, and aching and weariness in the posterior cervical muscles, from the occipital ridge downward—is often found conjoined with gastric symptoms and a state of the tongue which clearly call for Mercury.

A catarrhal or superficial otitis often exists, which is promptly relieved by *Chamomilla* or *Pulsatilla*, according as the characteristic indications for one or the other may be present. But there is another form, in which the inflammation is deeper seated, affecting the sub-mucous and sub-cutaneous cellular tissue, extending to the parotid gland, which becomes swollen and tender, and accompanied by throbbing pain, worse at night on getting warm in bed; accompanied, too, by the tongue and gastric symptoms peculiar to Mercury; in which Mercury is the proper remedy.

The throat affection that calls for Mercury is a parenchymatous tonsillitis, in which the pain is throbbing, the tonsil and fauces yellowish red, often covered with a thin, false membrane; the breath fetid, the tongue pale, flabby, and indented by the teeth; the pain on deglutition much greater than on empty swallowing. Salivation increased; the throat sore externally when pressed. The difference from the sore throat of Belladonna is evident. From that of Lachesis it will be differentiated in the lecture on Lachesis. It closely resembles that of Hepar sulphuris, which, however, has the sharp, sticking pain in the tonsil, as from a splinter.

The stomatitis has been described.

I may mention that qualmishness and a peculiar sense of weakness and tenderness at the pit of the stomach, are very characteristic symptoms of Mercury.

To be distinguished, however, from *Calcareo carbonica*, which has soreness and intolerance of pressure from the hand or by clothing; and from *Sepia* and *Murex purpurea*, which have a "sinking," an "all-gone feeling," and a faintness and die-away sensation at the pit of the stomach.

The stool of Mercury is a symptom of great importance.

In large doses, Calomel produces copious semi-fluid, pasty evacuations of dark green or greenish brown fæces, with great weakness and prostration at the epigastrium, griping and soreness in the abdomen, moderate tenesmus and burning in the rectum,

with exhaustion after the evacuation. If the administration be continued, the discharges become frequent but small in quantity; consist of mucus and blood mixed together, and often containing shreddy substance, like strips of mucous membrane; and are attended by tenesmus, which is not relieved by the evacuation of stool, but continues almost without interruption; also with burning and soreness in the rectum and anus, as if the secretions were acrid.

This describes a form of dysentery of which every year furnishes examples in practice. The chief point is to distinguish such cases from those which correspond better to *Nux vomica* or *Podophyllum* or *Sulphur* than to *Mercurius*.

Under *Mercurius* the desire for stool is not relieved by the evacuation; the patient would gladly sit and strain for an indefinite period. Under *Nux vomica* the tenesmus is relieved by stool; and the patient enjoys a respite from suffering.

Under *Sulphur*, likewise, the tenesmus is relieved by stool, and the *Sulphur* stools have the peculiarity that the blood is not uniformly mixed through the mucus, but occurs in thready streaks.

It is needless, I hope, to remark that to those who are capable of looking at the entire condition of the patient, and of keeping their attention from being engrossed by the one group of symptoms made prominent by the patient's complaints, the general symptoms furnish an unfailing guide. For

excellent distinctions between remedies for dysentery, I refer to Dr. Wells's articles in the "American Homœopathic Review," iii.

Homœopathic preparations are: Mercurius solubilis; Mercurius vivus; Mercurius corrosivus sublimatus; Mercurius protiodide and biniodide; Cinnibaris.

Proto iodatus. *Throat symptoms.*

Tongue thickly coated, yellowish white at the back part, the front and edges being clean and red.

Empty deglutition; is painful. Desire to swallow; sense as of a lump in the throat.

Posterior wall of the pharynx red and irritated, and dotted with patches of mucus and spots which look ulcerated.

Patches on the tonsils and soft palate, easily detached. Worse on the right side. Great thirst.

CUCUMIS COLOCYNTHIS.

SQUIRTING CUCUMBER: BITTER APPLE.

WE use in medicine the pulp of the fruit, an exceedingly bitter and nauseous production.

It was known to the early Greeks, and a great regard for its medicinal virtues is expressed by all the ancient writers. Among moderns it has fallen into disuse and some discredit, except as an ingredient of the officinal and other compound cathartic pills.

It was classed as a drastic or as a hydragogue cathartic along with scammony and gamboge. And in modern times, under the sway of the physiological school, which denied to drugs the possession of any individual specific properties peculiar to each, according them only certain general properties which were common to them and other members of a group, it was thought that for Colocynth might be advantageously substituted some less powerful, perhaps, and less distressing, purgative. But we shall see that Colocynth has certain properties which no other drug possesses.

I may remark, in passing, that it seems remarkable that physicians who dreaded the too powerful

action of Colocynth, should yet so often,—in seeking to blend with it a drug or a complex of drugs which should moderate and correct its vigorous action,—have selected for this purpose other powerful drastic cathartics, such as scammony, gamboge, veratrum, black hellebore, etc. Nay, Dodonæus even says that violent purges are the best corrigentia of Colocynth. It can hardly be but that, under the law "*Similia similibus curantur*," these violent drugs, to a great extent, neutralize and antidote each other. Of the fact of this neutralizing effect there can be no question. It is universally admitted. Why may it not be accounted for by the same law which accounts for the subsidence of morbid symptoms through the action of the similar remedy?

But what a discovery was that of Hahnemann, so laughably simple, yet so unsuspected, that the too powerful action of a drug may be moderated by just diminishing the dose, and by going on to diminish it until the dose acts as gently as you wish.

Another Columbus with another egg!

The action of Colocynth in large doses is shown forth by the following cases:

"A woman, aged forty years, had a chronic rheumatic pain in the left thigh and left shoulder. A kind friend advised her to infuse half a pound of Colocynth in a half pint of red wine, and to drink the fluid before going to bed. By good fortune she took only one-half part of the infusion.

Scarcely had she swallowed this, when she was seized with fearful pains in the region of the stomach, great anxiety, vertigo, faintness and cramps. She vomited several times without relief; then evacuated copious stools, at first watery and feculent, then consisting of pure blood, with distressing tenesmus; along with these came large pieces of the inner membrane of the intestine. The pain then concentrated in the stomach and in the lower part of the rectum; the abdomen became collapsed; at last the tenesmus ceased, and the patient gradually fell asleep. Great exhaustion followed, but she finally recovered."

In another case of the kind, which proved fatal, the autopsy revealed that the intestines were red, with black spots, glued together by false membrane. A white fluid had exuded into the cavity of the abdomen, and in it white flocculi were floating. On the coat of the stomach here and there an ulcerated spot could be seen. There was no trace of inflammation in liver, kidney or bladder.

Hahnemann and six of his pupils proved Colocynth, but the result was quite meagre. It was reserved for the Austrian Proving Society to show us a full picture of the pathogenesis of this drug.

These provings, viewed collectively, show us, what indeed we knew before, that the effect of Colocynth upon the alimentary canal is immediate and profound, that it produces vomiting and purging of watery matters, and then of mucus and blood; great flatulent distention of the abdomen;

and cruel, griping, flatulent colic. They give finer shades of delineation, however, than cases of poisoning could.

Furthermore, they reveal to us an action of Colocynth that was heretofore masked under its violent action on the alimentary canal. I mean its power to produce neuralgia, affecting: 1, the trifacial nerve; 2, the solar plexus; 3, the lumbar and femoral nerves and their branches. Yet this knowledge has enabled us to effect some most brilliant cures, and to grope our way toward others, which could never be clearly indicated by any proving. Furthermore, a power to affect the ovaries is shadowed in the proving of Colocynth.

SPECIAL ANALYSIS.

Upon the mind Colocynth exerts no deep action. It produces impatience, vexation, excitement, followed of course by prostration and dejection.

Sensorium. Dullness of the head, vertigo, confusion.

Violent headache, as if brought on by exposure to a current of air. Aching pain along the sagittal suture, increased by exercise and by stooping.

Pressing and drawing pain in the left side of the forehead. Drawing in the forehead as if it would be pressed out. Digging in the left temple. Pulsation in the left temple, which afterward

changes to lancinations, the same being felt simultaneously in the left shoulder.

Tearing and tension in the left side of the face, extending to the ear and head. Cramp-like sensation in the left malar bone, extending into the left eye. Feeling of pressure in the orbits near the root of the nose, with confusion in the head and chilliness.

Scraping and burning in the mouth and throat. Eructations. Nausea. Vomiting of food and vomiting of greenish fluid. Vomiting with diarrhœa.

Pain in the stomach after eating. Fullness in the epigastrium. Squeezing and wringing pain in the stomach.

Colic and diarrhœa after taking the least nourishment.

Flying pains in the hepatic region.

Constricting pain in the centre of the abdomen, recurring at short intervals, and passing into a sharp griping.

Griping in the abdomen, especially about the umbilicus, like a cutting or squeezing; relieved by bending forward or on evacuating the bowels.

Pain in the whole abdomen, as if the bowels were squeezed between stones.

Rumbling and commotion in the hypogastrium.

The colic comes on every fifteen or twenty minutes, and is relieved by pressure and by bending forward.

Diarrhœa, with nausea. Stool semi-liquid, brownish yellow, retained with difficulty; preceded

by colic; some tenesmus. Liquid frothy stool; saffron yellow, and of a musty odor; watery-mucous and bloody stools. Sensation of weakness in the rectum.

Abundant urine. Frequent desire to pass water, with burning in the bladder and stitches in the bladder; alternating with stitches in the rectum.

Menses early and more abundant.

Under Dr. Fröhlich, Colocynth was proved by two young women, who both experienced, beside the symptoms of the abdomen and bowels, deep stitches in the ovaries on both sides, but worse on the left.

The respiratory organs are not markedly affected.

Drawing, lancinating pain in the left shoulder, extending thither from the left side of the face over the neck. Drawing pain and stiffness in the muscles of the left side of the neck. Generally this pain is relieved by motion.

In the upper part of the nape of the neck, close to the occiput, a sensation as if a heavy weight were there. Rawness in the right scapula, a feeling as if the nerves and blood-vessels were stretched. Severe contusive pain from the right side of the neck down to the scapula.

(It is to be remarked that with all these symptoms there is no fever, no sensitiveness, no heat; motion generally relieves.)

Drawing and paralytic pain in the arms.

The lower limbs are weak and heavy.

Tension in the right groin. Pressure at the left sacro-iliac articulation, with tingling at the sole of the foot.

Drawing in the right thigh down to the knee. Pain darting from the tuber ischii to the knee. Drawing, darting and obscure pulsation in the left hip. Tingling in the left foot, with simultaneous pressure about the sacro-iliac articulation. Pulsation in the left gluteal region. Drawing in the right thigh down to the knee.

Only during motion pain in the right thigh, as if the psoas muscle were too short; better on ceasing to walk; recurring on moving again.

Cramp-like drawing in the internal femoral region. Stiffness of the knee, as if bound around with a cord.

Tearing, drawing and pressure throughout the limb.

Dr. Watzke of Vienna says:

"The hemicrania and prosopalgia which Colocynth will cure, are, in all cases, purely functional derangements of the filaments of the trifacial nerve.

"In the prosopalgia of Colocynth there are no twitchings of the muscles, nor any palsied feelings in the affected side; the pain follows the course of the nerve, is periodical, and accompanied by toothache." Colocynth is related to Belladonna, Capsicum and Verbasum.

Colocynth is adapted to what Romberg describes as neuralgia hypogastrica, and which is often described and regarded in women as menstrual colic;

and in men as hæmorrhoidal colic; attended by pains and aching in the thighs.

“The intestinal affection indicating Colocynth is hardly inflammatory (and yet the autopsy shows it).”

“The ischialgiæ are not due to strumous diathesis or to organic changes.”

And yet unless many skillful physicians have been greatly deceived, Colocynth has arrested and cured, in its early stages, morbus coxarius.

It is not easy nor safe to undertake to distinguish, in early stages, functional and organic affections, and to set apart remedies for the one and for the other on pathological grounds. Experience gives the lie to our hypothesis.

The presumptive action of Colocynth on the ovaries deserves attention and experimental research.

PODOPHYLLUM PELTATUM.

THIS remedy has been flippantly called the "*Vegetable Mercury*." It resembles it no more than the "greenback" or paper dollar is like the precious metal which, by a financial fiction, it purports to represent.

Podophyllum is a remedy of great value, and possessing a distinct individuality. It can neither be used as a succedaneum for, nor be replaced by, any other remedy.

It was proved under the auspices of Dr. Williamson of Philadelphia. A very extended essay upon it is contained in Hale's "*New Materia Medica*."

I propose to notice, in a cursory way, some of its best established relations to the organism.

And first, upon the digestive apparatus.

The secretion of saliva is increased, the breath is offensive, tongue coated white, with a foul taste; worse in the morning.

Sore throat, beginning on the right side and going to the left. Dryness of the throat. Soreness extending to the ears. This is the reverse of Lachesis and the same as Lycopodium.

Regurgitation of food; increased appetite; satiety from a small quantity of food, followed by nausea and vomiting; thirst; putrid taste.

This satiety resembles *Lycopodium* and *Nuxvomica*, but *Lycopodium* has also great flatulence; flatus being incarcerated under the false ribs.

Acidity of the stomach, nausea and vomiting, heart-burn, heat and throbbing in the stomach, followed by diarrhœa. The vomiting is forcible, and the matter vomited is dark green.

Much pain in the abdomen, as in the transverse colon, occurring or worse about three A. M., and followed by diarrhœa. The colic is relieved by warmth and by bending forward while lying on the side. In this it resembles *Colocynth* colic.

It is at first accompanied by general coldness, which soon gives place to heat and perspiration.

Feeling of fullness; weight and dragging in the hypochondria, especially in the right, with stitches, twisting pain, and heat.

The stool is increased in frequency and altered in character. Diarrhœa occurs; frequent pappy yellow stools. Diarrhœa immediately after eating or drinking. Similar to *Colocynth* and *China*. Watery yellow stools without pain from three A. M. till nine A. M., followed by a natural stool toward evening. These forms of diarrhœa stool are followed by a sensation of great weakness in the abdomen, and especially in the rectum. This sensation of weakness in the rectum is characteristic of *Podophyllum*.

Besides this modification of stool, Podophyllum produces chalky evacuations, which are very offensive.

Likewise, stools yellow, green or brownish and watery; mucus streaked with blood; and these attended by heat in the rectum, by flashes of heat running up the back, by painful tenesmus, and by a descent of the rectum. Hence a valuable remedy in dysentery, especially when the patient complains of a sensation of weakness in the rectum.

This prolapsus is to be distinguished from that of Ignatia, Carbo vegetabilis and Hamamelis, in that it occurs before the evacuation of fæces and not after it. The anus is extremely sore.

From these symptoms we might gather that Podophyllum would be a valuable remedy in prolapsus ani following dysentery, in hæmorrhoids, in dysentery, and in certain watery diarrhœas,—an inference abundantly confirmed by experience. The time of occurrence and the concomitant symptoms furnish the distinctive indications. The diarrhœa generally occurs or is worse in the morning, and the stool is followed by a sensation of extreme weakness in the abdomen, or only in the rectum.

From the green, watery diarrhœa and the evident hepatic condition associated with it, one might think of Podophyllum in cases of diarrhœa during dentition; and Drs. Williamson and Bell have used it successfully in dentition-diarrhœa where there was present also cerebral irritation, as shown by the following symptoms:

Grinding the teeth at night, "rolling the head."

It is to be noted also that in the symptomatology, the diarrhœa (yellow, watery) alternates with a morning headache—a heavy, dull headache in the forehead, with soreness of the forehead and eyes. Such an alternation is observed in many hepatic affections. It reminds one of Aloes.

The urine is increased.

Menstruation is retarded. There is much bearing down in the hypogastric and sacral regions, increased by motion and relieved by lying down. Like Sepia.

Much pain in the region of the right ovary.

Leucorrhœa thick and transparent, with bearing down in the genital organs, and constipation.

Dr. Williamson and others have found Podophyllum a valuable remedy in prolapsus uteri, following parturition, especially when there was also a numb, aching pain in the region of the ovaries, particularly the left.

I shall speak further only of the febrile symptoms of Podophyllum. Dr. Williamson gives the following indications: Chilliness in the evening or morning early, preceded by backache, accompanied by pressing in the hypochondria and aching in the joints of the extremities. Heat comes on before the chilliness disappears. Heat with delirium, loquacity, violent headache, and great thirst with loss of appetite.

Sweat, during which the patient sleeps.

Podophyllum has been used successfully where indicated, in intermittent, remittent and typhoid fevers.

LACHESIS.

THE very excellent and convincing article on Lachesis by Dr. Lippe in the last number of the "Review,"* calls to mind the fact that this remedy, so highly prized by many practitioners—I might say by all who make any use of it whatever—is, by a large number of homœopathists, regarded as of no account at all.

Those who do not use Lachesis in their practice give various reasons for their course. Some express the views laid down by Dr. Lippe. These are theoretical and *a priori* objections, and they cannot stand one moment against the testimony of experience and *a posteriori* demonstration.

Others hesitate to use Lachesis because they cannot procure it in the "mother tincture," or the "first decimal preparations," or in any dilution below the sixth. Inasmuch as, by both faith and practice, they are committed against "infinitesimals," they cannot employ Lachesis in any case, since they could not use it in any but an infinitesimal

* "Lachesis," by Ad. Lippe, M. D. "American Homœopathic Review," June, 1863, p. 552.

dose. No doubt many are sincere in this objection. A few, it must be feared, gladly avail themselves of so fair a pretext for avoiding the study of the long list of symptoms which Lachesis presents. It is a pity that this whole class of objectors could not bring themselves to the point of fairly testing, by clinical experiment, the virtues of Lachesis. The result would be happy in a double sense. It would enlighten them respecting a most valuable remedy, and at the same time it would be a satisfactory demonstration of the action of infinitesimal doses.

A third class of objectors throw discredit on the proving of Lachesis, and on very singular grounds. Because it is fragmentary? Scanty? Has but few symptoms? Is carelessly arranged? Criticisms like these have been made with more or less justice upon many provings in our *materia medica*. No! the objection made to the proving of Lachesis is that it is too rich; there are "too many symptoms;" it is too thoroughly elaborated! "What!" it is asked, "can one remedy produce so many symptoms?" The answer comes readily to hand,—“No!” The inference is at its elbow,—“Some symptoms, then, must be false.” Then come the conclusions,—“Some are false; we cannot tell which they are; we will therefore reject all, and the remedy along with them!”

One of the oldest and most widely known homœopathic practitioners in America said to the writer: “In the American ‘Jahr’s New Manual,’

thirty pages are devoted to Lachesis. If all were reduced to a concise statement of verified, unquestionable Lachesis symptoms, even Dr. Hering would admit that there would not be matter for more than three such pages. I therefore reject the whole proving and never give the remedy."

To this objection I could not help replying: "In yonder wheat-field, I doubt not the proportion of chaff, straw and stubble to good wheat is as ten to one. And yet the farmer willingly submits to the labor of harvesting, threshing and winnowing for the sake of the ten per cent. of wheat; he would not think of abandoning the grain in his field because of the tenfold preponderance of chaff. And if there be, as you admit, in those thirty pages, the equivalent of three pages, or even of one page, of verified and trustworthy symptoms, how can you, as a conscientious prescriber, deliberately refuse to make yourself master of them and to use in your practice the remedy which produced them?"

This question, which received at that time no conclusive answer, addresses itself to all who stand in the position of that practitioner.

If, of the three thousand and more symptoms ascribed to Lachesis, there be thirty, if there be three, symptoms that are trustworthy and that are peculiar to Lachesis, a case of disease may occur presenting those symptoms and no others, and which, therefore, Lachesis, and no other remedy, will cure. How can those gentlemen who deter-

mine beforehand that they will have nothing to do with Lachesis because of the two thousand and seventy or the two thousand and ninety-seven symptoms which they discredit—how can these gentlemen, with a clear conscience, run the risk of meeting such a case and of losing it from the want of knowledge of the characteristics of Lachesis?

The objection to the length and complexity of the treatise on Lachesis comes from those who have cursorily turned over the leaves of the Manual, and not from those who have made an earnest study of the symptomatology. The latter class of students make no such complaint. They find, indeed, no great difficulty in getting a clear idea of the relations of Lachesis to morbid conditions. And the facility with which they can do this is due chiefly to the care with which Dr. Hering has elaborated the proving, to the immense labor he has devoted to the collation of the symptoms, to his caution in avoiding any sundering of pathogenetic groups, and to his faithful repetition of each group under every rubric to which it has any pertinence. All these points of excellence, while they have made the original proving of Lachesis a model for fullness and clearness of arrangement, have made its length a bugbear to the timid reader.

But it is not to be supposed that either *a priori* doubts of the efficacy of a remedy, or any practical difficulties in the mastery of symptomatology, would deter physicians from studying and

using it, when the testimony of those who have employed it successfully shall have been placed before them.

In 1850, while assisting in the autopsy of a woman who had died of puerperal peritonitis, the writer received a dissecting wound in the index finger of the left hand. Within a week, the finger had quadrupled in size, the hand and forearm were much swollen and œdematous, a hard, red line extended from the wrist to the axilla. The axillary glands were swollen. The arm and hand were intensely painful; the whole left side was partially paralyzed. The constitutional symptoms were: extreme prostration,—causing the disease to be at first mistaken for a typhus,—low muttering delirium at night, marked aggravation of suffering and prostration on awaking from sleep. The general condition grew steadily worse, abscesses forming under the deep fibrous tissues of the finger and hand. No homœopathic practitioner was in the neighborhood. The allopathic surgeons in attendance advised calomel and opium, but gave a very discouraging prognosis. The patient refused to take any drugs, determining to trust the issue of the case to Lachesis. The first dose (of the twelfth) was taken on the third day of the illness, and a dose was taken thrice daily for five days, at the end of which period the constitutional symptoms had substantially vanished. The recovery of the finger was slow but complete. The effect of the Lachesis could not be mistaken by the patient.

FROM MY CLINICAL RECORD.

April 9th, 1860. Josephine Birmingham, aged nine years, well grown, had, last winter, scarlatina very severely. It left her delicate and deaf. Nine days ago she was exposed to the measles. The rash appeared on the 6th inst., along with a copious discharge from the ears. Yesterday (8th) this discharge suddenly ceased and the rash disappeared. She immediately became very feeble and prostrate; was seized with wild, muttering delirium. She had great thirst, drinking, however, but little at a time. There was a singularly biting heat of the skin.

I saw her first at eleven A. M., on the 9th inst. She had lain in alternate delirium and stupor for twenty-four hours; was irrational; had low muttering delirium; the pulse was soft, wavy, hardly to be counted; there was calor mordax; the respiration was attended by moaning; it was very rapid, whistling; there was an occasional single cough, with a moan following each cough, and a grasping at the throat, as if to tear away the clothing from it. The pupils were widely dilated; there had been no stool for two days; the urine was scanty and seldom passed; I could not secure any for analysis. The expression of the countenance was cadaverous; the odor of the breath putrescent. I ordered Lachesis ³⁰, six globules in water, a tea-spoonful every two hours. Also strong beef tea every two hours.

At six P. M. I found her sitting supported in an arm-chair, playing with some toys; rational; the skin of a pleasant temperature; the pulse eighty, regular and soft. The attendants reported that after the second dose she had slept quietly, had had no more delirium and no thirst. I found the eyes normal, the cough infrequent and not painful. I ordered *Saccharum lactis*.

The rash did not re-appear. The patient convalesced from this point, and I gave no other remedy and did not repeat the *Lachesis*.

This change from apparent impending death to established convalescence within the space of seven hours was very impressive and even startling.

In the year 1853 there prevailed, quite extensively, in Brooklyn, an epidemic of what was called "malignant pustule." A furuncular formation appeared, generally upon the lower lip, attended with severe pain, and frequently surrounded by an erysipelatous areola. The most marked constitutional symptom was a very rapid and excessive loss of strength, the patient being reduced from vigor to absolute prostration within the space of from twenty-four to thirty-six hours. Allopathic physicians at first resorted to the local application of nitrate of silver to the pustule. In those cases, thus treated, which came under my personal observation, death followed cauterization within twenty-four hours.

In eight cases treated by myself, *Lachesis* was the only remedy used. It relieved the pain within

a few hours after the first dose was given, and the patients all recovered very speedily.

I have three times been called to cases of chronic ulcers of the lower extremities (probably of syphilitic origin), in which the discharge had ceased; the extremity had become œdematous, and a hard, slightly red swelling extending up along the course of the principal veins, together with a great and sudden prostration of strength, low muttering delirium and general typhoid symptoms, gave good reason for supposing that the secondary phlebitis had occurred. In these cases a careful study of the symptoms induced me to give Lachesis. The effect was all that could be desired, the patients rallying promptly, all symptoms of phlebitis speedily disappearing.

During the prevalence of diphtheria on the banks of the Hudson in 1858-60, many cases occurred in which the severity of the constitutional symptoms was very much greater than the local manifestations of disease in the pharynx would have led one to anticipate. In some cases in which the tumefaction in the throat was slight, and the redness of the mucous membrane hardly noticeable, and in which the diphtheritic deposits consisted merely of two or three little patches hardly larger than a pin's head, the prostration of strength was quite alarming; the pulse became, in a very short time, slow, feeble and compressed, a cold, clammy sweat frequently covered the forehead and extremities, the breath was fetid, the appetite entirely

destroyed,—indeed, the patient passed with alarming rapidity into a completely asthenic condition. Not infrequently the prostration had become quite considerable even before any local evidences of disease could be detected.

In these cases,—in all in which the constitutional symptoms thus predominated over the local symptoms,—Lachesis produced prompt and lasting improvement, so that very rarely was any other medicine given subsequently.

Several cases of carbuncle have come under my notice, in which the progress of the inflammation was very slow, the skin over the dead cellular tissue showed little disposition to ulcerate, and when, finally, it became perforated in three or four places, there was but a scanty discharge of thin, sometimes bloody, sanies. Meanwhile the constitutional symptoms denoted very great prostration, *not* preceded nor attended by the nervous and vascular erethism which are sometimes observed in similar cases. Lachesis is the remedy on which experience has taught me to rely in the treatment of such affections, provided the symptoms do not conclusively indicate some other remedy. In the cases to which I refer, the symptoms corresponded very closely to those of Lachesis.

About a year ago, I was called to take charge of a patient who had suffered for several years from a succession of carbuncles and indolent boils. During the four months preceding my visit to him, he had had four successive carbuncles, none of

which ran a complete course. After the skin covering the dead cellular tissue had become perforated, a slight discharge of sanies had taken place, and the perforations had closed again, without any discharge of slough, leaving an indurated mass, with a dull, burning pain and considerable tenderness, but scarcely any discoloration. After each of these carbuncles, a marked deterioration in the patient's health was observed, until, after the last, he was so much reduced as to be confined to his bed, with well-marked hectic fever.

Pretty soon, a severe pain in and below the right groin and along the inner aspect of the femur, gave indication of trouble in that region. An abscess was discovered deep in the adductor muscles of the thigh. An opening was made by a distinguished professor of surgery in New-York upon the anterior surface of the thigh (as the patient was confined to the bed and lay on his back, this was the superior aspect of the thigh), and nearly a quart of pus was discharged. The formation and discharge of pus continued to be profuse for fifteen days, the patient all the time becoming rapidly more feeble, with severe hectic, total loss of appetite, and great local suffering, when the case was placed under my charge. I found that the evacuation of the pus was a very difficult matter, the aperture being at the highest point of the abscess. The attending surgeon had been compelled to withdraw the pus by means of an exhausting pump, attached to the free end of a gum catheter which he previously introduced into

the abscess. I continued this method until the abscess closed. The patient, his family, and the physicians in attendance had abandoned all hope of his recovery.

In view of the copious formation of pus, one's first thought would naturally be that Silicea would be the appropriate remedy. This remedy, however, had been given in every variety of potency. It had never failed to aggravate the whole condition of the patient, without any subsequent benefit.

Considering, now, the history of the patient—the long succession of boils and carbuncles, the four aborting carbuncles, each followed by a marked deterioration of health, and each leaving a painful induration which might be supposed to be a portion of dead cellular membrane retained in contact with the living tissues, and that the present abscess had followed immediately upon the last of this series of abortive carbuncles, very much as a secondary abscess follows the absorption of pus in pyæmia—I resolved to trust the case to the action of Lachesis. At the same time, I informed the patient that, in my judgment, after the healing of the abscess, the indurated remnants of the four aborted carbuncles would inflame again and be discharged, and that this process must precede the re-establishment of his health.

I gave a dose of Lachesis²⁰⁰ every morning, noon and night. The progress of the case was tedious, but uniform and prosperous. In twelve days the hectic had ceased, the appetite was restored, and the formation of pus had decidedly

diminished. In six weeks the abscess had healed. In seven weeks the patient walked on crutches. But now, when he seemed almost well, fever came on again and he was prostrated. After twenty-four hours of fever, the indurated remnant of the last carbuncle became inflamed, an abscess formed and a slough was discharged. The same thing occurred in the locality of the three remaining indurations, and, singularly enough, in the inverse order of their original appearance. After the last of these abscesses had healed, the patient rapidly gained health and strength, and has since been perfectly well. In this case no remedy was given save Lachesis²⁰⁰. When the treatment was begun, the patient was in a most deplorable condition, and his recovery was hardly hoped for by his attendants. Improvement began as soon as he began to take Lachesis, and continued, with scarcely an interruption, until he was completely restored.

Now, let us suppose that to a man in perfect health there be administered daily a dose of a drug, which, a person familiar for some years with its properties predicts, will cause the man to exhibit a definite series of symptoms and finally to die. As soon as the administration of the drug is begun, the man begins to exhibit the predicted symptoms, and finally, as was foretold, he dies. What jury, with these facts before it, would hesitate to say that the man was deliberately poisoned, and to convict the one who gave the drug of murder? Now, shall not such evidence as would convince a jury of citizens that a man has been poisoned by

a drug, convince a body of physicians that a patient has been cured by Lachesis? Shall not testimony that would hang a malefactor convert a skeptic?

The diseases which I have cited as those in which Lachesis has been of unquestionable service in my hands, present, in name at least, a considerable variety. Pyæmia, repercussed measles, malignant pustule, diphtheria, phlebitis, carbuncle, have not necessarily a great deal in common. A close examination, however, of the cases as I have described them, will show, notwithstanding the diversity in name, a considerable approach to identity in morbid condition. In all there was great prostration, as manifested by loss of muscular power, slowness and softness of pulse, stupid delirium, etc. In this respect the cases resembled those in which Arsenicum is indicated and has so often proved curative. These cases, however, did not present that vascular and nervous erethism conjoined with prostration, which is so characteristic of Arsenicum. Nor, on the other hand, was the asthenia so complete as to call for *Carbo vegetabilis*. Lachesis may perhaps be held, in so far as the symptoms of asthenia are concerned, to occupy an intermediate position between Arsenicum and *Carbo vegetabilis*. This statement would at once suggest its usefulness in typhoid fevers; and those who have made themselves familiar with Lachesis have learned from clinical experience to place great dependence upon it in treating certain forms of these diseases.

LYCOPODIUM CLAVATUM.

SENSORIUM. Vertigo, occurring particularly in the forenoon, and in a hot room; accompanied by nausea; it seems as though everything were turning around.

The perceptive faculties are singularly affected. One cannot read, because the meaning of certain letters is not clear; errs in speaking, because he cannot get the right words; this when talking about every-day matters; whereas when the subject is very important, so as to call forth the most energy, the words are correctly chosen. Analogous to the state of mind in certain typhoid conditions.

Generally it is difficult to collect and hold the thoughts.

Head. Confused; heaviness.

Headache; often semi-lateral. A shattered or concussed sensation at every step. China; Rhus.

Often a semi-lateral headache, especially at evening, much aggravated by reading or writing.

Pain over and between the eyes, early in the morning.

There are also pressing and throbbing pains in various parts of the head. The most frequent is

an aching pressure in the occiput, or over the eyes.

The head easily becomes cold, which results in a cutting soreness of the scalp. The hair becomes gray, and falls out. Consider, in this relation, the eruptions of *Lycopodium*.

Complexion. Pale, sallow ; sunken eyes and blue rings around them.

Eyes. Dazed by light, and painful as if bruised.

They present many symptoms of inflammation, as redness and swelling of the eyelids, with aching pains, ulceration and nocturnal agglutination ; itching in the canthi and much lachrymation.

In the eyes themselves, redness, aching and burning and stitching pains.

Vision is affected ; in artificial light all objects tremble ; a constant flickering, or black spots before the eyes ; vision obscured ; letters run together or are indistinct ; one must vary the distance of the book from the eye.

Ears. Tearing or stitching pains in the meatus, with the sensation that it is too narrow. The open air provokes a kind of earache.

Itching in the ear, and discharge from the meatus.

Roaring, buzzing, etc., in the ears.

Deafness : sometimes over-sensibility to noise, while walking.

Nose. Externally, pressure and aching. Internally, soreness.

Frequent epistaxis.

Sense of smell keen; sometimes perverted.

Mouth. Gums swollen, hot and tender. Jumping toothache, relieved by warm drinks. (Relieved by cold water indicates Coffea. Hahnemann.) Sometimes the toothache comes on from the slightest touch to the teeth or from the shock of coughing. Sometimes only at night, and causing great nervousness.

Tongue. Sore; ulcers under it, paining when speaking and eating. Dryness in the mouth and throat, with and without thirst.

Throat. Diseases of the throat that begin on the right side and go to the left. (Lippe.) Lachesis has the reverse. Tearing and aching in the throat. The uvula is swollen. The glands are swollen, and are the seat of stitching pains.

Digestive Apparatus. The mouth is dry; bitter taste, in the morning or all day; but food has its natural flavor. Sometimes a sweet or even a sour taste.

Heart-burn. A burning sensation comes up from stomach to throat, with a sour taste in the mouth; sometimes so violent as to take away the breath. Or a kind of incomplete burning eructation which comes as far as the pharynx and leaves a burning in the throat.

Empty, sour eructations, especially after each meal; with gulping up of digested food.

Water gathers in the mouth, with nausea.

These are the symptoms of slow and enfeebled digestion.

Every morning, on rising, nausea, and water-brash, with oppression of the chest, heat in the abdomen, and cold face.

Appetite fails. No thirst. (Constant sense of satiety.)

After eating, oppression of the stomach and bitter taste. The abdomen is in a ferment. Also, after eating only a very small quantity, a sudden feeling of satiety and even of fullness in the epigastrium, with flatulent rumbling in the bowels. This is characteristic of Lycopodium. Sepia alone has the same symptom. Acidity and heart-burn with constant sleepiness after dinner.

Stomach and other digestive organs. After eating and after slight cold, violent stomach pains with chilliness, the fingers becoming waxy white, as if dead. The gastralgia is like a constriction, or a gnawing, and the patient cannot bear anything tight around the epigastrium.

In the liver region, frequent pains and tenderness to pressure.

The chief sensation under Lycopodium is aching pressure, and we find this produced in stomach, epigastrium and liver, with pain on pressure and deep respiration.

I have found in a case of chronic duodenitis, relieved by Lycopodium, always present this symptom: pressure on the hypochondrium produced tender pains in the epigastrium, and *vice versa*.

Especially often the aching pressure in the

region of the liver, like a dull and tensive aching and pressure, on respiration, on bending the body, or on pressure with the hand. Sometimes this extends to the left side of the abdomen, and sometimes down to the hip.

In the abdomen, squeezing pressure, so severe one cannot walk erect, but must go bent over or lie down; it produces dyspnœa.

Tensive, tearing and cutting pains.

The great characteristic of *Lycopodium* is the production of flatus in the intestines.

The abdomen is distended thereby; flatus becomes incarcerated in the abdomen, producing pain, finally relieved by eructations. Tension and rumbling in various parts of the abdomen. It appears that most of the abdominal pains of *Lycopodium* are due to flatus.

Pains in the region of the abdominal ring, outward pressing; and the old hernia protrudes. Swelling of the inguinal glands, which pain as though suppurating.

About the anus, itching and a moist, tender eruption. Aching and pressure in the rectum, especially at night. Stitching and burning at stool, even when the fæces are not hard. Hæmorrhoids swell and protrude and bleed, even when there is no constipation.

Inclination to stool, but at stool a spasmodic pain or constriction of the anus, which makes the evacuation difficult. It is scanty, infrequent and difficult. After stool, much rumbling in the bowels

and either flatulent distention of the abdomen or uterine cramps, or great lassitude.

Urinary Organs. Secretion diminished. Urine dark, with a yellow or reddish deposit. "Red sand in the urine. Terrific pain in the back before every urination, relieved by urinating." (G.)

Smarting and burning, when passing water, in the female urethra; and stitches or drawing or cutting pains through the urethra and toward the abdomen. Painless discharge of blood through the urethra.

Sexual desire and power diminished markedly in males.

The menses anticipate a little and are too profuse; preceded by flatulent distention of the abdomen; great heaviness of the legs; chill and heat at night; ill humor and disposition to weep.

During the menses, acid taste, headache, severe backache; swelling of the feet, nausea and a kind of faintness.

Leucorrhœa in spells; of a blood-red color; "with cutting pains going across the body from right to left." (G.)

Respiratory Organs. Fan-like motion of the alæ nasi (Dr. D. Wilson's indication in severe pneumonia). Catarrhal conditions. Frequent sneezing. Coryza, both dry and fluent. When dry, oppressing respiration, with burning headache. When fluent, with swelling of the nose and copious acrid and offensive discharge.

The cough is provoked by a tickling irritation in the larynx, as if from vapor of sulphur. Sometimes dry; and, when so, very fatiguing, producing pain in the head, stomach and abdomen; sometimes loose, the sputa being a thick gray, grayish yellow, or yellow, or mixed with blood and having a saltish taste. These and other symptoms have led to the successful use of *Lycopodium* in consumption, etc.

In the chest, a sensation as if the lungs were full of mucus, with a whistling sound in the trachea on inspiration; a fullness and oppression in the open air and after eating.

Aching, with or without soreness, producing some dyspnœa and much mental depression. Tearing and tension under the clavicles, and stitch on deep inspiration.

Externally, stitches and burning pains in the nipples and discharge from them of blood and water; hence *Lycopodium* in sore nipples, etc.

Back. Backache so severe that it makes it impossible to sit, and the pain even extends, as a constrictive sensation, to the chest.

Tearing in the sacrum, kidneys and back, especially near the spine. Drawing and aching between the scapulæ.

The aching in the kidneys is increased before, and diminished after, urinating.

In the extremities, we find tearing and aching pains; and more frequently during repose than motion. Pains, tearing, etc., from the neck to the

shoulder and elbow, especially at night and during repose; also in the whole arm to the wrist; in the hand and fingers while they are in bed, but ceasing when they are taken out of bed. Tearing and aching in the joints and ends of the fingers, with burning and sometimes itching of the palm. Consider these symptoms in connection with the red deposit in the urine. (Rheumatic gout?)

In the lower extremities the same pains about the hips, in the nates; down the thigh and legs; under the heel and in the toes.

A paralytic weakness is often felt in the arms; as though they would fall by the side; yet they are strong enough in work.

The same sensation in the limbs.

The limbs go to sleep easily.

Every four days a pain in the leg from the hip to the foot, causing limping. (Verified.)

Intertrigo. The finger joints are red, inflamed, swollen; and burn and pain.

Swelling of the feet and limbs. (Dropsical.)

Feet cold, with cold sweat, which makes them sore.

Sleep. Fruitless efforts to yawn (like chloroform). Great day sleepiness, but late sleeping at night. Restless; wakes often with vivacious, troublesome dreams. Starting on falling asleep. Tired on waking in the morning.

Fever. Chill predominates; comes more in the evening; not much heat, nor sweat; generally

every second day, often affecting only one side of the body.

Sometimes the sweat follows the chill without intervening heat ; or the chill and heat are mixed up.

Sweat mostly on the chest and trunk ; at night or early in the morning.

Lippe says: "Night sweats cold, clammy, sour, fetid, bloody, smelling like onions."

Disposition. Great anxiety ; timidity ; fears to be alone.

Also indifference to external influences. Depression ; sadness ; inclined to weep. "Great fear of being left alone."

Weakness : bodily ; mental ; moral.

Skin. Red, itching and burning, or painless spots of eruption.

Eczematous, suppurating eruption on the head, with swollen cervical glands.

Dark red spots and blotches on the face, suppurating. Fine eruption about the mouth and on the chin. Warts on the fingers and hands. Intertrigo ; especially between the thighs and on the scrotum ; also, under the arms.

Compare Carbo animalis and Calcareæ sulphuris.

Stiffness in the limbs and joints, and great weakness.

Generalities. The pains are aching,—pressive, drawing and burning.

Restlessness, and excited circulation in the evening, producing a feeling of trembling.

Ulcers that are present bleed when bandaged, and have a stitching pain.

The symptoms are worse from four to eight p. m., and recur regularly; as do those of *Sabadilla*.

Lycopodium affects the mucous membranes of the respiratory, digestive, and genito-urinary organs; makes digestive processes slow; hence wind, water and acidity.

Produces lithic acid deposit in quantities; hence pains in the kidneys and bladder, etc.; and hence indirectly the pains in the limbs and joints. Produces catarrhal condition, and muco-purulent sputa.

Nervous action weakened; a great remedy for overworked brains and where brain trouble, for *e. g.*, softening, threatens from overwork or from metastasis of ulcers suddenly healed; see the torpor; the use of wrong words; failure to collect and command the thoughts, etc.

NATRUM MURIATICUM.

THIS remedy cannot often, in chronic cases, be repeated without an intercurrent.

Head. Vertigo; when walking, everything goes round in a circle; when sitting quietly with a downward pressure of the head; when rising from the bed.

Sensorium. Absence of mind; incapacity; confusion of ideas; does not know what to say; slow in coming to a resolution; indecision.

Memory much weakened; forgets what he would write; cannot remember what happened yesterday.

Head. Confusion, as after much mental exertion.

Headache produced by quick movements of the head, sudden turning, etc.

Heavy aching (pressure) in the forehead, with pressure outward in the eyes. Pressure inward on both temples, as if the head were in a vise; or a fullness, as though the head would burst, increased by reading or writing; often accompanied by nausea; worse in the afternoon.

But such a headache succeeds the chill of febrile

paroxysm, and then comes in the morning. Throbbing also during the fever.

The scalp is cold, and chills run over it.

Itching. The hair falls out when touched or combed (common in nursing women, and Natrum muriaticum stops this).

Complexion. Sallow, earthy, yellow, with pain in the abdomen (torpid chlorosis).

Eruptions. Miliary eruption on the forehead, perceptible to the touch only. Papules on the cheeks and chin.

Aching around the eyes, in the malar bones and zygomatic arch. The eyelids quiver and twitch, are ulcerated and red, with soreness and agglutination. Hordeola are frequent.

The eyes itch, especially in the inner canthus; or ache. Conjunctiva reddened, and burns on slight exposure to the wind, with acrid lachrymation.

Vision obscured, as if the eyes were covered with mucus or a thin veil. Half vision; one side of the object is distinct, the other side looks dark (Lithium). Also, accommodation is modified, myopic or presbyopic. Fiery points before the eyes. Aggravation from using the eyes in reading, etc.

Ears. Heat of the external ear; swelling of the meatus and discharge of matter; much itching, both internally and externally. Drawing and stitching pains from the ear down the neck to the shoulder; or from the teeth up to the ear. Noises in the ear; rushing and ringing. Deafness.

Nose. White papules at the root of the nose. Alæ nasi inflamed, with redness, heat and swelling, and great soreness. One-half of the nose becomes insensible and as if dead. Epistaxis from stooping, but especially on coughing and at night, with soreness in all the limbs.

Lips. Swelling, with vesicles; also vesicles on the tongue, which burn and smart and, finally, have a scab on them. The lips crack. Pain in the submaxillary glands, as if swollen or compressed; and on coughing.

Gums. They bleed easily, are sensitive to cold and warmth, and to pressure with the tongue.

Teeth. Very sensitive; toothache on drawing the air against the teeth, and on pressure of the tongue and of food. They become loose.

Drawing pain from the teeth, extending to the ear; extending throughout all the teeth. The pain extends into the malar bones.

Tongue. Heavy and clumsy, as if paralyzed. Can only speak with much effort. One-half of the tongue seems numb and stiff.

Burning and sore vesicles on the tongue; also on the gums; very sensitive to contact of food.

In the throat, some stitching sensation behind the tonsil, and a sense of constriction.

Digestion. Sense of taste blunted or annihilated; sticky or bitter taste; water-brash. Nausea frequent, especially early in the morning, with prostration after eating or drinking even agreeable things; first food, then bile.

Abdomen. Stitches in the right hypochondrium and stomach; also in the left hypochondrium on deep inspiration and on bending to the left side, which also produces a sense of stiffness in the liver. Tension in both hypochondria.

Pinching in the hypochondria. Cannot lie on the sound side; also in the umbilical region and thence into the sacral region, and into the rectum and anus. Distention of the abdomen, and much flatus. Herniæ protrude.

Stool. Insufficient; frequent, ineffectual efforts; great exertion is necessary to evacuation; often blood follows.

Tenesmus in the rectum, with discharge of flatus and slime. The rectum seems constricted, and it is only after great effort that some little hard fæces pass, which tear the anus so that it bleeds and smarts; and then comes some dirty water. Stool preceded by pressure in the region of the bladder; soreness in the abdomen, accompanied by labor-like pains in the abdomen; pressing-down pain, followed by tenesmus; vain efforts, and sensation as though diarrhœa would ensue; burning and smarting soreness in the anus.

Beside this, stitches in the rectum and anus; violent pains in the bladder and anus; prolapsus ani, with bloody mucus and water; and burning, preventing sleep at night.

Urinary Organs. Urination almost involuntary after violent tenesmus. Pressure on the bladder, and stitching pain. Cutting and burning after

urination; and discharge of thin mucus, leaving translucent spots on the linen. Urine clear; deposits of urates, white or red, or red sand.

Sexual Organs. Male. Frequent pollution, followed by cold exterior and lassitude. Sexual desire increased. Gonorrhœa.

Female. Menses retarded and less in quantity, or delayed and weak two or three days, and then a copious flow. Preceded by anxiety and disposition to faint, or nausea, with sweet taste and bloody sputa; accompanied by constipation, or tearing toothache; followed by dull headache. Leucorrhœa copious, with bearing down as if the menses were coming.

Respiratory Organs. Dry catarrh of the larynx and trachea. Voice hoarse.

Sneezing. Coryza, although dry and somewhat loose, impedes respiration very much.

Cough, provoked by tickling in the epigastrium, day and night; increased at night or early in the morning. Generally dry, with wheezing and vomiting and headache and soreness in the larynx and trachea. Vague pains in the thorax. The heart's action is affected. Palpitation, forcible and anxious, with aching as if a pressure came from the abdomen and compressed the heart; increased by lying on the left side and on every motion; palpitation and fluttering.

Back. In the sacro-lumbar region, pulsation and stitches; a paralytic soreness, increased in the morning on rising; cannot stand erect nor walk;

diminished when lying down. Soreness in the loins, as if beaten; also in the back and between the scapulæ. In the back, tension and stiffness. Tearing. Burning in the scapulæ, as from hot water.

In the extremities, a marked feeling of lassitude and weakness; cannot raise the arms or lift anything; can hardly move them.

The same in the lower extremities.

Sleep. By day sleepiness. Sleeplessness at night; restlessness. Dyspnœa.

Fever. A full and powerful paroxysm complete, occurring early in the morning; a severe chill, then frontal headache, red face and high fever; sweat in the evening.

Professor Guernsey says:

“Thirst for large quantities of water before the chill; this thirst continues through the paroxysm. Violent chill with headache, and after the chill the headache increases greatly; feels as if the brain were being beaten with thousands of little hammers. After the fever, sweat, and the patient wishes to lie a long time. If the disease lasts long, the corners of the mouth become sore, and finally the lips.”

Disposition. Impatient and hasty. Easily angered. Then melancholy; sadness; anxiety.

VERATRUM ALBUM.

WHITE HELLEBORE.

THE root of the plant is used in medicine. It may be prepared by trituration, or used in the form of a tincture.

It was known to the ancients, and was used by them to cure insanity and various spasmodic affections; and it is recorded of Hippocrates that he cured with it a case much resembling Asiatic cholera, as follows:

“A young Athenian, affected with cholera, evacuated upward and downward with much suffering; nothing could arrest the vomiting or alvine evacuations. His voice failed; he could not stir from bed; his eyes were lustreless and sunken; he had convulsions of the lower extremities from the abdomen downward; he had hiccough, and the alvine dejections were more copious than the vomitings. He took Veratrum in lentil-juice and recovered.” This was a most excellent homœopathic prescription.

The action of Veratrum on the vital force is but moderate in so far as the sensorium and the nerves of animal life are concerned, but in so far

as the system of nutrition is concerned it is most profound. The entire system of vegetation is affected in such a way, and to such a degree, that it seems as though the body were in a great measure withdrawn from the control of the vital forces, and given over to the action of mechanical and chemical laws.

The blood tends to separate into its proximate constituents, as it would do if suddenly withdrawn from the body; the liquid constituents seem to filtrate in a half-mechanical manner through the tissues, and thus we have a copious cold, clammy sweat; copious serous vomitings and diarrhœas; evacuations that are astounding from their quantity and from the mechanical manner of their ejection; the stomach seeming to become completely filled, and to be emptied by a sudden convulsive effort provoked by its complete distention.

This, then, is the key to the pathological character of the Veratrum disease—torpor of the vegetative system, with comparatively slight affection of the system of animal life.

As might be inferred from the above, the fever of Veratrum is characterized by predominant and sometimes exclusive coldness. The sweat is cold and clammy, and it is notably characteristic that almost every important symptom of Veratrum, wherever produced, is accompanied by cold sweat of the forehead.

As a matter of course, among the symptoms of Veratrum great weakness occurs. It is to be

observed, however, as distinguishing Veratrum from Arsenic, that this weakness is not disproportioned to the other symptoms, is not unexpectedly great, and is not more than might be expected from the symptoms of diarrhœa, vomiting, or general disturbance which mark the case. Neither are the symptoms attended by the restlessness, anguish and intolerance of pain which are so characteristic of Arsenic; nor indeed do the symptoms involve a great amount of pain. That which is felt is philosophically endured. The patient is quiet.

It must not be inferred from what has been said that Veratrum exerts no action whatever upon the sensorium. On the contrary, it produces a kind of mania; and Hahnemann affirms that it is a most precious and indispensable remedy in the treatment of various forms of mania and insanity. Moreover, he found it an indication for Veratrum if various kinds of pain were accompanied, now and then, by a kind of temporary or transient delirium or mania.

The affection of the mind and disposition is as follows: A kind of busy restlessness, a hurried and driven feeling that induces one to undertake a great variety of labor, which, however, he has no heart to finish. Still more common, however, is a gentle melancholy, a disposition to weep, and an inconsolable grief over an imaginary mishap, which cause the patient to sit weeping and not to be comforted, or else to run crying and howling about the apartment. This condition ends in a

raving mania, with cursing and scolding, endeavors to escape, biting and tearing everything and everybody that offer opposition; accompanied by foolish imaginings.

Veratrum produces vertigo.

The headache is a pressure upon the vertex, generally attended by pain in the stomach. It is noteworthy that this pressing pain of the vertex is relieved by pressing on the vertex with the hand. I know but one other remedy of which the pressing headache in the vertex is thus relieved, viz.: *Menyanthes trifoliata*. The headache of *Menyanthes* is accompanied by icy coldness of the hands and feet.

The pupils contract. The sight becomes weak. Double vision is observed; and black spots and sparks appear before the eyes.

The eyelids are dry; the upper lid seems paralyzed, the patient cannot raise it; ptosis occurs, and has been cured by Veratrum (like *Sepia*).

The face is cold, the features are distorted, the complexion is cyanotic. The face is covered, particularly the forehead, with a cold, clammy sweat, during the symptoms of the stomach, bowels and chest.

The digestive organs are eminently affected by Veratrum.

We notice first an aversion to warm drinks, and a longing for fruit and for acids. The taste is diminished, or there is a feeling of coolness in the mouth, such as peppermint produces.

Nausea occurs, often with a taste as of bile in the mouth; sometimes it is felt after breakfast and ceases after taking dinner.

The matters vomited are food or green bile, and tenacious mucus; the vomiting is preceded by a general shudder, and the nausea continues during the intervals between the vomitings. The vomiting prostrates the patient, but not more than the quantity and violence would lead one to expect.

Pressure in the epigastrium, extending to the sternal and hypochondriac regions, and down to the os ileum. Pinching, tensive, cutting pains, as if the intestines were cut with knives, and with this pain diarrhœa is associated.

In the inguinal regions, frequently, a sensation as though a hernia would protrude; and when coughing, a sticking pain along the inguinal canal. These symptoms have caused a successful use of Veratrum in hernia.

As regards stool, we find two different conditions:

1. Constipation, characterized by a disposition to stool in the upper part of the intestinal canal, but an indisposition, sluggishness or apparent inactivity of the rectum and lower intestine. It is a most useful remedy in obstinate constipation when *Nux vomica* has failed to relieve, and especially in the constipation of infants.

2. Diarrhœa, watery, light-colored. Sometimes colorless, very copious.

It is characteristic of the vomiting and diar-

rhœa of Veratrum, but particularly of the vomiting, that they are provoked by taking liquid into the stomach, which is no sooner taken than rejected. This is equally true of cold and warm drinks. Phosphorus, on the other hand, has nausea, relieved by cold drinks : which, however, are vomited as soon as they become warm in the stomach. The gastric symptoms of Veratrum are aggravated by motion.

The vomiting of Tabacum is relieved by eating or drinking.

The vomiting and diarrhœa of Veratrum being sudden and copious, are accompanied by exhaustion, cold sweat, a pinched, shriveled and livid aspect of the face and hands, and loss of voice ; but by no great mental or sensorial disturbance, no great depression of spirits or anxiety.

The menses are hastened and increased.

Veratrum produces a catarrhal condition of the nasal membrane, with incessant sneezing and a tickling in the trachea, which extends thence through the bronchi to their extremities. The cough is generally dry, and if so, it is induced by the least motion of the body, or by going from a cold into a warm atmosphere. The opposite of *Rumex crispus*.

Sometimes the cough is loose, and it is then accompanied by constriction of the chest.

Sometimes the slightest bodily exertion produces dyspnœa and palpitation.

Pains, stiffness and lassitude in the trunk and back.

In the extremities, lassitude; and in the lower extremities a kind of paralysis, as from too long a walk. Besides this, tonic cramps in the calves and thighs.

PRACTICAL APPLICATIONS.

It is useful in intermittent fever, when coldness predominates. The symptoms which call for it are, especially, great weakness and prostration; actual sinking of the forces; very slow pulse, and the impulse of the heart very weak, during the apyrexia as well as during the paroxysm, but especially during the latter; cramps in the limbs, and especially in the stomach and abdomen; paralytic sensations; syncope; watery diarrhœa, or obstinate constipation depending on inactivity of the rectum; collapse; cyanosis.

The cold stage always predominates, and indeed often overshadows and extinguishes the hot stage. The changes of temperature are most marked in the extremities.

The hot stage often fails entirely, and it never reaches a high grade; generally it consists rather in a subjective sensation of warmth while the objective temperature is hardly elevated, nay, is sometimes diminished. The pulse is but slightly accelerated; it becomes somewhat more frequent, but not fuller nor harder.

The thirst is proportioned to the amount of the excretions.

The sweat is cold and clammy. It comes even before the paroxysm; lasts until the next. The results of the abuse of Quinine often require Veratrum.

The same general characteristics indicate Veratrum in typhoid and typhus fevers.

The use of Veratrum in cholera, in diarrhœa, in hernia, in constipation, and in bronchitis, has been alluded to and the indications have been noticed.

HEPAR SULPHURIS CALCAREUM.

LIVER OF SULPHUR. IMPURE CALCIC SULPHIDE.

THE "liver of sulphur" of the shops and of the British and United States pharmacopœias, is a sulphuret of potassium, or a potassic sulphide, being prepared with potash and not with lime. It should never be used to prepare the drug known in the homœopathic pharmacopœia as Hepar sulphuris. It was discovered, in the course of experiments, that it produces solubility of sulphur. It is prepared by fusion; sulphur one part and carbonate of potash four parts. It is used to resolve exudations, as in swollen glands, etc.; it is also used in obstinate skin diseases, and in the preparation of sulphur baths. (Balneum sulphuratum of Raye.) Care must be taken if an acid is added, because then sulphuretted hydrogen is evolved, and there is danger of asphyxia.

Dupuytren added glue to the bath, and made the Balneum sulphuratum et gelatinosum.

Hahnemann prepared Hepar sulphuris as follows:

"Equal weights of the interior of the oyster-shell and pure sulphur flowers which have been well

washed and dried; mix well, and place in a well-heated porcelain crucible; cover and keep at a white heat for ten minutes. When cold, open the crucible and preserve in well-stoppered bottles."

It is prepared for use by trituration up to the third centesimal or higher.

Some physicians use the third only of Hepar sulphuris who use higher potencies of other drugs.

SPECIAL ANALYSIS.

Sensorium. Vertigo when shaking the head or from jarring, as, for example, from driving in a wagon, so that on getting out one cannot stand alone. Sometimes faintness accompanies it.

Head. The pains are aching, boring, and soreness as if beaten.

As regards locality, the pain is in the temples, forehead and sides of the head, and is sometimes confined to one side of the head,—a kind of megrim.

As regards the time of day, the early morning and the forenoon are the favorite times of headache.

As regards conditions, motion and rising from a stooping posture produce or increase the pains; also moving the eyes increases the boring pain at the root of the nose.

To recapitulate, we find:

Aching pain in the temples and in one-half of

the head, a sensation as if a nail were driven into the brain; the clavus hystericus. (Ignatia, Thuja.)

Then, on rising from stooping or on moving, and especially after walking in the open air, a stitching pain; likewise on coughing.

Boring pains in the temples and a boring aching at the root of the nose, worse from moving the eyes. The forehead and scalp are sore and tender. (Bryonia, Eupatorium, China.)

The hair falls out in spots, leaving them bald. Papules and pustules form on the scalp and nape and are sore to the touch. Also on the forehead; worse in warmth; better in cold air.

Eyes. Eyes and lids inflamed. Lids swollen, red and aching, worse on being touched. Nocturnal agglutination; much muco-pus; obscured vision. Eruption on the eyelids and below them on the cheek.

It is a valuable remedy in strumous ophthalmia and ulcer of the cornea, occurring with milk crust, etc., etc.

Complexion. Yellowish, with blue rings around the eyes. Red cheeks by day, without heat or thirst; but in the afternoon and night, heat. Sometimes erysipelatous swelling and redness of the cheeks.

Ears. External: hot, red and itching. Stitching in the inner ear on blowing the nose.

Roaring and noises, worse P. M.

Nose. Boring aching at the root of the nose from seven to twelve A. M. Dorsum sore to the touch. Frequent epistaxis. Loss of smell.

Mouth. Corner of the lips ulcerated and eruption on the lips, with heat; also vesicles, etc., on the chin and neck, very sore to the touch.

Gums. Swollen, and aching of the molar teeth as if pressed out; painful on biting. Toothache occurs when eating; drawing pain, worse in a warm room; and on biting it becomes a jumping toothache.

Throat. Very important symptoms. Stitching, as if a sliver of wood or a fish-bone were in the throat, occurring on swallowing, yawning, on taking a deep inspiration, and on turning the head, extending into the ear. Even also in the exterior parts of the throat, as in the cervical muscles. Feeling of internal swelling and pressure, as if a plug of mucus or some other body had stuck in the throat and could be swallowed away. Scratching, scraped feeling in the throat, increased when swallowing solid food. Constant desire to hawk out mucus, and much saliva from the mouth, like water-brash.

Digestive tract. Bitter or earthy taste in the mouth and throat, yet food has its natural taste.

Appetite fair. Longing for sour or strongly flavored food. More thirst than hunger. Burning eructations. Nausea when sitting or walking, A. M. Sour vomiting. Pressure, aching and hardness in the epigastrium after eating.

Distention of the abdomen and much flatus, which accumulates in the epigastric zone. Tearing and grasping in the umbilical region, with nausea

and heat of the face. Soreness of the abdomen where flatus moves.

The inguinal glands are swollen and sore, and ulcerate.

Stool. The character of the stool and urine is sluggish evacuation. Then, though the fæces are soft, they are discharged with difficulty and slowly and with much tenesmus.

Sometimes diarrhœa and bloody slime, or greenish and clay-colored diarrhœa.

Green, slimy diarrhœa, of a sour smell. (See Hering.)

Urine. Sluggish stream; must wait long before it starts. It burns on passing, and excoriates and ulcerates the prepuce; the last drops are bloody.

Itching and sticking pains in the glans; ulcers like chancre on the prepuce.

Respiratory Organs. Coryza. Action chiefly on the larynx and trachea.

Dry cough, with dyspnœa, from tickling high in the throat; uninterrupted in the evening; provoked by speaking or stooping; it increases more and more, and then stops. Or, a violent cough, as if he should suffocate, which ends in vomiting. Sometimes, afterward, a feeling as of a hard body in the epigastrium; then comes a hæmoptysis.

(Distinguished from Belladonna by non-soreness of the larynx and no fever; from Conium by the height of the irritation; from Rumex crispus by not being affected by respiration; from Lachesis by not being excited by pressure on the trachea.)

In croup, when the cough begins to loosen, pustular eruption on the outer thorax; the axillary glands suppurate.

Cutting, drawing and aching in the lumbo-sacral region, especially in the sacro-iliac synchondroses, causing a halting gait and limping; it extends down the limb, and is not relieved by sitting, standing or lying.

Stitches in the back, and tight pain on turning. Tearing, drawing and burning pains in the extremities. Eruptions, etc.

Sleep. Disturbed by starting, by dreams, and by dyspnœa.

The pains are worse at night.

Chill at night, not followed by heat; chill in the open air (which aggravates the cough, etc.).

Sweat. Worse at night, and on the head or the back; it is clammy or sour. In the morning, when it occurs, it is sometimes general, sometimes only on the head.

Disposition. Very peevish; angry at the least trifle. Memory weak; hypochondriacal; unreasonably anxious.

General. Stitches in the joints during repose and motion. Drawing and tearing in the limbs. The hands and feet crack and ulcerate; the ulcers bleed easily, and burn and throb at night, with stitching and gnawing pain. Warts inflame and stitch. Burning, itching over the body, followed by nettle-rash. Lassitude, weakness; fainting on slight pain.

APPLICATIONS.

Suppuration, milk crust, eczema. Ulcers, warts. Glands inflamed (high or low?). Dysentery, catarrh of bladder. Prostatitis (Digitalis, Nitrum.) Croup, Bœnninghausen, 3*. Laryngeal cough, increased by slight uncovering of a limb.

* Bœnninghausen's powders ond, Hepar sulphuris ²⁰⁰, third,
for croup; First, Aconite ²⁰⁰, sec- Spongia ²⁰⁰. [H. E. K. D.]

DULCAMARA.

GENERAL ANALYSIS.

VITAL POWER. *a. Sensorium.* Depressing; signs of anæmia; vertigo on rising, with debility and general trembling.

b. Special senses. A partial action only; vision failing as from paralysis of the optic nerve.

c. Muscular system. Acts in such a way as to produce paralysis, or a paralyzed sensation in the tongue and in the back and extremities. These phenomena, however, succeed, except in case of the tongue and the eyelid, paroxysms of sticking and tearing pains, which are indicative of a rheumatic affection of the muscles. Hence the tendency to a rheumatic diathesis may be assumed to be the leading affection of the muscular system as a result of Dulcamara. At the same time there are no indications of a rheumatic dyscrasia, except offensive sweat and urine. These affections correspond rather to the effects of simple exposure to cold and wet.

Action upon the organic substance. The most marked effect is shown by the action of Dulcamara upon the mucous membrane, especially of

the alimentary canal and of the urinary bladder producing more or less copious discharges of mucus, altered from a normal condition, but not displaying any evidence of decomposition; and upon the lymphatic system, producing glandular enlargements (their specific nature unknown) both in the cervical and submaxillary, and in the inguinal regions. Clinical records, which are rich in cases of glandular enlargements cured by Dulcamara, teach that the conditions most easily cured by Dulcamara are hæmorrhages from the nose, which occur without evidence of decomposition of the blood. A specific dyscrasia, however, is produced, as is shown by the eruptions and by the offensive sweat which allies it to rheumatic affections.

General affections. As might be inferred from the affections of the lymphatic and mucous systems, a disposition to anasarca is shown by the symptoms of Dulcamara, *e. g.*, general swelling of the limbs and puffiness of the face.

Vegetative system. Dulcamara works such an alteration as to produce copious, soapy saliva, with loose and spongy gums. Flat, soapy taste, with loss of appetite, discharge of stringy, tenacious mucus from the stomach, and yellow and green mucous diarrhœa, with griping and cutting in the abdomen before the stool. Burning in the bladder and deposit of mucus in the urine evacuated. (Vesical catarrh.)

Sphere of action. The sphere of Dulcamara is not very extensive. Its action is apparently con-

fined to the muscular, mucous and fibrous or sero-fibrous tissues; and of these tissues the parts most affected are, in the muscular tissue, the voluntary muscles, especially those of the face and extremities and of the thorax; in the mucous tissue, that of the alimentary canal and urinary bladder, the air passages being scarcely affected. The cough is rather excited by stitches in the intercostal muscles and in the fibrous tissue, the substance of the meatus auditorius possibly the pericranium and the tissues about the articulations of the extremities. In addition to these tissues, the lymphatic glandular system and the special sense of vision are especial seats of the action of Dulcamara.

Sensations. For the most part, drawing and sticking pain in the substance of the tissues. The sticking, however, is not so sharp as that of Bryonia, but is as if done with a blunt instrument, and is circumscribed in location. In addition there is pain as after a blow.

Peculiarities and conditions of the pains. The pains are universally aggravated by repose; except the headache in the temporal region, which is a boring and sticking from within outward, aggravated by motion, and is probably due to a congestive condition which accompanies the Dulcamara catarrh. They are relieved or dissipated by motion, and recur when the subject comes again into a state of rest. They occur or are aggravated at night, and in damp, cold weather. When the sticking pains occur in the substance of organs,

their direction is universally from within outward; analogous in this to Belladonna.

Times of day. Aggravation in the evening, especially of the cutaneous symptoms.

Head. Sensorium. Vertigo. Momentary dizziness; objects appear to stand motionless; black spots float before the eyes; this occurs at noon before eating, also in the morning on rising, and is then attended by debility and general trembling, with flashes of heat in the face.

Confusion. Dull and confused feeling in the head, as if after a debauch.

Headache. The headache seems to depend in a great degree upon catarrhal or rheumatic affections of other organs. It seldom involves the whole head at once, but only a small spot is affected at a time, either by stickings or as by the pressure of a dull instrument.

The parts of the head most affected are the forehead and the occiput and nape of the neck. The temporal region, sometimes, in connection with the forehead. The pains are chiefly dull heaviness and pressing, and a pressure and a boring from within outward, and stitches and drawing pains from one part of the head to another.

To particularize :

Conditions. We have, in the forehead, heaviness, with occasional stickings, digging and boring in the substance of the brain from within outward, with a feeling as if a board were placed in front of the forehead pressing the pain back. From the

left frontal eminence to the point of the nose drawing and compressive pain, aggravated by stooping.

In the *Temples*. Boring outward, with heaviness in the head, worse on motion, in connection with nasal catarrh.

Vertex. Drawing, darting from the vertex to the root of the nose.

Occiput and Nape. Tense heaviness, worse in the nape, where there is a sense of formication. Pressing outward. Feeling as if the occiput were enlarged. Pressing, numbing headache from the nape upward. (Nux vomica, Spigelia, Silicea.)

The majority of the pains are aggravated on rising in the morning, and they grow worse toward evening, as the catarrh which they attend increases. The heaviness is better in the open air.

In the *Supra Orbital Region*. Pressing, tensive pain on the right side, and boring from within outward. In the orbital region, contractive pain in the margin of the orbit.

(General observations on the peculiarities of pain, *e. g.*, from within outward, etc.)

Eyes. Appearance. No special changes in appearance are noticed. On the authority of Starke (upon Bitter-sweet), chemotic ophthalmia is recorded as an effect of Dulcamara; and Noack and Trinks give it the first rank among the eye-symptoms.

Sensations. Pressing pain whether reading or not, but aggravated by reading.

Sensation as if fire sparkled out from one's

eyes on walking in the sunlight; also in the chamber.

Sight. 1. *As to power.* Dimness of vision; all objects appear as if seen through a veil; beginning of amaurosis with partial paralysis of the upper eyelid. (Ptosis.)

2. *Abnormal vision.* Sparks before the eyes.

Lids. Partial ptosis in the upper lid, as if it would fall. Jerking movements of the eyelids and lips (in cold air).

(General considerations, tissues, special sense affected, nerves of motion as in the ptosis; connection with other pathogenetic diseases of Dulcamara.)

Scrofulous blepharophthalmia and *adenitis*; crusty eruption on the margin of the eyelids and swelling and induration of the cervical glands. "Caspari, Archiv," 3, 3, 68.

Ears. External region. Various sensations, involving the zygoma and parotid region, viz.:

Painless pressing on the left zygoma (belongs to the face). Fine stickings in the parotid and in the external meatus. A cramping constrictive pain below the ear down toward the ramus of the lower jaw.

Pains. Meatus. Left. Pinching sticking toward the tympanum; aching, with fine stitches. Earache, with great nausea. Dreadful earache the whole night, preventing sleep; it ceases suddenly in the morning, but leaves a rushing in the ears.

Pricking and feeling as if cold air had streamed

into the ear. Tearing in the left ear, with stitches from within outward, accompanied by deafness and rustling in the ear.

Special sense. Abnormal. Clear, loud ringing. Drumming and bubbling before the ear and deafness, with tearing in the left ear and stitches from within outward. On opening the mouth a rustling in the ear, as if something were torn in two there.

(General considerations; seat and tissues; concomitants, etc. Concomitants are nausea, with earache and stickings in the parotids, with the same in the meatus.)

Nose. Epistaxis. Profuse hæmorrhage; four ounces of bright red and warm blood from the left nostril, with pressure on the region of the superior longitudinal sinus.

Eruption. Pimple, with ulcerative pain in the inner left ala nasi; eruption (itching) in the angles of both alæ. (Analogous remedies, Millefolium, Ledum, Thlaspi.)

Face. Cheeks. Tearing and drawing pains in the whole cheek. Itching in the eruption. (General considerations.)

Lips. Organic. Eruption, pimples and ulcers on the inner part of the upper lip and on the anterior part of the hard palate; also externally around the mouth, with tearing pain on moving the parts.

Functional. Jerking motion of the lips and the eyelids (in the cold air).

Chin. Itching eruption.

Teeth. Numbness, as if devoid of feeling.

Mouth. Tongue. Itching, crawling in the apex of the tongue.

Functional. Paralysis of the tongue, hindering speech, occurring in damp weather. Actual paralysis of the tongue after long use of Dulcamara, (a symptom noted by three allopathic authorities).

Aspect. Rough and dry.

Saliva. Discharge of much soapy saliva. Salivation, with loose and spongy gums. (General considerations.)

Neck. Drawing pain in the muscles of the right side.

Fauces. Pressure, as if the uvula were too long. Scraping in the fauces and burning in the œsophagus, with copious eructations.

Glands. Adenitis. Swollen, often very painful and sensitive; cervical and sub-maxillary lymphatic glands (with a sub-inflammatory condition), painful on every turning of the head. "Hartmann, Archiv," 8, 3, 80.

Gastric Symptoms. 1. Flat, soapy taste, with loss of appetite. Natural taste, with good appetite, yet soon satiated. 2. Appetite good, yet soon satiated. Hunger, with aversion to food. 3. While eating, repeated gulping up of soup just swallowed. Frequent pinching and distention of the abdomen. 4. After eating, immense distention of the abdomen. 5. Eructations copious, with scraping in the œsophagus and heart-burn,

with constant rejection of very tenacious mucus. Empty with shivering, as if before nausea, with hiccough. Frequent during a meal, gulping up soup just swallowed. 6. Nausea and vomiting. Qualmishness and nausea. Vomiting with chilliness, or with heat and anxiety. Vomiting of tenacious mucus, with warm rising in the œsophagus in the morning. (General considerations.)

Epigastrium sensations. Distention, with empty feeling in the abdomen. Constant griping on going to sleep. Tensive pain, as from a strain. Pressive as from a blow, worse on pressure.

Hypochondria. Left: Sudden cutting. Dull sticking, increased by pressure on the exact spot. Intermitting stitches. Single pulsating stitches when sitting, relieved by rising. Right: Dull stickings which take away the breath.

Umbilical Region. Sticking. Short dull sticking. Just below the umbilicus, griping when sitting bent forward, better on rising. Griping in the morning, as if to stool. Gnawing, throbbing pain just below the umbilicus. Tearing, digging, cutting around the umbilicus. On the left side, below the umbilicus, a pressing outward, as if hernia would ensue.

Abdomen generally. Uneasiness, with frequent flatulent discharge. Dull stitches in quick succession from within outward, taking away the breath; the spot is painful on pressure, as if something would force itself out there. Pinching, sticking in the right side, not relieved by pressure. Vio-

lent griping, as if a long worm were creeping and gnawing in the intestine. Griping, as before a diarrhœa. Pain, as from a cold, such as is apt to occur in damp, cold weather.

Flatus. Rumbling in the bowels, as from a purgative, every time he stoops forward. Rumbling as before a stool, with griping and some pain in the loins. Pain as before a diarrhœa, relieved by the discharge of flatus.

Groin. Glands. Pain. Pressing pain in the glands, right and left. In the bubo, burning and sticking, worse from motion and touch. Swelling on the left side, hard and painless. Pain in the left groin, not sensitive to the touch, with sensation of coldness in the back, and rumbling in the abdomen.

Stool. Sudden and imperative desire for stool, with nausea, but a tardy discharge of hard fæces or none at all. Griping and rumbling in the abdomen, with discharge of flatus smelling of asafœtida. Desire to stool, yet no action in the rectum; great straining.

Character. Diarrhœa with flatulence several afternoons in succession. White, slimy alternately with green and yellow stools, with lassitude. Hard stools in pieces. Time, afternoon. Before stool, cutting pain and rumbling. After stool, lassitude, cutting pain.

Cures of Diarrhœa. Case of one month's duration. Cause, cold; continued during cold, damp weather, night and day, worse at night, preceded by

violent cutting in the abdomen, chiefly around the navel. Then nausea, profuse cold sweat and thin liquid stools of yellowish or greenish bilious matter; sometimes, simultaneously, vomiting. In the rectum and anus, sensibility and biting, such as are caused by salt. A dose of Dulcamara 3°. In one day the patient was cured and remained so. Gross, "Archiv," 1, 3, 169.

Bloody Diarrhœa. Duration, three and one-third years. The patient was a shepherd who had been in the habit of watching his flocks by night; hence, the causes were cold and damp exposure. The symptoms were violent cutting around the navel, at night chiefly. Immediately bloody diarrhœa, almost uninterrupted, and consisting almost of pure blood. On account of the pain and diarrhœa he had no sleep the whole night long. Unceasing, unquenchable thirst. The rectum protrudes; biting at the anus, as from pepper. One drop of Dulcamara, mother tincture. In four days the patient was cured and remained so. Sonnenberg, "Archiv," 4, 1, 12.

Urinary Organs. 1. Pulsation in the bladder from within outward. Painful urination; burning in the orifice of the urethra while urinating.

2. Copious discharge of urine, at first clear and tenacious, then thick and milk-white; first clear, then turbid, with gluey deposit. Turbid and offensive with offensive sweat. Slimy deposit, red or white.

Sexual Organs. Heat and itching of the sexual organs. Papular eruption on the labia majora.

Menses. First increased, then diminished.

Nasal mucous membrane. Sneezing. Mucous membrane dry. Dry coryza, with confusion of the head.

Trachea. Short, irritated cough, excited by a deep inspiration. Much coughing, with expectoration of tenacious mucus, excited by violent stickings in the right or left side of the chest. Expectoration of blood. The exciting cause is deep inspiration; stickings in the right or left side.

Thorax. External. Sternum. Painful stickings, which subsequently feel like blows, upon the sternum. Tension and drawing upon the anterior parts of the sternum on a deep inspiration. A sticking, tearing pain in the middle of the sternum, going through the whole chest to the spinal column while sitting, but ceasing on rising.

Sides. Pain as if struck by fists on both sides under the shoulders. Painful pressing as with a dull instrument when sitting bent forward, on the left side, just above the ensiform body.

Axilla. Pulsating pain in the left axilla, disappearing on motion. Same in the right axilla.

Internal. Organic. Soreness, like a digging or from a strain or injury. Pinching pain in the whole chest, increased by inspiration.

Clavicular region. Benumbing, dull stitch under the right clavicle into the chest. Deep cutting pain in the left chest, close under the clavicle, relieved by pressure.

Sternal region. Jerking and drawing under the

sternum. Pressure in paroxysms under the whole surface of the sternum. Painful sticking in the region of the sternum.

Costal region. Violent stitches, now in one side, now in the other, provoking frequent cough, with sputa of tough mucus.

Right side. Dull sticking in the region of third rib, especially on pressing thereon, when the pain withdraws to the loins, thence rises to between the shoulders; a sticking on the internal margin of the left scapula on inspiration. Digging pain, relieved by pressure. Sudden and quickly disappearing stitch between the fourth and sixth ribs.

Left side. Slow intermitting, dull stitches. Painful stitch, as from a dull knife, between the fifth and sixth ribs. Sticking pain in the region of the sixth rib. A feeling as if something were pressing out from the chest (aggravated from within outward).

(General considerations.)

Heart. Functional. Palpitation violent, externally perceptible, especially at night; one seems to feel the heart beat outside of the thorax.

Back. Sacro-lumbar region. Pain as after long stooping. Dull sticking, from within outward, on every inspiration; in both loins when sitting bent together after a walk. Pain as if the body were cut in two in the lumbar region above the hips; the pain is so severe as to keep the patient in constant motion to and fro, which yet gives no relief.

Left side. Digging, sticking pain near the sacrum. Digging over the left crista ilii, relieved by pressure. Close to the lumbar vertebræ, pain as from a blow previously received there. A digging, sticking pain in the loins above the left hip, relieved by walking, but returning on sitting down. Dull stitch from within outward, on each act of inspiration.

Right side. Deep cutting pain in the loins over the right hip, ceasing on pressure, but soon returning. Darting single stickings, as if with a fork, close to the lumbar vertebræ.

Dorsal region. Single, painful stitches in the middle of the vertebral column on respiration.

Left side. Intermitting, dull stitches, like sensitive throbbing, near the vertebral column. Intermitting pressure near the vertebral column, near the cervical region, when lying on the back in bed.

Scapular region. Right: Tickling stitch in the middle of the right scapula. Drawing, tearing pain on the external margin. Left: Intermitting, tearing shocks on the external side of the left scapula.

Cervical region. Painful stiffness in the cervical muscles on turning the head to either side. Stiffness. Pain in the nape, as if the head had lain awry. Contractive pain, as if the neck were getting twisted. (Torti collis.)

Extremities. Drawing, tearing in the right shoulder, above the right hip, and above and below the right knee. Upper extremities. Inability to

move the arms forward and backward ; the attempt produced jerkings in them. Jerkings in the muscles of the upper arm on flexing the arm and moving it backward ; on extending the arm, stiffness of the fingers and inability to flex them.

Shoulders. Jerking and pulsating pains in the axillæ.

Arms. Pain in the evening in bed, and in the morning on rising. Paralyzed pain in the left arm, as from a contusion, almost only during repose ; less during motion ; the arm not sensitive to the touch, and having its usual power. In the whole right arm, a dull violent pain as from apoplexy, with lead heaviness, immobility and sensibility ; the arm was icy cold to the touch ; the muscles tense, even in repose ; the arm paralyzed, could not raise it nor grasp a pen ; the attempt to do so produced a sharp pain in the elbow-joint, which was also painful to the touch, as if beaten. The same icy coldness returned in twenty-four hours.

Elbows and Fore-arms. Frequent painful drawing in the left ulna. Dull drawing from the left elbow to the wrist, worse on pronation in the evening. A turning, boring pain slowly descending from the elbow-joint to the wrist, ceasing during motion, but instantly recurring on repose. A sudden jerking, griping, tearing in the middle of the left fore-arm. Left fore-arm powerless, as if paralyzed, with a similar sensation in the elbow-joint.

Wrists. Right. Sticking as with a dull point, relieved by motion.

Hands. Trembling in damp, cold weather. In the left thumb, cramping drawing; one scarcely dared move the thumb. Jerking, sticking in the first phalanx of the middle finger.

Lower Extremities. Hips. Stitches and drawing, tearing pain in the hips. Drawing, sticking pain in the left hip joint, extending to the groin only when walking, as if at every step the hip would be dislocated; relieved by forcible extension of the thigh, the whole leaving a pain as if beaten in the parts, for fourteen days.

Thighs. Right: Sticking, tearing pain, not relieved by pressure. Drawing sensation on the anterior part of the right thigh. Drawing tearing in the posterior part of the thigh, from the middle to the knee-joint. Paralyzed sensation on the anterior part. Left: Fine sticking, posteriorly, close to the knee. Both: Constant sticking, throbbing or griping pain, ceasing on walking, but developed again when sitting. Here and there drawing in the flesh of the thighs, which is sensitive to the touch. The thighs go to sleep and are very weak.

Knees. Great weariness, as after a long walk. Tearing in the knee-joint when sitting. On the internal side of the knee a rhythmic, throbbing, pressing pain.

Legs. Left. Cramp-like drawing pain down through the leg. Swelling of the leg and calf

(not of the foot), with tensive pain and feeling of extreme fatigue toward evening. Gentle tearing from within outward in the shin-bone. Pain in the shin-bone, as from fatigue by walking. Pain down the posterior part of the calf. Tearing in the calf, relieved by motion of the foot. Sudden stitch in the calf, as from a needle, followed by a sensation as if blood or water flowed from the spot. Painful cramp when walking. Sensation of numbness in the calves in the afternoon and evening.

Feet. Burning in the feet. Intermitting, sticking, burning in the toes.

Left. Tearing from the external malleolus forward. Pulsating, tearing pain in the great and second toes.

Right. Violent cramp in the inner ankle bone, wakes one at night; relieved by getting up and walking about. Drawing tearing about the interior malleolus. Cutting pain in the middle of the right sole, not relieved by stepping.

General Symptoms. Convulsions and spasmodic affections of the muscular system. Jerkings in the hands and feet. Convulsion, first of the facial muscles, then of the whole body. Trembling of the limbs. Cramp pains here and there, especially in the fingers. Dull stitches here and there in the limbs and body generally, from within outward. Pains in various parts of the body, as from a cold. Great lassitude and feeling of fatigue; heaviness and fatigue in every limb, compelling to sit and lie. Great lassitude and heaviness in the limbs and debility, sometimes sudden, like syncope.

Sleep. Sleepy the whole day, with much yawning. Sleeplessness. Sleep disturbed by distracted dreams, with much sweat during sleep. Restless, interrupted, anxious sleep, with many dreams. In the evening, just on dropping asleep, starting up with fright. Sleep with loud snoring, with open mouth. After midnight, anxiety and fear for the future. Sleep restless; after four A. M. cannot sleep again; stretching and turning, with great fatigue, and feeling as if the posterior cervical muscles were paralyzed and he could not lie on them. Wakes up as if called, and sees a ghost, which constantly enlarges and then vanishes on high. Toward morning no sleep, with fatigue in the limbs, as if paralyzed. Sleep disturbed by itching on the chest, abdomen etc.; heat and stinking sweat.

Skin. Eruptions (see *Nose*). Pimples in the ankles of the alæ nasi; painful.

Cheeks. Moist eruptions; itching.

Lips. Pimples and ulcers around the mouth and inside the upper lip.

Chin. Itching eruption.

Sexual Organs. Papular eruption on the labia majora; heat and itching.

Arm. Right. Burning, itching, compelling to scratch, and relieved thereby for a time; a burning vesicle appears. In the hollow of the elbow a red eruption, visible in a warm room in the morning and evening, compelling to scratch, which is followed by burning.

Hands. Covered with warts. On the back of the hand burning red eruption on going from a warm place into the air. A papular eruption.

Thighs. Burning itching, provoked by scratching.

Legs. On the outer side itching and itching stitch, relieved for a time by scratching.

General. Itching in various parts of the body; violent itching eruption of red spots with vesicles; nettle-rash; itching, sticking, and after rubbing it, burning. Fine eruption on the chest and abdomen, with moderate itching. Red spots on the body. Dryness and heat, with constipation and painful retention of urine, with the pulse soft, slow and elastic.

Swelling. Sudden swelling of the body and puffiness of the limbs, which are sometimes painful and sometimes feel numb and go to sleep.

Nettle-rash. Itching and burning after being scratched, and, before each eruption of it, needle-stickings in the whole body. Dulcamara²⁴ cured. Sonnenberg, "Archiv," 4, 1, 115.

Pemphigus. Child, of thirteen months, with no teeth, old-looking face, great emaciation. Great hunger, yet refuses food. Great thirst; slimy, brown, liquid stools; urine offensive, turbid when passed, and excoriating the skin which it touches. Restless, impatient. Lax, tired, cannot stand. Vesicular eruption, large as a pea, containing yellow, translucent fluid, and on a red, inflamed base, covering the whole body except the face. Sleep little

and restless. Dulcamara one dose cured. Bethmann's "Archiv," 3, 2, 119.

Warts. On the hands. Dulcamara second only to *Rhus toxicodendron*. Stapf, "Archiv," 2, 3, 118.

Crusta lactea. Right cheek, with important symptoms of a cold. Dulcamara ³⁰. J. Romig, "Archiv," 15, 3, 156.

In Abdominal Typhus. Dulcamara produces good results when patients distinctly remember having taken cold; tongue is clean, no gastricismus; stools yellow, liquid, with rumbling, cutting, digging and griping pain in the umbilical region or whole abdomen. Administration followed by sweat. Bärtl, "Archiv," 20, 3, 69.

Mehlflechte. On the knee; old, obstinate, size of a dollar. Cured by Dulcamara ¹⁰⁰, several weeks continued. Gross, "Archiv," xvii, 2, 52.

CALCAREA CARBONICA.

LIME is used in allopathic therapeutics: 1. As caustic lime in combination with caustic potash as an escharotic; it lessens the deliquescence of the potash and makes the causticity more controllable.

2. In the form of lime-water it is used externally in combination with oil as an application to burns; as a soothing application to intertrigo and eczema; also internally to correct acidity of the stomach and primæ viæ; and in combination with milk to prevent vomiting in children who are fed by the bottle. It is given, with their food, to debilitated rachitic persons and to pregnant women who are supposed to suffer from a deficiency of lime.

3. As a dry powder the carbonate is applied to inflamed surfaces, and in the form of chalk mixture is administered, along with other drugs, to control diarrhœa supposed to depend on acidity.

Ringer remarks that small doses, very small ones, *e. g.*, one or two grains, act at least as well as large ones, because the diffusion power of lime

is very small, and but little of it is or can be absorbed into the blood.

Calcarea carbonica* or acetica was proved by Hahnemann, and regarded by him as one of the most valuable and most widely applicable of the anti-psoric remedies.

We proceed at once to consider its effects in anatomical order.

Sensorium. Vertigo, especially when walking in the open air, aggravated by stooping, and most noticed in the early morning when rising or shortly after rising; accompanied by nausea and a feeling as though one would fall unconscious. The memory appears to be enfeebled.

As regards disposition, we notice first, indifference, with reticence and inertness; then depression and sadness, with anxiety about the future and disposition to weep. Finally, peevishness and much nervous excitement and irritability.

Despairing, hopeless of ever getting well. Anxiety, shuddering and awe as soon as evening comes near; with fear of death, tormenting those around him day and night.

Fear of going crazy, or that people will observe her and suppose her to be crazy.

The mind is confused, so that what is read or heard is not understood or apprehended.

Heavy aching, and pressing headaches in various

* NOTE.—In Hahnemann's provings of Calcarea carbonica and Calcarea acetica, he prepared

them both from oyster-shells giving an impure Carbonate and Acetate. H. E. K. D.

parts of the head, always worse by reading and stooping. Stooping produces a bewildered sensation.

The pressing pain is from within outward, and occupies only a part of the head at a time.

A feeling of congestion alternately with a sensation of icy coldness in the head.

It is peculiar to Calcarea that the head very easily becomes cold and seems affected thereby, so that headache results and the integuments of that particular part become sensitive. A muscular strain produces headache.

The hairs fall out.

Eyes. The pupils are sometimes dilated and sometimes contracted. Hahnemann has remarked that Calcarea is peculiarly applicable to persons whose pupils are habitually dilated.

Perversions of vision are noted.

Veils, feathers, shadows or black spots appear before the eyes, making vision indistinct; it is also indistinct from straining of the body or mind, from reading, and after dinner. Also presbyopia.

The lids itch and burn and especially the canthi. The lids are red and swollen; also the conjunctiva, with much discharge of muco-pus. The pains are aching, as if grains of sand were in the eye, worse in the evening and at night; burning and itching in the eyes; and in the lids a smarting soreness. Experience has shown the efficacy of Calcarea in scrofulous ophthalmia. (Contrast with Conium.)

Face. Eruptions of painful papules or an eczema.

Frequently a general swelling, with tearing pains in the facial bones.

When emaciation occurs the face is pale or sallow.

Many perversions of hearing; noises; deafness. with feeling as if something lay in front of the membrana tympani; and noise or sputtering in the ear when using a handkerchief or swallowing.

Pulsation, stitching and heat in the ear. Ear much swollen, with sudden jerking pain, causing the whole body to start. (Same in the eyelids and face.)

The sense of smell is perverted. There is an odor of bad eggs or of gunpowder (I add, of *manure*). Epistaxis frequent and profuse. Ulcers and sores in the nose and on the lips.

Nose sometimes very dry and then again plugged with yellow, offensive pus.

Neck or Throat externally. Swelling of the glands, with aching and, on chewing, stitching pains; sometimes also on swallowing. Also goitre; a most valuable remedy in scrofulous swelling.

Gums. Swollen, bleed easily, sore; often swelling of the cheeks and ulcers on their inner surface.

The toothache is excited by currents of air (characteristic of Calcarea) or by getting wet, working in damp places (characteristic). They are tearing pains, extending up into the head, as if the roots were being torn out. Also throbbing and boring and swelling of the gums and cheeks.

Renewed by every cold drink, or by both cold and warm drinks.

Speech is difficult and clumsy.

Tongue generally white coated. Burning pain; burning vesicles, which become ulcers. Dryness, alternating with excess of saliva. (Ranula.)

Feeling of a lump in the throat; no tonsillitis.

Taste generally sour. Frequent eructations, generally sour, with burning from epigastrium upward. Frequent hiccough.

Nausea. A. M., with accumulation of water in the mouth and a vertigo; also at other times, with water-brash. Sometimes early vomiting.

Appetite increased abnormally, alternating with loss of appetite. Increased thirst, especially for cold drinks.

Many symptoms occur after eating,—eructations with burning; nausea after drinking milk, though only half satisfied; headache, palpitation, rush of blood to the head and sleepiness.

Stomach. Aching, both when fasting and after eating, and particularly on coughing.

Right hypochondrium. Aching and swollen and hard; worse at night. This likewise throughout the whole upper abdomen during constipation, with headache and vertigo.

Contractive drawing aching in the epigastrium and across the upper abdomen, compelling to walk bent forward, and aggravated by deep inspiration.

Some sensation in the lower abdomen. Colicky pains about the umbilicus toward the uterus.

Tension in the abdomen from distention of that part of the body; large and hard abdomen, especially in children, is a characteristic of *Calcarea carbonica*.

Generally the abdomen pains, etc., are brought on or aggravated by inspiration.

In the groins a drawing or jerking pain and frequent swellings of the glands, which are tender and painful on motion.

Anus and Rectum. Itching, as from thread or pin-worms, and a burning, inflamed eruption around the anus.

Aching and burning, or jerking pain in the rectum.

Constant tenesmus or desire for stool is an important symptom (after dysentery, in the chronic form, very useful). Constant desire for stool; almost no discharge.

Stool. First: Hard, thick, scanty, and evacuated with difficulty, or complete constipation.

Second: Diarrhœa of various characters, undigested, offensive, like spoiled eggs, mixed, soft and lumpy. Undigested, whitish; a stool which is first hard, then pappy, then soft. Scanty, mixed with blood. The stool does not weaken the patient. The records of diarrhœa by provers are meagre, yet *Calcarea carbonica* is one of our most valuable remedies in chronic diarrhœa. Hæmorrhoidal tumors appear, which pain both during motion and repose, and especially at stool, and bleed freely.

Urinary Organs. Symptoms worse at night.

Cutting and burning in the urethra during micturition. Frequent desire to urinate ; varying quantity.

Urine dark and offensive. Blood from the urethra. Fungoid of trigone vesicale.

Calcarea increases sexual desire and provokes emissions, but unusual weakness follows indulgence and ejaculation is tardy.

Aching of the testicles, with spasmodic retraction of the same, occurs ; also, itching and burning of the genitals of both sexes.

The menses occur too early and are too copious. This is often the case in incipient phthisis. Various phenomena accompany them : Ophthalmia, headache, toothache, colic and backache.

During the interval, a milky leucorrhœa, with burning itching, worse before the menses. The least excitement brings on a return of profuse menstruation.

Calcarea, however, is sometimes indicated when the menses are scanty.

Respiratory Organs. Frequent sneezing and dry nasal catarrh, the nose being very sensitive, with headache, sometimes accompanied by hoarseness.

In the trachea a tickling irritation, as if from dust or feather-down ; and cough is provoked by this as well as by eating and playing piano.

The cough is dry at night and in the evening, with shocks in the head and sometimes vomiting ; in the morning it is loose, the sputa being yellow and sometimes bloody ; there is often in the morn-

ing a large mucous râle on expiration in the trachea before coughing.

The chest pains are aching, and general uneasiness. If stitching pains are present, they often are not affected by respiration. Palpitation often accompanies the oppression. The oppression of breathing is sometimes distressing, and is relieved by throwing the shoulders back. Soreness of the chest, especially under the clavicles, to deep respiration, and especially to the touch. The mammæ swell; the nipples are sore when touched; the milk of nursing women fails.

Various pains in the trunk.

Painful stiffness in the back, making change of posture very difficult. Stitches very severe in various parts of the back; sudden stitches, especially between the scapulæ.

The same kind of pains in the extremities. I call attention to the cramps in the calves at night, to the sluggishness of circulation in the hands and feet, causing dead appearance, numb tingling, and excessive coldness.

Skin. Itching and various eruptions; of vesicles, papules, like urticaria (sour stomach), eczema, thin moist scabs upon the head, with swollen cervical glands; eczema behind the ears. Papules in various parts of the body; also warts, which inflame and form ulcers.

Children and sucklings become thick and gross, as if fat, but are pale and unhealthy.

Sleep. Considerable day-sleepiness.

Difficulty in getting asleep at night, and the sleep is restless. Starting in sleep, or just when going to sleep. Nightmare ; cramp in the calves ; much palpitation and tumult of the blood at night.

Fever. Mixed. Cold and heat partial. Great sensibility to cold at all times.

Heat attended by thirst.

Sweat copious by day during the slightest motion, also at night and early in bed, and then chiefly on the limbs. (Not as with *Rhus* and *Silicea*.)

General Action. Lassitude in the limbs ; general sense of weakness after every walk, such as one feels after a fever. It even goes so far as to amount to attacks of faintness with chill ; indistinct vision and nausea.

APPLICATIONS.

In every case where the nutrition is impaired with tendency to glandular engorgements.

Hahnemann says *Calcarea* does much good in epilepsy. Also, he says, it seldom does to repeat *Calcarea* upon itself.

It is indicated especially in cases of women whose menses come too early and too copiously. It acts best after Sulphur or Nitric acid, but never well if it has been given before them.

It produces a general feeling of illness, and great sensibility to cold air ; it has been observed

that after washing or working in water the symptoms re-appear or are much worse.

It is useful for children who are self-willed and inclined to fatten. In itching of the scalp; children scratch the head when their sleep is disturbed or on waking. In difficult dentition of little children. (G.)

It is indicated by deafness after the abuse of quinine.

By a sour taste in the mouth or of food; sour vomiting, especially with children during dentition; also by sour diarrhœa.

By longing for eggs, particularly with children during sickness or convalescence.

When the pit of the stomach, instead of being concave is convex.

When the feet are constantly cold and damp, as if she had on wet stockings. (*Calcarea phosphorica* is better in uterine trouble. G.) She is very sensitive to the least cold air, which goes through her.

In fever, when there are horrid visions on closing the eyes; or headache, diminished by closing the eyes.

Hughes says *Calcarea* seems to be indicated not in primary but in secondary disorders of assimilation; these are scrofula, tuberculosis and rachitis. It is useful for rachitis; difficult dentition; imperfect ossification; delay of the power of walking; for scrofula; adenitis; mesenteric disease; chronic diarrhœa; eruptions, etc.

CAUSTICUM.

THIS drug is known only to the homœopathist, at least under this name. What is it?

Hahnemann directed it to be prepared as follows:

“Take a piece of recently prepared quicklime weighing about two pounds, immerse it for a minute in a vessel full of distilled water, and then lay it in a dry cup, where it soon becomes pulverized, giving out much heat and a peculiar odor called the vapor of lime. Of this fine powder you take two ounces, place it in a mortar which had been previously warmed, and then mix it with a solution of two ounces of the bisulphate of potash in two ounces of boiling-hot water, the potash before being dissolved having been exposed to a red heat, melted, cooled again and then pulverized.

“This thickish preparation is inserted into a retort, to the open end of which the receiver—which ought to be dipped in water to half its height—is hermetically fastened. The liquid is distilled over by gradually approaching a coal fire

to the retort, and until the preparation is perfectly dry. The liquid in the receiver is about one ounce and a half, as clear as water, and containing the Causticum in a concentrated form. It smells like the lye obtained from potash, and has an astringent and burning taste on the back part of the tongue. Its freezing point is below that of water; it promotes the putrefaction of animal substances that are placed in it; with the salts of baryta it gives out no trace of sulphuric acid, nor any trace of lime-earth with the oxalate of ammonium."

Dr. Black had several specimens analyzed, and believes Causticum to be a weak solution of potassic hydrate. Others deny any virtue to it, and reject it from the materia medica; but to this proposition we oppose the physiological and the pathological tests.

The symptoms ascribed to Causticum are very many. Instead of giving a resumé of all, I will call your attention to certain groups, of which the value has been abundantly established by clinical experience.

Face. Pains in the malar bones, zygomatic arch and maxillæ; drawing pains which extend into the cheek and ear, and are most apt to occur on the right side. Burning; the pains produce spasm of the muscles, a sensation of numbness on the side of the face as if asleep.

These symptoms have led to the use of Causticum in prosopalgia and in facial paralysis. In general, hemiplegia of the right side.

Wart on the nose.

Digestion. Burning and water-brash. Constipation.

Urine. Constant ineffectual desire to urinate; frequent evacuation of only a few drops, with spasms in the rectum and constipation. Evacuation of blood with the urine or instead of it; with great pain; all the sensations worse at night. (Morgan's case.)

Burning in the urethra during micturition.

Involuntary micturition when coughing, sneezing or walking.

Nocturnal incontinence; not conscious of it. (Different from Kreasote and *Plantago major*.)

Larynx and trachea, aphonia.

Hoarseness toward evening, with dry tickling cough.

Cough, with a sensation as if the prover could not cough low enough to start the mucus, produced by tickling, accompanied by rawness.

- Backache, especially in the coccyx.

Limbs. Twitchings and clonic spasms.

Rheumatic aching in the shoulder; paralysis of the deltoid; cannot raise the hand to the head; subject to pains, worse at night, causing continued motion. The same in the hips and knees; constant tearing and piercing pains, compelling constant motion, which, however, does *not* relieve (as under *Rhus*); always coming on at evening, and diminished in the morning. Useful in rheumatism when the fever has abated.

Convulsions.

NITRIC ACID.

HAHNEMANN says Nitric acid is especially indicated for those disposed to diarrhœa. It is most especially effective after Kali carbonicum.

Most of the symptoms are relieved after driving in a wagon; but slight movement, especially after eating, excites heat, sweat and palpitation. It produces great tendency to take cold, and it excites pains in the back and all the limbs.

As regards the skin, the sweat-pores are black, and papules are frequent. It disposes to ulcers, and those already existing bleed readily when touched or bound up; and are the seat of sticking and burning pains, as if from nettles. Itching of the skin is a common symptom, and, after scratching, large blotches appear. Warts itch.

Ulcers and caries, resulting from the abuse of Mercury, are relieved by Nitric acid, especially if there be erethism.

A characteristic symptom is the sensation of great weakness, sometimes felt early in the morning, as lassitude in the joints and limbs; sometimes in

the afternoon, as weariness, even to trembling, throughout the body. As a consequence, day-sleepiness, even early, soon after getting up.

Sleep at night is disturbed; sometimes by frequent waking, sometimes by turning and tossing, sometimes by frightful dreams, and especially often by thirst and necessity to pass water. Abdominal uneasiness and nightmare.

Fever. Coldness, not only at night but also by day; coldness of the skin of the entire body, the chill chiefly at evening and on getting into bed; and mostly in the back.

Heat. Fugitive, and in frequent flashes by day; sometimes only in the hands or the cheeks, without thirst. Often a continued sensation of heat in the body without thirst; can endure but little covering. At night this heat is often intolerable, partial or general, without sweat and with thirst.

Fever mixed up.

Sometimes sweat at night, general or partial, and often only on the parts on which one lies.

Disposition peevish, ill-humored at every trifle, even at himself, especially in the morning early.

Often anxious about his own illness; constantly thinking about past troubles.

The mind is weakened; the thoughts wander, especially on weighty subjects.

Vertigo. Not only when stooping, and compelling to lie down, but also occurring in the evening after lying down, and when rising at night or early in the morning.

Head. Nothing specially characteristic about pains, or their locality. It should be noted, however, that the pains generally are aggravated by succussion, as by riding in a wagon or by stepping hard. Externally the head is sensitive, as if contused, either all over or in certain spots, as, for example, on the spots pressed when lying, or by pressure of the cap or hat (verified in practice).

Face. Tearing and cramp-like pressure in the cheeks and malar-bone, increased by touch and at night.

Eyes. General. Exterior. Dull and sunken, hard to open, A. M. Yellow and sickly hue of the surrounding skin. The conjunctiva is reddened, with an aching as though sand were in the eyes, or as if one had been looking at the sun; lachrymation, with burning and biting, much increased by reading; stitching pains, which come from the head into the eye and ear. Nebulosities of the cornea have been observed; and Nitric acid has been found very serviceable in ophthalmia from suddenly suppressed syphilitic affections.

Ears. Glandular swelling behind and below the ear, from which stitching pains extend into the ear; stitching pain in the internal ear and in the maxillary articulation.

Nose. Discharge of offensive, yellow mucus, and frequent epistaxis.

Chin. Pimples with a red areola, leaving a hard lump after suppuration. Swelling of the infra-maxillary glands.

Gums. Swollen; teeth yellow. Throbbing and sticking toothache, worse at night.

Tongue. Vesicles upon the tongue and sublingual glands; burn when touched.

Soreness of the tongue, palate and gums; and ulcerated spots on the cheeks. Great dryness of the mouth. Offensive breath, as if putrid.

Scraped sensation in the throat.

Aching when swallowing food, with sensation of swelling deep in the throat. Soreness of the uvula. Sticking in the tonsils, and deep in the swollen throat, and in the root of the tongue; worse in the evening.

Digestion is retarded and modified, as is shown by sour eructation and rising of half-digested food. Sour and bitter taste. Nausea and vomiting along with headache; most symptoms occur after eating and at night, and are attended by profuse sweat. Much flatus. Aching in the region of the liver and kidney; and at the same time a jaundiced hue. Sticking and griping in the abdomen.

Inguinal glands swollen, but often not painful.

Rectum. Soreness and chafed sensation after stool; a moist soreness at the anus and between the nates. Burning and itching. Sticking pain in the rectum, chiefly when coughing and at stool. Aching or long pressing toward the rectum and anus; stool not hard, but difficult. Hæmorrhoids protrude and at every stool bleed.

Stool. Diarrhœic; offensive and with much tenesmus. Constipation, says Hahnemann, rarer,

Tenesmus of the bladder. Urine offensive, scanty, sometimes acid, sometimes alkaline. Color dark brown; soon becomes turbid; white or clear red deposit, sometimes granular. Burning and soreness after urinating.

The sexual instinct is increased. Male urethra painful to pressure; orifice swollen and red; discharge of bloody or thick yellow mucus.

Much itching of the prepuce and glands. Swelling and drawing in the testes. Vesicles and ulcer on the inner surface of the prepuce and on the glands, as before described; also the warts.

Menses too soon, with backache and great weakness, with bearing-down pains.

Leucorrhœa of a stringy mucus of a cherry-brown color and offensive. Ulcers in the vagina.

Sneezing, dry nasal catarrh, or alternately; hoarseness, headache and cough. Throat has catarrhal inflammation. Roughness, etc.

Cough, with headache. Aching in the loins, and soreness in the thorax; sputa dark, bloody. Soreness and constriction of the chest.

The back and loins ache with the least cold. Stiffness of the nape.

Aching and sticking in the extremities.

Itching, burning eruption between the fingers.

Cramp in the calves and soles of the feet at night and toward morning on stretching out the feet; painful to the touch.

CARBO VEGETABILIS.

CARBO LIGNI. VEGETABLE CHARCOAL.

CHARCOAL possesses the power of absorbing gases in large quantities in vastly greater proportions than the relation of its bulk. It condenses the gases within its pores. It does not act equally upon all gases in this way; absorbs but little hydrogen; more oxygen; large quantities of sulphuretted hydrogen, and still more of ammonia. It is used as a disinfectant and to purify water; to remove the foul smells from ulcers, etc. It is inferior as a disinfectant to volatile substances, because it can act only on the air which comes in contact with it. Not so good in poultice on sores as in bags, dry and granulated.

It is used in the old practice to relieve heart-burn, flatulence, etc. In dose, six to ten grains.

Hahnemann says: "The disinfectant action of Carbo vegetabilis is purely chemical. The mouth rinsed with charcoal and made sweet soon becomes foul again. So do the ulcers and the excretions treated with charcoal. It is not," he continues, "until charcoal has been reduced to a state of minute subdivision by trituration, according to the

rules of homœopathic pharmacy, that it produces specific effects upon the organism." The proving which Hahnemann presents us was made with the third centesimal trituration.

These symptoms may be summarized as follows:

Head. Sensorium. Indifference is the characteristic symptom. The irritability noticed seems to be a protest against disturbance of the quiet which the patient desires; and the sensibility and peevishness of disposition to be another phase of the same protest.

Memory is feeble, the course of ideas slow, with tendency to fixed ideas.

Vertigo is a marked symptom. It occurs in the bed, when sitting up after sleep; and is especially induced by quick movements of the head, stooping, walking, sitting, etc.

Headache is a marked symptom of Carbo vegetabilis. The general character is heaviness, pressure, dull ache. Thus provers complain that the head is "as heavy as lead;" that there is a weight in the occiput; or a pressure across the forehead weighing down the eyelids, etc. Even the weight of the hat seems to aggravate this symptom. A feeling of tension, as if the integuments of the head were too tight; as if a strap were drawn tightly across the forehead. Sometimes after a meal and at evening, the pain is a throbbing, with heat in the head and fullness. But generally the headache, like the vertigo, is attended with weak-

ness and tendency to faintness. Sometimes the pains, if acute, extend to the upper maxilla.

The hair falls out.

Eyes. In the eyes we notice, first, itching and biting, especially in the canthi, with lachrymation and soreness in them. The prominent sensation is pressure and aching in the globe of the eye. As regards vision, black spots and flames and rings and shortness of vision have been observed.

Ears. Tearing and aching from within outward. External ear swollen and hot. Parotids swollen. Ringing in the ear accompanies the vertigo. Also, there is roaring and singing. Deafness.

Nose. Epistaxis copious and frequent; black blood, generally at night. Paleness before and after it.

Face. Complexion pale or yellowish. Drawing and aching pains in the facial nerve.

Mouth. The teeth feel long, and are sore. Tearing ache. The gums are swollen and bleed, and recede from the teeth. Vesicles appear on the gums, and they bleed on suction by the tongue.

Tongue. Whitish or yellow coat. Dry mouth. Burning and biting sensation in the fauces, and scraped feeling in the throat. Aching in the throat and œsophagus as if from a swelling, which hinders deglutition, as if the throat were constricted.

Digestion. The taste in the mouth is saltish, sometimes bitter.

Appetite vanishes.

Frequent and abundant eructations, with great

accumulations of flatus in the stomach. Nausea after eating, yet no vomiting. Most of the digestive symptoms are aggravated after eating. For example, hiccough, irresistible sleepiness, with lassitude and heaviness of the legs; but especially the feeling of fullness and great distention of the abdomen.

As regards sensations, burning in the stomach, with a creeping sensation up to the throat, is very characteristic.

Also, spasmodic pain in the stomach, compelling to crouch forward, and impeding respiration. One of our best remedies in gastralgia, especially when there is much flatus and a burning ache. Similar aching and burnings in the abdomen.

In the region of the liver, stitching pain; also in the epigastrium, and thence to both sides, increased by deep inspiration.

Excessive flatulent distention, with rumbling. Flatus not always offensive. Sometimes very much so, and evacuation gives relief.

In the rectum and anus, burning, both independently of, and during, the evacuation of flatus and stool. Itching and burning, stitches and cutting pain at stool.

Stool. Ineffectual urging to stool. Stool scanty and difficult, even when not hard. Stool solid and enveloped in mucus. Before stool much pressure with, at same time, pressure on, the bladder and in the back (frequent in women); at last with pains like labor-pains, and great straining; a soft stool.

Exudation of moisture from the anus ; and soreness of the perinæum, with itching. (Hence used in hæmorrhoids with epistaxis.)

Urine increased ; dark and red, as if mixed with blood. Pressure on the bladder. Tearing in the urethra, and the last drops are of mucus.

Sexual instinct suppressed.

Female Sexual Organs. Burning and smarting and soreness, with abundant leucorrhœa, most abundant in the early morning. Menses are too frequent, preceded by spasmodic colic, and attended by violent headache and colic.

Respiratory Organs. Catarrhal symptoms. Frequent sneezing and dry nasal catarrh ; nares obstructed. Sneezing, caused by tickling and creeping in the nose, with lachrymation and biting pain in and above the nose. Sometimes an ineffectual desire to sneeze, which is very troublesome.

Hoarseness, especially toward evening. Cannot speak a loud word, or the voice becomes deep and rough, or fails. Compare Causticum, Phosphorus, Rumex, Lachesis.

A tight feeling in the chest, and constant desire to cough, from a scraped feeling and a tickling in the throat and trachea.

In cases of obstinate hoarseness, worse in the evening ; in tracheitis, and asthmatic affections dependent on hydrothorax, it is very useful. Rückert.

The cough is mostly hard and dry, and hoarse or rough-sounding ; is most apt to occur after a

full meal, and ends in vomiting (indication in whooping cough). It often produces pain in the chest and stitches through the head (and the pain in the chest *after* the cough is a burning as from a coal of fire). Sometimes there are tough and greenish sputa.

Chest. Aching and tearing pain and the burning after coughing. Constriction and short breath, increased at evening in bed. The breath is short, and the chest tired on waking. Cases of suspected slow tuberculosis.

Back and Loins. Aching and tearing, extending to the hips. Pain in the scapular region. Rheumatic drawing and aching from the loins to the coccyx. Burning externally about the hips and the scapulæ, and aching along the spine.

In the extremities, aching and burning pains, but especially lassitude, heaviness and even numbness; generally diminished by repose, but often in the legs a restlessness, so that one knows not where to place the limbs.

As regards the skin, fugitive itching when warm in bed. Nettle-rash, painless papules and fine itching eruptions on the hands and the calves. Ulcers are offensive; old ones break out afresh. They burn and easily bleed.

As regards sleep. Great sleepiness by day, with yawning and stretching, both in the morning and afternoon. Early sleepiness in the evening; but cannot go to sleep early after going to bed. Anxiety, restlessness; congestion of the head early

in the night prevents sleep. (Arsenic after midnight.)

Fever. Coldness and chilliness at night, followed by heat. Great disposition to sweat, which occurs early in the morning, and is often sour.

Dr. Guernsey gives the following indications for intermittent: Chill, with a marked degree of thirst. No thirst, or but slight during the fever, but the patient wishes to be fanned constantly, as if to compensate for the lack of thirst.

Before the chill, often throbbing headache. During the chill, often much languor and apparent losing of strength.

General Characteristics are depression, not preceded by erethism or excitement.

[Carbo vegetabilis (wood charcoal) was not used in medicine until the discovery of its power to absorb gases and hold them confined in its pores, to an extent several hundred times exceeding its own volume, suggested its use, both internally and externally, in cases of decomposition, whether of food within the intestine, or of tissues and excretions of ulcerating surfaces on the intestine or the integument, evolving offensive gases. In such cases charcoal was given in large doses, or applied to the ulcerating surfaces. We owe our knowledge of its specific, pathogenetic and therapeutic properties to Hahnemann and his pupils, who proved it.]

CARBO ANIMALIS.

THE symptoms of Carbo animalis are, however, in the main identical with those of Carbo vegetabilis.

In those of the eye long-sightedness is noted instead of myopia.

In the face, a copper-colored, dry eruption, and papules.

Swelling of the glands in the neck, axillæ, inguina, and mammæ, which are painful.

Teeth very loose; cannot chew the softest food. Vesicles in the mouth, forming ulcers.

The carbons require trituration to develop their power.

[Authorities in materia medica have been accustomed to regard substances which are nearly or quite identical in chemical composition as so likely to be substantially identical in pathogenetic or therapeutic action that they might be used interchangeably, or one substituted for another as convenience or cheapness might dictate. This notion is somewhat like that which ascribes similar or identical properties to plants of the same natural families. There is a certain basis of truth at the foundation of the dogma, but the exceptions are so numerous and so trenchant that we dare not in any single case act upon it in practice. When we come to a minute analysis of pathogenetic action, we find that even substances so nearly identical as the two carbons, the vegetable and the animal, present important differences, and may not be used with indifference the one for the other. Instances illustrating this fact are found in the Ranunculus and other families among plants, and notably in the carbonaceous group of remedies, which includes Sepia, Murex, Graphites, Carbo veg. and Carbo an. It will be an interesting exercise for the student to trace the resemblances and the differences.]

APIUM VIRUS.

OPTHALMIA ; angina ; erysipelas ; diarrhœa ; dysentery ; cholera infantum ; urticaria ; hæmaturia ; dropsy ; intermittent fever ; hydrocephalus ; each accompanied by the characteristic absence of thirst and by drowsiness.

Disposition. Depressed.

Sensorium. Cannot collect nor direct his thoughts. Confusion of the head, especially just about the eyes.

Head. Feeling as if too full ; it appears too large. Heaviness, aching-pressing, especially on rising from a sitting or lying posture ; worse in a warm room, better by pressure with the hand. Pains in the head, extending to the eyes ; extending over the eyes ; around the eyes. During the headache, photophobia.

Eyes. Itching, burning, stinging in the eyes ; lachrymation, redness ; shooting, stinging pains and burning. Photophobia ; lids swollen and agglutinated, and the seat of itching, stinging, burning pains.

Watery erysipelatous swelling around the eye.

Ears. Stinging and burning ; sensitive to noise.

Nose. Sneezing. Swelling and stinging of the nose; dryness and swelling.

Face. Face pale; also livid; feeling of fullness; tension and swelling.

Lips. Swelling and soreness and stinging; the swelling extends to the face, etc.

Mouth. Tongue as if scalded, especially on the edges. Vesicles along the edges, especially the left, with burning, rawness and stitches. Tongue dry, fiery red, burning, sticking and swelling. Tongue coated, with diarrhœa. Mouth, fauces and throat dry. The surface is sensitive, as if scalded. The saliva is tenacious and frothy.

Throat. Pressure in the roof of the pharynx, as from a hard body.

Sticking, itching and contraction in the throat, hindering deglutition. As if raw in the throat, with tenacious saliva when hawking. Burning, smarting, sticking in the throat, especially when swallowing. Tonsils red, swollen, painful, smarting.

Stomach. Loss of appetite. Absence of thirst, with dropsy. During the heat the throat is dry. Eructations, with water-brash and taste of food, worse after drinking water. Disgust, nausea with vertigo, fainting, prostration even to vomiting, with headache, swelling of the head, pain in the stomach and diarrhœa. Pressure in the stomach, prickings as with needles, and extreme sensitiveness to pressure.

Abdomen. Throbbing, boring over the left os-ileum, lessened by eructation. Rumbling, sense of nausea in the abdomen. Internal sense of raw-

ness; external tenderness to pressure (cannot bear clothes). Abdomen full, sensitive to pressure; the feet swell; the urine is scanty.

Stool. Sensation as if diarrhœa were coming; urgency, pressure, tenesmus. Every morning, soft stool, light yellow. Diarrhœa yellow, watery, slimy, without pain, especially in the morning. Offensive diarrhœa, tenesmus, blood, also mucus. Heat and throbbing in the rectum, and feeling as if the rectum were full and stopped. Thin, yellow stools, with the greatest prostration and weakness; the stool comes with every motion of the body, as though the anus stood open.

(Verified in the case of Dr. B. Dysentery. 1870.)

Electric shocks in the rectum before disposition to stool. Rawness in the anus, with diarrhœa. Insupportable itching, with swelling, shooting, boring pains in hæmorrhoids; a bloody oozing, with swelling of the anus.

Urine. Little or none. Frequent desire; scanty and high colored. Burning in the urethra (when the urine is scanty).

Genitals. Pain in the ovarian region, as if dislocated; tender to pressure; cuttings in the left side, then in the right; drawings, shootings and bearing down. Bearing down in the uterine region, as if the menses would appear. Swelling of the labia. The menses are interrupted for a day, then re-appear again and again.

Respiration. Hoarseness. Larynx sensitive to pressure; throat rough and dry. Tickling in the

throat-pit, producing evening cough ; cough before midnight ; after lying down and sleeping ; better by expectoration. Respiration slow, difficult ; the throat constricted. Worse by motion, going upstairs, and walking ; soreness under the ribs, with heat, headache and drowsiness ; cannot bear a hot room ; chest full ; must sit up. Pain in the left side near the sternum. Shootings in the left side. Pain in the region of the heart, shooting and impeding respiration. Pulse full and strong, or small and rapid.

Trunk and Externally. Stiffness of the loins. Drawing pains in the shoulders, beginning in the shoulder and extending to the finger-ends. Numbness, especially of the left arm. Burning, shooting and stinging in the hands. Redness, heat, swelling. Itching, burning and chapping. Drawing pain through the leg from the hip to the toes. Aching and swelling of the knee. The feet swell, are heavy, stiff, painful, swollen ; and itch as if they had been swollen. They are sensitive to the least pressure.

Disposition. Irritable and restless ; weak and trembling. Weakness in paroxysms, with vertigo. Fainting, with pallor, coldness and diarrhœa.

Sleep. Yawning, and great desire for sleep. Sleep restless, full of dreams. Dreams of cares and trouble. Long sleep in the morning.

Fever. Shaking chill, with urticaria after heat. Slight shiverings on the least movement while sitting in the evening ; with headache, heat of the

face and hands. Shivering increased by warmth; followed by heat and cough.

Dr. G. gives indications for Apis in intermittent: Chill at four P. M., increased by warmth; renewed chilliness from slight movement; heat of the face and hands. No sweat. Falls into a deep sleep.

Skin. Heat and redness in the evening and at night, with excitement, headache and diarrhœa, swellings and cough.

Itching, like prickling of needles, as from insects, recurring on every motion. Burning, itching, stinging. Bright red swelling, with red streaks, along the limbs. Skin swollen, pale or red, puffed. Flat swellings, with stinging, red or pale.

Nettle-rash. Œdema. Dropsical swelling.

General. Warmth aggravates; cold relieves. Burning and stinging. Sensibility to external touch and pressure. Drowsiness. Thirstlessness.

APPLICATIONS.

See *ante*.

Diphtheria, patches gray; great debility; puffy eyelids, and swollen feet; drowsiness.

Hydrocephalus. Meningitis tuberculosis of children. "Child lies in a torpor; delirium; sudden shrill, piercing cries; squinting; grinding teeth; boring the head in the pillow; one half of the body twitching, the other paralyzed; head wet from sweating; scanty urine."

PHOSPHORUS.

SPECIAL ANALYSIS.

DISPOSITION. Phosphorus presents interesting alternations of the psychical condition, as the following series of symptoms show:

1. Sadness, depression with forebodings of calamity; melancholy, relieved only by vehement weeping.
2. Great anxiety, uneasiness and distress, fearfulness and restlessness, paroxysms of anxiety, which feeling seems to arise from the left chest and to be attended by palpitation.
3. Great excitability, even when thinking of ill-fortune long past, a disagreeable sensation is felt in the præcordia; all the senses are too keen, especially hearing and smell; irritability, anger upon slight provocation.
4. Spasmodic laughter and weeping contrary to one's will; hilarity, very sensitive imagination. Indifference to ordinary feelings of shame or affection.

Of these phenomena the proving gives no clue to the order, but we may infer from Hahnemann's observations in the preface that sadness (recurring regularly at twilight), anxiety and irritability are the characteristic modifications of disposition induced by Phosphorus.

Sensorium. Weakness of memory, indisposition (moderate) to exertion; difficulty in collecting and concentrating thoughts; weak feeling in the head, aggravated by thinking and by loud noise, music or hard stepping; these things produce throbbing in the head, a feeling of confusion, dullness and distraction, but especially of weakness in the head. These symptoms are interesting in connection with the known waste of Phosphorus consequent on cerebral exertion, and the stimulating effects of Phosphorus in cases of exhaustion of the cerebro-spinal system (as in the administration of Phosphoric acid after debauch, etc).

Vertigo. Vertigo so great as to induce falling, occurring under every variety of conditions; also vertigo when lying down, compelling to assume an upright posture.

Head. General confusion, as from too long watching, with difficulty in collecting one's ideas; heaviness, sense of exhaustion and bewilderment in the brain; aversion to mental exertion. Confusion and heaviness, more in the vertex and sinciput, along with vertigo and disposition to fall forward. These symptoms are generally better in the cool air and when the head is uncovered.

The pains in the head are of great variety, and affect equally all parts of the head. It may be remarked that they are to a great extent superficial, seeming to affect the surface of the brain, or the bones, or the scalp. They extend from the forehead into the eyes, especially the right eye,

and from the vertex and temples down upon the zygoma, in the form of violent tearing. There is great external sensibility of the head. Great orgasm of blood affecting the head. Shocks and single stitches in the head. The pains are as follows: Tearing, affecting the frontal and temporal regions, especially on the right side, and involving the eye and zygoma.

Sticking, affecting all parts of the head.

Shocks in the occiput and parietal region.

Drawing pain generally, with exaltation of the sensorium, followed by depression.

Pressing pain, chiefly in the frontal and temporal region, as if from fullness, and yet a feeling as if it were not actual congestion; the pressure extends from the forehead into the eyes and to the root of the nose.

Throbbing in the sides of the head and in the root of the nose, extending also to the eyes and nose, recurring periodically. This throbbing is induced and increased by laughing, motion, etc., as if it arose from weakness. Burning.

Weakness. Decided sensation of weakness, so that the noise of a piano is intolerable, and the least motion, or beginning to walk, or stooping, etc., is very distressing.

Conditions. The headache generally occurs in the evening; sometimes on waking in the morning. It is aggravated by warmth and excitement, and relieved by repose, cold and the open air.

General. Fullness of the head, the ears stopped,

with singing in them; orgasm of the blood, heat and buzzing in the head.

The scalp is tender and itches. The hair falls out; pain when the hair is pulled.

The head symptoms display the characteristics of the action of Phosphorus upon the organism. Exaltation, intermingled with and followed by depression, not merely of the vegetative system, but also and especially of the nervous energy, until finally we have in the tumultuous orgasms the quasi-congestions and yet the apparent anæmia of the cerebral mass, a complete picture of the effect of *pari passu* exhaustion; of both organic and nervous exhaustion; such, for example, as follows too free exercise of the intellectual and sexual functions, or of both combined.

Eyes. The eye symptoms corroborate, to a certain extent, the above view of the head symptoms. The eyes are dull, glassy, and as if full of sleep; the vision is impaired; it is as if a veil were before the eyes; the axis of vision trembles; black spots waver and glide before the eyes. There are sparks before the eyes in the dark, and along with these symptoms there is roaring in the head. Moreover, there are attacks of sudden blindness. The eyelids often tremble and quiver, and the eyes fill with tears and are painful when used in reading. As regards the organic affections, there is sub-acute conjunctivitis, with lachrymation, agglutination, swelling and suppuration of the lids and meibomian glands, with itching and burning pains.

The symptoms of obscure vision, better in the twilight and on shading the eye with the hand, point to cataract, in which Phosphorus has been found useful. It must also be good in day-blindness, nyctalopia.

Ears. The throbbing, roaring and buzzing in the ears, the loud resonance of all sounds, result probably from the condition of the brain to which we have referred. In addition, there is evidence of an affection of the tissues of the external and middle ears, as follows: Sticking, pressing and tearing in the external ear and in the neighboring parts of the head. Earache. Pressure. Feeling as if the meatus were stopped. Discharge of yellow fluid from the ear. Deafness, as if the ear were stopped.

Nose. Itching, tickling and soreness of the nose. When rubbed, it bleeds readily. Here we first note a characteristic peculiarity of Phosphorus; hæmorrhages are easily produced from mucous surfaces, from wounds or from ulcers, and frequently occur spontaneously. This probably suggested its use in fungus hæmatodes. It suggests its appropriateness, other symptoms corresponding, as we shall see they do, in cases of typhus; a disease in which hæmorrhages so readily occur or are provoked. The discharge from the nose is often streaked with blood; the nose is obstructed by clots.

The sense of smell is often exalted in acuteness.

Face. The face is pale, sunken, sallow; the

eyes are hollow, encircled by blue rings,—a condition corresponding to the exhaustion represented by the head, and other symptoms. Again, the orgasm of circulation is manifested in flashes of heat and redness. A definite form of prosopalgia is described as follows: Severe tearing about the lower margin of the orbit on the right side, extending under the right ear, and involving the bones of the face and the temple, as if everything were torn out and away, increasing until eight P. M. Pressure in the facial and parietal bones, and in the teeth on eating warm food, and worse in a warm room. Tearing in the maxillary bones in the evening, when lying down, relieved by moving the jaw. Violent stitch from the middle of the left lower maxilla, coming out deep through the cheeks and eye, extending to the forehead. Pressure, drawing and tearing in the lower maxilla toward the chin. The tendency of Phosphorus to affect the maxillary region, as well as its action on the lungs, is shown in the affections to which those who work in match factories, and are exposed to the vapors of Phosphorus, are subject. Necrosis of the maxillæ, beginning with toothache, passing through the stages of swelling and inflammation of the superficial tissues, and of sinuses and caries, and ending in death by pulmonary tuberculosis. (Lorniser in "Æstreicher Medikalische Jahrbücher," 1845, March.)

Teeth. The gums are sensitive and disposed to ulceration. They swell and bleed easily on the

slightest touch. The teeth seem loose and decay readily. The toothache is jerking, tearing, darting, boring, generally occurring or worse in the evening or at night, after washing.

Lips. The lips itch and burn; are sensitive to touch; vesicles form on the inner edge of them. The lips and palate are dry, without thirst.

Tongue. Similar sensations upon the tongue, which is covered with a dirty white fur, has burning vesicles near its tip, and ulcers anteriorly on the surface, which bleed readily when touched.

Mouth. Insufferable itching, tickling and soreness, as if denuded of skin, in the roof of the mouth.

General dryness of the mouth, generally without, sometimes with, thirst. Much saliva of an offensive taste; bitter, sour, offensive.

Throat and Fauces. The throat affection is definite. The cervical muscles are painful on touch and motion. Stitches in the left side of the throat; also toward the ear and thence to the vertex. The fauces and tonsils are the seat of acute inflammation, which, however, is not confined to these organs, but extends into the larynx, and especially into the trachea, extending at least as far as the supra-sternal fossa, and in most cases much farther. It is characterized, therefore, not merely by soreness and difficulty in swallowing, and by a sense of constriction in the fauces, but also by rawness and roughness in the whole affected region when not swallowing; by dry, hacking cough, which is

provoked not only by speech and motion of the respiratory organs, but also when the larynx and trachea are moved and impinged upon in the act of deglutition. The inflammation of the tonsils is probably confined to the mucous membrane, and is not parenchymatous. The rough, raw, scraped sensation in the throat is a very marked symptom of Phosphorus, and occurs almost always in conjunction with similar sensations in the trachea and chest. The pharynx is dry, deglutition is difficult.

Nux vomica, Hepar, Rumex crispus, Causticum, Belladonna.

COCCULUS INDICUS.

“**M**ENISPERMUM cocculus, Cocculus indicus, Cocculus suberosus, Anamirta cocculus.”
The seeds or berries are the parts used in medicine.

This substance was employed by the ancients as a poison for fish, stupefying them, and rendering it easy to catch them. It is stated that the half-ripe, bruised berries, being formed into little pellets and thrown into the water, are eagerly devoured by the fish, which thereupon are soon seized with dizziness, and, after whirling around, remain motionless, and float on the surface of the water. It is stated that if the fish have eaten any considerable quantity of the Cocculus before succumbing to its influence, their flesh becomes poisonous.

The active poisonous principle of Cocculus is stated to be picrotoxin. Recent toxicological experiments have been made with this substance. It is probable, however, that this does not comprise the entire active principle of the Cocculus, any more than strychnia does that of Nux vomica or quinia of Cinchona.

In consequence of its use as a means of stupefying fish, and also as the basis of an infusion for the destruction of pediculi and other vermin, cases of poisoning with it have been recorded from time to time. It has been, and still is, extensively used in Great Britain for the purpose of adulterating malt liquors, it being supposed greatly to increase their intoxicating properties, and also to prevent the secondary fermentation.

Cocculus was first introduced into the *materia medica*, and used as a remedy in the treatment of diseases, by Hahnemann.

He published, in 1805, in the "*Fragmenta de Viribus Medicamentorum Positivis*,"—the germ of the "*Materia Medica Pura*,"—156 symptoms of Cocculus, together with a few observations from other authors.

He had already, in an "Essay on a new Principle for ascertaining the Curative Powers of Drugs," published in Hufeland's "*Journal of Practical Medicine*," in 1796, stated, on the authority of Amatus Lusitanus, some symptoms produced by Cocculus in the healthy subject, and had used this language: "Our successors will find in Cocculus a very powerful medicine when the morbid phenomena it produces shall be more accurately known."

In "*Hufeland's Journal*," in 1798, Hahnemann published a case of poisoning, occurring in a healthy man, from a single grain of the Cocculus seed. To this we shall recur at a later period,

only stating here that Hahnemann relieved the man with Camphor.

In volume one of the "*Materia Medica Pura*," Hahnemann published a proving of *Cocculus* in 1811. Some additional symptoms were contributed by Hartlaub and Trinks, in their "*Pure Materia Medica*," and Hahnemann incorporated these (with three exceptions) into his own proving in the second edition of the first volume of his "*Materia Medica Pura*," published in 1830. This last publication we shall make the basis of our study.

In the introduction, Hahnemann says that "*Cocculus* will be found curative where the symptoms correspond, in certain forms of sneaking, insidious, nervous fevers; in so-called abdominal cramps; and so-called spasmodic pains of other parts of the body, etc., etc.; in not a few cases of paralysis of the extremities, and in mental affections." From the publication of this proving to the present day, the records of the Homœopathic Clinique have furnished, from time to time, cases in abundance corroborating these statements; and yet, in 1848 (Canstatt's "*Jahresbericht*," p. 137), Tschudi announces the discovery that *Cocculus* "acts chiefly on those parts of the nervous system which control muscular action," and has the impudence to claim as original the suggestion to use picrotoxin "in paralysis of the extremities and of the sphincters;" and Reil, acting on this suggestion, employed a tincture of the seeds of *Cocculus*, with success, in chorea, in hemiplegia from cold, and in paralysis

of the bladder from the same cause. ("Materia Medica der reinen Pflanzenstoffe," p. 220.)

Turning now to Hahnemann's proving of *Cocculus*, in volume one of the second edition of the "Materia Medica Pura," we proceed to make, in conformity with a schema for the study of the materia medica published in the "American Homœopathic Review," vol. 3, the following

SPECIAL ANALYSIS.

Head. Sensorium. Vertigo. *Cocculus* produces a well-marked vertigo, described as like drunkenness. It occurs when sitting up in bed, is a whirling vertigo, is always accompanied by nausea, which, together with the vertigo, compels a resumption of the recumbent position; accompanied by a peculiar dullness in the forehead, as if there were a board in front of the head.

In the condition of circumstance this vertigo resembles that of *Bryonia* (it occurs when sitting up in bed, and compels a recumbent posture).

Intelligence. Dullness; distraction; difficulty in understanding what is heard or read, and in appreciating the lapse of time; the prover sits as if sunk in thought, not regarding what occurs about him.

Memory. Weakened. As a general thing the symptoms of the sensorium are aggravated by any mental effort of any kind.

Headache. Location; chiefly in the forehead and temples; somewhat in the vertex. Pains pass from over the right eye into the head; also, pressing pains extend downward in the whole head; from the temples inward.

Sensation. The chief and controlling sensations are dullness, pressure, compression, constriction; a headache is also described as compounded of the above sensations, together with digging and boring. There are also stitches in the temples, and in the right frontal region. Hahnemann gives a special prominence to the following symptom: "Headache, as if the eyes would be torn out."

Conditions. These sensations, both the dullness and the pains, and particularly the pressing pain in the head and forehead, occur in the forenoon; are very much aggravated by reading and thinking, and particularly by eating and drinking; also by walking.

The muscles of parts of the head are affected in a manner which we shall see to be characteristic of *Cocculus*. There is cramp-like pain in the left temporal muscle; pain as if the eyes were forcibly closed; convulsive trembling of the head.

Eyes. Lids. Pressing pain, with inability to open the eyes at night. Dryness.

Globe. Stitches from within outward; feeling as if the eyes were torn out.

Special sense. The pupils are contracted. *Muscae volitantes*; a black figure seems to float before the eye, moving as the eye moves, yet without

impairing vision. Hahnemann emphasizes the symptom "obscured vision."

In the symptoms of the head we perceive no evidence of organic change. The symptoms are such as accompany gastric disturbances and the dyscratic conditions on which continued fever is supposed to depend. No organic changes seem to be produced in the eye; but the symptoms of the special sense point to commencing amaurosis, a paralytic condition of the optic nerve, similar, perhaps, to that produced by Cocculus in the muscular nerves.

Ears. Attacks of deafness, and of noise in the ears like the rushing of water, attended by deafness.

These symptoms have the same significance as those of the head.

Nose. Increased sensibility to odors.

Face. The pains are confined to the region of the malar bone and the masseter muscles, where they are pressive and benumbing and cramp-like, increased by opening the jaw. Redness of the cheeks and heat in the face, without thirst. Swelling of the sub-maxillary glands. The features are sometimes distorted.

Teeth. The teeth are long and loose.

Mouth. Dryness without thirst. The saliva is frothy.

Taste. Coppery, metallic, sour after eating and coughing; bitter taste on the base of the tongue.

Tongue. Yellow coat upon the tongue. The

tongue seems paralyzed, so that speech is difficult; pain at the base of the tongue when stretching the tongue out.

Throat. Externally. Stiffness of the cervical muscles. Paralytic drawing of the sides of the throat. The muscles seem weak and the head heavy; he must support the head; is most relieved by leaning it back.

Internally. Dryness and roughness, especially when swallowing. Dryness high in the fauces. Burning in the palate. Sensation of swelling at the root of the tongue. A feeling of constriction in the fauces which impedes respiration. A kind of paralysis, preventing swallowing.

The above symptoms point to no organic changes, but indicate rather a kind of paralysis of isolated groups of muscles, *e. g.*, the sterno-cleido-mastoid, the constrictors of the pharynx, the lingual.

Stomach. In the epigastrium, over the stomach and extending to the hypochondria and into the chest, a pressing, pinching, constricting, cramp-like pain, which takes away the breath; occurs and is worse after eating and drinking; also when walking; is worse from cold; is accompanied by nausea.

Appetite. Loss of appetite; disgust for food, the very smell of which is offensive; at the same time a sensation of hunger at the epigastrium; aversion to acids; bread tastes sour.

Thirst. Aversion to drinking, and yet great thirst.

Nausea. Great nausea is a characteristic symptom of Cocculus. It is provoked by eating, drinking, by motion, by becoming cold, especially by driving in a wagon; by sudden change of posture. It occurs in connection with the headache and the pains in the intestines.

Eructations. Bitter, putrid, causing sore pain in the epigastrium and chest. Incomplete eructation, hiccough and spasmodic yawning.

The attacks of nausea sometimes produce fainting.

Abdomen. Pressure; sticking and cutting pains in various parts of the abdomen, chiefly around the navel. Feeling of emptiness in the abdomen.

Flatus. Rumbling in the abdomen; great distention; incarceration of flatus; severe flatulent colic at night.

Hypogastrium. Constricting pain, with pressure toward the genitals, and qualmishness in the epigastrium. Disposition to inguinal hernia, with pain and soreness. Rupture-pain worse on the right side; fullness in the groin, with a sensation as if all would give way there. (Singular and characteristic symptoms.)

Stool. Constipation. Stool followed by violent tenesmus in the rectum, producing faintness, also diarrhœa; small frequent stools, each accompanied by flatus.

Rectum. Disposition to stool, but the peristaltic motion in the upper intestines is wanting.

Anus. Itching.

Urinary Organs. Frequent discharge of watery urine.

Genital Organs. Sore and sticking pains in the testes. Itching of the scrotum. Alternate excitement and depression, the former being probably the primary action. Menses suppressed. Menstruation difficult, attended with violent spasmodic pain in the abdomen and loins, increased by motion, cold and contact.

Respiratory Organs. Dyspnœa, as if from constriction of the larynx. Sneezing, coryza, disposition to cough, from an irritation high up in the larynx; from constriction of the chest. The cough is increased by indulging the disposition to cough, as is the case with the cough of Ignatia. Fine stitches in various parts of the chest; feeling of emptiness in the chest; palpitation and anxiety.

In the above symptoms no local organic affection is evident. They may all be ascribed to an affection of the spinal marrow or nerves (functional or organic).

Back. Spasmodic constriction through the whole length of the spine, especially on motion.

Sacrum. Paralytic pain extending over the hips, interfering with walking, along with an anxious, apprehensive disposition.

Loins. Paralytic pressure, tearing, drawing as if broken, as if stiff. All these pains are increased by motion and by cold.

Upper Extremities. Paralysis of the hand when writing. Pains in the bones, as if bruised; in the

arms, felt on lifting the arms. The arms go to sleep. Hot swelling of the hands.

Lower Extremities. Paralytic immobility, extending from the sacrum. Sore pain of the thigh. Inflammation and swelling of the knee (?). Burning in the feet.

Sleep. Coma. Coma vigil. Absence of sleep from anxiety and bodily restlessness. Anxious dreams.

Fever. No definite typical fever. Constant chilliness, while yet the skin is hot. In the evening chills run down the back. Exhausting sweat during motion.

Disposition. Mild, indolent, despondent in the face of difficulties, excessive anxiety, fearfulness; intolerance of noise or any disturbing influence.

GENERAL ANALYSIS.

Vital Power. Cocculus exercises what may be called a purely depressing action upon the vital power. This action is called pure because it is not, so far as we know, dependent upon any change in the organic substance. Thus the sensorium is benumbed, as the marked vertigo and confusion show. Of the special senses, that of vision is so distinctly impaired as to remind one of incipient amaurosis; but the most marked action of this character is exhibited in the voluntary muscular system, paralysis more or less complete

being produced in the eyelids and in the muscles of the face, the tongue, the pharynx, and of the extremities, particularly of the lower extremities; of this nature, perhaps, are the symptoms of the inguina, resembling hernia.

Organic Substance. While the action upon the vital power is, as has been seen, very marked and definite, that upon the organic substance is scarcely perceptible. The circulation is but little affected. The evacuation is scarcely altered, though, as might be expected from the depression produced in the general vital power, the secretion from the surface of the intestine is diminished. Eruptions are mentioned in the proving, but in so indefinite and isolated a way that we can hardly attach to them any physiological significance.

Sphere of Action. Pre-eminently the system of animal life. The vegetative system is hardly affected at all. The voluntary muscular system first, and then the sensorium, are the primary seats of action. In addition to the above, and not evidently connected with it, must be mentioned the action of Cocculus upon the stomach and digestion. Nausea, extending to the point of vomiting, and accompanied by faintness and by severe vertigo when lifting the head, is a characteristic symptom. The nausea is felt from the epigastrium to the throat. It is accompanied by a sensation of constriction around the waist, is aggravated by eating, drinking, by motion, by mental exertion, and in the open air. The taste is bitter and metallic.

The appetite is completely wanting.

Sensations. A general sensation of lassitude, which makes the least exertion, even standing, very irksome. Syncope often follows any bodily exertion. In the extremities, drawing and digging pains in the bones, but more frequently a weakness as if paralyzed. Sometimes this sensation is accompanied by twitchings of isolated groups of muscles.

Periodicity. Not at all marked in Cocculus.

Peculiarities. The symptoms of Cocculus in general, and particularly those of the head, are aggravated by eating, drinking, any bodily or mental exertion, by tobacco smoke, and by cold air. They are accompanied by a great intolerance of fresh air; in fact, all the functions of animal life seem to be more or less torpid, and intolerant of any stimulus. There is a constant disposition to sleep, and yet the sleep is restless, interrupted by frequent wakings and startings, so that in the morning one is still sleepy. As regards the disposition, the prover seems sunk in deep thought of an unpleasant and rather sad character. Nevertheless he is easily roused to anger.

In many respects Cocculus reminds one of Pulsatilla, which also depresses the vital power, but the symptoms of Pulsatilla are ameliorated by cold and by motion, and the disposition of Pulsatilla is gentle and yielding. In its action upon the digestive organs, Cocculus resembles Nux vomica; the characteristics, particularly the conditions of aggravation, distinguish them. Moreover, Nux vomica

affects the vegetative system quite as much as the animal. *Cocculus* resembles *Ignatia* somewhat in the almost simultaneous appearance of seemingly incongruous symptoms. It is probable that we shall find a closer analogy to *Cocculus* in Tobacco than in any other remedy.

APPLICATIONS.

Hahnemann recommends *Cocculus* in certain kinds of insidious, nervous fevers. In this Hartmann agrees with him, and says: "Particularly in cases which have been produced by frequent fits of anger, or are accompanied by great disposition to anger." Hahnemann recommends it also in several kinds of spasm, as, for example, in menstrual colic, resulting from sudden suppression, or hindered coming on of the menses; in spasmodic flatulent colic. Its chief application, perhaps, is in the treatment of paralysis of the extremities, particularly in hemiplegia. *Cocculus* has proved a very valuable remedy in sea-sickness; and has cured many persons of a tendency to nausea and faintness from riding in a wagon. Dr. Curie has found *Cocculus* a valuable remedy, along with *Nux vomica* and *Antimonium crudum*, in the various forms of dyspepsia from over eating and drinking, which are common among a certain class of the English people.

The following remarks by Dr. Wurmb ("Clin-

ische Studien," 1, Typhus, p. 124) give a clear picture of that kind of slow nervous fever to which *Cocculus* is adapted:

After dividing typhus into several groups, in all of which the systems of vegetable and animal life are affected to an equal extent, he says that other cases occur which may be divided into two groups. "In the one, the system of vegetable life is profoundly involved, while the animal life is scarcely at all affected. For this group *Veratrum* is the chief remedy. In the other, the animal life is pre-eminently involved; vegetation is hardly affected. For this group *Cocculus* is appropriate." He says: "The patients complain at first of lassitude, prostration after the slightest exertion, difficulty in thinking, loss of memory, loss of appetite, and invincible disposition to sleep. They soon feel so weak that they must keep the bed, and they fall into an apathetic condition, which ends in actual coma. If awakened out of this, they complain of vertigo, of a feeling as if a heavy load were pressing upon the head, of weakness, and a paralyzed feeling in the limbs, but especially in the eyelids, which they can hardly keep open. Sometimes, instead of the paralyzed feeling, there is a sensation of twitching and jerking. The patients think correctly but slowly. They soon fall back into the comatose condition; the expression of countenance is devoid of all signs of mental activity. This condition is not uninterrupted; for there occur sometimes intervals of moderate excite-

ment, during which the patients, awakened from their stupor, look eagerly around, move themselves quickly, and, by the hastiness of their replies, seem to seek to hide their lack of force; sometimes there is mild, uneasy delirium.

"In this torpid condition of the nervous functions the rest of the organism participates but little. The pulse is weaker, it is true, but seldom sinks below the average frequency, often even rises above it. The temperature remains normal or changes but little; the skin is pale but lax; the tongue moderately coated, sometimes even clean; the bowels generally constipated, diarrhœa rarely present; the respiratory mucous membrane almost never involved.

"Symptoms of a blood dyscrasia, such as exanthemata, decubitus, hæmorrhages, are never observed. The spleen is always swollen."

Among the applications of Cocculus must not be forgotten its use in inguinal and femoral hernia, of which several cases are recorded as cured by Cocculus; among them one in which four herniæ existed simultaneously. Precisely what cases are curable by Cocculus it is not easy to say *a priori*. Other remedies, as, for example, Nux vomica, Aurum and Nux moschata, have also cured hernia. Until the functional pathology of hernia shall be better understood, it will be impossible to divide the affection into groups corresponding to the different modes of treatment, or different remedies which experience has shown to be useful. While

the affection is, by most practitioners, regarded as exclusively a mechanical accident, to be met by surgical methods, the history of many cases and experience in their cure, shows them to be amenable to dynamic agencies.

In all of these applications, as in others which may be made of *Cocculus* to the treatment of diseased conditions, the similarity of the symptoms must be our only sufficient guide.

CONIUM MACULATUM.

SPOTTED HEMLOCK.

UMBELLIFERÆ. It is a native of Europe, but is naturalized in the United States.

The active principle is conia, a yellowish oily-looking transparent fluid, lighter than water, of an acrid, nauseous, tobacco-like taste. It smells like tobacco and mice. It is very volatile, slightly soluble in water,—less so in warm water than in cold water,—readily soluble in alcohol, ether and oils. It is alkaline. Its combinations with acids do not easily crystallize, and are very soluble and poisonous.

It was known in ancient times, but has not until recently been used as an internal medicine. It was a means of killing political offenders. Socrates drank it, and his death is thus described:

“After swallowing the poisoned cup he walked about for a short time, as directed by his executioner; when he felt a heaviness in his limbs he lay down on his back; his legs and feet first lost their sensibility and became stiff and cold; and this state gradually extended upward to the heart, when he died convulsed.” This is the brief account

given by Paul of Ægeria. Xenophon relates that he continued to talk with his friends and disciples both while he walked and after he lay down. This gives us evidence that his mind retained its normal condition after the limbs had refused to fulfill their functions.

Conium that grows in southern latitudes is thought to be more powerful than that which grows in northern climates. It should not be subjected to heat, because the active principle is volatile; hence the extract is often inert. The most active preparation is the juice, *succus conii*; and this is almost identical with the homœopathic tincture.

Conium was recommended by the ancients as an anodyne for pains, and as useful in erysipelas and in phagedenic ulcers. Dioscorides recommended the bruised plant to be applied upon the genitals to remedy nocturnal pollutions, and upon the breasts of girls to prevent their development. Pliny and Avicenna recommend poultices of Conium and corn-plaster to remove tumors of the breasts and testes, and to repress the secretion of milk.

In modern times it has been applied for the same purposes; and at one time it gained a high though undeserved reputation for the cure of cancer.

It is remarkable that while this substance, or its active principle, is one of the most active and rapid poisons, yet some animals, as the goat, sheep and horse, eat the plant with impunity.

The following case of poisoning from eating a Conium salad illustrates its action in large doses: "In this man was first noticed weakness of the legs, so that his gait was staggering. As the weakness increased, he tottered as if drunk; and his arms began to be similarly affected. Loss of all voluntary motion followed, and he was unable to swallow. Lastly, the muscles of respiration were affected slowly by paralysis, and he died of asphyxia. Up to the time of death his intelligence was unimpaired, but his sight was destroyed though his hearing remained. There was no decided spasmodic affection of the muscles."

Gradual paralysis, then, of the voluntary muscles seems to be the effect of Conium; first the lower, then the upper extremities, then the muscles of the trunk, and finally those of respiration. Let us inquire, How is this paralysis produced? It may be by affections of the muscles themselves, or of the brain and cord, the centres of action, or of the nerves, the conveyors of stimulus to act. Is it due to changes produced in the muscles by Conium? Probably not, because muscles taken from an animal completely paralyzed by Conium act energetically under a galvanic current, and do not act when the current is passed through the nerves supplying the muscles; but only when the current is passed through the muscular substance itself.

It cannot be that the spinal cord is affected, because if the artery and vein of one limb be

ligatured, and the animal then paralyzed by Conium, the limb thus protected is moved energetically, as in health. Neither can its action be on the brain, because in this case the poisoned blood passed as freely to the brain as to the cord ; nor was intelligence impaired. It must, then, affect the motor and the periphery sooner than the trunk of the nerve.

The sensory nerves do not appear to be affected.

Dr. John Harley, of London, has recently published a work containing provings upon the healthy subject, of Conium and some other drugs. He says :

“The first effect of Conium is a depression of the motor function ; and its last is the complete obliteration of all muscular motion derived from the cerebro-spinal-motor tract.

“After taking $\mathfrak{z}$ ij of the succus conii, I set out walking, and three-quarters of an hour after the dose I felt a heavy, clogging sensation in my heels, a distinct impairment of the motor power. I felt that the go was taken out of me. Vision was good for fixed objects, but accommodation was sluggish. Continued exertion removed these symptoms. The mind was not affected.”

Dr. Harley sums up the action of Conium as follows : “It exerts its power chiefly, if not exclusively, upon the motor centres within the cranium ; and of these the corpora striata are the parts chiefly affected. The sensory part of the nervous system is not affected.” From this view of the

physiological action of Conium Dr. Harley concludes that "in selecting Conium as a remedy for nervous diseases we must be guided by that simple view of its physiological action which is stated above, and we must ask 'is there irritation direct or reflex of the motor centres?' If so, we hope for good from Conium."

Harley, therefore, recommends Conium in convulsions, chorea and muscular tremor, in pertussis and spasm of the œsophagus and stomach, in spasm of the glottis; in paraplegia and concussion of the spine; in exhaustion of the sexual organs; also in ophthalmia, especially the strumous variety, which he ascribes to spasm of the orbicularis and corrugator supercilii. He regards it as a palliative in cancer, in that it allays muscular spasm, and thus mitigates pain.

CINA.

THE Wormseed or Tartarian Southernwood, of which the unexpanded flower-heads are used in medicine, is found in Asia Minor, the Levant, Africa and Persia. The flowers have a strong odor, and a bitter, camphoraceous taste.

Sensorium. Head. Vertigo, with blackness before the eyes, faintness and staggering, immediately relieved by lying down; occurring on rising from the bed.

Confusion, as a result of headache, as if the whole head were screwed together.

Headache. General. Violent headache, with feeling of general illness; headache the whole day, a tearing pressure which extends also to the zygoma; pressing headache all day; in the evening it occupies the forehead also; headache as if the whole head were screwed together, with confusion; immediately after a meal, dull drawing internal headache, increased by reading and by mental labor; headache alternating with pressing pain in the abdomen.

Special. Forehead. External pain, a pressing

from above downward, as if a weight were gradually sinking down there; benumbing internal headache, especially of the sinciput, but also of the occiput. Externally, a pressing, benumbing pain in the forehead and temples, which finally involves the whole head; pressure upon the frontal bone, and at the same time, internally, an undulation as of waves dashing; pain above, as if the frontal bone were violently compressed from both sides.

Left Forehead. Confusing drawing from the left frontal eminence to the root of the nose. In the left frontal eminence a paralytic tearing, with benumbed sensation in the head, and immediately afterward the same in the right side.

Temporal Region. Pinching tearing, increased by pressure. Left side: Drawing pressure, like fine tearing, relieved by moving the head. Right side: In the forehead, above the temple, powerful dull stitches, deep in the head, which threaten to benumb one.

Vertical Region. Right side: Numbness in a small spot. Left side: Dull stitches in the brain.

Conditions. The headache is increased by reading and reflection, but relieved by stooping.

Review. The sensorium is indirectly affected by Cina; the vertigo resulting evidently from changes induced in the vegetative system. The vertigo appears to be connected with an anæmic condition, occurring with faintness on rising from the bed, and immediately relieved on lying down. The headache corresponds to the vertigo in its

anæmic character, as is seen by the relief which results from stooping, notwithstanding the aggravation from mental exertion and the character of the pains, which would lead one to suspect congestion. Hence Cina corresponds well to that anæmic condition of the brain—the result of depletion, and which is yet so often mistaken for congestion—described by Marshall Hall. The pains in the head are located chiefly in the frontal and temporal regions, as much externally as internally, and point strongly to affection of the cutaneous nerves of sensation distributed to these parts. The pains are pressing, screwed-together pressure from above downward and tearing. Similar pains in the roots of the nose, the eyelids and eye, and in the zygoma and face, point to the efficacy of this remedy in neuralgia.

General. Dull headache, with affection of the eyes.

Orbit. Convulsive motions of the corrugator supercilii.

Eyes. General. Dull headache, with affection of the eyes; dull pain in the eyes on reading and mental labor.

Aspect. A sick appearance around the eyes and in the face.

Lids. Weakness of the upper lids, so that the eyes can scarcely be opened (Dulcamara). Burning and itching in the canthi and margins of the lids, compelling to rub them, with a scanty secretion in the inner canthus in the morning.

Globe. Pressing pain internally in the eyes, generally with dilatation; dryness of the lids and pressing, as if sand were in the eye; pressing pain on reading a little.

Vision. In the evening, when reading by a candle, everything appears as if seen through a veil; relieved for a short time by wiping the eye. On reading, dullness of vision, relieved for a short time by violent rubbing of the eye.

Review. Blue margins around the eye, indicative of abdominal disease. The nerves of the lids, as well as that of the special sense, are evidently involved, weakness of vision resulting from the latter. A moderate degree of conjunctivitis and blepharitis is also induced, aggravated by using the eye and compelling to rub it frequently. Rubbing removes the dimness for a short time.

Ears. Spasmodic jerkings in the external ear, like earache. Below the mastoid process dull sticking, like a pinching pressure, aggravated by external pressure, as from a blow or shock.

Nose. Boring in the nose until blood comes.

Face. Infra orbital region. Dull pressure, excited or aggravated by external pressure.

Zygomatic Region. Pain, as if both zygomata were seized with a pair of tongs and compressed; aggravated by external pressure. Cramp-like jerkings in the zygoma, a pain which even when gone may be re-induced by external pressure, by which, however, it is induced as a continuous pricking or paralytic pain. Periodic twisting, tear-

ing pain in zygoma, wandering from one part to another.

Inferior Maxillary Region. Right side. Dull sticking pain in the ramus, increased by pressure. Left side. Fine stickings as with needles in maxilla, increased by pressure with the hand. Jerking pain in maxilla.

Inferior Maxillary Glands. Pressing pain.

Expression and Aspect. Pale, and livid around the mouth; puffed and bluish face. The child leans its head on one side.

Cervical Region. Paralytic feeling in the nape of the neck. Boring stitches in the right cervical muscles, synchronous with the pulse; relieved by motion of the neck.

Review. A variety of prosopalgia is distinctly represented by Cina. The supra and infra orbital nerves and that portion of the facial nerve which is distributed over the zygoma, are involved in this affection; and it occasionally extends to the infra-maxillary region. It differs from that of Graphites in not involving the malar region. The pain is a compression and pressure more or less acute, sometimes as with tongs, and is always increased and frequently re-induced by external pressure.

Toothache, as from soreness. Inhaled air and cold drinks penetrate painfully the teeth.

Mouth. Dryness and roughness of the mouth, and especially of the palate, with qualmishness.

Deglutition. Inability to swallow; drink rolls around audibly in the mouth a long time.

Worms. Lumbricoides are passed from the mouth of a child.

Appetite. Great hunger shortly after a meal.
Thirst.

Gastric Symptoms. Eructations. In the morning, before eating, empty eructations. After a meal, eructations tasting of the ingesta, and gulping up of a bitter-sour fluid.

Epigastric Region. Qualmishness, with chill.
Nausea; with empty feeling in the head.
Frequent hiccough.

After a meal, straight across the epigastric zone, a pinching or cramp-like pressure. A pain which embarrasses respiration. A digging, crowding pain, as if beaten.

Left Side. Dull sticking, increased by external pressure, and diminished by deep inspiration. Pressing pain in the navel.

Umbilical Region. Above the umbilicus, boring pain, relieved by external pressure.

Left Side. Intermitting, fine stitches, like griping, while sitting. Sudden, deep, sharp stitches, especially when inspiring, and at the same time stitches in the inner side of scapula; p. m. Violent pain as if navel were forcibly pressed inward, or had been struck; increased by respiration. Twisting pain increased by pressure. Odious feeling of warmth in abdomen, which became cutting pain.

Abdomen. Hypogastrium. Just over the pubis an internal pulsation.

Flatus. Constant noiseless motion of flatus.

Rectum. On discharge of flatus, violent stitches in rectum.

Urine. Frequent desire to urinate, with copious discharge. Urine is turbid as soon as discharged.

Uterus. Metrorrhagia of a girl ten years old during the use of Cina.

Review. A depraved state of the digestive organs is set forth by the few symptoms we have touching the intestinal tract. Dryness of the mouth; affection of the apparatus of deglutition; canine hunger shortly after a meal; qualmish distress at the epigastrium, and winding and sticking pains around the umbilicus, with peculiar sickish pressure in the epigastric zone. These symptoms correspond remarkably to those of helminthiasis, as do also the sickly, pale and livid expression of countenance and the constant disposition to bore in the nostrils.

Nasal Membrane. Left nostril. Burning deep within, as if hæmorrhage would ensue or as if produced by brandy. On the septum, a burning pain as if a scab had been torn away. Worse when touched. Violent sneezing, with bursting sensation in the head and temples, which continues for some time. The same, with bursting feeling in chest, which continues, especially on the right side.

Coryza. Constant pressure of movable tenacious mucus in the nose; discharge of purulent matter; coryza in the forenoon, obstruction in the evening.

Review. No clearly defined inflammatory coryza; but a disposition to ulceration corresponding to

that of helminthiasis, and a tendency to hypersecretion of mucus and to formation of pus.

Larynx and Trachea. Sensations: Tickling irritation, rather deep in the trachea, disposing to cough, which is followed by white mucus sputa. The same in trachea under the manubrium of the sternum, with a similar discharge.

Secretion. Dryness. Feeling of dryness posteriorly in the throat; a catarrhal sensation; increase of mucus in the larynx, ejected by voluntary coughing and hawking; mucus hangs in the larynx in the morning on rising, compelling to frequent hawkings, and soon re-appearing again. In the morning, constant production of mucus, compelling to hem and hawk, etc.

Respiration. Difficult, loud respiration; short, rattling (in the throat) respiration.

On walking in the open air, short, rattling respiration, as if much mucus were upon the chest, yet no disposition to cough; very short respirations, with occasional interruptions; child, very short-breathed with loud rattling in the chest.

A kind of constriction of the chest; the sternum seems to lie too close, and respiration is embarrassed; dyspnœa, with anxiety and much sweat.

Sounds of Chest. Rattling in throat and chest; a loud whistling purring, heard only during inspiration.

Cough. Exciting Cause. Deep inspiration; tickling deep in the trachea, and just under the

manubrium of the sternum; feeling as of down in the trachea on inspiration.

Character. Violent paroxysms from time to time. Hoarse cough (with disposition to vomit), the paroxysm consisting of but few coughs, and recurring after a considerable pause in the evening. The same in the morning, provoked again by inspiration. In the morning after rising, violent hollow cough toward the upper part of the trachea, by which mucus is slowly loosened. Morning cough, so violent as to bring tears into the eyes. Before coughing, the child suddenly rises up in bed and looks wildly around; the whole body becomes somewhat rigid; she is unconscious, as if an epileptic spasm were coming on, and then cough ensues. After coughing, the child cries out "au! au!" and gurgling downward is heard; she is anxious, bites at the air for breath, and is very pale in the face; the paroxysm lasts two minutes. When coughing, pain in the upper part of the chest under the sternum, and when after a time mucus has been loosened and discharged, sore and burning pain in this part as if something had been torn away.

Chest. Sternal Region. Pain under the sternum, a cramping pain when running; a spasmodic digging, as if the chest would burst.

Painful digging superiorly under the sternum.

Left Side. Sudden, spasmodic, constrictive pain; an outward pressing pain, now in the left chest, now in the loins; the latter as if from much

stooping, worse on expiration; pinching pain, increased by every inspiration.

Between the second and third ribs, pinching pain; pinching, sticking pain; pricking, burning, intermitting, fine stitches in the side on one of the true ribs; dull stitches near the sternum, upon the costal cartilage, increased by pressure and by expiration; diminished by inspiration; sudden jerking stickings between fifth and sixth ribs.

Clavicular Region. Near the sternum, under the clavicle, on deep inspiration, two dull, piercing stitches in quick succession; on expiration, nothing is felt; on pressure, very painful.

Right Side. Between the sixth and eighth ribs, jerking sticking pains, not affected by respiration or pressure; in the middle of the right side, under the ribs, a boring, sticking pain, relieved by pressure.

Heart. Palpitation; great anxiety in the præcordia, as if he had suffered some evil in the heart; when walking in the open air.

Review. The symptoms of the respiratory organs indicate a catarrhal affection of a light grade, with nervous excitement, quite disproportioned in its great severity to the former; and not merely local, but involving also the whole cerebro-spinal system. Indicative of the catarrhal state, we have accumulation of mucus in the pharynx, larynx and head of the trachea, with loud rattling in the upper part of the trachea and rattling respiration, the catarrh being confined to these organs and the

primary bronchi; while the excessive nervous irritability is exhibited in the undue violence of the exertion made to remove this mucus; the cough so violent as to bring tears into the eyes, as to produce pain under the sternum and soreness, and also in the susceptibility to cough on unusually deep respiration, a state of things analogous to that irritability of the cutaneous tissues which induces pain when pressed upon. Hence, probably, the dyspnœa, which is one of the symptoms of Cina, and the feeling of constriction of the chest. The participation of the general nervous system in this over-excitement is shown in the spasmodic affection which precedes a paroxysm of coughing, and which simulates so closely a paroxysm of whooping-cough. This preponderance of the nervous over the local affection indicates the rôle which Cina plays in whooping-cough and in spasmodic asthma.

The external chest is affected by varieties of dull and fine stitches, generally increased by pressure and by inspiration. So far as defined they resemble intercostal neuralgia.

Back. Lumbar Region. Pain as if beaten, not increased by motion. Paralytic pain. After a meal, sensation as if the loins just above the hips were constricted by a tight band. A sensation of fatigue as from long standing, felt also in the whole spine on bending sidewise or backward.

Spinal Column Generally. Pains and sensations. Tearing, jerking pain; sticking pain, relieved

by motion but returning on repose. Even in bed, when lying on the back or side, pain as if broken.

Scapulæ. Right. Tearing, sticking in the upper part of the spine toward right scapula. Pain in scapulæ when they are moved. Sticking pain on external margin.

Extremities. Upper. Drawing, digging, tearing pain in all parts of the extremity, from the top of the shoulder to the hand, not affected by pressure or motion, or if relieved by pressure returning again when the pressure is removed. Paralyzed feeling in the whole arm and hand, it sinks by one's side. Paralyzed feeling, as if the arm, hand and fingers were asleep. Paralyzed feeling through the middle of the arm, one can hardly venture to move the arm; soreness on pressing the affected spot. Contracted sensation like cramp in the forearm and hand, relieved by motion. Little jerking stitches in the hands. Spasmodic contraction of the flexors of the fingers and thumbs.

Extremities. Lower. Hips. Iliac Region. A boring, from within outward, below the glutæi, while sitting, relieved by pressure and motion, but returning again (characteristic in the muscular affections of Cina). Glutæi pain when sitting, as if fatigued thereby. When walking, pain in great trochanter, as from a fall. Spasmodic cramp and drawing tearing in the right thigh, relieved by violent motion. Paralytic pain near the knee.

Stitches near the knee and upon the patella.

Hot flashes, not unpleasant, as from a hot coal near the knee.

Sticking and cutting pain in the toes, as if they were loosed, and in the leg, not relieved by motion. Spasmodic motion of the foot in a child. Clonic spasm of the left limb, followed by paralytic extension of it.

Review. The pains in limbs and back appear to be of a neuralgic nature; and when more pronounced this affection shows itself under the form of paralysis or convulsions, thus corresponding with the spasmodic affection of the larynx and respiratory muscles, and indicating the appropriateness of this remedy in certain forms of chorea. The pains are in general not affected by motion or pressure, or if relieved by pressure return again.

Skin. Burning, fine stitches in various parts of the body, relieved by scratching. Pricking, itching, crawling sensation in various parts of the body, relieved by scratching. Violent itching at night; eruption of red, itching pimples, which quickly disappear. Transparent, miliary eruption.

General Symptoms, involving several parts of the body. Dull stitches here and there, now in limbs, arms, feet and toes; now in the side or back; now in the bones of the nose, but especially on the posterior part of the crest of the ilium (on the hip); dull stitches, sometimes like pinching, pressing or shocks or itching; the spots feel sore and as if beaten when pressed upon.

Spasmodic stitches and tearings in various parts of the muscular system, often only instantaneous, involving also the head and chin.

Convulsions. Convulsive movements of the limbs; paralytic jerkings in various parts of the body, especially in the limbs.

Epileptic convulsions, with consciousness (eclampsia). In the afternoon, an attack of spasmodic extension of the body; then trembling of the whole body, with blue lips and whining complaints of pain in the chest, throat and all the limbs; paralytic pain in arms and legs.

Characteristics. The child is very feeble, lax and ailing; painful sensibility in the limbs of the whole body on motion and touch. The attacks are worse early in the morning and in the evening, and the symptoms are most violent always after eating.

Review. The disposition to that amount of nervous erethism of the nerves, which expresses itself in neuralgic pain, is exhibited in the pains felt in various parts of the body. It is characteristic of these pains that they pass quickly from one part of the body to another, are much aggravated and re-provoked by pressure. The convulsions correspond also to the erethism of the nerves of motion already remarked. In the convulsions thus produced, it is to be remarked that the sensorium does not at all participate, even the epileptic (so-called) convulsions being unattended by unconsciousness.

Sleep. Frequent yawning, as if one had not

slept enough. While sitting, great sleepiness; he must lie down; sleepiness the whole day long; invincible sleepiness; restlessness at night, frequent tossing and discomfort in every position; sleeplessness; tossing during sleep, with pitiful outcry and complaint of bellyache; awaking with cries, groaning and hiccough, with restless motions; dreams; anxious, tiresome, unpleasant, busy dreams.

Febrile Symptoms. General groups: Fever, vomiting of food, then chilliness over the whole body, followed by heat with great thirst; daily fever at the same hour; chill, followed by heat with great thirst; daily fever at the same hour; chill, followed by heat without thirst; daily fever at the same hour with very short respiration; fever daily, afternoon; several attacks of chill, with thirst and coldness of the hands and feet; followed by heat of the face, which, however, is pale, but especially heat of the hands and feet, with cutting pain in the abdomen.

Special Parts of the Paroxysm. Chill. General. Yawning, trembling of the body, with a shuddering sensation; shivering over the upper part of the body toward the head, with horripilation, even by the warm stove; shiverings run over the body, so that one trembles even by the warm stove.

Partial. Coldness of the face with warm hands; cold cheeks; pale, cold face, cold sweat of the forehead; of the forehead and hands; of forehead, nose and hands.

Heat. General. Chill over the whole body, with hot cheeks without thirst; strong fever, with vomiting and diarrhœa; heat in the evening, and during the night.

Partial. Heat, mostly of the head, with yellow complexion and blue rings around the eyes; feeling of heat, and heat with redness of the face; burning heat over the whole face, with red cheeks and thirst for cold drinks; palpitation.

Review. The intermittent of Cina is evidently not of a type to which violent paroxysms belong. The paroxysm is often preceded or attended by vomiting of food or pain in the abdomen. It recurs at the same hour daily. The chill is not very severe, is sometimes partial, and if so, confined to the upper part of the body, and is not relieved by external warmth. It is sometimes attended by thirst, but the relation of thirst to the members of a Cina paroxysm is not well defined. It is sometimes attended by short respiration. The chill is often accompanied by warm hands and by hot, though pale, cheeks (*calor mordax?*), and by cold sweat of the forehead and nose and hands, either or all. The chill presents more characteristic features than the heat.

Heat. The heat may be general or partial. If general, it is attended by red cheeks and desire for cold drinks, and occurs at night. It is often partial, confined generally to the head; the face being at the same time yellow, with blue rings around the eyes.

Sweat. Beside the cold sweat of the forehead, nose and hands, which accompany the chill, no mention is made of sweat.

We thus see the type of intermittent in the paroxysms of which reaction is very imperfectly established. This accords well with the disposition of Cina to produce a cachexy, the stress of which falls upon the abdominal organs—a cachexy closely resembling probably that of helminthiasis.

Disposition. The child is very whining and peevish and complaining; weeps piteously if one go to handle or lead him. Great earnestness and sensibility; cannot take a joke. Indifference to all impressions. Restlessness. Greediness. Cannot be composed by things at other times agreeable, or by caresses.

GENERAL OBSERVATIONS.

Action on the Vital Power. Cina does not exercise any very strongly marked action on the general vitality. The sensorium is in no special manner directly affected. It is involved secondarily in the anæmic cachexy which Cina produces. Of the special senses that of vision alone is affected, the power of the visual organ being simply reduced in degree. A similar action is exerted upon the voluntary muscular system, paralytic sensations and partial temporary paralysis occurring in the extremities; but this paralysis is not pure and simple, but is complicated with convulsive muscular

contractions, the co-ordinating power appearing to be in abeyance, a state of things which at once calls to mind the disease, chorea.

Action on Organic Substances. Of this we know little. That Cina, however, does strikingly impair the nutrition is shown by the yellowish, livid complexion, the paleness about the mouth, and the blue margins about the orbits; and the locations of these phenomena point to the abdomen and the digestive canal as the primary seat of the organic alterations, whatever these may be. They suggest those which result in the cachexy of helminthiasis.

The sphere of action of Cina is not very extensive. The nerves of sensation, especially about the face and extremities, are affected, as the neuralgias show; those of motion, as the convulsions exhibit; those of special function, in connection with those of sensation and motion, as the convulsive action of the laryngeal and respiratory organs show, together with the hyperæsthesia of the laryngeal mucous membrane. The distress in the epigastric region, the frequent vomiting of food in other affections, pains in the abdomen, and the peculiarities of the intermittent fever paroxysms, chill, with vomiting of food and imperfect reaction, show the influence of Cina upon the abdominal organs.

Peculiarities of Pain. The abnormal sensitiveness of individual nervous filaments is aggravated by external pressure, and the pain generally is so aggravated or reproduced.

Aggravations. The symptoms of Cina are all worse after a meal, at night and early morning.

Periodicity. Marked in the febrile symptoms. The paroxysms of intermittent recur at the same hour every day.

THE ART AND MODE OF PRESCRIBING.

THE spirit of homœopathic practice requiring the administration of a single remedy at a time, there is no room for the compounding of drugs in prescriptions. When it is required to order a dose of any quantity of a remedy from a pharmacist, it suffices to inscribe the name of the drug and to add in plain English the form in which it is desired, with the potency and the quantity.

Nevertheless, the venerable antiquity of the art of rightly marshaling drugs in the serried ranks of a complex prescription, demands a passing notice at our hands.

The writing of a prescription involves two things:

1. That we know what drugs we desire to associate together, and in what relative quantities.
2. That we know how to express our desires in the terms of the art.

The first demands scientific knowledge of a high order, embracing a full acquaintance with the chemical and physiological actions and reactions of drugs.

The second requires an acquaintance with the language in which prescriptions are written (generally, but not necessarily, the Latin), and with the symbols of the apothecary.

It is not a matter of indifference what drugs are mixed in a prescription.

Drugs of which the united or joint action might seem desirable, may yet be chemically incompatible in such way that through their mutual action a third and altogether different substance may be formed. This third substance may be simply inelegant and inert, or it may be noxious and poisonous. Of the former we have an example in the following prescription :

R. Tinct. Ferri chloridi f $\frac{3}{4}$ ss.
 Quiniæ sulphatis gr. xx.
 Syrupi rosae Gallicae f $\frac{3}{4}$ ijss.

Misce. Signa. Sumat æger cochleae magnum quaque hora in apyrexiam.

By the action of the iron upon the tannic acid of the roses ink is formed and a precipitate occurs. The object of adding the syrup of roses, viz., to give a fine color, is completely frustrated by the addition of the iron. But this is not noxious, though inelegant.

Again, the incompatibility may spring from the tendency of the ingredients to form a noxious product, as in the following effervescent draught, which has twice, in New-York, caused instant death :

R̄ Sodæ Bicarbonatis gr. xx.

Potassii Cyanidi gr. iv.

Aquæ destillatæ f 3ijss.

Solve.

Deinde adde—

Succi limonis recentis f 3j.

Misce. et bibat æger, misturâ effervescente.

In this case the citric acid decomposes the cyanide of potassium, and hydrocyanic acid is formed as the draught is taken. It proves fatal.

Again, the incompatibility may come from the ingredients being physiological antidotes, *e. g.*, morphine and strychnine.

R̄ Morphiæ acetatis gr. viij.

Strychniæ sulphatis, gr. ij.

Panis q. s.

Fiant pillulæ minimæ quadriginta.

It is probable that these pills might be taken freely without the physiological effect of either of these powerful alkaloids being experienced, because they antidote each other.

It is requisite, therefore, for success, in writing prescriptions, that one know the chemical and physiological properties and relations of drugs.

Again, it has been found by experience that certain combinations of drugs possess properties not known to be possessed by any of the ingredients. The Dover's powder, or pulvis ipecacuanhæ composita, is an example of this. Such

knowledge is hit upon by chance, and is a matter of memory.

Presupposing the possession of knowledge to select the drugs suitable to be associated in a prescription, the form of composition of the prescription is merely technical. It may be done as well in English as in Latin. The following is an instance of a correct and quite harmless prescription:

Carminative for an infant.

℞ Cretæ præparatæ.
Sacchari albi aa ʒj.
Acaciæ pulveris ʒij.
Aquæ cinnamoni f ʒiv.

Misce. Signa. Sumat cochlear parvum bis vel ter die, pro re nata.

As an example, at one and the same time, of the mode of writing prescriptions, and of the pedantic and nonsensically stilted language and manner in which simple and familiar beverages are sometimes ordered, let the following serve:

Agreeable refrigerant.

℞ Succī limonis recentis f ʒij.
Corticis limonis recentis magnopera tenuis ʒss.
Sacchari albi ʒiv.
Aquæ Crotonis glacialis O iij.

Misce. Cola. Divide in amicis. Sumat quisque quantum libet.

Or the following:

Haustus stimulans calorificiens et roborificiens.

℞ Spiritus frumenti Borbonica f ℥iv.
 Aquæ bullientis O ij.
 Succī limonis recentis f ℥ iss.
 Corticis limonis recentis magnopera tenuis 3ss.
 Sacchari albi ℥iv.
 Infusi theæ sinensis ℥ij.

Misce. Teneatur mistura callēda.

Divide in poculis octo. Sumat quisque amicus unum in animum oblectandum.

The whole art of prescribing consists first in knowing exactly what you want to give the patient, and in what doses; and then in writing your directions so clearly and intelligibly that the apothecary may fully understand you.

HOMŒOPATHIC PHARMACY AND POSOLOGY.

The preparation of drugs in the homœopathic pharmacy is simple. We have: 1. Triturations. 2. Tinctures. From each of these forms preparations are made, called, indifferently, *dilutions*, *attenuations* or *potencies*.

Metals, chemical salts and some dry vegetable substances are prepared by trituration with an inert substance, such as milk sugar, which is especially suitable from the hardness and sharpness of its crystals, and from its non-hygrometric properties.

Vegetable substances that are prepared in the form of *tinctures* may be divided, according to their mode of preparation, into three classes.

1. Roots, barks and leaves that are dry. These

are coarsely powdered, and a tincture is prepared by the process of percolation.

2. Plants which contain a large quantity of juice. These are bruised, mixed with an equal weight of alcohol, the mixture kept in a cool, dark place for a day or two, and then subjected to pressure and filtered.

3. Plants which contain but a small quantity of juice are bruised, mixed with double their weight of alcohol, and then treated as class No. 1.

The alcohol and milk sugar used must be carefully purified.

The attenuations, dilutions or potencies (as they are variously called) are prepared by triturating the preparation obtained as above with milk sugar, or by mixing them with alcohol, according to one of two different scales, known as the decimal and centesimal, respectively. Thus, if one grain of metallic gold be triturated with one hundred grains of milk sugar, this forms the first centesimal trituration. A grain of this first trituration, triturated again with one hundred grains of milk sugar, forms the second centesimal trituration; and so on. If with ten grains instead of one hundred, they are the first and second decimal triturations. With alcohol instead of milk sugar they are dilutions or attenuations; all are called potencies.

These attenuations or potencies have been carried to very high numbers. In the way I have described, I know them to have been carried to the two hundredth; of higher, prepared positively in this way, I have no personal knowledge.

PATHOGNOMONIC SYMPTOMS AND CHARACTERISTIC SYMPTOMS.

DR. VEIT MEYER, of Leipsic, in 1850, told me an anecdote of Hahnemann, which, so far as I know, has never appeared in print. It was related to him by Dr. Franz Hartmann, then recently deceased, who in his early days had been a pupil of Hahnemann, and was present at his consultations with patients.

Hartmann relates* that one day a patient came to consult Hahnemann. The malady was condylomata (figwarts). Hahnemann examined them and then questioned the patient for a half-hour, noting symptoms in his record book. He then closed his book, consulted the "Materia Medica" for a few moments, went into the next room, brought out three powders, and said: "Take a powder every three days; come again the fourteenth day, and pay now four dollars." The man paid and retired.

* In this paper (written for delivery before the Onondaga County Homœopathic Medical Society, October 18, 1864), the disease here designated as "condylomata" (figwarts) was

spoken of as hæmorrhoidal tumors, and the patient as a female. Its present version is taken from a note-book written by Dr. Dunham, at Leipsic, dated 1856.—[H. E. K. D.]

"What then did you give, Herr Hofrath?" "What!" replied Hahnemann, "have you listened to the examination and do you not know? You must study the 'Materia Medica'!" So Hartmann said no more, for Hahnemann never told his pupils what remedy he gave, fearing to encourage routine practice. The fourteenth day the patient came again, the warts were but one-third their previous size. Hahnemann gave him two more powders, to be taken every fifth day. "Come again the fifteenth day; this time you pay nothing." Hartmann, surprised at the rapid diminution of the warts, said again, "But, Herr Hofrath, what did you give?" "Do you not yet know? study then 'Materia Medica.'"

The fifteenth day the man returned; no trace of the warts was to be found. Hartmann could not contain himself. He came to Hahnemann's study at an earlier hour than usual and opened his record book to learn the remedy given. It was Chamomilla³⁰; three powders. The two on the second day were sugar of milk alone.

More astounded than ever, Hartmann could not contain himself, and when Hahnemann came in; "Herr Hofrath," said he, "I have committed a great crime. The desire to know with what remedy you cured the figwarts so burned within me that I opened your book and ascertained it, and now I pray you, on what grounds did you give Chamomilla?" "Ah, have you done that?" said Hahnemann; "then take the book and read

further, read the 'Symptomen-codex' and see if it were possible to give any other remedy than Chamomilla, when such symptoms were present." And so it was. Even Hartmann was satisfied that Chamomilla was the only suitable drug.

And yet the prescription was made without any regard being had to the chief objective symptom, to the very feature which, from a pathological point of view, was the central, pivotal fact of the case. To make such a prescription might seem "like playing 'Hamlet' with the part of Hamlet left out."

A great many most brilliant cures have been made by prescriptions precisely similar to this one of Hahnemann's. Nay, an entire class of cases, and, by no means a small one, must be cured in this way, if they are cured at all.

What are generally called organic diseases, well-defined and tolerably far advanced structural modifications of the nobler organs, we can never expect to see produced in any proving. Much less can we look for provings that shall exhibit analogues of the various forms of chronic organic disease, benign or malignant. Occasional accidental provings, in the way of cases of poisoning which come to our knowledge in a medico-legal way, may chance to throw light on these spheres of action of drugs; but these sources of information are infrequent, and always very imperfect and impure.

The science of therapeutics would be forever most imperfect, were we compelled to rely on the knowledge we can gather from such data.

For example, a proving can hardly be expected to be carried so far as to exhibit unequivocal signs of pneumonia. And although some cases of accidental provings in the shape of poisonings have shown us that certain drugs which we know to be curative agents in treating pneumonia do actually produce the organic phenomena of pneumonia, yet this knowledge, while it may confirm our faith in these drugs as proper remedies in cases of pneumonia, to which they correspond, would nevertheless lead us astray and ensnare us if we should allow them to withdraw our attention from other drugs which have not as yet been known to produce the organic signs of pneumonia. If, for example, because it is known that Tartar emetic, Phosphorus, Aconite and Bryonia have produced actual pneumonia, we should allow ourselves to look upon these as the sole remedies for this disease, we should be in danger of neglecting other remedies, such as Lycopodium, Sulphur, Chelidonium, Cepa, and a number of others which, though never known to produce the organic symptoms of pneumonia, have yet shown in practice a power to cure that disease speedily and completely when their general symptoms corresponded to those of the particular case in which they were given.

If this be true of a disease which is, pathologically considered, so simple as pneumonia, how much more likely is it to be the case with regard to affections which depend upon more complex and elaborate changes in the processes of assimilation.

lation and nutrition; such as tubercle, cancer, lupus, and many others; or (not to go so far) as the benign affections of the skin and glands, or even as the exanthematous fevers. It is manifest, that while symptoms resembling the general, constitutional symptoms that accompany all of these complaints, may be produced in provings of drugs, yet the organic phenomena which are pathognomonic of the malady, and in the absence of which the disease could not be diagnosticated, cannot be looked for in the pathogenesis of remedies.

But these organic phenomena, these pathognomonic symptoms, for such they are in most cases, are the very ones on which the diagnosis depends. If, therefore, the diagnosis and the prescription are to be worked out by the same method, and are to be made on the basis of the same symptoms or series of symptoms, then an accurate homœopathic prescription would be a rare thing, and in the majority of grave and serious affections, it would be an impossible thing; yet so many successful prescriptions have been made in such cases as to show that it is not impossible, nor indeed always very difficult.

But a prescription is always based upon a correspondence of the symptoms of the drugs with the characteristic symptoms of the case in hand. It follows, therefore, that those symptoms which the prescriber regards as characteristic symptoms, are not at all the same which the diagnostician regards as pathognomonic symptoms; they are not

the phenomena from which the malady gets its name, those which depend upon, and indeed constitute, its pathological anatomy.

In the case related by Hartmann, the symptom pathognomonic of the case was the tumor. This was the "pathological anatomy" of the case. By this symptom the case was classified. From this, it takes its name, and this was the symptom of chief importance to the diagnostician.

But the proving of Chamomilla did not contain this symptom. Consequently, had Hahnemann regarded this symptom as a characteristic symptom from the point of view of the prescriber, he would not have been able to select Chamomilla as the remedy. He did not so regard it.

The symptoms which he regarded as characteristic of the case, and for which he sought and found in Chamomilla corresponding symptoms, were the general constitutional, for the most part subjective, symptoms,—the symptoms of mind and disposition, and the conditions of time and circumstance, such as aggravation, amelioration, etc.

Cases still further illustrating these facts are to be found in the clinical records. It happens sometimes that cases of disease are cured by drugs that had not, at the time they were so used, been known to produce the pathognomonic symptom of the malady they seem to have cured, whereas subsequent more extensive provings, or accidental observations in cases of poisoning, have shown that these drugs are capable of producing and do

produce these organic changes, these pathognomonic objective symptoms.

A considerable number of cases of albuminuria, some of them, no doubt, cases of Bright's disease, have been recorded as cured by various remedies.

Some of these remedies are not yet known to have produced albuminuria in the healthy subject. Others are known to have done so.

One of them, Arsenic, has cured a number of cases. It has almost always been selected because of the correspondence of its general constitutional symptoms with those of the cases in hand. And indeed the correspondence, in this respect, with the general symptoms of Bright's disease, is very striking. I myself once cured with four doses of Arsenic²⁰⁰, a most severe case of post-scarlatinal dropsy, which had already lasted ten days before I was called to it, growing steadily worse until death seemed imminent, and in which the urine in the test-tube became nearly solid on applying heat, the entire quantity of urine passed in twenty-four hours being less than two gills. In this case, of course, the pathognomonic symptom for the diagnostician would have been the albumen, the blood discs, and the casts in the urine (they were all there).

The symptoms which guided my choice in the selection of the remedy were the general symptoms, the character of the pains, their aggravations and ameliorations, the prostration, thirst, temperature, posture, etc., etc., all of which were so char-

acteristic of Arsenic that I could not hesitate a moment.

I did not know at that time that although Hahnemann's proving does not contain this pathognomonic symptom, albuminuria, yet this symptom has been produced by Arsenic, together with all other objective signs of Bright's disease, in healthy cats in numerous instances, by Dr. Quazlio of Munich; and again it was observed, with equal minuteness, in two remarkable cases of arsenical poisoning recorded by Dr. Maclayan in 1852. (Editor "Medical and Surgical Journal.")

Phosphorus has been found to produce Bright's disease; Mercury has produced albuminuria. Cantharides have produced objective symptoms corresponding to, at least, the first stage of one form of Bright's disease.

Now if we had a case of Bright's disease to treat, how should we select a remedy? The fact of the drug having produced albuminuria in the healthy subject is common to these four drugs, and is perhaps true of several others. How should we choose among these drugs? Why, by the general subjective symptoms. But these symptoms alone, without the objective symptom, albuminuria, have already, in a great number of cases, been sufficiently good guides, to enable us to select not merely this group, but the exactly appropriate drug in the group.

Thus it appears that these general constitutional symptoms are not only a sufficient, but they

are a more accurate guide, than the objective pathognomonic symptom.

They are also a more comprehensive guide. They enable us to employ, and direct our attention to, remedies that we should not be led to employ if we confined our attention to the pathological anatomy of the disease under treatment.

For example: Apis has cured many cases of albuminuria. The general symptoms of Apis correspond well to some cases of this disease. Yet we find no record of albuminuria in the proving of Apis. Nor is it likely that we shall ever have toxicological data to complete our proving in this respect, because Apis is not a substance likely to be employed as a poison.

It is possible that as Arsenic and Phosphorus and Mercury have accidentally been found to be capable of producing pathologico-anatomical conditions corresponding to those which they have cured, so Chamomilla may have been, or may some day be, found capable of producing hæmorrhoidal tumors. If so, the fact will be interesting; but it will not make it one iota easier to prescribe Chamomilla for hæmorrhoids. For the prescription, if we would have it an exact one, must be based on the correspondence of the general and subjective symptoms, and on the times and conditions of their occurrence and aggravations.

Upon these slightly desultory remarks three propositions might be based.

1. The point of view from which the pathol-

ogist and diagnostician regard a case of disease, and that from which the therapist or prescriber regards it, are radically different. And inasmuch as therapeutics, as a science, have hardly received any systematic cultivation, while great and successful attention has been paid to pathology and diagnosis, it has happened that the manner in which disease has been studied, discussed and described by medical authors,—contemplating it rather as a natural phenomenon to be studied and classified, than as a condition of the individual patient, for which an individual specific is to be found,—has been unfavorable to the purposes of the prescriber, obscuring rather than elucidating those points which are to be his chief guides, and exalting into a position of prominence features which are to him only of subordinate value.

2. The arrangement of *materia medica* on the basis of a pathologico-anatomical schema, as is desired by some, would be, first, impossible, second, useless, third sure to mislead.

3. It is probable that while to the diagnostician, the pathological anatomy of a case is the fact of prime value; to the prescriber the diathesis, general and special, is that to which he is chiefly to look for his indications.

VALEDICTORY ADDRESS

To the Graduating Class of the New-York Homœopathic Medical College, by Professor CARROLL DUNHAM, M. D., Dean of the Faculty. February 29th, 1872.

Gentlemen of the Graduating Class:

THE immediate object of your patient endeavors is attained. You have completed one stage in that curriculum of medical study which must end only with your lives. The officers of the college formally attest this evening that you have mastered the rudiments of medical knowledge. The faculty, who have directed your labors, and who have witnessed with no ordinary pleasure your faithful industry, now bid you a kindly farewell as pupils, and at the same time extend to you a hearty welcome and fraternal greeting as members of the medical profession.

You are eager to enter upon the life for which you have become fitted by the years of training which close to-night; and to-morrow's sun will see you speeding in various directions toward the scenes of your respective future labors. The career upon which you are about to enter is so peculiar in its nature and in the demands which

its honorable and successful prosecution will make upon you, that you will bear with me, I am sure, if I ask you to tarry a moment and survey it with me, as it lies before you glowing in the morning radiance wherewith the hopefulness of youth ever gilds the future.

Hitherto, you have been encouraged and stimulated in your work by the companionship of fellow-students, and aided and directed by the counsels of preceptors. In your essays in practice, you have felt that older and wiser men were beside you to guard you from error and to supply your deficiencies. But from the present moment, you must depend upon yourselves. You must trust to your own knowledge and resources to meet whatever emergencies may present themselves, with rarely a friend at hand to counsel and encourage, with none to share your responsibilities, however great, unless you resort to a formal consultation, which a young physician sometimes hesitates to do, since it is often, *though wrongly*, regarded by the public as a confession of incapacity.

This isolation in responsibility is peculiarly oppressive, because a physician cannot select his case according to his own estimate of his knowledge and ability. He settles in a neighborhood, offers his services to the inhabitants, and he must take the cases as they come, however trivial or however serious they may chance to be, and do his best. It is not with us as with our cousins of the legal profession, a neophyte in which may

decline to grapple with a capital case until he has proved his weapons upon smaller game. And the newly fledged priestling would scarcely aspire to a metropolitan charge, preferring to warble his first tremulous notes over the brink of a rural pulpit.

But no liberty of choice is available for *you*. Your very first case may be the most difficult you will ever encounter, and, if you be placed in charge, you must meet the difficulties, calling what aid may be within reach; but, aided or not, never flinching from the responsibility so long as the patient demands your services. For the cases which are intrusted to us brook no delay. If the lawyer be not ready for trial, an accommodating judge may grant a postponement. But if you be not ready in a case of cholera or of hæmorrhage with the right expedients, at the right time, the laws of nature move on in their destructive course,—the case is closed against you, and from this judgment there is no appeal.

While your inevitable isolation involves difficulties, it brings also dangerous temptations peculiar to our profession. The advocate conducts his case in open court, subject to the wisdom of the judge and the criticisms of the bar. By them are tested the faithfulness of his work, the thoroughness of his researches, and the soundness of his conclusions. The preacher has always in his flock at least a dozen critics, keen to detect a heresy, prompt to denounce a backsliding, and swift to lay charges before the presbytery or the bishop.

But *you* will be seldom observed by any save the anxious relatives, who believe in your skill but have no means of testing it; who hang in confidence upon your words, but rarely comprehend them; asking only that you bring the loved one back to health, and ready to give you all the credit of the restoration. Or if they be distrustful, they are still almost helpless in their position toward you, inasmuch as they have little or no knowledge to direct them in seeking out or weighing evidence in medical matters. For, although every one in the community knows a little law, and all of us are so instructed in theology that the minutest arrangements and relations of this world and the next are as familiar to us as the affairs of last week, yet the laws of life and health, and the simplest principles of medical science, are as a sealed book to almost the whole non-medical community.

Who, then, shall know it if you err in diagnosis, if you fail to detect disease at the time when it is curable,—if you let the decisive moment glide away without the remedy which it requires? No watchful expert will stand beside you as you sit idly at the bedside while life ebbs away, though *you* might stay the tide; none tarries to note that *you* were at fault when you left your patient for your slumbers, and Death came while you slept. The desolate hearth and the motherless children may be witnesses against you before the judgment-seat of the All-Seeing, calling you to answer for

neglected opportunity, for love of ease, for slothfulness of judgment and tardiness of action. But in most instances, if your conscience accuse you not, you go in peace.

Realize, then, how tremendous are the responsibilities involved in your isolation. Cherish the tenderness of your conscience; never allow yourself to disregard its warnings. The more you are withdrawn from observation and criticism, the more you become a law unto yourselves. Act always then as under the immediate eye of the Omniscient.

Wherever you live, you will have professional neighbors, who will be, of necessity, your rivals or competitors, and who yet ought, for every reason, to be your friends. For they are those upon whose aid and counsel you would rely in cases of great difficulty or danger, and you should not lightly do anything to alienate their regard.

As homœopathic practitioners, members of a branch of the medical profession which is still a decided minority, you will find in your neighborhood practitioners outnumbering you as six to one whose relation to you will be, at the best, one of armed neutrality,—or, if the past be any criterion of the future, one of uncompromising hostility; men who will deny you the ordinary courtesies of professional intercourse, who will not hesitate to injure you as a practitioner at every turn, and who hold themselves absolved, as toward you, from every obligation of medical ethics,—acting

apparently upon the principle that a homœopath has no rights which a "regular" is bound to respect.

Demeanor of this kind from members of your own profession, whose interests and aims are one with your own, and from whom your only ground of difference is that you have perceived the advantage of a better way of curing than theirs, will be hard to bear. Remember, however, the provocations they receive. Your medical faith and practice are a direct contradiction of theirs. Whereas they bind upon the people burdens grievous to be borne, your expedients are positively pleasurable to the sick. You parry as with airy nothings the dread reaper's scythe, which their ponderous battle-axe so often fails to beat aside. Every patient who recovers under your gentle ministrations is a public protest against their harsh and damaging procedures.

As regards the conduct of physicians toward their colleagues in the various contingencies of professional life, medical associations in this country have framed and adopted codes of medical ethics which define the duty of practitioners toward each other, toward their patients and the public. I commend these codes to your careful study. But I know of no general rule more likely to guide you aright in your dealings, both with members of your own school and equally with those of the opposing school, than that which is taken as the basis of the code of ethics adopted

by the National and all the State and County Homœopathic Societies in the United States, and which is no other than that which is the basis of the great Christian code of ethics: "As you would that men should do to you, do ye even so to them." If you add to this golden rule the aphorism also expressed in our code of ethics: "The paramount object of the physician in all that he does should be the greatest good to the patient;" and if you plan your professional life intelligently upon these great principles, you will not often go astray.

Consistently with these principles, you will find our code of ethics somewhat more liberal than those of other schools. Whereas the latter forbid consultations or associations with physicians who adhere to a certain or to any system or "dogma" of medical practice (as though the man who has no coherent system, no faith in any principle, could be a safer practitioner than he who has a system and a reason for his faith), *our* code enjoins upon us to consult with any honorable practitioner of good reputation as a man, no matter to what school he may belong; and this because the patient has the right to enjoy the benefit of whatever knowledge or skill may exist within his reach, and we have no warrant for circumscribing this right by declining the consultation.

Our code forbids the adoption of special creeds as tests of orthodoxy in medicine, on the ground that our present knowledge is as nothing compared

with what remains to be found out, and that creeds as tests of orthodoxy are barriers to progress in knowledge, and are allowable only when we have learned all that is to be known and when progress is merged in possession. These very precepts must make you tolerant of your "old-school" neighbor, though he be intolerant of you. Govern your demeanor toward him by the strictest observance of the golden rule. Never let a word of aspersion, detraction, or unbrotherly reproach escape your lips. Give him full credit for his professional knowledge, and for his achievements. You can afford to await the verdict of the court of final appeal, the common sense of the people.

Gentlemen, you will encounter sundry little unpleasantnesses at the outset of your career as physicians. Some patient will object to you on the score of your youth,—most unreasonably as it may appear to you, conscious, as you are, that the wisdom of gray hairs reposes underneath your waving locks. But a patient intrusts to a physician the present facts of his case and their possible sequences, and he may be pardoned if he feels some hesitation at confiding these to the inexperienced hand of youth. This objection is, however, often urged with unseemly persistence, for it is obvious that the patient need not employ you if he do not choose. A professional friend of mine once lost his temper when a patient for the twentieth time objected to his youth, and retorted: "Sir, you must have lived your long life to little

purpose if you have not learned that there may be *old* fools in the world as well as *young* ones."

You will be apt to find great difficulty in collecting your bills, in proportion to your youth. This seems peculiarly unjust, for the young doctor is usually straitened in means, and has greater need of prompt returns than his seniors. In this, as in many other concerns, you will realize how true is that scriptural axiom which seems to be a statement of what *is* rather than of what *ought* to be: "Unto him that hath, shall be given." When you shall have acquired so large a practice as to have no longer any great pecuniary anxiety, you will find those prompt to pay their bills who, in the early days of your poverty, were very neglectful.

Then, again, in your first years of practice, you will be sorely tried by a want of confidence in your professional skill. In a case of no great real gravity, friends will become alarmed, require a consultation, and ascribe to your older colleague the credit of a cure which you were abundantly competent to effect unaided. Or, what is still more trying, when you have carried a patient safely through a dangerous illness and he is just on the verge of convalescence, a panic may arise in the house, counsel may be demanded, or the case withdrawn from your charge and placed in other hands. You will have the chagrin of feeling that your honest and good work has been unappreciated and your reputation for skill has been damaged.

These trials certainly are difficult to bear, and there may be a deal of injustice involved in them; scarcely so much, however, as you would at first suppose. Remember the golden rule, which is to be your guiding principle, and in imagination put yourself in the place of the public, and then ask whether you would not act much as they do. It is not the way of the world, nor is it a good way, to pay a bill unless vouchers are presented, nor to yield to authority unsupported by credentials. What do you ask of the public when you offer them your professional services? You invite them to confide to your skill the health, comfort,—it may be, the lives,—of themselves and their families; to admit you to their houses on terms more intimate and confidential than those on which any other human being enters; to suffer you to observe their most secret ways, their holiest joys, their hidden sorrows, their carking cares. Can you expect them to do this easily, willingly or unreservedly, until anxious observation of your character and conduct shall have satisfied them that you deserve this confidence?

Win the confidence of the community in which you live, and the little unpleasantnesses which mark your early career will cease to vex you. For if one should object to your youth, a dozen zealous clients will reply, "It is an old head on young shoulders;" and will tell of the great men of history who have reached the acme of their fame before their heads were gray. If your bills

are called exorbitant, another will remark, "Capacity and devotion are cheap at any price." Or, if a patient's friends speak of a consultation, or of placing the case in other hands, they will hear, "I would sooner trust one good head than a half dozen divided minds;" or the more homely aphorism, "It is not wise to swap horses while crossing a stream." Your first business, then, must be to win the confidence of the community in which you seek your practice.

But you will say to me, is not this unfair? for have you not just said, the public are not competent to judge of professional skill, and often through ignorance discharge a physician who is on the verge of a great success? This is so; and if there were no other means of winning confidence than by the methods of strictly medical and surgical procedure, you might well despair of being rightly estimated. But, though the public are not competent judges of your prescriptions, they are in the main very good judges of your qualities and acquirements in certain other matters which are almost as important to your success in the care of the sick.

To these, I wish to call your attention in the few moments which remain to me. I assume that you will be unceasing in your labors to master your profession, to keep fully acquainted with all that is achieved by its many workers in various lands, and to add something yourselves to the common store of knowledge. Your clients can

witness your industry, though they cannot measure the results. They will closely watch your doings to note whether you faithfully devote yourself to those who seek your aid. Among your first patients will surely be many poor persons, who seek the new doctor, hoping, perhaps, to be treated at less cost. There will be many chronic cases who, having despaired of help at the hands of the old doctors, catch at the straw of a new man's coming. It is not so pleasant to take care of the poor as of the rich. Their houses are cold and untidy, the atmosphere is unsavory and the patients are uncouth. Now, if you undertake these cases at all, you are bound to bestow upon them the same unwearied attention and faithful study and tender care that you would give your wealthiest patient. Their health and lives are as precious to them as ours to us. You have no right to set a lower value upon them. If you assume the responsibility of the cases, you must fulfill the obligation. This is your duty; and I dislike to adduce any other and less elevated consideration. It is, however, a fact that nothing will more surely introduce you to the most desirable and lucrative practice than a faithful, honest and successful treatment of the poor. For every pauper knocks and takes alms at the gate of a dozen of the benevolent rich; and the grateful commendations of the peniless widow whom you have freed from pain, will reach the heart of those whose good word is a passport to success. As you advance in years and

in knowledge of the world, few things will surprise you more than the intimate relations which exist among all classes of society. No act of yours, praiseworthy or blamable, can remain hidden. Even in this world, your good or evil deeds will find you out. From the very beginning, then, let every case be treated with your utmost skill and with untiring fidelity.

You will further win the confidence of your patients and of the community by showing that you understand not only how to treat the diseases and injuries of the sick, but that you understand the nature of that which is the subject of your ministrations, the body and mind of man. Recollect that, while you are studying your patient, you are yourself the object of study, and frequently by persons accustomed to observe keenly and weigh the characters of men; and demean yourselves accordingly.

You will succeed in this just in proportion as you possess and cultivate what is called *tact*, which may be defined as the power of adapting your speech and behavior to the mind and circumstances of those with whom you are dealing. It is an every-day affair to you to be called to a patient; but to each patient the calling a doctor is a momentous matter, and the sickness which requires it is a thing of prime consideration. Act, then, as though the case were equally important in your mind, and give it your undivided attention. Let neither word nor action show that your thoughts

wander from the patient in whose behalf you are called. Give ample time for a full understanding of the case, bearing with your patient's prolixity of statement if it amount even to garrulity, and withdrawing as soon as your directions are given and clearly understood. For, however welcome you are as the bringer of relief, when that has been accomplished, your presence can be only a restraint. Even if friends, or attendants, or the patient himself would fain beguile you into general conversation, break it up as soon as you can courteously do so. You impair your usefulness as a physician by establishing any other relations with the patient, at least during his illness.

Do not regale your clients with the incidents and experience of your European tour, or the sufferings of your cousin who was in the war; with the performances of your new microscope, or the wonderful acquirements of your children. However polite may be your patient, she will surely give a sigh of relief as you go, and will dread the next visit. Never introduce into conversation with your patient, or in his presence, subjects connected with politics or theology, nor allow yourself to be drawn into such discussions in the sick-room. On these subjects people differ widely and feel deeply. Your professional duties will bring you into contact with patients of all parties and sects, and you should be equally acceptable to all. Do not misunderstand me. As no man is more contemptible than he who, to gain business, is non-committal in

matters of principle, if your opinions be squarely asked for, state them without passion, but so explicitly that there can be no mistake. If, when led to the subject, you can, by an effective word, kindle in your patient's soul the love of country, of liberty, of justice, you will have done your duty as a citizen, and not exceeded your privileges as a physician. And it may be your good fortune to sustain, by a word of encouragement in the hour of extremity, the Christian's hope and faith; but if you have seen many of differing creeds meet death, you will hardly venture to obtrude the halting dogmas of theology between the flitting soul and its expectant Maker.

Never talk about your patients to anybody, least of all to other patients. Even when narrating a case to a professional brother, conceal the name and identity of the patient. No fault is so inexcusable and so offensive as neglect of this duty of silence. There is sometimes a great temptation to cite to a patient the case of another, as an illustration or a warning, to enforce our precepts, or perhaps to give proof of our skill and penetration in diagnosis or treatment. But see what comes of it. No sooner have you left the house than our patient says, "What a shocking case is that of Mrs. B! How badly would she feel if she knew that we know it! But if Dr. S. talks so freely of her case, what, think you, will he say of me and my case? I think, my dear, I cannot have Dr. S. any more. Let us send for Dr. Blank." So you

are dropped from this family, and wonder that they can have failed to appreciate your skill; when in truth they think very highly of your skill, but deplore your carelessness of speech, which is the only reason of their ceasing to employ you.

You who are fresh from your studies of anatomy know that the outer ear of ordinary men is a blind tube, through which the waves of sound flow in and impinge upon the tympanum; but the ear of the doctor should always have an extra tube, leading from the tympanum to a bottomless pit of forgetfulness.

If you would do for your patient the best that could be done, you must study his nature, the effect of his occupation upon mind and body, his particular relations public and private. The diversions, often more valuable than medicine, which you recommend to the student worn with plodding among his books, must be very different from those which you advise for the statesman or the merchant, weary of the concourse of men and the rush of affairs. In every case, you must appreciate the immediate circumstances of the patient. Whereas, at a time of ease and quiet in business circles, you would keep your patient at home in bed; if there is a panic abroad, it might be the highest wisdom to take the risk of encouraging him to go to business, for to remain at home hourly expecting tidings of his failure might drive him mad. Your greatest skill will often be displayed in a judicious balancing of risks.

Again, it will tax your insight into human nature to come at the remote causes of the disease which you are called to treat. You may wonder why a mother has not long ago been cured of an ailment apparently so amenable to treatment. You will understand it when you learn how heavy a heart she bears for the wildness of her eldest son. The pallid face and drooping form of the maiden is due, of course, to impoverished blood. You may wonder that the iron she has taken has not brought back the roses to her cheek. They will bloom again with a glory that will gladden your heart if, perceiving the remote cause of her disease, you can induce her parents to withdraw their opposition to the suitor who has won her heart.

You may suppose that you have done with the dry bones now that you have left the dissecting room. But, gentlemen, the proverb teaches us that "there is a skeleton in every house," and the skeletons in your patients' houses will often intrude themselves between you and your cure, and must be the subject of your anxious study if you would do all the good you may in your profession; for whatever in the occupations, relations or circumstances of your patients may in any way affect their health or perpetuate their maladies, becomes a legitimate object of your investigations.

And if, comprehending these things, you, in perfect honor and respect for your patients, with "saving common sense," advise them wisely, you

will command their confidence and fasten them to you as "with hooks of steel."

Such are some of the difficulties, duties and obligations of the profession which you have chosen.

Need I tell you of its glories and its pleasures?

The subject of your life-long study will be,—not fabrics, nor wares, nor stocks, the works or machinations of men, but the noblest of God's creation,—that which he made in His own image,—the body and mind of man.

And your labors will consist not in strife of wits with your fellows, wherein he who is worsted gets hurt; nor in bargainings, wherein, too often, the gain of one is the other's loss; but in the endeavor so to comprehend and put in operation the forces of nature that, under your guidance, the higher may be set in conservative opposition to the lower and destructive forces.

It is not possible to conceive of a purer and keener pleasure than attends success in this endeavor.

May you enjoy it in full measure!

And at the close of long and busy careers, may you have the pleasant consciousness, not only that you have made some permanent additions to the common stock of knowledge for the common good, but also that many men and women have been the happier for your lives.

